THE CLEARING CORPORATION OF INDIA LIMITED

IMPACT ASSESSMENT REPORT FOR THE
FINANCIAL YEAR
2020-2021

CVK & Associates
CHARTERED ACCOUNTANTS
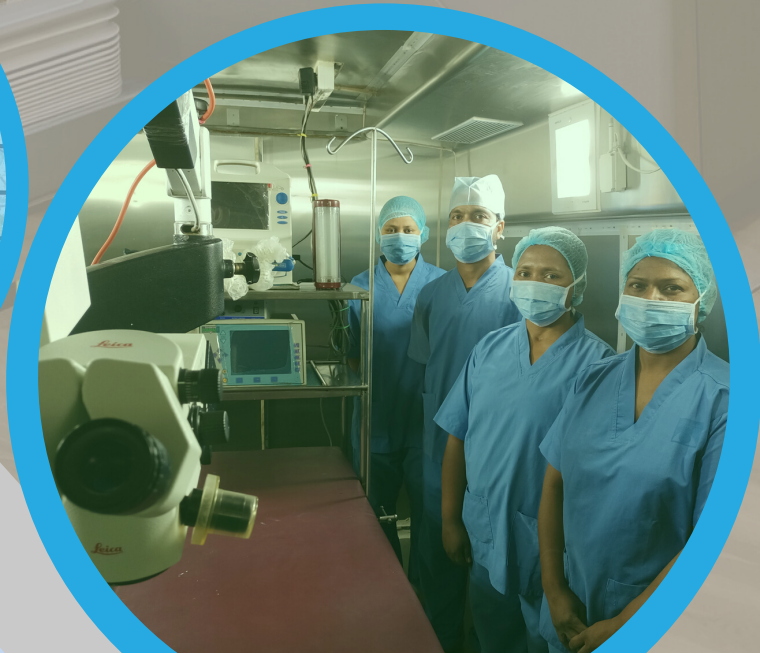
Contents

SECTION 1

CONTENT

Acknowledgement

We extend our deepest appreciation to the following institutions for their valuable contribution towards the CCIL endowed Corporate Social Responsibility initiative. First and foremost, we are indebted to Sankara Nethralaya for rendering exceptional cataract eye surgery to those in need. Secondly, we offer our heartfelt gratitude to the Indian Cancer Society, whose facilitation of funding for cancer diagnosis and treatment has been indispensable. Thirdly, we pay homage to the Tata Memorial Hospital for their commendable efforts in procuring funding and spearheading cancer treatment for young ones. We are also grateful for the collaborative efforts of the dedicated team members at Walawalkar Hospital (Dervan), Regional Cancer Centre (Thiruvananthapuram) and CCIL, who made it possible for us to interact with the beneficiaries. Lastly, we share our sincerest thanks to the CCIL CSR team, whose contribution in linking us with appropriate implementation agencies and hospital authorities has been significant. Your aid and cooperation have played a pivotal role in execution of Impact Assessment of the CSR Funded Programme.

Foreword

The Clearing Corporation of India Limited (CCIL) is committed to sustainable business practices and has integrated social, environmental, and economic concerns into its operations. The Company recognises its responsibility towards society and the environment and has implemented a comprehensive Corporate Social Responsibility (CSR) programme that aligns with its values and business objectives. CCIL's CSR initiatives are aimed at promoting inclusive and sustainable development through various projects in education, healthcare, skill development, and environment. The Company's sustainability and CSR governance programme is based on the principles of transparency, accountability, and stakeholder engagement. CCIL ensures that its CSR initiatives are implemented efficiently, effectively, and with the utmost transparency. The Company also regularly monitors and evaluates the impact of its CSR programmes to ensure that they are contributing towards the overall socio-economic development of the community.

CCIL's CSR governance and sustainability initiatives are overseen by the Board-appointed CSR Committee. This committee is responsible for developing and implementing CSR programmes and policies and monitoring the activities and expenditures associated with these initiatives. CCIL has established a structured system that outlines the policies, procedures, and guidelines for governing all its CSR projects, ensuring that the projects are executed in accordance with Section 135 of the Companies Act, 2013. The CSR Committee holds overall responsibility for this governance structure, with the Working Committee acting on its behalf. All CSR activities and programmes align with the provisions of the Companies Act, 2013, read together with the Companies (Corporate Social Responsibility Policy) Rules, 2014, and Schedule VII to the Companies Act, 2013, which are updated periodically.

List Of Graphics, Tables & Figures

Acronyms

1.CSR - Corporate Social Responsibility

2. CCIL - The Clearing Corporation of India Limited

3. IEC - Information, Education and Communication

4. NGO - Non-Governmental Organisation

5. MoU - Memorandum of Understanding

6. PHC - Primary Health Centre

7. CHC - Community Health Centre

8. SC - Scheduled Caste

9. ST - Scheduled Tribe

10. OBC - Other Backward Class

11. BPL - Below Poverty Line

12. APL - Above Poverty Line

13. CMO - Chief Medical Officer

14. ANM - Auxiliary Nurse Midwife

15. ASHA - Accredited Social Health Activist

16. M&E - Monitoring and Evaluation

17. KPI - Key Performance Indicator

18. MIS - Management Information System

19. SOP - Standard Operating Procedure

20. VDC - Village Development Committee

21. MESU - Mobile Eye Surgical Unit (Unit run by Medical Research Foundation, which is a not-for-profit organisation registered as a Society and which runs an eyecare hospital in the name of Sankara Nethralaya.).

Glossary Of Terms

1. CSR - Corporate Social Responsibility as per provisions of Companies Act 2013.

2. Impact Assessment - The process of measuring the impact of a programme or project on its intended beneficiaries or stakeholders.

3. Cataract - A clouding of the natural lens in the eye that affects vision.

4. Beneficiaries - The individuals or communities who benefit from a programme or project.

5. Stakeholders - Individuals or organisations that have an interest in the programme or project.

6. Intervention - The specific activities or strategies implemented in a programme or project.

7. Outcome - The results or changes that are achieved as a result of the programme or project.

8. Input - The resources, such as funding or staff, that are used to implement the programme or project.

9. Output - The specific products or services that are provided by the programme or project.

10. Baseline - The starting point or condition of the programme or project before the intervention.

11. Sustainability - The ability of the programme or project to continue to have a positive impact after the funding or intervention ends.

12. Monitoring - The ongoing process of tracking the progress of the programme or project.

Glossary Of Terms

13. Evaluation - The systematic and objective assessment of the programme or project to determine its effectiveness and impact.

14. Qualitative data - Data that is collected through observation, interviews, or open-ended questions, and is non-numerical in nature.

15. Quantitative data - Data that is collected through surveys, questionnaires, or other methods that produce numerical data.

16. Impact indicators - Measurable and observable factors that indicate the impact of the programme or project.

17. Cost-benefit analysis - A method of evaluating the effectiveness of a programme or project by comparing the costs to the benefits.

18. Stakeholder engagement - The process of involving stakeholders in the design, implementation, and evaluation of the programme or project.

19. Kiosk - A kiosk is a small physical structure, typically freestanding or built into a wall, that is used to provide information or services to the public.

SECTION 2
BACKGROUND

EXECUTIVE SUMMARY

CATARACT

BACKGROUND

In developing countries, an estimated 80% of blindness occurs due to avoidable causes, with cataract being the leading cause. Other causes include trachoma, river blindness, vitamin A deficiency, and retinopathy of prematurity. In India, healthcare facilities in rural areas are limited due to insufficient infrastructure[1] and non-availability of trained personnel. This makes it challenging for individuals living in rural areas to access proper eye care, including cataract surgeries. To address this issue, there is a pressing need for programmes that can provide eye care services, especially in the interiors of India. One potential source of funding for such programmes is Corporate Social Responsibility (CSR) initiatives. CSR can provide a valuable source of funding for interventions that can improve the quality of life for individuals living in rural areas of India by providing access to critical eye care services.

IMPACT ASSESSMENT

The CSR funded intervention programme for cataract surgery in the village of Chainpur in Jharkhand state was highly impactful. The programme conducted cataract surgeries on a total of 282 patients, with 148 females and 134 males. The programme was executed through a unique mobile eye surgical unit (MESU), which ensured that surgeries were performed as close as possible to the beneficiary's home. This approach was highly successful in reaching patients who may not have been able to travel long distances to access medical care. The MESU unit was well-equipped with the necessary medical equipment and trained medical personnel to perform safe and effective surgeries. As a result of this programme, individuals who were previously living with cataract-related blindness were able to regain their vision, allowing them to continue with their daily activities, such as working and caring for their families. This programme serves as an excellent example of how CSR funding can be effectively used to improve the quality of life for individuals living in rural areas of India.

