CanKids KidsCan "Home Away Home (HAH)" Program (FY 20-21)
Project duration – April 2020 to March 2023
(KMBL Project ID - 62)

Impact Assessment Report

May 2025

Kotak Mahindra Bank Limited

Prepared by - Crisil Limited

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Ethical Consideration

Informed consent: The interviews were done after the respondents gave their consent. Even after the interviews were completed, their permission was sought to proceed with their responses.

Confidentiality: The information provided by participants has been kept private. At no point were their data or identities disclosed. The research findings have been quoted in a way that does not expose the respondents' identities.

Comfort: The interviews were performed following the respondents' preferences. In addition, the interview time was chosen in consultation with them. At each level, respondents' convenience and comfort were considered.

Right to reject or withdraw: Respondents were guaranteed safety and allowed to refuse to answer questions or withdraw during the study.

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Abbreviations

KMBL	Kotak Mahindra Bank Limited
HAH	Home Away from Home
KCK	KidsCan Konnect
CSR	Corporate Social Responsibility
ToC	Theory of Change
OECD	Organisation for Economic Co-operation and Development
DAC	Development Assistance Committee
SWOT	Strength, Weakness, Opportunity, Threat
SDGs	Sustainable Development Goals
NGOs	Non-Governmental Organization

Overview of cancer support for children in India

India is grappling with a significant challenge in addressing paediatric cancer, primarily due to gaps in healthcare accessibility, affordability, and awareness. Despite being a highly curable condition with timely intervention, childhood cancer is often diagnosed late in India, resulting in higher mortality rates compared to developed nations. The survival rate of paediatric cancer in India is significantly lower, ranging between 40-50%, whereas in developed countries, it exceeds 80%. This disparity is largely attributed to late diagnosis, financial constraints, and inadequate access to specialized care.

The primary reasons for this disparity include a lack of awareness about early symptoms, limited access to specialized paediatric oncology centres, and socio-economic barriers that prevent families from seeking or continuing treatment. Many rural and low-income families are unable to afford expensive cancer treatments like chemotherapy, radiation, and surgeries. Furthermore, the emotional and psychological toll of cancer on children and their families is compounded by inadequate support systems, such as counselling services and educational continuity for young patients.

The healthcare infrastructure in India is ill-equipped to deal with the growing number of childhood cancer cases. While major cities have specialized paediatric oncology centres, smaller towns and rural areas lack the necessary medical facilities to diagnose and treat childhood cancer. There is a shortage of paediatric oncologists, making it difficult for families living in remote areas to access quality care. The treatment of childhood cancer is complex and requires specialized skills and equipment, which are not readily available in many parts of the country. This leads to significant disparities in the treatment and survival rates of children with cancer.

The cost of cancer treatment in India is extraordinarily expensive, with the cost of chemotherapy, surgeries, hospitalization, and post-treatment care being a heavy financial burden, particularly for families living below the poverty line. Many children from economically disadvantaged backgrounds often face difficulties accessing treatment due to the high costs involved. While there are government schemes like Ayushman Bharat that provide coverage for medical treatments, not all families are aware of these options, and accessing them can be complicated due to bureaucratic hurdles.

To address these challenges, the Indian government has taken several steps through various initiatives and programs. However, despite these efforts, significant gaps remain, and it is essential to fill these gaps to ensure better access to care for children with cancer across the country. Organizations like CanKids are playing a crucial role in bridging these gaps by providing holistic support, including medical funding, accommodation, counselling, and advocacy for better healthcare policies.

Overview of the program

Program ID	62
Ongoing Project for FY	FY 2020-21
Program duration	April 2020 to March 2023
Partner organization	CanKids KidsCan
Location	Pan-India

The "Home Away Home" Project, a pioneering initiative by Kotak Mahindra Bank and CanKids KidsCan, is revolutionizing the way families of children with cancer navigate the challenges of treatment. One of the most significant hurdles families' faces is finding affordable and comfortable accommodation, particularly when they have to travel to distant cities for specialized care. This innovative program provides a safe haven for these families, offering temporary housing that is not only comfortable but also supportive, allowing them to focus on their child's recovery.

