



Impact Assessment Study of the Cancer  
Cure Fund programme by the Indian Cancer  
Society

Submitted to: HDFC AMC



March 2024

## Contents

1. Introduction .....	5
2. About the Programme .....	5
2.1. Cancer burden in India .....	5
2.2. Indian Cancer Society.....	6
2.3. Programme Description .....	6
2.4. HDFC AMC's support to ICS .....	7
3. Research Objectives and Framework .....	8
3.1. Modes of Data Collection.....	8
3.2. Sampling .....	9
3.3. Profile of primary stakeholders .....	10
3.3.1. Type of primary stakeholder .....	10
3.3.2. Geographical distribution of participants .....	11
3.3.3. Gender .....	11
3.3.4. Age.....	12
3.4. Profile of secondary stakeholders .....	13
3.4.1. ICS Team members and Doctors.....	13
3.4.2. Other Stakeholders .....	14
4. Key Findings.....	15
4.1. Efficiency Indicators .....	17
4.1.1. Purpose and design.....	17
4.1.2. Outreach of the programme .....	19
4.1.3. Ease of access to healthcare services.....	20
4.1.4. Utilisation of funds.....	21
4.2. Effectiveness Indicators .....	22
4.2.1. Increased number of patients treated .....	22
4.2.2. Increase in access to cancer treatment .....	24
4.2.3. Improved health status.....	27
4.2.4. Reduced burden on caretakers .....	28
5. Conclusion.....	30

6. Recommendations.....	30
-------------------------	----

## List of Tables

Table 1: Efficiency and Effectiveness Framework and Indicators .....	8
----------------------------------------------------------------------	---

Table 2: Profile of stakeholders and tools used for interaction.....	13
----------------------------------------------------------------------	----

Table 3: Profile of other secondary stakeholders and tools used for interaction.....	14
--------------------------------------------------------------------------------------	----

## List of Images

Picture 1: Operational Flow of CCF.....	19
-----------------------------------------	----

## List of Figures

Figure 1: Primary stakeholders surveyed are caregivers and patients themselves .....	10
--------------------------------------------------------------------------------------	----

Figure 2: Relationship of the caregivers with the patients treated .....	10
--------------------------------------------------------------------------	----

Figure 3: Distribution of participants across locations.....	11
--------------------------------------------------------------	----

Figure 4: Gender distribution of patients across locations .....	12
------------------------------------------------------------------	----

Figure 5: Age Distribution of participants.....	13
-------------------------------------------------	----

Figure 6: Source of information to patients and caretakers about ICS financial support to cancer patients .....	20
-----------------------------------------------------------------------------------------------------------------	----

Figure 7: Other source of funds accessible to patients for cancer treatment.....	21
----------------------------------------------------------------------------------	----

Figure 8: Amount of funding received for cancer treatment of patients.....	22
----------------------------------------------------------------------------	----

Figure 9: Better condition of patients after receiving treatment through funding support by ICS .....	24
-------------------------------------------------------------------------------------------------------	----

Figure 10: Types of cancer among patients supported by ICS.....	25
-----------------------------------------------------------------	----

Figure 11: Stages of cancer among patients supported by ICS .....	26
-------------------------------------------------------------------	----

Figure 12: Types of treatment received by patients .....	26
----------------------------------------------------------	----

Figure 13: Level of satisfaction on the treatment quality provided to patients .....	28
--------------------------------------------------------------------------------------	----

Figure 14: Satisfaction level among respondents on the support received for cancer treatment .....	29
----------------------------------------------------------------------------------------------------	----

**Abbreviations**

CSR – Corporate Social Responsibility

FGD – Focus Group Discussion

KII – Key Informant Interview

ICS – Indian Cancer Society

CCF – Cancer Cure Fund

WHO - World Health Organisation

IARC - International Agency for Research on Cancer

GACC – Governing Advisory Council, CCF

NGO – Nongovernmental organisation

FY – Fiscal Year

## 1. Introduction

HDFC Asset Management Company Limited (AMC), a subsidiary of HDFC Ltd., underscores corporate social responsibility (CSR) as a fundamental component of its organisational culture and values, in alignment with the broader ethos of the HDFC group. Emphasizing its commitment to social and philanthropic endeavours, HDFC AMC has established a dedicated CSR fund aimed at supporting projects led by Non-Governmental Organizations (NGOs), community groups, and other entities. Notably, HDFC AMC has pioneered a distinctive CSR initiative by supporting the Cancer Cure Fund project in collaboration with the Indian Cancer Society (ICS). The funds serve the noble purpose of extending financial aid to underprivileged cancer patients, reflecting HDFC AMC's steadfast dedication to making a meaningful impact on societal well-being<sup>1</sup>.

The present report offers a comprehensive impact assessment of HDFC AMC's financial support to the Indian Cancer Society (ICS) during FY 2021-2022, specifically directed towards the Cancer Cure Fund project. This initiative aims to alleviate the financial burdens encountered by cancer patients, particularly those belonging to underprivileged backgrounds. Through the implementation of innovative funding mechanisms and strategic partnerships, organisations such as the ICS play a pivotal role in delivering essential support, treatment, and hope to individuals affected by cancer.

## 2. About the Programme

### 2.1. Cancer burden in India

According to the World Health Organization's (WHO) International Agency for Research on Cancer (IARC), the global incidence of cancer continues to escalate, with approximately 20 million new cases and 9.7 million deaths reported in 2022 alone<sup>2</sup>. The WHO's survey on Universal Health Coverage (UHC) on cancer further illuminates the significant disparities in financing essential cancer and palliative care services across many nations, highlighting the obstacles to achieving equitable access to cancer care on a global scale.

In India, the cancer landscape reflects the global trajectory, with an estimated 14,61,427 new cases reported in 2022, equating to a crude incidence rate of 100.4 per 100,000 individuals. Alarmingly, the data indicates that one in nine individuals in India may develop cancer during their lifetime, underscoring the urgent need for comprehensive cancer care strategies nationwide. Notably, lung cancer ranks as the most prevalent cancer among males, while breast cancer is predominant among females, emphasizing the importance of targeted interventions and robust screening programs. Furthermore, childhood cancers, particularly lymphoid leukaemia, present significant challenges, with varying rates of incidence among boys and girls. Looking ahead, projections indicate a 12.8% increase in cancer cases by 2025

---

<sup>1</sup>[HDFC AMC | CSR Policy](#)

<sup>2</sup> [WHO Article | Global cancer burden growing amidst the mounting need for services | 2024](#)

compared to 2020, emphasizing the critical importance of proactive measures to fortify healthcare systems and enhance access to quality cancer care throughout the country<sup>3</sup>.

## 2.2. Indian Cancer Society

The Indian Cancer Society (ICS), established in 1951, is a non-profit organization dedicated to combatting cancer through a multifaceted approach encompassing prevention, early detection, treatment support, and research initiatives<sup>4</sup>. ICS has had a role in India's fight against cancer for over seven decades, demonstrating unwavering commitment and resilience in addressing this pressing public health challenge.

As one of the oldest Cancer NGOs in India, the ICS adopts a holistic strategy that spans the entire cancer continuum, from raising awareness to facilitating treatment funding and rehabilitation efforts. A cornerstone of their mission is the prioritization of underprivileged segments of society, both in urban and rural settings, ensuring equitable access to essential cancer-related services and support. Notably, the ICS offers vital resources such as financial aid for treatment, access to medical facilities, counselling services, and guidance in navigating the intricacies of the healthcare system to cancer patients and their families

By attending to the diverse needs of cancer patients and addressing the physical, emotional, and financial burdens associated with the disease, the Indian Cancer Society endeavours to enhance the overall quality of life for those affected by cancer. Through their steadfast dedication and comprehensive approach, the ICS continues to make significant strides in alleviating the impact of cancer on individuals and communities across India, acting as a beacon of hope and support in the fight against the disease.

## 2.3. Programme Description

The Cancer Cure Fund (CCF) operates with a mission to provide crucial support to cancer patients across different age groups, encompassing both adults and children. To ensure targeted assistance, CCF focuses on patients with a projected five-year survival rate of 50% or more for adults (>15 years) and 60% or more for paediatric patients (up to 15 years). These eligibility criteria are designed to identify individuals who stand to benefit the most from the financial assistance and resources provided by CCF.

Moreover, CCF's eligibility requirements extend to Indian citizens with a current family income not exceeding Rs. 4 lakhs per annum, underlining the commitment to supporting individuals from economically disadvantaged backgrounds. Additionally, patients must be registered under the General category<sup>5</sup> at empanelled hospitals, ensuring equitable access to the services

---

<sup>3</sup>[NCBI Report | Cancer Incidence estimates for 2022 and projection for 2025 | 2022](#)

<sup>4</sup>[Indian Cancer Society | Official Website](#)

<sup>5</sup> General category includes patients eligible to access funding support from government and institutional sources and other categories include private categories where the patient bears the cost of treatment on their own

offered by CCF. By adhering to these stringent criteria, CCF strives to uphold transparency, fairness, and effectiveness in its efforts to alleviate the burden of cancer treatment costs for individuals and families.