[1] HTTPS://WWW.WHO.INT/NEWS/ITEM/09-10-2003-UP-TO-45-MILLION-BLIND-PEOPLE-GLOBALLY---AND-GROWINGG

INSIGHTS

In conclusion, the CSR-funded intervention programme for cataract surgery in the village of Chainpur in Jharkhand state successfully provided critical eye care services to patients suffering from cataract. The programme went above and beyond by not only organising camps but also sending vehicles to nearby places to facilitate transport for senior citizens who did not have adequate human support. This approach helped ensure that even those in remote areas were able to access the necessary medical care. The programme had a positive socio-economic impact, cultivating a sense of care for economically disadvantaged senior citizens. The programme has been instrumental in restoring individuals' ability to work and preventing accidental injuries resulting from vision loss, thereby reducing their dependence on family members. As a result, caregivers were freed up to pursue their livelihood, leading to positive economic outcomes. Overall, this programme serves as an exemplary model of how CSR funding can be effectively used to improve the quality of life for individuals in underserved communities in India. Thus, it is essential to continue investing in such programmes to address the ongoing need for eye care services in rural areas of India.

CANCER

BACKGROUND

Cancer is a prevalent disease in India and a leading cause of morbidity and mortality worldwide. Annually, 4.7 lakh[1] new cancer cases are detected in India, and the cost of treatment can be prohibitive to pursue, especially for disadvantaged populations. This has created a pressing need for interventions to support cancer patients, including the provision of funding for cancer treatment. One promising intervention is Corporate Social Responsibility (CSR), which can help alleviate the financial burden of cancer treatment on individuals and families, particularly those who are economically disadvantaged.

IMPACT ASSESSMENT

The impact of the CSR-funded programme for cancer treatment was remarkable, with Indian Cancer Society and Tata Memorial Hospital serving as the two implementation agencies. Through the Indian Cancer Society, 279 patients across 17 states received treatment, with 176 females and 103 males benefiting from the funded programme. Of these patients, 73% have returned to work. Additionally, out of the 279 patients, 244 are alive, while 32 have passed away, and 3 have abandoned treatment. The funding through Tata Memorial Hospital focused on paediatric cases ranging from 9 months to 19 years old, with 114 male and 57 female children receiving treatment. Overall, the programme's impact has been significant, improving the health and quality of life of cancer patients and their families in India.

INSIGHTS

The programme funded through CSR has proven to be a success, providing critical support to cancer patients across India. Not only has the intervention enabled cancer patients to receive the treatment they needed, but it has also lifted the psychological burden of arranging for funds for their treatment, bringing a sense of solace and reassurance to their relatives and parents. Overall, the programme has had a significant positive impact, with beneficiaries expressing greater positivity and many being able to resume their profession or lead a more normal life. The success of this programme highlights the potential for CSR-funded interventions to address critical healthcare needs in India and underscores the importance of corporate social responsibility in supporting underprivileged communities.

1.HTTPS://TMC.GOV.IN/TMH/INDEX.PHP/EN/CANCER-INFORMATION/WHAT-IS-CANCER

Programme Outcomes

Sankara Nethralaya-Statistical Data
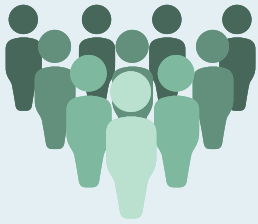
Gender	Count	Average of the age of the patients
Male	134	64.55 Yrs
Female	148	62.14 Yrs

Indian Cancer Society-Statistical Data

Gender	Count	Average Annual Income	Alive	Expired	Left The Treatment	CSR Amount Contributed
Male	103	₹ 60,883	84	18	1	₹ 32,25,367
Female	176	₹ 46,642	160	14	2	₹ 67,74,633

Tata Memorial Centre-Statistical Data
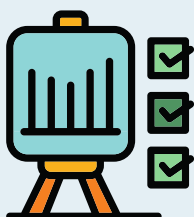
| Gender	Count	CSR Amount Contributed
Male	114	₹ 1,34,30,000
Female	57	₹ 65,70,000

Key Statistics

CANCER

1 In 9 🚨

PEOPLE IN INDIA ARE LIKELY TO DEVELOP CANCER IN HIS / HER LIFETIME [1]

1/3rd [2]

OF DEATHS FROM CANCER ARE DUE TO TOBACCO USE, HIGH BMI INDEX, ALCOHOL CONSUMPTION, LOW FRUIT & VEGETABLE INTAKE, LACK OF PHYSICAL ACTIVITY

[3] **6%** OUT OF ALL THE DEATHS THAT OCCURED IN INDIA IN 2011, CANCER WAS THE CAUSE OF 6% OF THEM.

(AS PER WHO NON-COMMUNICABLE DISEASES COUNTRY PROFILES 2011)

6%
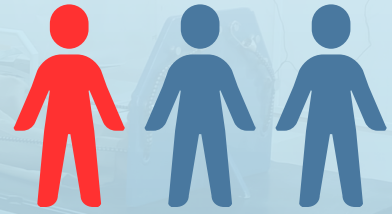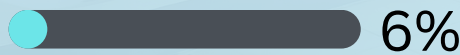
CATARACT

[4] **1253.9 Per 100000**

ACCORDING TO THE WORLD HEALTH ORGANISATION, CATARACT IS THE MAIN CAUSE OF PREVENTABLE BLINDNESS.
THE GLOBAL PREVALENCE RATE OF VISUAL IMPAIRMENT DUE TO CATARACT ROSE FROM 791.4 PER 100,000 POPULATION TO 1253.9 PER 100,000 POPULATION IN 2019.
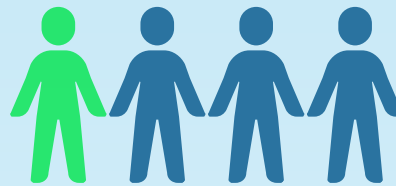
66% WAS THE CONTRIBUTION OF CATARACT TO BLINDNESS FOR PEOPLE >50YRS OF AGE IN INDIA (AS PER 2015-2019 SURVEY) [5]
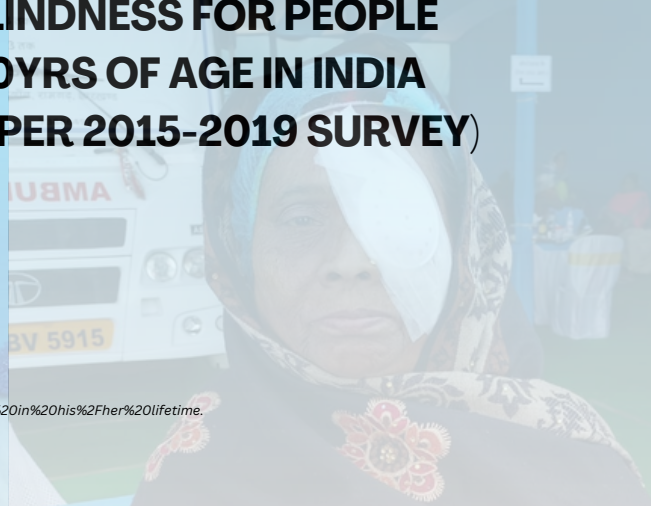
Foot Note:
1.https://pubmed.ncbi.nlm.nih.gov/36510887/#:~:text=Results%3A%20The%20estimated%20number%20of,cancer%20in%20his%2Fher%20lifetime.
2.https://www.who.int/news-room/fact-sheets/detail/cancer
3. https://apps.who.int/iris/bitstream/handle/10665/44704/9789241502283_eng.pdf?sequence=1&isAllowed=y
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9907263
5. httpsnpcbvi.mohfw.gov.inwriteReadDatamainlinkFileFile341.pdf

SECTION 3

CCIL

CCIL

A. About CCIL

The Clearing Corporation of India Limited (CCIL) was set up in April 2001 and provides guaranteed clearing and settlement functions for transactions in Money, G-Secs, Foreign Exchange and OTC Derivative markets.

B. CSR Of CCIL

CCIL's CSR (Corporate Social Responsibility) policy focuses on Education, Healthcare, Sustainability, and the Environment. Below are the key area covered by CSR Funded Programmes:

1 Community Outreach Initiatives

To arrange or assist in arranging health camps, education programs, sponsorships, or similar initiatives in deprived localities, villages, etc. through business associations, social workers, educational institutions, or other means.

2. Environmental Sustainability Efforts-

To implement measures that promote optimal resource utilisation, pollution control, and the adoption of environmentally friendly technologies, while also raising awareness of these efforts among employees and others.

3. Charitable Fund Establishment-

To establish a fund gradually with the objective of providing aid or donations directly or through agencies to the underprivileged or those affected by natural disasters or major accidents.

