



IMPACT ASSESSMENT REPORTS

PREPARED BY:



PI. INDIAN CANCER SOCIETY CANCER CURE FUND

PROJECT BACKGROUND



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

PROJECT DETAILS



Implementing Year

FY 2022-23



Assessment year

FY 2024-25



Implementing Partner

Indian Cancer Society



Supported By

HDFC Asset Management Company Ltd.



Total no. of Beneficiaries

1,764



Total number of centres

18



Project Budget

Rs.15,00,00,000/-



Project location

Multiple states



Alignment with SDGs



PROJECT ACTIVITIES



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



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

KEY FINDINGS

DEMOGRAPHICS



62.0%

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

TREATMENT INITIATION



94.0%

began treatment immediately after diagnosis.

FINANCIAL BACKGROUND



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

AID COVERAGE



36.0%

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

PRIMARY EARNER DISRUPTION



40.0%

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

PROGRAM SATISFACTION



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

EASE OF APPLICATION



90.0%

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

KEY IMPACTS

EARLY DIAGNOSIS

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



IMPROVED PATIENT EXPERIENCE

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

FINANCIAL RELIEF

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



HEALTHCARE ACCESS

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

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

PROJECT BACKGROUND



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

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

PROJECT DETAILS



Implementing Year

FY 2022-23



Assessment year

FY 2024-25



Implementing Partner

Indian Cancer Society



Supported By

HDFC Asset Management Company Ltd.



Total no. of Beneficiaries

660



Cancer types covered

Oral, breast, gastrointestinal, hematologic, and other malignancies



Project Budget

Rs.1,00,00,000/-



Project location

Multiple Indian states



Alignment with SDGs



PROJECT ACTIVITIES

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

APPLICATION AND APPROVAL PROCESS

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



COORDINATION WITH HEALTHCARE PROVIDERS

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



MONITORING AND FOLLOW-UP

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



AWARENESS AND EDUCATION EFFORTS

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



PATIENT IDENTIFICATION AND OUTREACH

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



DATA COLLECTION AND IMPACT ASSESSMENT

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



KEY FINDINGS

TIMELY DIAGNOSIS

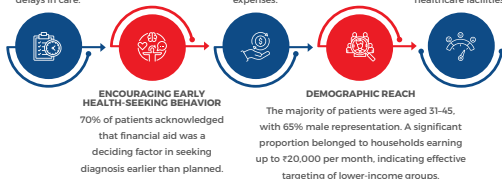
83% of the beneficiaries initiated treatment immediately after diagnosis, indicating that financial support significantly reduced delays in care.

FINANCIAL RELIEF

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

PATIENT SATISFACTION

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



KEY IMPACTS

INCREASED EARLY TESTING

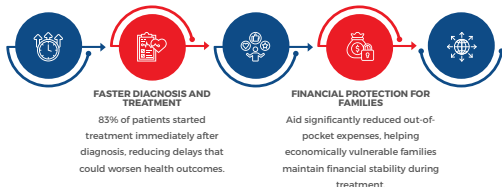
70% of beneficiaries underwent diagnostic tests earlier than they would have without financial aid, overcoming cost-related hesitations.

TIMELY DIAGNOSIS ENHANCED PATIENT EXPERIENCE

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

WIDER GEOGRAPHIC REACH

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



01. INTRODUCTION

NEED FOR THE PROGRAM

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

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

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

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

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

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

OBJECTIVES OF INDIAN CANCER SOCIETY CANCER CURE FUND



ENSURING ACCESS TO TREATMENT

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



EARLY DETECTION & TIMELY INTERVENTION

Supporting early diagnosis and treatment to improve survival rates.

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



IMPROVE TIMELY CANCER DIAGNOSIS

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



ENHANCE HEALTHCARE ACCESS FOR UNDERSERVED GROUPS

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

OBJECTIVES OF DHARAMSHALA ACCOMMODATION SUPPORT PROGRAM



PROVIDE SAFE AND DIGNIFIED ACCOMMODATION

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



REDUCE FINANCIAL AND EMOTIONAL STRESS

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

OBJECTIVES OF SEVA KUTIR PROJECT



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



To complement government schooling with additional educational and nutritional support.

ABOUT HDFC ASSET MANAGEMENT COMPANY LTD.