The CCF program partners with empanelled hospitals which are selected based on a detailed due diligence process and are continually kept under review for empanelment based on track record in medical and operational parameters. Empanelled hospitals, which include Government, private, and NGO-run institutions, are chosen based on factors such as a large footfall, positive perception, in-house cancer treatment capabilities, and low-cost treatment, including waived bed charges and surgeon/doctor fees.

The geographical reach and impact of the CCF project extends to remote areas across the country, ensuring widespread access to cancer treatment facilities and resources. The project covers a wide spectrum of medical interventions, including surgery, chemotherapy, radiation therapy, and supportive care, encompassing all expense made for medicines. With a provision of up to INR 5 lakhs per patient, CCF endeavours to alleviate the financial burden associated with cancer treatment, particularly for individuals from underprivileged backgrounds.

Furthermore, the CCF project adopts a flexible and inclusive approach, allowing for re-application if the patient meets the survival criteria at the time of reapplication and the total cost remains within the specified limits. Through these measures, CCF aims to make a meaningful difference in the lives of cancer patients, regardless of their geographical location or socio-economic status, by providing essential medical support and financial assistance when they need it the most.

#### **2.4. HDFC AMC's support to ICS**

HDFC AMC has demonstrated strong commitment and support for cancer patients through ICS' Cancer Cure Fund project, sanctioning a total contribution of Rs. 15 crores in FY 2020-2021. In FY 2021-2022, financial assistance amounting to Rs. 10.50 crores from this fund have facilitated the treatment of 1139 patients. Of this sum, Rs. 9.60 crores were allocated directly for medical treatment, ensuring that the money contributed was directed towards the well-being of those in need, with the remaining Rs. 90 lakhs earmarked for administrative expenses of the Fund.

### 3. Research Objectives and Framework

In FY 2023-24, Samhita Social Ventures undertook a project evaluation of the Cancer Cure Fund programme supported by HDFC AMC and implemented by ICS in FY 2021-22, with the intention of assessing the intervention’s outcomes.

The analytical framework adopted to assess the effectiveness of the program is the **Efficiency and Effectiveness framework**.

Efficiency and Effectiveness Framework		
Framework	Description	Indicators
<b>Efficiency</b>	<p>How well are the resources being used?</p> <p><i>(The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way)</i></p>	<ul style="list-style-type: none"> <li>• Purpose and design of the programme</li> <li>• Outreach of the programme</li> <li>• Accessibility of quality healthcare service for patients from underserved communities</li> <li>• Utilisation of funds</li> </ul>
<b>Effectiveness</b>	<p>Is the intervention achieving its objectives?</p> <p><i>(The extent to which the intervention achieves, or is expected to achieve, its objectives and results across groups)</i></p>	<ul style="list-style-type: none"> <li>• Increased number of patients treated</li> <li>• Improved access to cancer treatment</li> <li>• Improved health status among patients</li> <li>• Reduced burden on caretakers</li> </ul>

Table 1: Efficiency and Effectiveness Framework and Indicators

#### 3.1. Modes of Data Collection

The study adopted a mixed-methods methodology to collect primary data using the following methods:

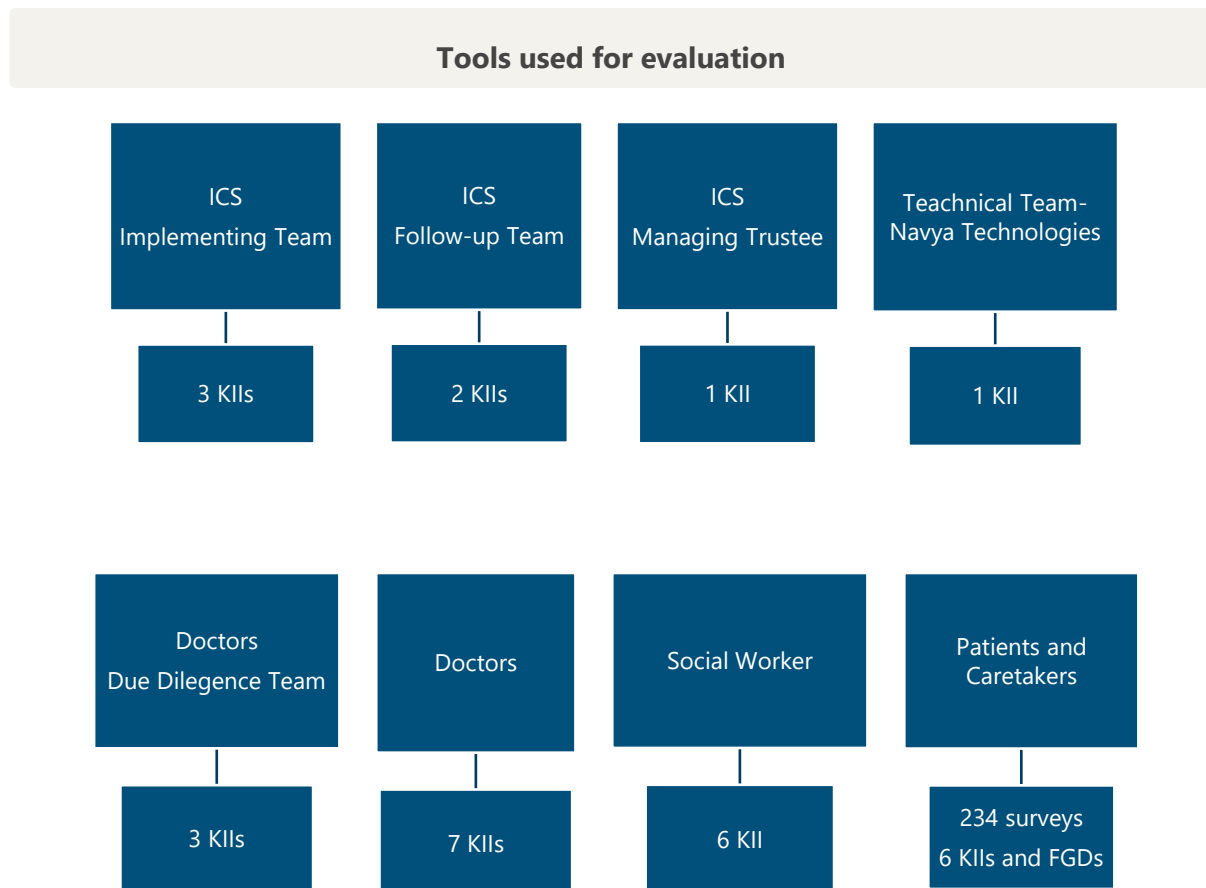
- **Key Informant Interviews (KII):** In-depth interviews were conducted with stakeholders such as the ICS Team members and doctors.
- **Focus Group Discussions (FGD):** FGDs were conducted with primary stakeholders from Bangalore and Mumbai.



- **Structured digitised surveys:** For the quantitative data, a sample of 234 caretakers and patients from different locations were surveyed.

### 3.2. Sampling

Samhita interacted with the ICS team to get an in-depth understanding of the programme. The qualitative tools were created based on this preliminary interaction and the documents shared by the organisation. After the document review and interaction, qualitative data collection was conducted and the quantitative tools were created.



The sample of participants for the quantitative survey for all the locations was chosen from the entire population universe of participants during FY 2021-22. The project supported **1139** beneficiaries across all the locations in FY 2021-22. With a 95% confidence interval and 5% margin of error, the sample size was calculated as **235**, which was stratified across the locations in India based on its proportion across the population size to ensure accurate representation. Due to data inconvenience, interactions were conducted with both caretakers and patients instead of the planned 235 caretakers. With the support of the HDFC AMC programme team and ICS team stakeholders, the data collection team was able to collect the data for a total of 234 beneficiaries. This minor shortfall does not impact the integrity or reliability of the findings. The collected data provides valuable insights into the programme's outcomes and participants' experiences, allowing for informed decision-making and strategic planning.

### 3.3. Profile of primary stakeholders

#### 3.3.1. Type of primary stakeholder

Primary stakeholders surveyed are caretakers and patients themselves. Out of the total 234 respondents, around 79% (185 respondents) are caregivers and the remaining 21% are patients.