4. Corporate Social Responsibility Activities-

To engage in suitable initiatives, projects, or events as deemed appropriate by the CSR Committee/Board.

5. Government Relief Fund Contributions-

To donate towards the Prime Minister's National Relief Fund or other funds established by the Central Government to support the socio-economic development, relief, and welfare of women, minorities, scheduled castes, scheduled tribes, and other backward classes.
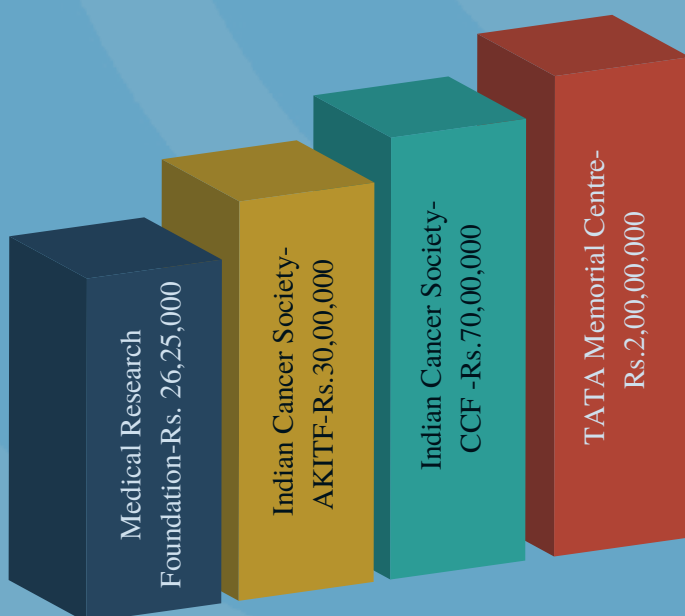
CSR By CCIL

C.   CSR Funding

The Clearing Corporation of India Limited (CCIL) has allocated a total of INR 3.26 crore (apart from contribution to PMNR / PM CARES Funds) towards its CSR (Corporate Social Responsibility) initiatives for the financial year 2020-2021. The focus areas for CCIL's CSR activities were healthcare in 2020-2021. CCIL collaborates and coordinates with NGOs, Community Health Centres (CHC), and Chief Medical Officer (CMO) to execute the programme.

The NGO and CHC work together with the CMO and an ASHA (Accredited Social Health Activist) to identify the most pressing healthcare needs in the communities. Based on this, CCIL funds projects or initiatives that address these needs. CCIL signs a Memorandum of Understanding (MOUs) with its partner organisations to ensure accountability and transparency. These MOUs detail the objectives of the project, roles and responsibilities of the parties involved, budget allocation, and timeline. Periodic Management Information System (PMIS) reports are obtained from the partner organisations to track progress and evaluate the impact of the programme.

This collaborative effort between CCIL, NGO, CHC, ASHA and CMO demonstrates the strategic partnership between the private and public sectors in addressing social issues in the community.

Medical Research Foundation-Rs. 26,25,000

Indian Cancer Society-AKITF-Rs.30,00,000

Indian Cancer Society-CCF -Rs.70,00,000

TATA Memorial Centre-Rs.2,00,00,000

CONTRIBUTION OF CCIL TOWARDS CSR DURING FY 2020-21

Documents In Project

In a CSR-funded programme, The implementation agency maintained the following essential documents:

▷ Assessment On Need Of Funding

▷ Detailed Project Proposal

▷ MOU With Partner Organisation

▷ Budget Plan

▷ Engagement Letters With Hospitals

▷ Impact Assessment Plan

▷ Communication Strategy

▷ Compliance With Legal And Regulatory Requirements

▷ Reporting Framework

▷ Recognition And Acknowledgement Plan

▷ Standard Operating Procedures

▷ Utilisation Certificate

▷ Database of Beneficiaries

SECTION 4

NEED FOR ACCESS TO QUALITY HEALTHCARE

Cataract & Cancer

"Access to high-quality healthcare is essential for promoting physical, psychological, and communal well-being," says a renowned public health expert. However, the impacts of conditions like cancer and cataract on health cannot be overstated. These diseases affect not just the physical health of individuals but also their mental and emotional well-being and their social and economic opportunities. Inadequate healthcare can result in preventable illnesses and diseases, causing higher mortality rates and limited access to education and employment opportunities. Poor health can also lead to economic and social costs, exacerbating poverty and inequality. Therefore, it's imperative to ensure equitable access to quality healthcare, including early diagnosis and treatment, to achieve sustainable development, reduce poverty, and promote social justice.

Executed by Indian Cancer Society

CANCER TREATMENT

Executed by Sankara Nethralaya

CATARACT TREATMENT

Executed by TATA Memorial Centre

TREATMENT OF CANCER IN CHILDREN

Programmes Executed

SECTION 5

CATARACT TREATMENT

What Is Cataract?

The lens of the eye is a transparent, biconvex structure behind the iris and pupil that is responsible for focusing light onto the retina. A lens must be clear to produce a sharp image. Cataract is a disease that causes the lens to become cloudy and gradually reduces vision. It is caused by protein aggregation that blocks light and impairs vision.

> **The restoration of vision is not just a medical procedure, it is a life-changing experience that empowers individuals to live a fulfilling and productive life.**

Key Statistics

The National Program for Control of Blindness and Visual Impairment (NPCB&VI) performs around 6.4 million cataract surgeries annually, yet cataract continues to be responsible for 66.2% of blindness and 71.2% of visual impairment in India.[1] To combat above issue, ANM and ASHA workers need to identify potential cataract cases and refer patients for surgical treatment.

[1]https://cghealth.nic.in/ehealth/2022/Instructions/NPCB_CBBFS_GUIDELINES_11102022.pdf

Surgery Backlog

[2]According to an estimation based on national survey, the number of surgeries required to clear backlog of blindness due to cataract is 4.9 million while surgeries required to clear backlog of severe visual impairment due to cataract is 536.3 million.

2.https://www.hindustantimes.com/india-news/centre-to-clear-backlog-of-10-million-cataract-surgeries-over-3-years-101651513823483.html

SEVERITY OF CATARACT

In India, the age of onset of cataract among Indians is 45 years as compared to that of westerners which is 55 years.[1] Unfortunately, avoidable blindness is prevalent in rural areas of India, where there is a shortage of trained ophthalmologists to provide treatment.

Additionally, there is a lack of public awareness and funding from the government and private sector to improve primary and secondary eye care facilities in these regions, as well as a shortage of skilled healthcare professionals. It is worth noting that 70 % of the population in India continues to live in rural areas and 70% of the eye care professionals live in [2][3] urban areas; thus eye care delivery to the doorstep of the rural areas remains a challenge to the medical fraternity. As a result, many rural residents who are daily wage earners face significant obstacles to access eye care, including travel expenses and loss of income for themselves and their attendants.

1.https://timesofindia.indiatimes.com/india/even-45-yr-olds-now-getting-cataract/articleshow/9701017.cms
2.https://timesofindia.indiatimes.com/blogs/voices/eyeing-for-a-better-tomorrow-with-tele-ophthalmology-services-in-rural-areas/
3.https://www.sankaranethralaya.org/a-step-towards-combating-blindness-in-rural-areas.html

Causes Of Cataract
In Jharkhand

MALNUTRITION:
Malnutrition is one of the leading causes of cataract in Jharkhand due to the deficiency of essential nutrients like Vitamin A, which is necessary for maintaining eye health.

LACK OF AWARENESS:
Limited awareness of eye health and the importance of regular eye check-ups in rural Jharkhand leads to fewer seeking timely medical attention for eye issues, including cataracts, resulting in a higher prevalence.

POOR LIVING CONDITIONS:
Inadequate housing and sanitation can cause eye infections and other problems, like cataracts.

LIMITED ACCESS TO HEALTHCARE:

Limited access to healthcare services, including eye care, in Jharkhand's rural communities can cause delays in diagnosing and treating cataracts and other eye issues.

AGE:

Jharkhand's high number of older adults is a significant reason for the state's elevated cataract incidence because it is more common among them.

ENVIRONMENTAL FACTORS:
Sunlight, pollution, and dust exposure prevalent in rural Jharkhand can lead to cataract development due to ultraviolet radiation exposure.

Need For Intervention:

Intervention is imperative in the cataract programme for rural India, considering that cataract is a primary cause of blindness in India, particularly among the rural populace, who experience inadequate access to healthcare. The need for more awareness, trained healthcare professionals, and adequate eye care services infrastructure further intensifies the problem.