For many families, especially those from rural areas, the journey to cancer treatment centres can be daunting, involving long distances and unfamiliar surroundings. The "Home Away Home" Project steps in to bridge this gap, providing a homely environment that fosters healing and comfort. Beyond just accommodation, the initiative offers a comprehensive range of support services, including counselling, nutritious meals, and transportation assistance, recognizing that the emotional and financial burdens of cancer treatment can be overwhelming.

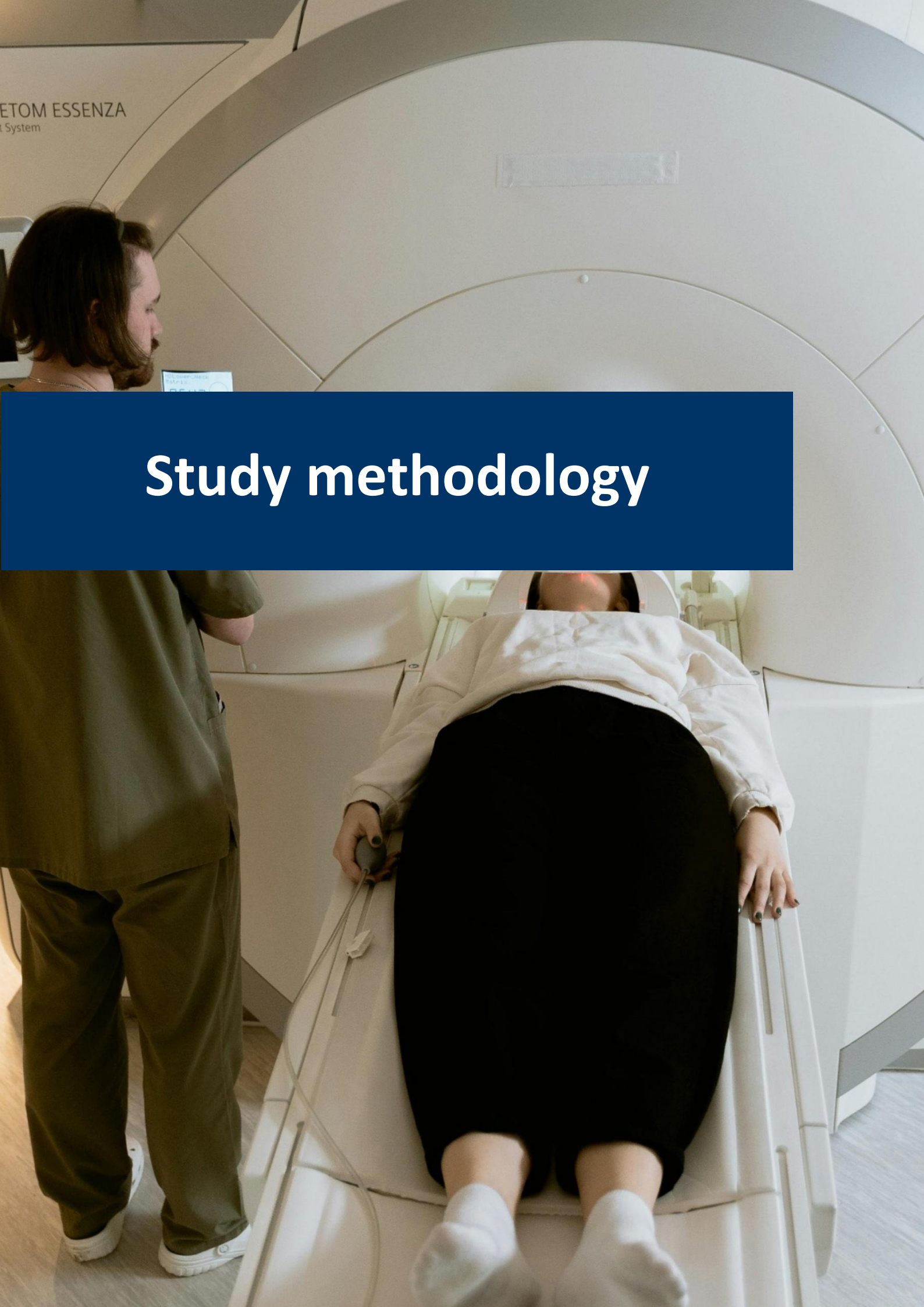
This project addresses a critical need, as many families are forced to endure substandard living conditions due to financial constraints, adding to their stress and anxiety. By offering a secure and nurturing space, the initiative alleviates some of the pressures associated with the treatment journey, enabling families to stay together and support each other during this challenging time.