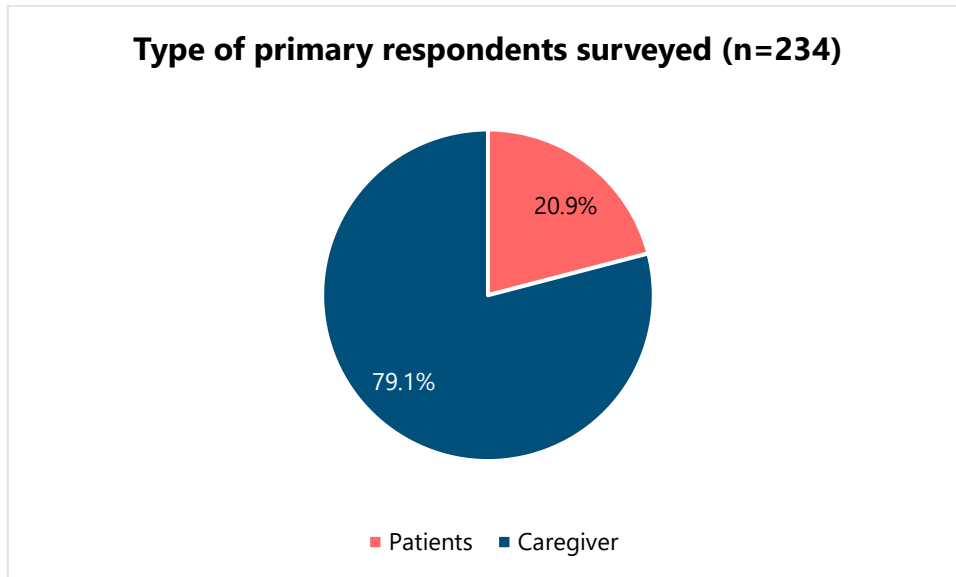


Figure 1: Primary stakeholders surveyed are caregivers and patients themselves

More than 42% of caregivers indicated that the patients were their parents, while over 21% of caregivers reported being the parents of the patients.

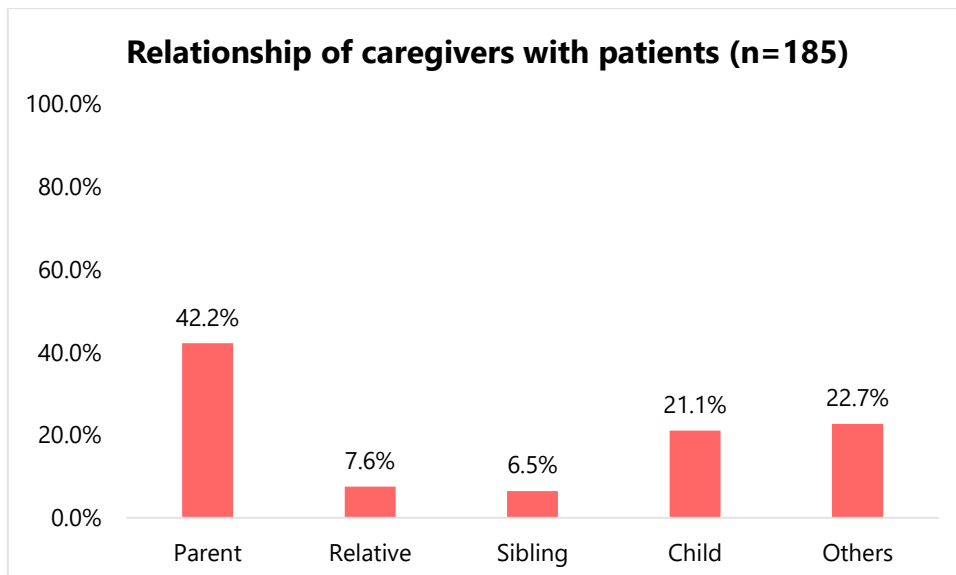


Figure 2: Relationship of the caregivers with the patients treated

### 3.3.2. Geographical distribution of participants

The HDFC AMC-supported programme was implemented by ICS across several locations in India. Among these, a sample of 234 patients and caretakers across different states in India were surveyed. Around 50% of the respondents, were from Andhra Pradesh, Karnataka, Uttar Pradesh, and Bihar. The distribution of the respondents across each location has been indicated by the chart, below:

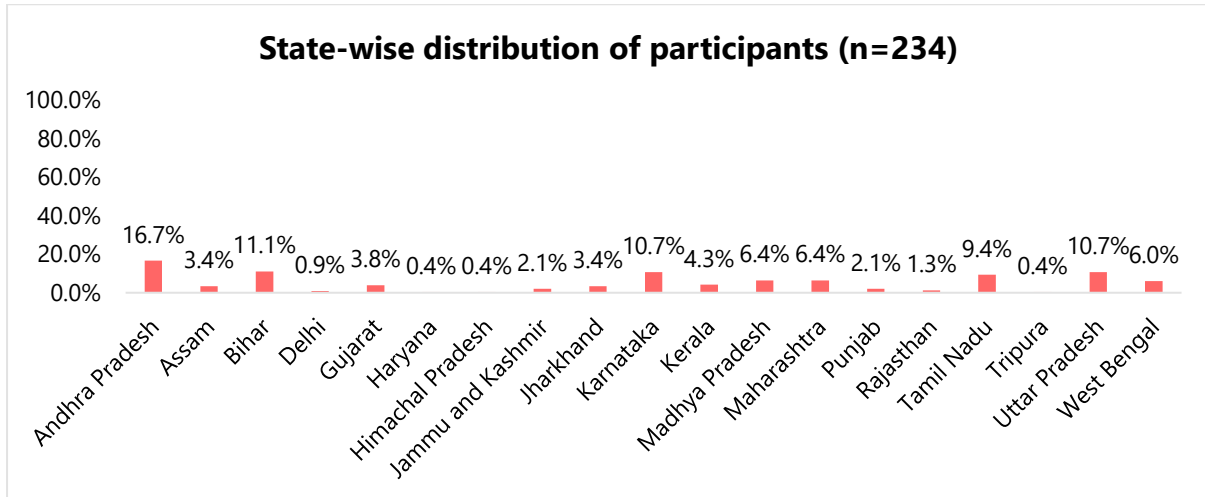


Figure 3: Distribution of participants across locations

### 3.3.3. Gender

The analysis of gender distribution among the surveyed participants reveals a notable skew, with over 62% of the respondents identified as female. This significant preponderance of female respondents indicates a pronounced gender disparity possibly due to underlying factors like increase in breast, cervical, uterus, ovarian cancer rate resulting in high number of female patients. Among the total respondents, 99 individuals (42.3%) received support for breast cancer, while 10 respondents disclosed diagnoses of female-specific cancers, including cervical, uterine, and ovarian cancer. The figure below provides a visual depiction of the gender distribution among the surveyed participants.

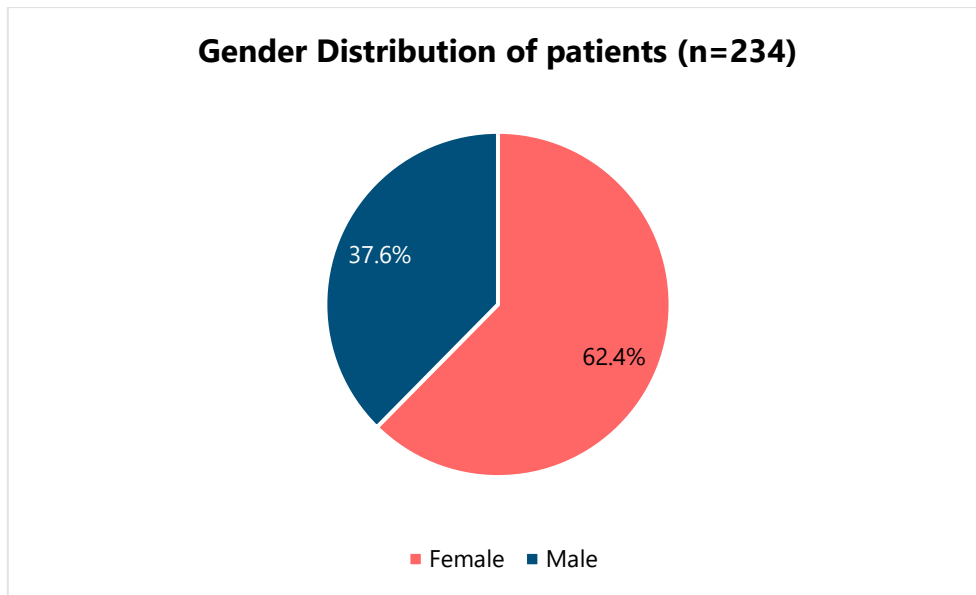


Figure 4: Gender distribution of patients across locations

#### 3.3.4. Age

The demographic analysis reveals that most respondents fall within the age category of 41 years and above, comprising over 52% of the total. More than 23% of the patients are between the age group 41-50 years. This suggests that a significant portion of the primary stakeholders are middle-aged individuals. However, it is noteworthy that approximately 25% of the patients represented in the data are below 18 years of age, indicating a considerable presence of paediatric cases within the surveyed population. This disparity in age distribution underscores the diverse range of individuals affected by cancer in India, spanning different age groups. The figure below provides a visual representation of the age distribution among the patients, illustrating the relative proportions of different age categories within the dataset.