Intervention by financing cataract operations can play a crucial role in mitigating the challenges faced by visually challenged people in rural areas of India. Limited access to healthcare, education, transportation, assistive technology, social services, and employment opportunities are some of the significant issues faced by the visually challenged in rural areas. By financing cataract operations, people suffering from this treatable condition can regain their sight and independence. Additionally, cataract surgery can help reduce the stigma and discrimination faced by people with visual impairment, enabling them to participate more fully in society. Thus financing cataract operations can help to create a more inclusive and equitable society for people in rural areas of India.
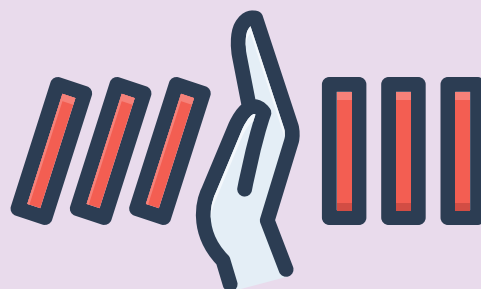
Sankara Nethralaya & Its Activities

Sankara Nethralaya, a not-for-profit charitable eye hospital, was founded by Dr. Sengamedu Srinivasa Badrinath, along with a group of philanthropists. The hospital was established on September 6th, 1978, on the auspicious day of Vinayaka Chaturthi. Today, it has become a leading super speciality institution for ophthalmic care, serving patients from all over India and abroad.[1]

Mobile Eye Surgical Unit (MESU) was conceptualised and developed by Sankara Nethralaya in collaboration with IIT Madras and became operational in 2011.[2] MESU is a remarkable initiative to bring eye care to people living in remote and underserved areas of the country. It has inspired other healthcare organisations to create similar programmes that offer medical services to underserved communities. This innovative idea of mobile medical services in India's rural and remote areas has been crucial in the country's fight against low awareness and inaccessibility of quality medical care.

MESU has revolutionized the medical sector in India by providing an effective solution to the problem of accessibility to quality medical care. It has set an example for other countries to follow and is a testament to the power of innovation and dedication to healthcare.

[1] - https://www.sankaranethralaya.org/home-details.htmll
[2] - https://www.hticiitm.org/mesu

How MESU Works?

Identification of rural areas with the help of local NGOs and community leaders

Conducting screening camps to identify potential cataract patients

Post-operative care and follow-up is provided by the MESU team

Surgeries are conducted in the MESU equipped with state-of-the-art technology and experienced surgeons

Patients are transported to the MESU using a network of mobile vans and buses

Capacity building of local healthcare professionals and community volunteers through training programmes

Regular monitoring and evaluation of the programme's impact and effectiveness

Collaboration with local government bodies and health departments to ensure the sustainability and expansion of the programme

Outcomes Of Cataract Surgery Programme

Increased access to healthcare:
The cataract surgery programme has helped increase access to healthcare services in rural India, particularly in areas where healthcare infrastructure is poor or non-existent. This has helped reduce the healthcare burden on individuals and families and improved the overall health and well-being of communities.

Increased awareness about eye health
The Cataract surgery programme has helped increase awareness about eye health and the importance of regular eye check-ups and early intervention for eye diseases. This has helped improve the overall eye health of communities and reduce the prevalence of preventable visual impairments and blindness.

Improved vision:
Cataract surgery is the most effective treatment for cataract, and it can restore vision and improve visual function in affected individuals. This has significantly improved the quality of life and productivity of individuals, particularly in rural areas where manual labour is common.

Reduced healthcare costs:
The Cataract surgery programme has helped reduce healthcare costs for individuals and families in rural India, as the programme has provided free treatment. This has helped improve healthcare affordability and access for low-income and marginalised populations.

Socio-economic benefits:
Improved vision and access to healthcare services through the cataract surgery programme has led to significant socio-economic benefits for individuals and communities in rural India. This includes improved productivity, increased income, economic stability, and reduced social exclusion and isolation.

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Conclusion

A CSR Programme executed by Sankara Nethralaya in Jharkhand had a significant impact on the health and well-being of the local population. By providing access to cataract surgeries and other eye care services in remote and underserved areas, the programme helped to address the high rate of cataract in Jharkhand and improved the quality of life for those who received treatment.

The programme also had a broader impact on the community by raising awareness of eye health and promoting the importance of regular eye check-ups. Additionally, by partnering with local organisations, the programme helped to strengthen the local healthcare system and built sustainable capacity for the provision of eye care services in the region.

Overall, a CSR Programme executed by Sankara Nethralaya in Jharkhand made a significant contribution to the health and well-being of the local population and supported the achievement of Sustainable Development Goals related to health and access to healthcare.

CANCER TREATMENT

What Is Cancer?

Cancer is a disease that involves the abnormal growth of cells, and if left unchecked, it can progress and cause premature death. It can occur in any part of the body and affect individuals of any age, socio-economic background, and race.

Prevalence of Cancer[1] worldwide in year 2020

Stomach
1.09 million cases

Breast
2.26 million cases

Skin
1.20 million cases

Prostate
1.41 million cases

Lung
2.21 million cases

Colon and rectum
1.93 million cases

Footnote:
1.https://www.who.int/news-room/fact-sheets/detail/cancer
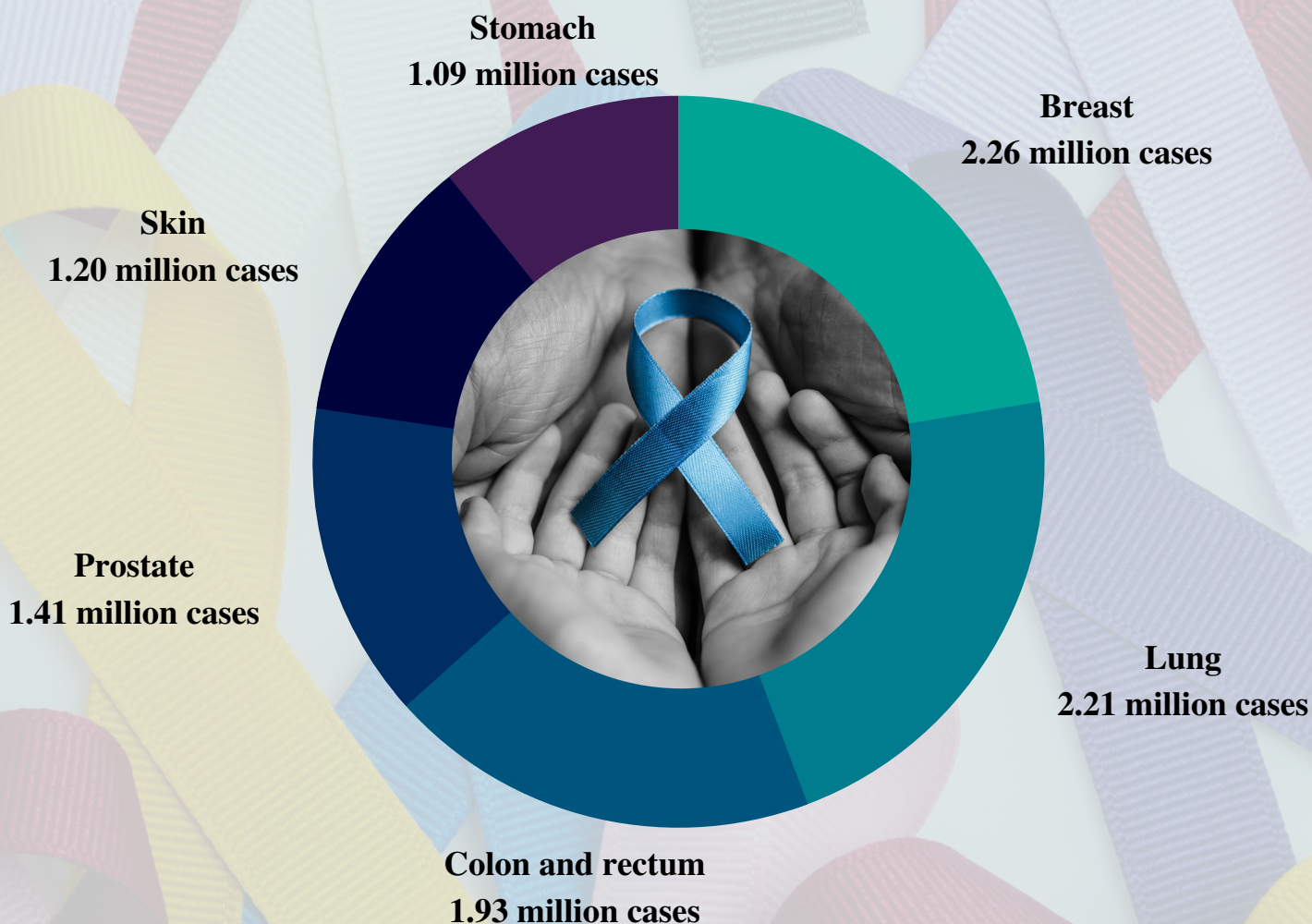
Severity Of Cancer
(Data 2020)

1 IN EVERY 6 DEATHS IS DUE TO CANCER [1]

(Worldwide)

1.3 MILLION [2]

NEW CASES OF CANCER

(In India)

Year - 2020

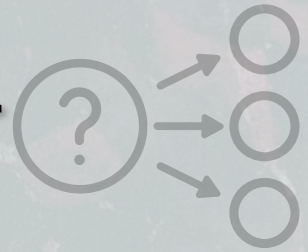**10 MILLION** [1]

DEATHS DUE TO CANCER

(Worldwide)

Efforts are being made to improve cancer surveillance and reporting in India through initiatives such as the National Cancer Registry Programme (NCRP) and the Indian Council of Medical Research (ICMR). These efforts will help provide more accurate data on the prevalence and incidence of cancer in different states and regions of India.