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



02 RESEARCH METHODOLOGY

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

OBJECTIVES OF THE STUDY

The primary objectives of the study were:



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



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

USE OF MIXED METHOD APPROACH

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

APPLICATION OF QUALITATIVE TECHNIQUES

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

APPLICATION OF QUANTITATIVE TECHNIQUES

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

ENSURING TRIANGULATION

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

STUDY TOOLS

Questionnaires for primary beneficiaries -

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

Semi-structured interviews:

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

RESEARCH DESIGN



Name of the project

Indian Cancer Society Cancer Cure Fund



Descriptive Research

Descriptive Research Design



Implementing agency

Indian Cancer Society



Sampling Technique

Random and Purposive sampling



Sample Size

100 cancer patients



Qualitative Methods used

Semi-structured interviews with key stakeholders

ETHICAL CONSIDERATIONS

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

KEY STAKEHOLDERS



Cancer patients (beneficiaries)



Caregivers (family members)



Healthcare providers (doctors, hospital staff)



Program implementation team



Cancer patients



Care givers



Peer groups



Parents



Students



Caregivers (teachers, counselors, and administrative staff)



Teachers



Orphaned and vulnerable children (beneficiaries)



Vocational trainers and education specialists



Project coordinators and environmental volunteers



Maintenance and ground staff



State Education Officials



Students (Beneficiaries)



Faculty Members



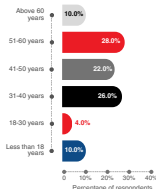
University Administration

03

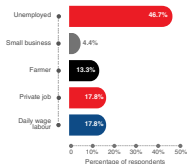


P1. INDIAN CANCER SOCIETY CANCER CURE
FUND

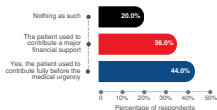
CHART 1: AGE OF THE PATIENT



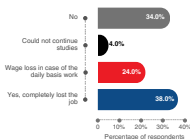
The age distribution of patients receiving cancer-related financial aid reveals that the majority belong to the middle-aged demographic. Specifically, 28% of the patients fall within the 51-60 years age group, followed closely by 26% in the 31-40 years range and 22% in the 41-50 years range. These figures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

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

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

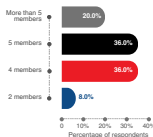
CHART 3: PRIMARY EARNER STATUS IN THE FAMILY

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

CHART 4: JOB OR EDUCATION DISRUPTION DUE TO ILLNESS

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

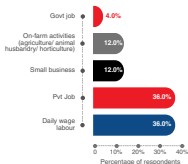
These findings highlight the urgent need for employment protection policies, income support, and educational continuity for patients undergoing medical treatment.

CHART 5: TOTAL NUMBERS OF FAMILY MEMBERS

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

**SCREENING SESSIONS**

CHART 6: FAMILY OCCUPATION



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

CHART 7: NUMBER OF EARNING MEMBERS IN THE FAMILY

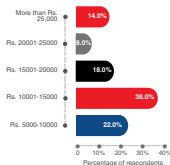


70.0%

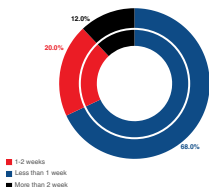
of the families have only one earning member, indicating a high level of dependency on a single income source. About 22% of families reported having two earning members, while only 6% have three, and a mere 2% more than three earning members.

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

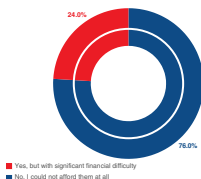
CHART 8: AVERAGE MONTHLY FAMILY INCOME



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

CHART 9: TIME TAKEN FOR FINANCIAL AID APPROVAL**68.0%**

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

CHART 10: AFFORDABILITY OF TREATMENT BEFORE FINANCIAL AID**76.0%**

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

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



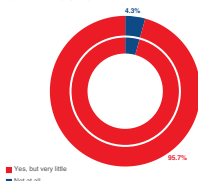
Receiving financial aid was a relief during a very difficult time. The process was smooth, and I was able to start treatment without delays. I hope the program expands to cover more tests so that others can benefit just as I did.