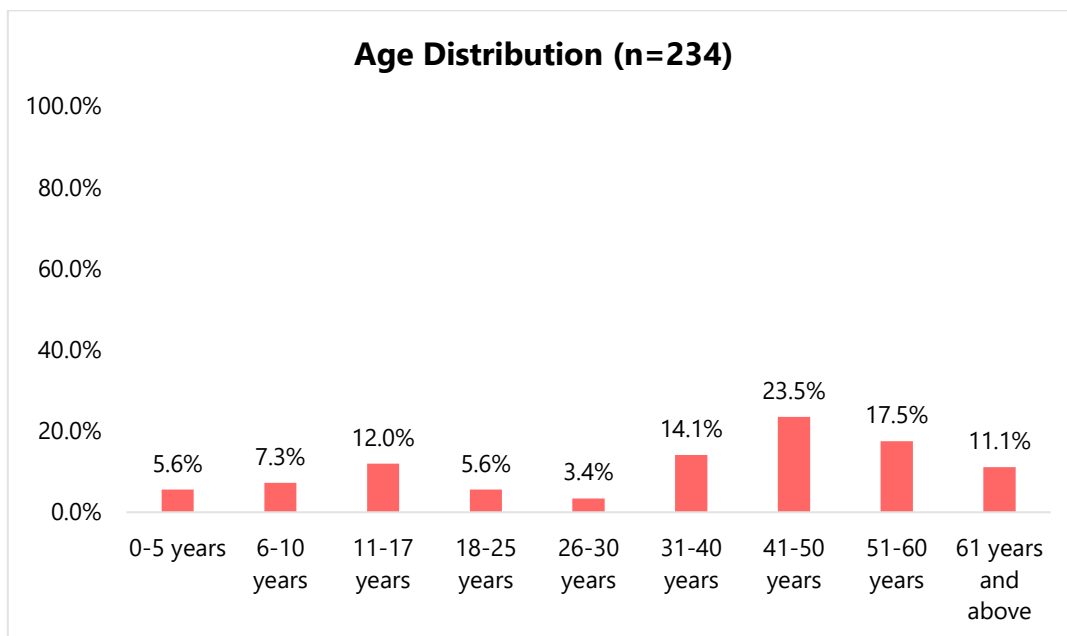


Figure 5: Age Distribution of participants

### 3.4. Profile of secondary stakeholders

#### 3.4.1. ICS Team members and Doctors

The following table provides details on the profile of the ICS Team members and doctors:

Stakeholders	Gender	Designation	Tools Used
ICS Team Member	Female	Managing Trustee (Member of Governing Advisory Council, CCF)	KII
ICS team member	Female	Head - Programme Coordinator	KII
ICS team member	Female	Programme Coordinator	KII
ICS team member	Female	Programme Coordinator (Social workers and Hospitals)	KII
ICS team member	Female	Follow-up team member	KII
ICS team member	Female	Follow-up team member	KII
Doctors	7 males	Treating Doctors	KII
Doctors	2 male +1 female	Due Diligence team	KII

Table 2: Profile of stakeholders and tools used for interaction

### 3.4.2. Other Stakeholders

The following table provides details on the profile of the other stakeholders:

Stakeholders	Gender	Designation	Tools Used
Navya Technologies	Female	Head – Technical Team	KII
Social Worker	1 male + 1 female	Head – Social Worker team	KII
Social Worker	Female	Charity Manager	KII
Social Worker	2 males + 1 females	Social Worker Team members	KII
Patients	3 males + 1 females	Tata Memorial Hospital- Kharghar	FGD
Caretakers	2 male +2 females	Parents and Relatives	FGD

Table 3: Profile of other secondary stakeholders and tools used for interaction

## 4. Key Findings



**Highly efficient process**






**Satisfactory process**



**Process that needs improvement**

Framework	Indicators	Key Findings	Results
Efficiency	Purpose and design of the programme	The program is well designed, enabling patients from socio-economically weaker sections of society to access funds based on eligibility criteria, with the assistance of social workers in empanelled hospitals.	
	Outreach of the programme	Majority of the patients (more than 78%) were informed about ICS' financial support through hospital staff and social workers. Th collaborative efforts between ICS team, hospital staff, and social worker team ensures that patients in need are made aware of and have access to the assistance provided by the CCF programme.	
	Accessibility of quality healthcare service for patients from underserved communities	The introduction of AI systems with Navya technologies has effectively eliminated human errors in the selection and sanctioning of funds for patients in need. Technological intervention and holistic approach ensure that patients	

		can access funds efficiently, thereby reducing waiting times and facilitating timely medical treatment.	
	Utilisation of funds	Out of total allocation of Rs. 9.60 crores designated for medical treatment, the funds are efficiently allocated to patients from different geographies across India and extends across cancer treatments, covering surgeries, chemotherapy, radiotherapy, medication, and various other necessary medical interventions. This shows prudent management with transparent funding operations.	
Effectiveness	Increased number of patients treated	Over 76% of patients have identified these funds as indispensable in their treatment journey and attribute the very survival of individuals to the support provided through the ICS funding. The concurrence between the rising cancer burden and the proactive allocation of funds from the ICS team underscores the critical need for continued efforts in both cancer prevention and patient support.	
	Improved access to cancer treatment	Over 86% have undergone chemotherapy and more than 48% of patients have received radiotherapy. The dual burden of high costs and extended treatment periods exacerbates the financial strain on individuals and families combating cancer.	





	Improved health status among patients	vast majority of respondents with 73%, expressed a high level of satisfaction with the quality of treatment they received. The financial support provided by ICS has played a crucial role in enabling patients to receive expert medical care with high-quality of treatment.	
	Reduced burden on caretakers	More than 70% of the respondents mentioned that the funds were sufficient to cover treatment expenses. The support not only addressed the financial burden associated with cancer care but also alleviated emotional stress, contributing to a more positive patient and caregiver experience.	

Table 4: Key Findings and rankings for indicators

#### 4.1. Efficiency Indicators

##### 4.1.1. Purpose and design

The purpose of ICS is to provide financial assistance and support to cancer patients who require treatment but lack the necessary financial means. This program aims to ensure that cancer patients receive timely and appropriate medical care without facing financial barriers that could hinder their treatment and recovery.



***“When a cancer patient facing financial challenges visits the hospital, we try our best to provide financial support, easing their concerns about covering costs of treatment.”***

***- Social Worker, Tata Memorial Hospital, Parel***

CCF follows a systematic, step-by-step process to determine whom to sanction financial assistance to. The process begins with patients filling out a detailed application form with help of a social worker that includes information about their medical condition, treatment requirements, and financial situation. This form serves as the initial assessment tool for ICS to evaluate the patient's eligibility for support.

Upon receipt of the application, a specialized team within the ICS carefully reviews the submitted data and uploads it into the AI system of Navya Technologies for initial eligibility assessment. This assessment is facilitated by Navya Technologies using AI software, streamlining the process to expedite the sanctioning procedure. The review considers critical factors such as the gravity of the patient's medical condition, the immediacy of treatment required, and the accessibility of alternative resources. Through this meticulous review process, financial aid is directed towards individuals demonstrating a bona fide need and those deemed most likely to derive significant benefits from the assistance provided.

After the initial assessment, the patient's case is further evaluated by the due diligence team comprising of medical professionals who specialize in oncology. These experts assess the medical reports, treatment plans, and overall prognosis to determine the appropriateness and urgency of financial assistance. They also consider any existing support systems or insurance coverage that the patient may have.