- The most common cancers are breast, lung, colon and rectum and prostate cancers.

- Around one-third of deaths from cancer are due to tobacco use, high body mass index, alcohol consumption, low fruit and vegetable intake, and lack of physical activity.[1]

- Cancer-causing infections, such as human papillomavirus (HPV) and hepatitis, are responsible for approximately 30% of cancer cases in low- and lower-middle-income countries.[1]

- Many cancers can be cured if detected early and treated effectively.

1.https://www.who.int/news-room/fact-sheets/detail/cancer
2.https://gco.iarc.fr/today/data/factsheets/populations/356-india-fact-sheets.pdf

Causes Of Cancer

Tobacco

Tobacco use is the most significant preventable cause of cancer deaths worldwide, associated with various types of cancer, including Lung, Oral cavity, Throat, Oesophagus, Urinary bladder, Pancreas, and Cervix.

Areca Nut

Areca nut, commonly known as supari, when chewed alone or with other ingredients like betel leaf and slaked lime (called Pan or betel quid), or mixed with tobacco (called Gutkha) is associated with Sub Mucous Fibrosis and Oral, Liver and Pancreatic cancer.

Alcohol

Alcohol consumption increases the risk of several cancers, which is amplified with smoking, and it's a risk factor for cancer of the Oral cavity, Pharynx, Larynx, Oesophagus, Liver, Colo-rectum, and Breast.
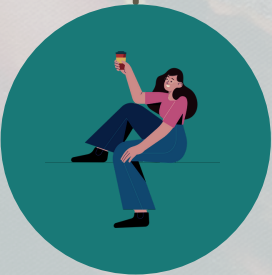
Lifestyle Factors

Unhealthy eating habits, lack of physical activity, high body mass index, and excessive red meat consumption increase the risk of cancer, while a diet rich in vegetables, salads, and fruits decreases it.

Obesity

Obesity, characterized by excessive fat accumulation and a BMI over 30, is linked to a higher risk of heart disease, diabetes, and cancers of the Endometrium, Colon, Breast, Oesophagus, Pancreas, and Mortality, which can be addressed with a healthy diet and exercise.

Need For Intervention:

In 2020, India recorded 1.324 million new cancer cases and 851,678 deaths, with a 10.4% risk of developing cancer after age 75 in a population of 1.38 billion[1].However, many cancer patients in India still face challenges in accessing affordable and quality treatment, leading to poor outcomes and significant suffering. The following steps could help facilitate intervention.

Improve access to cancer care

Many cancer patients in India do not have access to quality cancer care due to barriers like cost, distance, and lack of infrastructure. Intervention programme can help improve access to healthcare by providing cancer treatment services and reducing financial burden.

STEP 01

Increase awareness and early detection

Many types of cancer can be cured if detected early. However, in India, most patients are diagnosed at an advanced stage, when the cancer is difficult to treat. Intervention programme can help educate people about cancer prevention and screening and encourage early detection.

STEP 02

Improve treatment outcomes

Cancer treatment in India is often suboptimal due to limited resources, lack of specialised staff, and inadequate infrastructure. Intervention programme can help improve treatment outcomes by enhancing the quality of cancer care and promoting best practices.

STEP 03

Support patient empowerment

Patients with cancer often feel disempowered and overwhelmed by their diagnosis and treatment. Intervention programme can help support patient empowerment by providing information, counselling, and psychosocial support.

STEP 04

1.https://gco.iarc.fr/today/data/factsheets/populations/356-india-fact-sheets.pdf
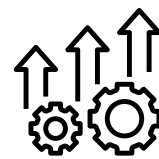
How ICS Works?

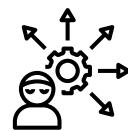ICS is a non-profit organisation that provides support and care to cancer patients and their families. They offer a range of services, including counselling, financial assistance, awareness programmes, and medical camps to help prevent and treat cancer.

1

IDENTIFICATION

The ICS co-ordinates with hospital identified patients who require financial assistance for cancer treatment. These patients are generally from economically weaker sections of society and cannot afford the high cost of cancer treatment.

Once the patients are identified, the ICS verifies their documents to ensure that they meet the eligibility criteria for financial assistance. The eligibility criteria may vary based on the specific programme.

2

VERIFICATION

3

FUND DISBURSEMENT

Once the verification is complete, the ICS disburses funds directly to the hospital where the patient is being treated. The funds are used to cover the cost of cancer treatment, including chemotherapy, radiation therapy, surgery, and other medical expenses.

If (ICS) finds that the funds allocated are not being utilised or if there is a possibility of drop out of treatment by patients, they follow up with the patients and their families to understand the reasons and provide necessary assistance. They may also redirect the unused funds to other patients in need to ensure maximum impact.

4

FOLLOW UP

ASSESSMENT

5

ICS conducts a final assessment of the patients once the funds are allocated and utilised to ensure the treatment has been completed successfully. If a patient has dropped out of treatment, they may investigate the reasons and provide necessary support to encourage them to complete the treatment.

How TMC Works?

A
B
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U
T

With a history of more than 75 years of outstanding patient care, top-notch training, and pioneering cancer research, Tata Memorial Centre stands as one of the world's most established and extensive cancer centers. Throughout the years, it has expanded both in scope and reputation, consistently leading the charge in national and global efforts to control cancer.

ImPaCCT Foundation (Improving Paediatric Cancer Care and Treatment) was founded to support the Pediatric Oncology programme at Tata Memorial Centre in Mumbai, India. The foundation aims to improve the quality of care and treatment for children with cancer by providing [1] financial and emotional support to patients and their families.

The process for a child with cancer at Tata Memorial Centre begins with registration, followed by an assessment of the family's financial background to determine if funding support is needed through ImPaCCT.

A social worker is assigned to the patient and their family to provide emotional and logistical support and accompanies them to meet with expert doctors who assess the patient's condition and treatment options.

ImPaCCT then ascertains the amount of funding needed, which is transferred to the patient's Trust Account along with a digital card for accessing the funds. As treatment commences, expenses are deducted from the Trust Account and the patient can track the balance through a KIOSK.

Outcomes Of Treatment Programme

1. The programme improved patient outcomes by enabling better access to treatment and better care.

2. The Programme facilitated in decreasing the cancer incidence and mortality.

4. The programme bolstered beneficiaries' confidence in facing challenges and ignited hope for long-term sustainability.

3.The programme was advantageous for many people as it helped them to go back to work, pursue their education, continue their daily activities, and resume their life as it was before cancer.

In summary, the programme demonstrated society's concern for its citizens by providing access to high-quality healthcare, particularly for those who faced a significant economic and survival challenge.