Joyrul Islam Laskar - Assam



CHART 11: FIRST SOURCE APPROACHED FOR FINANCIAL HELP**37.0%**

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

CHART 12: SUPPORT RECEIVED FROM OTHER SOURCES**95.7%**

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

**CASE STUDY****OVERCOMING FINANCIAL STRUGGLES FOR TREATMENT**

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

**AWARENESS EVENTS CONDUCTED**

OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

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



COHERENCE

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



EFFECTIVENESS

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

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

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



EFFICIENCY

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

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

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



IMPACT

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

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

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



SUSTAINABILITY

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



Relevance

Coherence

Effectiveness

Efficiency

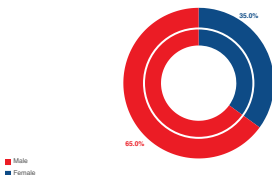
Impact

Sustainability

KEY FINDINGS AND OBSERVATIONS

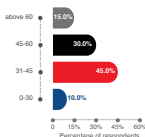
P2. ARUN KURKURE INITIATION AND TREATMENT FUND (AKITF)

CHART 1: GENDER



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

CHART 2: AGE



45.0%

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

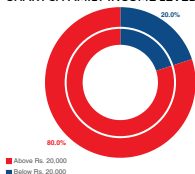


Kaushilya Sahu, a housewife whose husband works as a daily wage labourer, was diagnosed with stomach cancer. The cost of diagnostic tests was beyond their means. With support from the Dr. Arun Kurkure Initiation and Treatment Fund, she was able to undergo essential tests like endoscopy and scans. This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

financial pressure on her family.

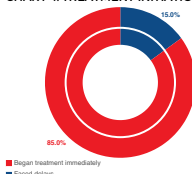


CHART 3: FAMILY INCOME LEVELS

**80.0%**

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

CHART 4: TREATMENT INITIATION

**85.0%**

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

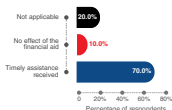


The support I received from the Dr. Arun Kurkure Initiation and Treatment Fund helped me get timely diagnostic tests like scans and blood work without worrying about the cost. It lifted a huge burden off my shoulders and gave me the strength to start treatment with confidence. I'm truly thankful for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

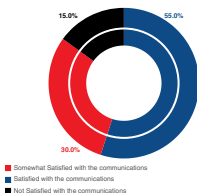
Vanita Maruti Salunkhe



AWARENESS SESSIONS

CHART 5: MOTIVATION FOR EARLY TESTING**70.0%**

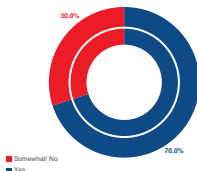
of the respondents reported that financial aid encouraged them to undergo diagnostic tests earlier. Another 10% indicated no effect, while 20% were unsure or found the question not applicable. This highlights the strong psychological and logistical impact of upfront financial support.

CHART 6: SATISFACTION WITH COMMUNICATION**55.0%**

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

PROGRAM EXPERIENCE AND SERVICE QUALITY

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

CHART 7: RESPECTFUL TREATMENT AT HOSPITALS

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



CASE STUDY - MAYUR SHINDE (AGE 1)

As told by his father, Balu Shinde

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



OECD FRAMEWORK



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability



RELEVANCE

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



COHERENCE

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



EFFECTIVENESS

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



EFFICIENCY

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



IMPACT

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



SUSTAINABILITY

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



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

04. IMPACT CREATED ACROSS MULTIPLE LEVELS

P1. INDIAN CANCER SOCIETY CANCER CURE FUND

INDIVIDUAL LEVEL

EARLY DETECTION & TREATMENT

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



FINANCIAL AID

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

FAMILY LEVEL

ECONOMIC STABILITY & LIVELIHOOD PROTECTION

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



REDUCED FINANCIAL BURDEN

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

COMMUNITY LEVEL

HEALTHCARE ACCESS EXPANSION

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



AWARENESS & SUPPORT NETWORKS

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

STATE LEVEL

EFFICIENT FUNDING & APPROVAL PROCESS

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



HOSPITAL STANDARDS & PATIENT DIGNITY

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

NATIONAL LEVEL

STRENGTHENED CANCER CARE INFRASTRUCTURE

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



POLICY IMPLICATIONS

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

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

INDIVIDUAL LEVEL

REDUCED FINANCIAL STRESS

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



IMPROVED HEALTH-SEEKING BEHAVIOR

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

EARLY CANCER DETECTION

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

HOUSEHOLD LEVEL

PRESERVATION OF LIVELIHOODS

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



BETTER SUPPORT FOR CAREGIVERS

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

ECONOMIC STABILITY

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

COMMUNITY LEVEL

ENHANCED SOCIAL SUPPORT

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



BETTER HEALTHCARE ACCESSIBILITY

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

INCREASED AWARENESS

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

STATE LEVEL

REDUCED HEALTHCARE COSTS

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



STRENGTHENED PARTNERSHIPS

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

IMPROVED PUBLIC HEALTH OUTCOMES

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

NATIONAL LEVEL

SUPPORTS SUSTAINABLE DEVELOPMENT GOALS (SDGS)