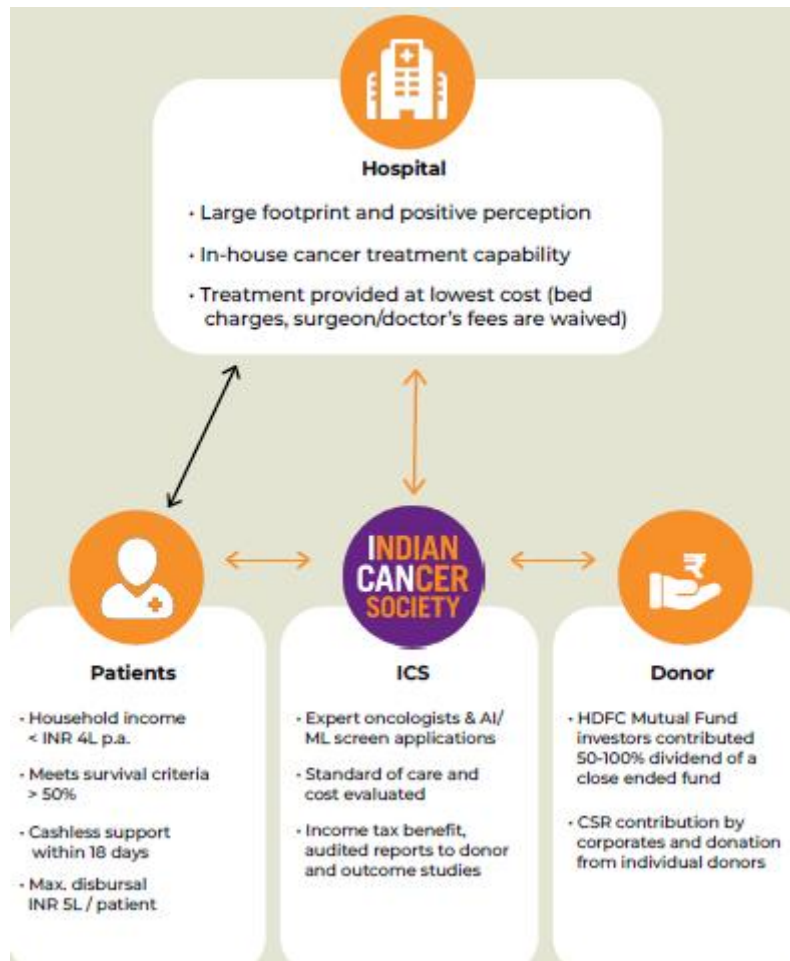
Following the medical review, the final decision on sanctioning financial assistance is made by the Governing Advisory Council of CCF based on a comprehensive evaluation of the patient's medical needs and financial circumstances. Following the final decision-making process on fund sanctioning, the ICS team and social workers proactively reach out to patients and caregivers, providing guidance on accessing the sanctioned benefits and navigating the necessary procedures. This decision-making process is guided by principles of fairness, transparency, and the overarching goal of ensuring that cancer patients receive timely and appropriate medical care without facing undue financial burdens.



***“Accessing the funds could be navigated with ease by my family members, thanks to the support and guidance provided by the ICS team, they were immensely helpful.”***

***- Patient***

As the image below illustrates, the Cancer Cure Fund (CCF) operates through a systematic process aimed at providing financial assistance to cancer patients in need.



Picture 1: Operational Flow of CCF

Source: ICS – CCF Brochure<sup>6</sup>

#### 4.1.2. Outreach of the programme

A robust outreach strategy is executed in collaboration with the social work departments of empanelled hospitals to ensure effective dissemination of information about the CCF programme. Leveraging the expertise and network of hospital staff, particularly social workers, the ICS team strategically identifies and reaches out to patients in need of financial assistance for cancer treatment. A proactive approach is adopted by the hospital staff to sensitively inform eligible patients about the availability and benefits of the CCF program, emphasizing the financial support and resources it offers for cancer treatment.

The figure below shows the source of information about ICS financial support to cancer patients.

<sup>6</sup> <https://www.indiancancersociety.org/what-do-we-do/images/ccf-brochure.pdf>

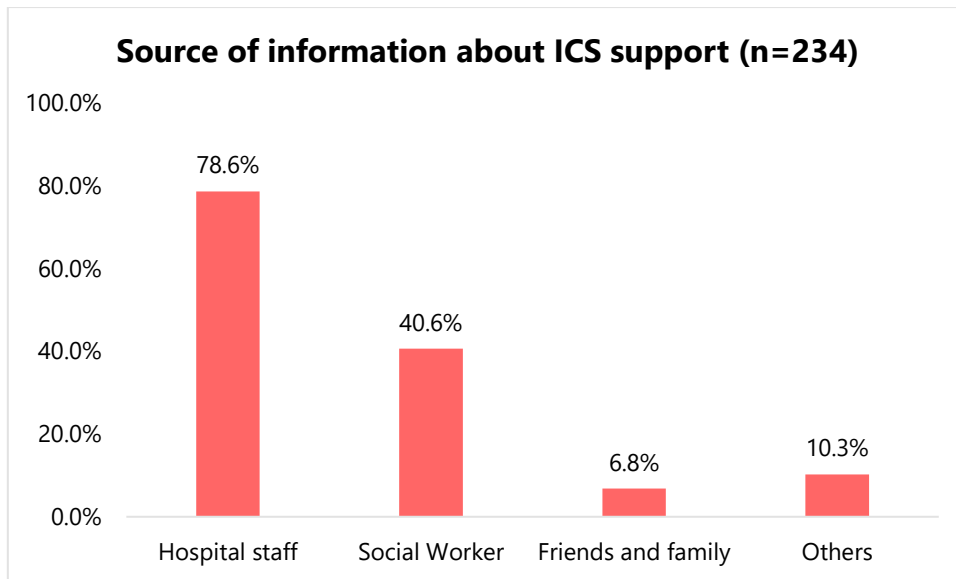


Figure 6: Source of information to patients and caretakers about ICS financial support to cancer patients

The above data shows that majority of the patients were informed about ICS' financial support through hospital staff and social workers. This collaborative effort ensures that in need are aware of and have access to the assistance provided by the CCF programme.

#### 4.1.3. Ease of access to healthcare services

ICS has a robust system in place which has undergone significant streamlining to facilitate accessibility and timely support for cancer patients. Efforts have been made to simplify the application process, with experts and medical social workers guiding patients through the eligibility criteria and necessary documentation. The implementation of AI-driven document verification and shortlisting processes in collaboration with Navya Technologies marks a significant advancement in ensuring accuracy and efficiency in supporting patients. By leveraging AI technology, the system has effectively minimized the likelihood of human errors and delays in the verification of documents, thereby enhancing the reliability of patient support processes. This has also alleviated the burden on doctors, who are no longer solely responsible for verifying documents and patient reports to determine eligibility for sanctioning of funds. The automated system streamlines the verification process, allowing doctors to focus more on patient care and treatment, rather than administrative tasks.

Furthermore, the application process has been streamlined, with the assistance of experts and medical social workers who guide patients through the eligibility criteria and required documentation. This proactive approach ensures efficient access to funds, minimizing waiting times and facilitating timely medical interventions.

Hospitals have also strategic partnered with various governmental, no-governmental, and private, and philanthropic funders which has significantly enhanced accessibility to cancer treatment. The system has become more patient-centric, providing a holistic support system

that empowers patients to access comprehensive cancer care promptly and without excessive financial strain.

Quantitative data analysis reveals that patients and caretakers have accessed other sources of funds for cancer treatment. Over 22% of respondents benefited from the Ayushman Bharat Yojana, while more than 11% utilized other government schemes such as PM Rahat Kosh and Atal Amrit Yojana, among others. Notably, more than 56% of respondents indicated they would have used personal savings and emergency funds for treatment, while 27% mentioned they would have sought support from informal sources like family and friends to fund treatment.

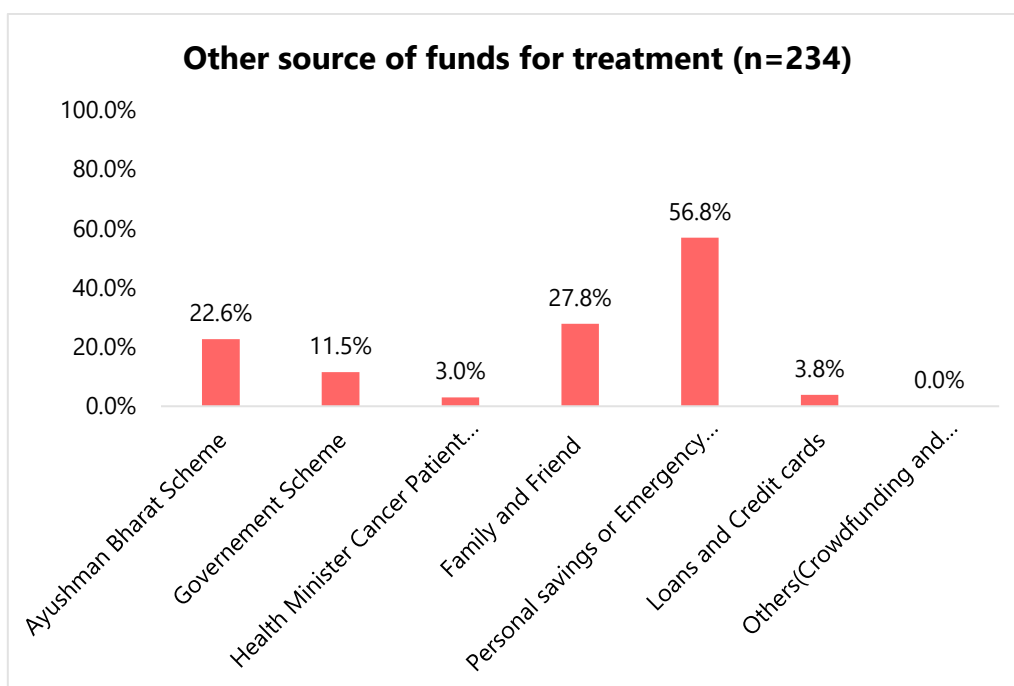


Figure 7: Other source of funds accessible to patients for cancer treatment

A holistic approach ensures that patients can access funds efficiently, thereby reducing waiting times and facilitating timely medical interventions. Additionally, partnerships with government schemes like Ayushman Bharat have further enhanced accessibility to cancer treatment.