Conclusion

The CSR funded programme for cancer treatment has had a significant impact on the lives of patients across India, including paediatric cancer patients. It has provided access to treatment for those who may not have been able to afford it, alleviating the financial burden on families, improving the chances of survival and recovery for patients, and raising awareness about cancer prevention and early detection.
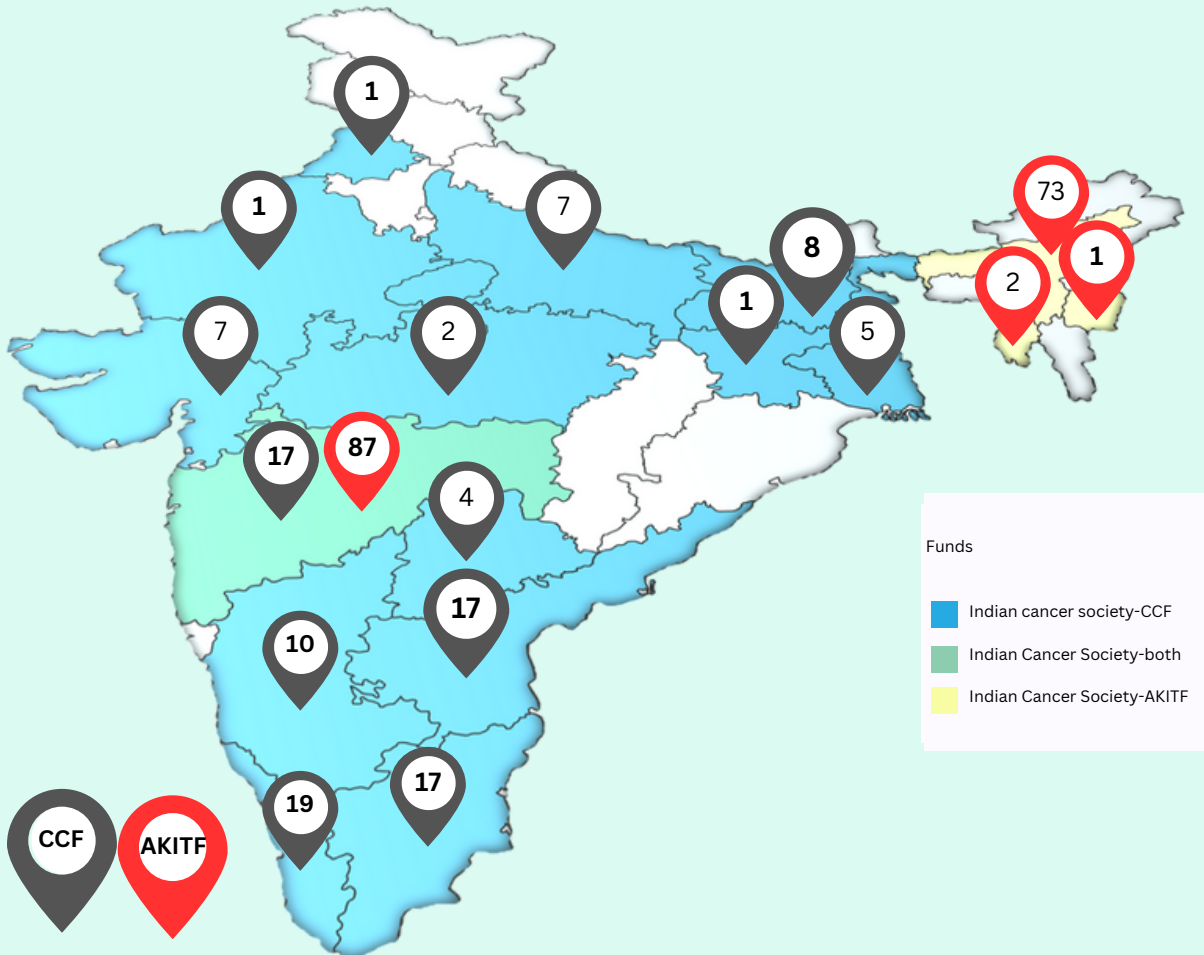
Additionally, it has reduced the psychological burden of patients and their families, providing support and nurturing the will and confidence of patients to combat cancer and endeavour to survive.

The programme is an excellent example of how corporate social responsibility can make a meaningful impact in the healthcare sector, where access to treatment and resources can be challenging.

INDIAN CANCER SOCIETY

Count Of Beneficiaries - Statewise

Funds

- Indian cancer society-CCF
- Indian Cancer Society-both
- Indian Cancer Society-AKITF

Map markers: 1, 1, 7, 8, 1, 7, 2, 5, 17, 87, 4, 17, 10, 19, 17, 73, 2, 1, CCF, AKITF

Statewise Distribution Of Funds - AKITF & CCF

State-wise distribution of the amount of Dr Arun Kurkure Initiation & Treatment Fund (AKITF)

- Manipur Rs. 24,913
- Tripura Rs.41,011
- Assam Rs.13,53,256
- Maharashtra Rs.15,80,820

State-wise distribution of amount of Cancer Cure Fund (CCF)

- Uttar Pradesh Rs.3,18,000
- West Bengal Rs. 2,50,000
- Andhra Pradesh Rs.8,50,000
- Telangana Rs. 2,00,000
- Tamil Nadu Rs. 9,20,638
- Rajasthan Rs. 50,000
- Punjab Rs.50,000
- Maharashtra Rs. 5,21,792
- Madhya Pradesh Rs. 1,00,000
- Bihar Rs. 4,00,000
- Gujarat Rs.3,50,000
- Jharkhand Rs.50,000
- Karnataka Rs.5,53,937
- Kerala Rs. 23,85,633

TATA Memorial Centre

Spending On Top 6 Types Of Cancer

Neuroblastoma
7Lakhs

Primitive Neuro-Ectodermal Tumors
9.2Lakhs

Osteosarcoma
19Lakhs

T cell acute lymphoblastic leukemia
14.5Lakhs

B cell precursor acute lymphoblastic leukemia
65 Lakhs

Acute Myeloid Leukemia
24.5Lakhs

A total of Rs 2 crores were spent in treating 28 types of cancers. The adjacent chart captures the amount of Rs 1.39 Crores spent on top 6 types of cancer

No. Of Patients treated in past 13 years

■ Count

Year	Count
2010	1343
2011	1327
2012	1498
2013	1679
2014	1804
2015	2139
2016	2149
2017	2411
2018	2778
2019	3169
2020	2305
2021	2962
2022	3403
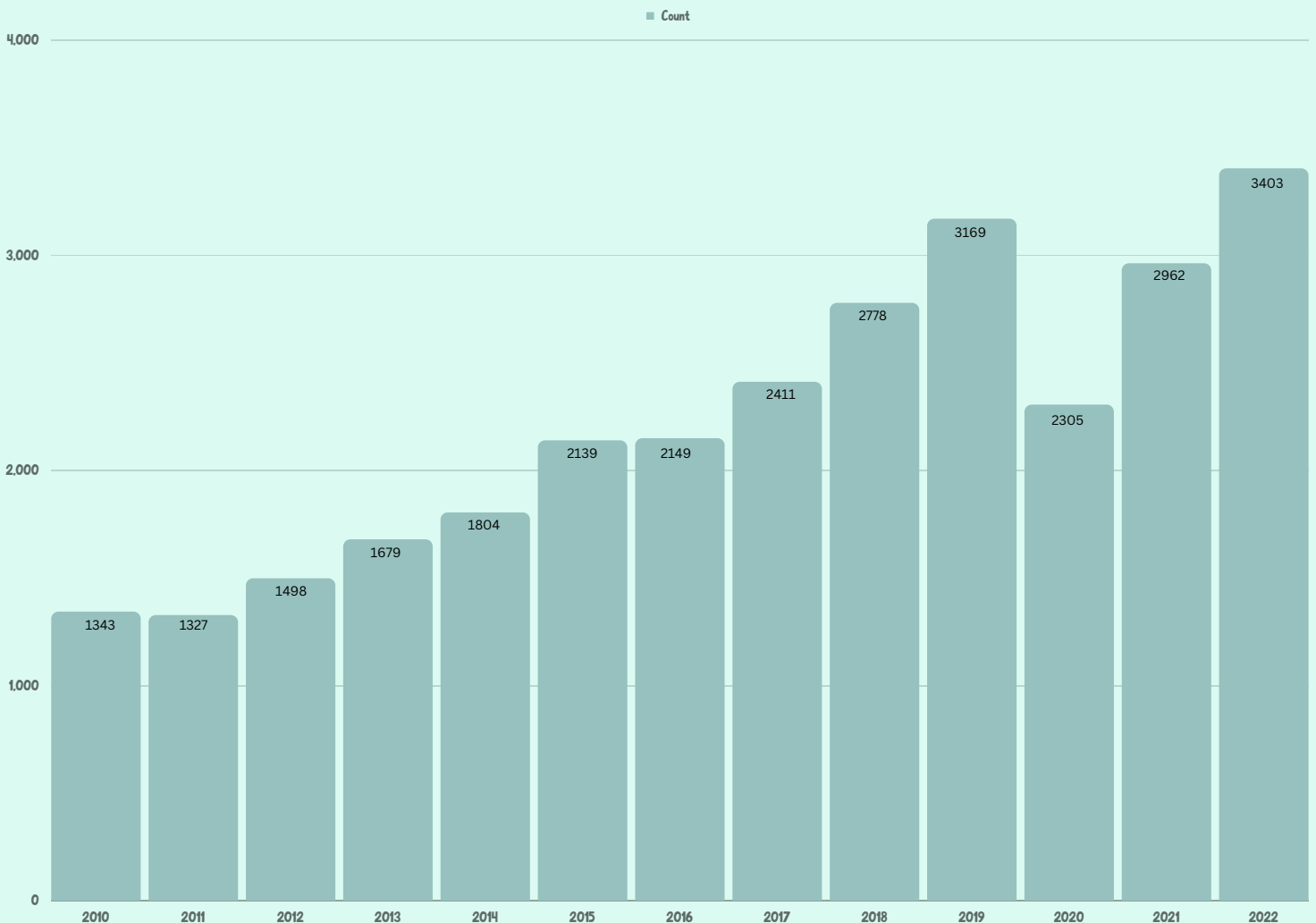
SECTION 7

SUSTAINABLE DEVELOPMENT GOALS & IREC FRAMEWORK

Sustainable Development Goals

"Respect For Nature Is an Integral Part Of Our Culture And has Been Passed Across Generations. Protection Of Environment Comes Naturally To Us" - Shri Narendra Modi, Honourable Prime Minister of India.