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



ADVANCEMENT IN HEALTHCARE POLICY

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

ECONOMIC GROWTH

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

05. KEY CHALLENGES AND BARRIERS

P1. INDIAN CANCER SOCIETY CANCER CURE FUND

Interactions with various stakeholders revealed the following challenges:



FINANCIAL CONSTRAINTS & COVERAGE GAPS

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



LIMITED AWARENESS & OUTREACH

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



ACCESSIBILITY & REGIONAL DISPARITIES

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



DELAYS IN DIAGNOSIS & TREATMENT INITIATION

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



ECONOMIC BURDEN ON FAMILIES

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



SUSTAINABILITY & LONG-TERM FUNDING

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

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



LIMITED AWARENESS AND OUTREACH

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



GENDER AND INCOME DISPARITIES

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



NON-FINANCIAL BARRIERS TO CARE

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



OPERATIONAL AND PROCESS CHALLENGES

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



SUSTAINABILITY AND SCALABILITY ISSUES

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

P3. DHARAMSHALA ACCOMMODATION SUPPORT PROGRAM

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



LIMITED ACCOMMODATION CAPACITY

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



EMOTIONAL AND PSYCHOLOGICAL SUPPORT NEEDS

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



FUNDING CONSTRAINTS

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



INFRASTRUCTURE MAINTENANCE

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

06. SWOT ANALYSIS

P1. INDIAN CANCER SOCIETY CANCER CURE FUND



STRENGTHS



FINANCIAL ASSISTANCE FOR UNDERPRIVILEGED PATIENTS

ICS-CCF provides crucial funding for cancer treatment, reducing financial barriers.



PARTNERSHIPS WITH LEADING INSTITUTIONS

Collaborates with hospitals and organizations like HDFC Mutual Fund to ensure sustainable funding.



EFFICIENT SCREENING PROCESS

Uses AI-based systems like Navya to assess patient eligibility, ensuring timely support.



WEAKNESSES



LIMITED AWARENESS

Many eligible patients remain unaware of the fund, reducing its reach.



REGIONAL DISPARITIES

Access to treatment is uneven, with rural areas facing greater challenges.



OPPORTUNITIES



EXPANDING AWARENESS CAMPAIGNS

Strengthening outreach through digital platforms and healthcare networks can increase accessibility.



ENHANCING CORPORATE PARTNERSHIPS

More collaborations with businesses can boost funding and sustainability.



IMPROVING REGIONAL HEALTHCARE ACCESS

Expanding hospital partnerships in underserved areas can bridge treatment gaps.



LEVERAGING AI FOR BETTER PATIENT SELECTION

AI-driven screening can further optimize fund allocation and improve survival rates.



RIISING CANCER TREATMENT COSTS

Increasing medical expenses may outpace available funding.



THREATS



ECONOMIC UNCERTAINTY

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



HEALTHCARE INFRASTRUCTURE CHALLENGES

Limited facilities in certain regions may hinder effective treatment delivery.



POLICY & REGULATORY CHANGES

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

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



STRENGTHS



FINANCIAL SUPPORT FOR DIAGNOSTICS

Helps economically disadvantaged patients access essential tests.



ENCOURAGES EARLY DIAGNOSIS

Reduces delays, ensuring timely cancer treatment.



HIGH PATIENT SATISFACTION

85% of beneficiaries are satisfied with the aid process.



STRONG PARTNERSHIPS

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



GEOGRAPHIC REACH

Supports patients across multiple Indian states, improving healthcare accessibility.



WEAKNESSES



LIMITED AWARENESS

Some underserved communities may not know about the program.



OPPORTUNITIES



ENHANCE AWARENESS CAMPAIGNS

Educate communities about the program through hospitals and grassroots organizations.



COLLABORATE WITH MORE HOSPITALS

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

07 RECOMMENDATIONS

P1. INDIAN CANCER SOCIETY CANCER CURE FUND



ENHANCE FULL COST COVERAGE FOR DIAGNOSTICS

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



STRENGTHEN WAGE SUPPORT FOR PRIMARY EARNERS

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



IMPROVE AWARENESS & OUTREACH FOR FINANCIAL AID

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



EXPAND REGIONAL ACCESS & REMOTE SCREENING INITIATIVES

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

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



IMPROVE PATIENT DIGNITY AT TOUCHPOINTS

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



STRENGTHEN APPLICATION FOLLOW-UP

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

08. CONCLUSION

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

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

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