#### 4.1.4. Utilisation of funds

A total allocation of Rs. 9.60 crores in FY 2021-2022 were designated for medical treatment and every rupee has been carefully accounted for, ensuring that resources are maximized to their fullest potential. The efficient allocation of funds to patients from different geographies across India shows prudent management with transparent funding operations. These funds have been instrumental in providing critical support to 1139 patients facing economical constraints and battling cancer, underscoring the tangible impact of the project on individuals in need.

The utilization of these funds extends across a spectrum of essential cancer treatments, covering surgeries, chemotherapy, radiotherapy, medication, and various other necessary medical interventions. By directing resources towards these crucial aspects of care, the CCF project has directly enhanced the quality of life and treatment outcomes for patients facing the challenges of cancer. Through prudent management and a steadfast commitment to transparency, the project continues to support for individuals and families navigating the complexities of cancer treatment.

The figure below illustrates the funds received by respondents for cancer treatment, either for themselves or their family members.

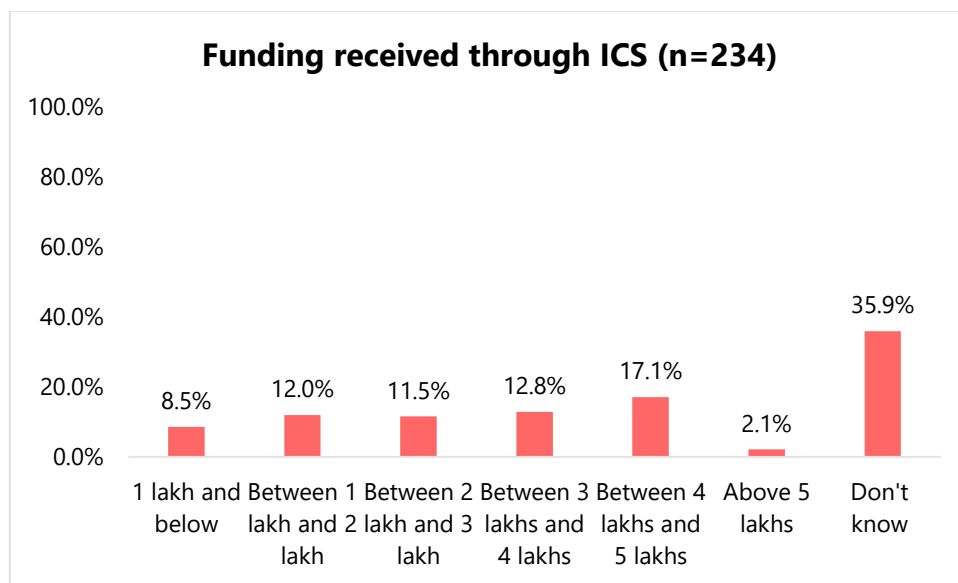


Figure 8: Amount of funding received for cancer treatment of patients

A significant finding from the survey reveals that approximately 40% of the patients and caretakers surveyed were unaware of the amount of funds received through ICS. Of those who were aware, more than 17% reported receiving funding support ranging from Rs. 4 lakhs to 5 lakhs, while around 13% received funding between Rs. 3 lakhs to 4 lakhs. This highlights the importance of improving communication and transparency regarding the financial assistance provided by ICS to ensure that beneficiaries are well-informed about the support available to them.

## 4.2. Effectiveness Indicators

### 4.2.1. Increased number of patients treated

India is grappling with a rise in cancer cases, with projections indicating to 2.98 million cases by 2025 from 2.67 million cases in 2021<sup>7</sup>. Based on qualitative interactions with treating doctors, it was found that this rise in cancer cases is attributed to multiple factors, including lifestyle shifts towards sedentary habits, unhealthy diets, and increased tobacco and alcohol consumption, all contributing to heightened cancer risk. Advancements in diagnostics have

<sup>7</sup>[Indian Journal on Public Health | Cancer burden in India: A statistical analysis | 2023](#)

facilitated better detection and reporting of cancer cases, thereby influencing the apparent increase in incidence rates. Additionally, there has been a notable improvement in public awareness about cancer, leading to more individuals seeking medical attention and contributing to the recorded number of cases.

Qualitative discussions with doctors from Tata Memorial Hospital, Parel, Mumbai, underscore the significant impact of increased funding from the ICS team on patient care. Over the period from 2016 to 2023, more than Rs. 8 crores have been disbursed towards cancer patient treatment in the hospital, directly benefiting approximately 8000 patients. This funding has played a pivotal role in providing essential financial support for treatment, effectively overcoming potential barriers that might have otherwise deterred patients from seeking necessary medical care.

The concurrence between the rising cancer burden and the proactive allocation of funds underscores the critical need for continued efforts in both cancer prevention and patient support. A sustained investment in funding initiatives, such as those exemplified by the ICS team, is essential to ensure that patients receive the necessary support to combat cancer effectively and alleviate the burden on healthcare systems.



***“Cancer has always been prevalent in India, but its recognition and management have significantly improved due to factors such as increased awareness, advancements in detection methods.”***

***- Doctor***

The figure below highlights the significant role of funds provided by the ICS team in the treatment of cancer. Over 76% of patients have identified these funds as indispensable in their treatment journey and attribute the very survival of individuals to the support provided through these funds.

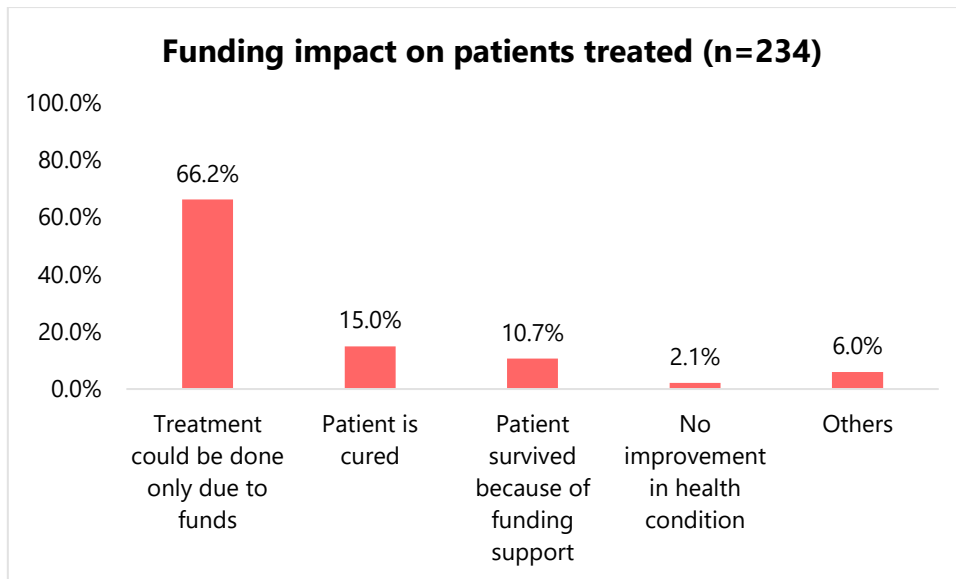


Figure 9: Better condition of patients after receiving treatment through funding support by ICS

#### 4.2.2. Increase in access to cancer treatment

India has one of the highest burdens of out-of-pocket (OOP) health expenditures globally<sup>8</sup>. The financial strain on individuals and households is high in the case of cancer, which not only ranks among the most expensive diseases but also demands prolonged treatment durations, extending beyond a year in certain cases<sup>9</sup>. The dual burden of high costs and extended treatment periods exacerbates the financial strain on individuals and families combating cancer. Based on qualitative interactions with patients it was found that the total treatment expense in treating cancer ranges from Rs. 2.5 lakhs to 6 lakhs.

Access to substantial funding support to treat expensive diseases becomes imperative to bridge the affordability gap. Funding support through CCF has helped in enhancing the accessibility of cancer treatment, particularly for patients from underprivileged backgrounds. The patients qualifying to receive funding support hail from families earning less than Rs. 4 lakhs annually. Numerous patients have underscored the indispensable role of CCF funds in the treatment of cancer for either themselves or their family members.