The Sustainable Development Goals (SDGs) are a set of 17 international goals that were established in September 2015 by the United Nations. These goals seek to ensure a better future for everyone.

The SDGs are divided into three parts: the first goal is to end poverty, the second is to ensure healthy lives and well-being for all, and the third is to ensure access to education.

These SDGs constitute a significant step towards securing a more sustainable future for everyone.

SDG Alignment Of The Intervention:
The programme aligns with the below SDGs' Programme - CATARACT Surgeries

SDG-01

Ensuring equitable access to affordable and quality cataract surgery services for all individuals, including those living in poverty

SDG-03

Good Health and Well-being aim to ensure healthy lives and promote well-being for all at all ages. By providing access to cataract surgery, the programme is contributing to the goal of reducing avoidable blindness and vision impairment, which is a significant public health concern in India.

SDG-10

Reduced Inequalities are achieved by reducing the disparity in access to healthcare services between different sections of society.

SDG Alignment Of The Intervention Programme - CANCER Treatment

Cancer treatment in India can contribute to the goal of ensuring good health and well-being for all by providing access to quality cancer treatment and care.

Education and awareness about cancer prevention, early detection, and treatment can help to achieve this goal, which focuses on providing quality education for all.
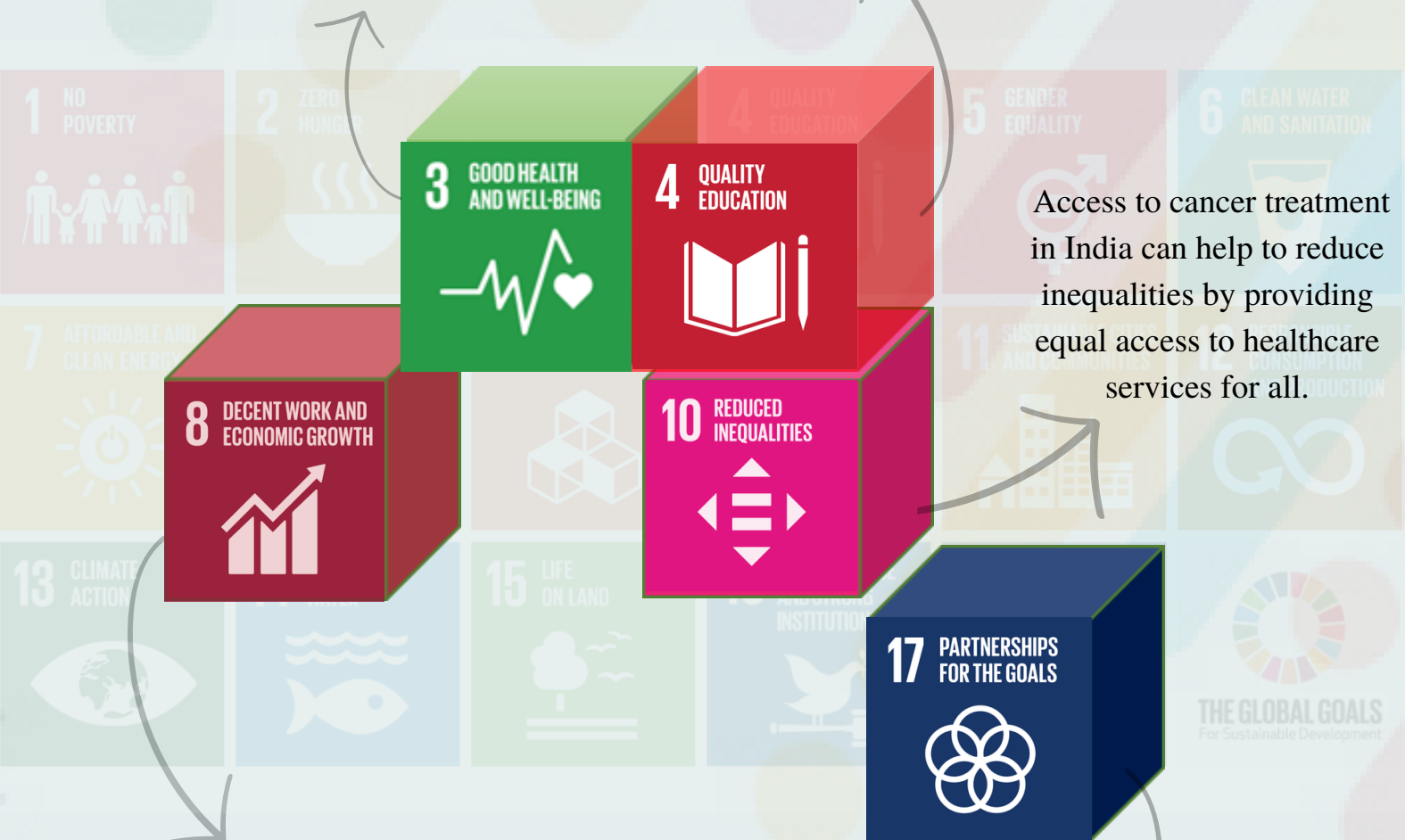
Access to cancer treatment in India can help to reduce inequalities by providing equal access to healthcare services for all.

The cancer treatment sector can contribute to economic growth and job creation in India.

Partnerships between the government, private sector, and civil society can help to achieve the goal of promoting sustainable development and addressing the challenges of cancer treatment in India.

IREC Framework

The IREC Framework, which stands for Inclusiveness, Relevance, Effectiveness, and Convergence, is a critical tool for ensuring the success of CSR-funded programmes aimed at financing cataract eye surgery, funding cancer diagnosis and treatment, and treating cancer in marginalised children. By utilising the IREC Framework, CSR-funded programmes can be designed, implemented, and evaluated to ensure that they effectively address the health needs of marginalised communities, ultimately leading to positive health outcomes and greater social impact.

Inclusiveness is a key aspect of healthcare provision that ensures that no one is left behind in accessing healthcare services. One of the key players in ensuring inclusiveness in healthcare is the Accredited Social Health Activist (ASHA). ASHAs are community health workers who are trained to provide basic healthcare services and promote health awareness in their communities. Furthermore, the Primary Health Centre (PHC) is also important in ensuring inclusiveness in healthcare. PHCs serve as the first point of contact for individuals seeking medical attention. They provide basic healthcare services and referrals to higher-level facilities when necessary. Through the provision of affordable and accessible healthcare services, PHCs ensure that everyone, regardless of their social or economic status, can access healthcare services. Inclusiveness in healthcare is crucial for achieving universal health coverage and ensuring that everyone enjoys the right to health.

Relevance refers to designing the programme to address the specific needs and challenges of the target population. This includes understanding the prevalence and incidence of cancer and cataract in the population, identifying the barriers to healthcare access, and designing interventions tailored to the population's needs.

Effectiveness refers to ensuring that the programme achieves the desired outcomes and impact. This involves keeping track and monitoring the number of treatments administered, and surgeries performed, the decrease in the incidence of cataract or cancer, the effectiveness of the treatment, and the enhancement in the quality of life of the beneficiaries.

Convergence refers to ensuring that the programme is aligned and integrated with other related programmes and initiatives. This includes collaborating with other healthcare providers, government agencies, and non-governmental organisations working in the same area to avoid duplication of efforts and maximise resources.

SECTION 8
METHODOLOGIES

Our Approach

Our approach for the execution of impact assessment involves a systematic and comprehensive process that includes stakeholder engagement, data collection and analysis, and the development of actionable recommendations.

Objectives

A. To evaluate the effectiveness of the programme in achieving its objectives, including enhancing access to eye care, decreasing the incidence of blindness, increasing access to cancer treatment, and reducing child mortality rates from cancer.

Area Of Improvement

B. To identify best practices and areas for improvement in the programme, such as ways to increase efficiency, reduce costs, or enhance the quality of care.

Understanding Impact

C. To understand the programme's impact on individuals and communities, including the social, economic, and health benefits of the programme.