***"The life-threatening nature of cancer evoked intense emotions in our family, and affording the treatment costs seemed extremely tough. Our family was immensely relieved to know that the ICS team was supporting for my mother's treatment expenses."***

***- Caretaker (Patient's daughter)***

<sup>8</sup> [NCBI Article | Impoverishing effects of high out of pocket health expenditures in India | 2022](#)

<sup>9</sup> [NCBI Article | Financial toxicity of cancer treatment in India: Towards closing the cancer care gap | 2023](#)



The figure below shows different types of cancer and stages of cancer suffered by the patients surveyed. More than 42% of respondents (99 cases) mentioned that the patient suffered breast cancer. Blood cancer was reported to be the second highest type of cancer suffered by more than 24% of the patients. More than 25% of the respondents mentioned other types which include Acute Lymphoblastic leukaemia, non-Hodgkin lymphoma, Urinary bladder cancer, and Oral cancer.

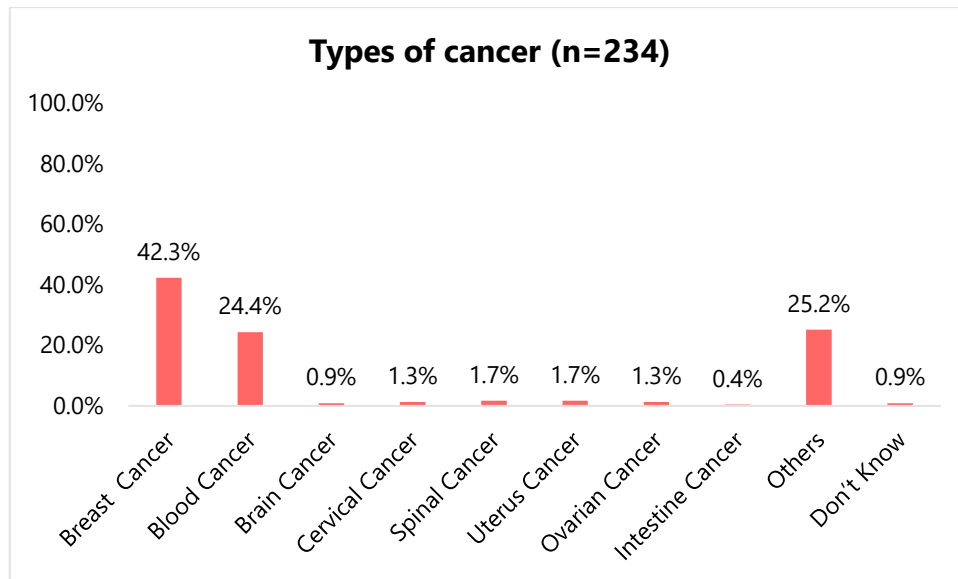


Figure 10: Types of cancer among patients supported by ICS

More than 81% of the patients were treated in the initial stages of cancer -Stage 1 and Stage 2 and around 18% were treated in Stage 3 and Stage 4 of cancer. The eligibility criteria for sanctioning funds are above 50% survival rate which is mostly high in the initial stages of cancer.

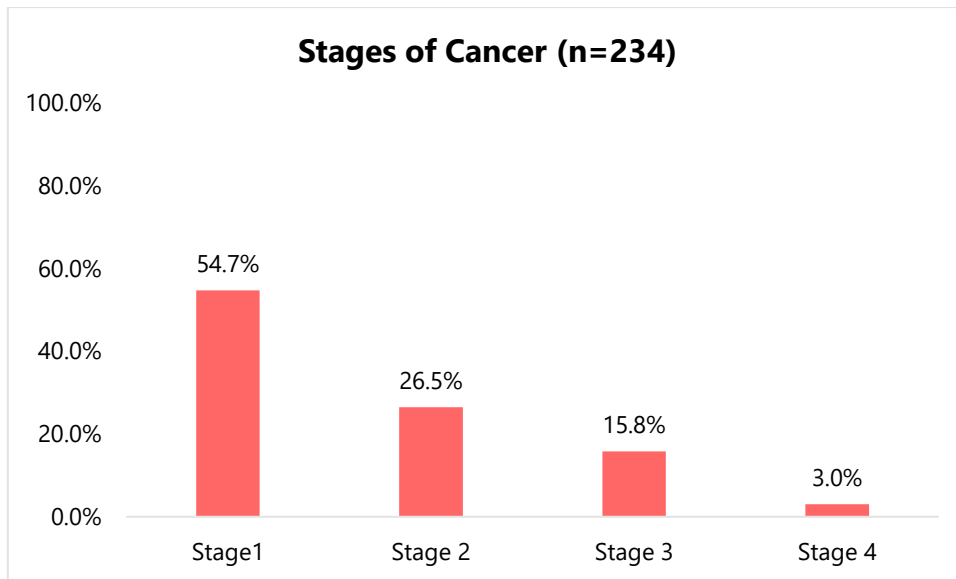


Figure 11: Stages of cancer among patients supported by ICS

The figure below illustrates the various types of cancer treatment accessed by patients. Over 86% have undergone chemotherapy and more than 48% of patients have received radiotherapy, indicating its widespread utilization in cancer treatment. Other forms of treatment accessed by patients include receiving support in accessing chemotherapy medicines and Bone Marrow Transplant services.

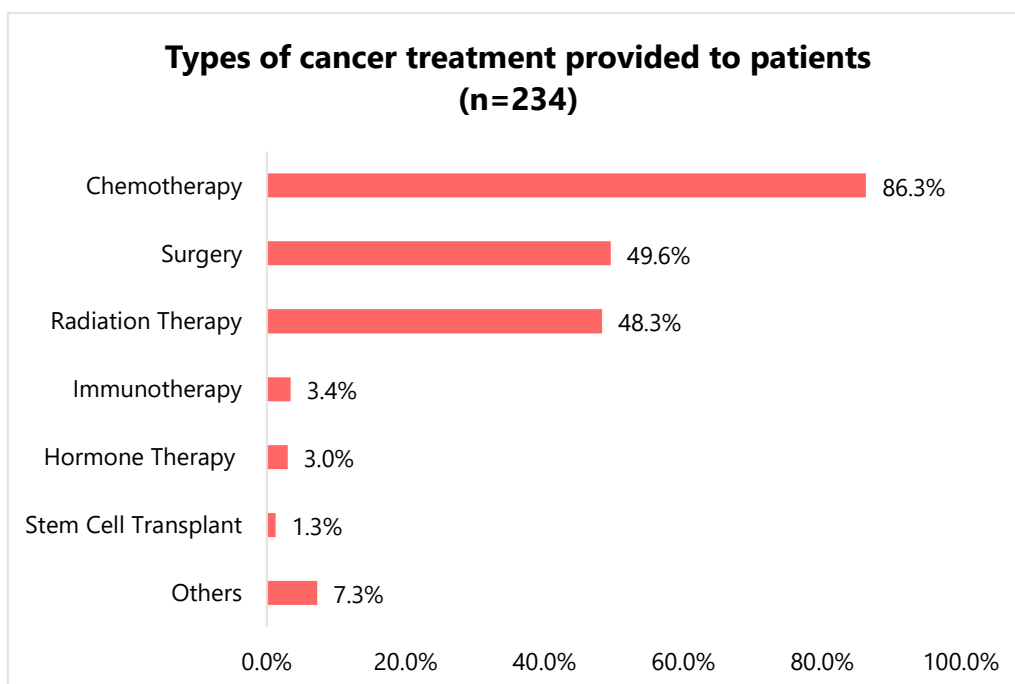


Figure 12: Types of treatment received by patients

### 4.2.3. Improved health status

Globally, nearly one in six deaths are caused due to cancer, claiming nearly 10 million lives in 2020 alone<sup>10</sup>. The importance of addressing this life-threatening condition cannot be overstated, necessitating prompt medical intervention to mitigate its progression. Early detection, coupled with expert medical care, emerges as a pivotal factor in improving patient survival rates in such critical cases.

The recognition serves as a reminder that quality healthcare services have a positive impact on patients and their family members' overall physical and mental well-being. The financial support provided by ICS has played a crucial role in enabling patients to receive expert medical care with high-quality of treatment.

In qualitative interactions with patients and caretakers, they emphasized how relieved they felt on knowing that they are in capable hands with many attributing an immediate improved health to the level of care provided. In the ongoing battle against cancer, such efforts offer hope and reassurance to those affected by the disease.



***“Being sponsored by ICS for my medical treatment expenses brought huge mental satisfaction and aided in faster recovery. The absence of financial burden allowed me to focus on my health, significantly contributing to my well-being during the recovery process.”***

***- Patient***

The figure below illustrates that a vast majority of respondents with 73%, expressed a high level of satisfaction with the quality of treatment they received. Approximately 20% of respondents reported being moderately satisfied with the treatment quality. This high level of satisfaction underscores the effectiveness and quality of care provided, reflecting positively on the healthcare services offered to patients.