Sustainability

D. To evaluate the sustainability of the programme, including its long-term financial viability and the potential for scaling up or replicating the programme in other contexts.

Knowledge & Contribution

E. Studying funding programmes for cataract surgery and cancer treatment can enhance the evidence base for effective interventions to improve eye care, reduce blindness, and provide timely treatment to cancer patients. Such research can generate new knowledge and insights that can inform policies and practices in these fields.

Planning & Sampling

Planning for an Impact Assessment of a social programme involves defining the objectives, developing a framework to evaluate the programme's effectiveness, identifying key stakeholders, selecting appropriate data collection methods, and determining the timeline and budget for the assessment. Execution of the assessment involves collecting and analysing data, interpreting the findings, and making recommendations for programme improvement based on the results.

Sampling is an essential aspect of any Impact Assessment (IA).It ensures an accurate assessment of the impact of these programmes on the target population, helps plan future programmes, and provides cost-effective results. Aspects mainly considered in sampling are - Representation, Precision, Analysis, and Planning For Future Programmes.

Stratified Sampling, Convenience Sampling and Snowball Sampling are used during the field visit and desk review process.

A. Stratified Sampling: In this method, the population is stratified into subgroups or categories such as age, gender, and socio-economic status. A random sample is drawn from each subgroup to ensure a representative sample is obtained. This method ensures that each population segment has an equal chance of being selected for the sample.

B. Convenience Sampling: This method involved choosing readily available individuals, such as those available at the site for cataract surgery. An attempt was made to ensure that the available individuals are diverse.

C. Snowball Sampling: An initial group of individuals, such as those who have already undergone surgery, were interviewed, and they were asked for help in identifying others who were interested in participating in the study

Desk Review

A. Program Objectives: A desk review evaluated the "Mobile Cataract Surgery & Cancer Treatment" Programme's objectives, targets, and milestones to assess how well they align with the broader goals of addressing cataract-related blindness in rural India and ensuring accessibility to cancer treatment in India.

B. Program Design and Implementation: The review assessed how the programme has been designed and implemented, including identifying the target population, the surgical process, and the delivery mechanism. Further the review endeavours to evaluates the effectiveness of the programme.

C. Partnerships and Collaboration: The review evaluated the partnerships and collaboration among stakeholders, such as government, non-governmental organisations, and other key partners. It assessed how well the programme collaborates with other players in the ecosystem and how effectively these partnerships have achieved the programme's objectives.

D. Impact Assessment: The desk review assessed the programme's impact by reviewing and monitoring the data on outcomes such as the number of surgeries performed, the number of patients reached, patients treated and the patient satisfaction rate for both cataract surgeries and cancer treatment.

E. Sustainability: The review assessed the programme's sustainability, including the capacity to deliver services in the long term, the availability of resources, and the capacity of the team.

F. Challenges and Opportunities: The desk review assessed the key challenges and opportunities and evaluated the strategies to address them.

Offsite Review

Field Visit

Key findings of the field visit are:

A. Improved access to healthcare: A mobile cataract surgery programme and funding cancer treatment programme helped improve access to healthcare services for individuals living in rural or remote areas who did not have easy access to medical facilities.

B. Increased awareness and education: Such programmes helped raise awareness about eye health, the importance of regular eye check-ups and the importance of cancer screening camps which can ultimately lead to early detection and treatment of these ailments.

C. Cost-effective: Mobile cataract surgery programme is a cost-effective way of delivering eye care service to underserved populations, particularly in rural areas. Similarly, funding a cancer treatment programme can be cost-effective in the long run, as early diagnosis and treatment can lead to better patient outcomes, reduced hospitalisations, and lower healthcare costs.

D. Reaching remote areas: Mobile cataract surgery programmes could reach remote areas, which otherwise would have required additional resources and logistical support. Similarly, funding cancer treatment for patients from remote places has also helped to bridge the gap in healthcare access and improve health outcomes for underserved communities.

E. Need for sustainability: To ensure the long-term success of a mobile cataract surgery programme and cancer treatment programme, it is important to develop a sustainable model that addresses issues such as funding, staffing, and infrastructure.

Onsite

Recommendations To "FA" & "IA"

FA - Funding Agency and IA - Implementation Agency

66 Recommendations are the bridge between the evaluation and action. They transform evaluation findings into actionable steps that contribute to the improvement of programme, resulting in favourable outcomes and advancement. 99

We recommend *"IA"* to develop innovative financing mechanisms like insurance schemes, community financing, and crowdfunding. This can help to make cataract surgeries and cancer treatments more affordable and accessible to all.

To ensure the programme's sustainability, we recommend "FA" & "IA" collectively work towards building capacity in the local community. These collective efforts should aim to train and empower local medical professionals, community health workers, and volunteers to ensure that medical assistance continues to be provided even after the programme's funding period ends.

We recommend to *"FA" & "IA"* more partnerships between government and private healthcare providers. This can help bridge the gap in the availability of quality and affordable - eye care services and cancer treatment.

To widen the area of operations to remote and unexplored rural areas, we recommend that FA to mandate IA to venture in such executions and IA to deepen their areas of operations further. This can help improve awareness about eye health and cancer, and the importance of regular checkups, ultimately reducing the burden of delayed detection or undetected cases.

Monitoring and evaluation mechanisms are essential to track the programme's progress and identify areas for improvement. We recommend "FA" & "IA" to ensure that the programme has an established system for collecting and analysing data on the outcomes of eye camps and cancer treatment (on patient to a patient basis). We recommend executing a baseline process before the commencement of the programme.

50

SECTION 9
IMPRESSIONS

51

testimonials

> "The true test of the success of any social project lies in the heartfelt testimonials of the communities it has impacted positively."

"We cannot express enough how grateful we are towards the organisation for conducting MESU camps and restoring our vision. As underprivileged people, we had lost hope in ever being able to see properly again, but thanks to their efforts, we can now see the world in a new light."

SHRI ARGHU SAW, SHRI SUKHDEV PRASAD, SHRI CHAMU PRASAD – VILLAGE CHAINPUR

I underwent chemotherapy and radiation treatments. After each chemotherapy session, I would take a rickshaw home and be able to resume my household activities without much disruption to my family. The doctors and staff at the facility were incredibly kind and supportive throughout my treatment journey. Despite facing several other medical challenges, I continued to pursue my treatment. I am grateful to the funders for providing the necessary funding for my treatment. Thank you.

MRS SAVITA YASHWANT GORIVALE

"Words cannot express the depth of my gratitude towards your esteemed organisation for extending financial support towards my cancer treatment and leg surgery, which made all the difference in my life. As a newly married underprivileged person struck by life-threatening illness, I had lost all hope until your timely intervention that helped me not only recover my health but also sustain my marriage and strengthen my relationships. Thank you for being a ray of hope and a blessing in my life."

MRS. SAKSHI ASHOK KALAMBATE

The testimonials presented above are translations of the beneficiary's original language, which could have been Tamil, Malayalam, Marathi or traditional Hindi from Jharkhand.

DISCLAIMER

The report has been prepared in accordance with the Engagement Letter between The Clearing Corporation of India Limited and CVK & Associates, dated October 14th, 2022. Its purpose is to conduct an Impact Assessment of the projects undertaken during the financial year 2020-21.

The report should be disclosed in its entirety, and the disclaimers should not be removed. CVK & Associates did not conduct an audit and does not provide any opinion or other form of assurance. The comments made in the report are not intended to be legal advice or opinion. The report presents an analysis by CVK & Associates based on secondary sources and input gathered from interactions with the relevant team members of CCIL, Tata Memorial Centre, Indian Cancer Society, Sankara Nethralaya, relevant project beneficiaries, and other implementation partners.

Although the information obtained from public sources has not been verified for authenticity, CVK & Associates took care to obtain information from sources that are generally considered reliable.

Further, CVK & Associates states that:

1) It has used and relied on data shared by the CCIL team, implementing agencies, and secondary research through the internet, research reports, and project target beneficiaries;

2) It has neither conducted an audit nor due diligence nor validated the financial statements and projections provided by the CCIL;

3) Wherever information was not available in the public domain, suitable assumptions were made to extrapolate values for the same;

4) Whether the recommendations made in this report based on secondary sources will actually provide any benefits or improvements is dependent on whether the assumptions they are based on are still valid. To make sure the assumptions are still correct, they need to be checked and updated periodically to match any changes in business trends, regulatory requirements, or the direction of the organisation;

5) It accepts no responsibility for the realisation of the projected benefits;

6) The premise of an impact assessment is 'the objectives' of the project along with output and outcome indicators pre-set by the program design and implementation team.

 CVK & Associates' impact assessment framework was designed and executed in alignment with those objectives and indicators.

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