<sup>10</sup> [WHO | Cancer – Key facts |2022](#)

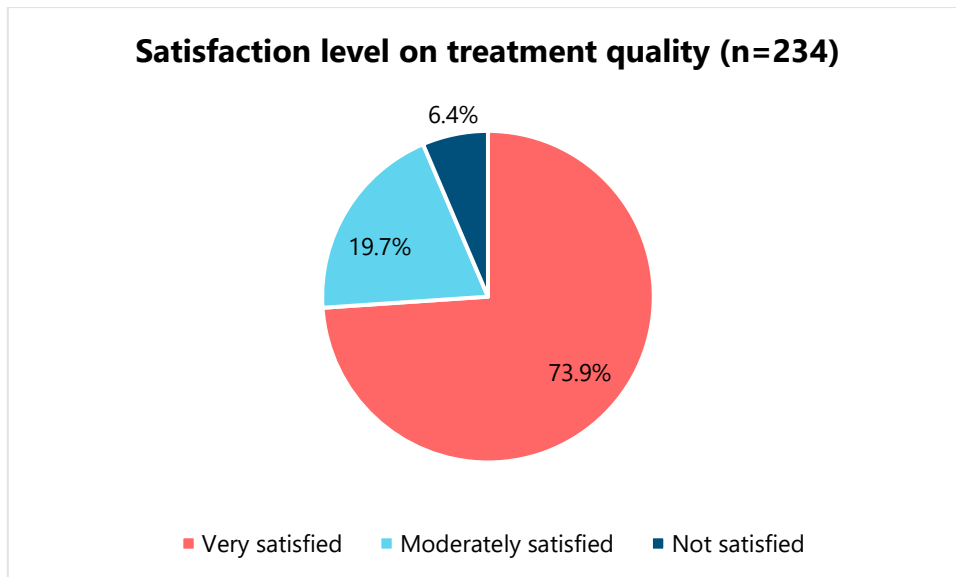


Figure 13: Level of satisfaction on the treatment quality provided to patients

#### 4.2.4. Reduced burden on caretakers

The financial assistance obtained for access to cancer treatment extends beyond the patients themselves, profoundly impacting the quality of life for caregivers as well. By alleviating financial stress and anxiety, this support enables patients to focus on their recovery without the constant worry of financial constraints. Based on qualitative interactions, it was observed that improved treatment compliance is observed among patients with funds available to cover treatment costs, leading to enhanced therapy effectiveness and better treatment outcomes, ultimately increasing the likelihood of recovery. Additionally, the availability of funds ensures the preservation of quality of life for both patients and their families by providing necessary medications and supportive care services without compromising on basic needs.

Overall, the financial assistance provided by organizations like ICS plays a pivotal role in ensuring timely and comprehensive treatment access for cancer patients, ultimately improving their chances of survival, and enhancing their overall quality of life during the treatment journey. More than 70% of the respondents mentioned that the funds were sufficient to cover treatment expenses. This support not only addresses the financial burden associated with cancer care but also alleviates emotional stress, contributing to a more positive patient and caregiver experience.

 ***“I was going to sell our land property and house for treatment of cancer for my child. When we got to know about ICS support it gave us high sense of reassurance.”***

***- Caretaker (Patient’s Mother)***

The figure below shows an overall positive sentiment among respondents on support received from ICS. The satisfaction levels among respondents were notably high, with more than 72% expressing being very satisfied, and a moderate level of satisfaction was reported by more than 20% of respondents for the assistance and support provided from the ICS team.

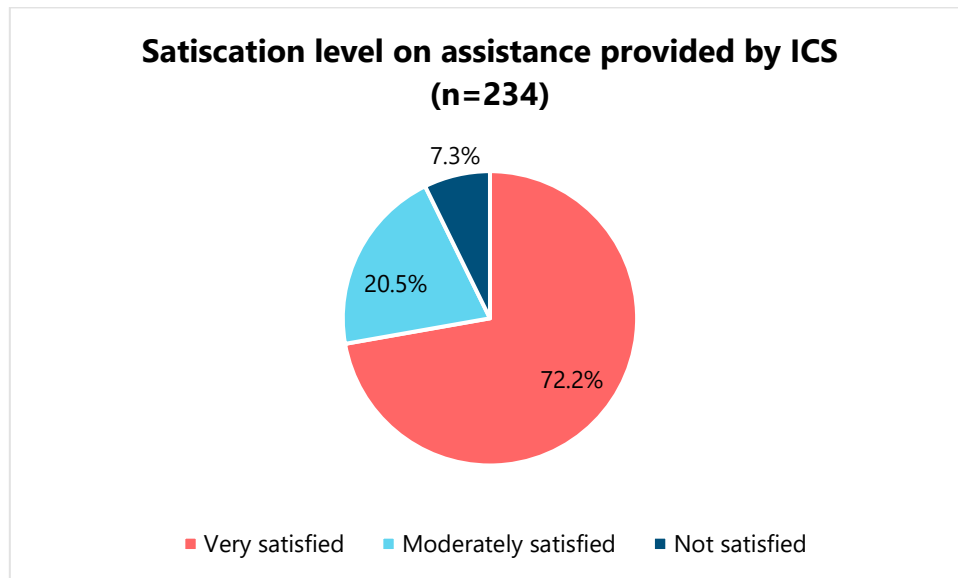


Figure 14: Satisfaction level among respondents on the support received for cancer treatment

## 5. Conclusion

The CCF initiative stands out as a beacon of hope for individuals grappling with the financial burden of cancer treatment, providing vital support that rescues patients from the brunt of exorbitant healthcare costs. Through initiatives like CCF, the healthcare ecosystem can strive towards greater equity and accessibility, ensuring that all patients, regardless of their financial circumstances, receive the care and support they deserve in their fight against cancer. This not only aids in reducing the cancer burden in the country, but contribute towards the Sustainable Development Goals.



The Sustainable Development Agenda for 2030, Goal 3 (Good Health and Well Being) highlights the need to 'ensure healthy lives and promote well-being for all at all ages' and Target 3.4 within that Goal includes reducing by one third premature mortality from non-communicable diseases including cardiovascular disease, cancer, chronic respiratory diseases, and diabetes. Since the CCF programme provides support to children and adults with the aim to provide them a better quality of life it contributes towards the good health and well-being, it plays an important role in attaining this goal.

## 6. Recommendations

WHO has recommended some key steps for reducing the burden of cancer through early detection and management of the disease through improving awareness and accessing care, clinical evaluation and diagnosis, and timely access to treatment. Early diagnosis or detection must be followed by screening and treatment. These three components must go hand in hand, to cure patients and improve their quality of life. The CCF program plays a vital role in the treatment aspect of this process. Here are several recommendations to strengthen the CCF programme and make it robust and holistic:

### **Fund allocation for lower survival rates for paediatrics**

While the current focus of funding may not include palliative care, there is a strong recommendation to start allocating resources for this essential aspect of healthcare. Paediatric patients require specialised care and support to ensure they receive the best possible treatment and quality of life throughout their illness. There is a critical need for expanding funding and support for palliative care, especially for paediatric patients, as they represent the future of India and have many years ahead of them. Palliative care focuses on improving the quality of life for patients with Stage 4 cancer.

### **Streamlining sanctioning process for financial assistance**

Efficient funds disbursement is crucial in ensuring timely and effective support for cancer patients undergoing treatment. To achieve this, it is recommended to establish a streamlined and automated process for disbursed amount sanctioned. Furthermore, exploring the option of direct bank account transfers for sanctioned funds is advised, as it ensures prompt receipt

of financial support without the delays associated with traditional methods like NEFT. Collaborating with banking institutions to create dedicated channels or frameworks for real-time fund transfers would further expedite the process. Regular reviews and evaluations of the funds management process should be conducted to identify areas for improvement and incorporate best practices.

### **Increase and diversification in allocation of funds**

The Bone Marrow Transplant (BMT) is an essential aspect of cancer treatment, requiring substantial financial resources. To ensure the continuity and success of this program, there is a critical need to increase funds allocated specifically for Bone Marrow Transplant procedures. Diversifying funds from various sources such as government grants, corporate partnerships, and individual donations can help sustain and expand this vital program, ultimately benefiting more cancer patients in need of BMT.

Additionally, it is crucial to address the logistical and financial challenges faced by caregivers accompanying cancer patients undergoing treatment, particularly during long-duration procedures like BMT. Allocating funds for caregiver support, including logistical assistance and food allowances, would significantly alleviate the burden on caregivers and enhance the overall quality of patient care. This recommendation emphasizes the importance of comprehensive support systems that cater not only to the medical needs of patients but also to the practical and emotional needs of their caregivers, thereby improving the overall treatment experience and outcomes.