To gain a deeper understanding of the program's impact and outcomes, we have developed a Theory of Change (ToC) - a framework that outlines the underlying assumptions, causal links, and desired outcomes of the program. The ToC provides a comprehensive and visual representation of how the program's interventions are expected to lead to long-term change, ultimately contributing to improved healthcare outcomes. By mapping out the program's logic and pathways to change, the ToC helps us to better understand the program's dynamics, identify potential challenges, and make informed decisions to optimize its impact.

Theory of change	
Problem Statement	Families of children undergoing cancer treatment face significant challenges in accessing affordable and comfortable accommodation, leading to an increased financial and emotional burden, and negatively impacting the child's treatment journey and overall well-being.
Long-term Goal	To improve the overall well-being and treatment outcomes of children with cancer by providing their families with safe, comfortable, and supportive accommodation, thereby reducing the financial and emotional burden associated with cancer treatment.
Outcome	Increased utilization of accommodation facilities and holistic support
	Improved family satisfaction
	Reduced treatment abandonment
	Reduced financial burden of families
Impact	Increased access to affordable accommodation and holistic care
	Reduced stress and anxiety
	Improved emotional well-being
	Enhanced support through various services

This report evaluates the impact the program has created. It aims to understand the role of the program in providing safe and comfortable spaces and alleviating their burden. It also assesses the effectiveness and sustainability of the program.

Study methodology



The study has adopted a concurrent mixed method design, in which quantitative and qualitative data are collected through the key program stakeholders. This approach will allow for a comprehensive assessment of the intervention by capturing quantitative evidence, backed by qualitative experiences. Key stakeholders considered for the analysis are as follows:

i. Parents/Care givers
ii. Hospital staff
iii. Care takers of HAH
iv. Implementing partner
v. KMBL CSR Team

Quantitative data was collected through a semi-structured survey questionnaire, administered to the direct beneficiaries (patients or their care givers). The survey focused on the impact and effectiveness of the program. **Qualitative data** was collected through in-depth discussions with the other key stakeholders. The data will focus on understanding the overall impact of the program and on understanding the gaps in the intervention and challenges faced.

Findings from the quantitative and qualitative data are integrated to provide a comprehensive assessment of the impact of intervention. The integration involved **comparing and contrasting the findings** from the two data sources to identify any converging or diverging evidence.

The evaluation also maps the impact of the program with the **Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) framework** to determine the merit of an intervention on the basis of six defined evaluation criteria – relevance, coherence, effectiveness, efficiency, impact and sustainability. We have also aligned the impact of the program with the United Nations Sustainable Development Goals (SDGs) and the contribution of the intervention to global efforts.

Sampling framework

The sampling strategy for primary beneficiaries uses Cochran's formula, suitable for small populations, with a 90% confidence level and 10% margin of error. For qualitative assessment, a purposive sampling approach will be used to select participants who can provide in-depth insights, allowing for a comprehensive understanding of overall support and services provided.

Stakeholders	Sample	Data Collection Tool
Patients/Care givers	84	Structured survey questionnaires
Hospital Staff	5	Key Informant Interviews
Caretakers of HAH	1	Key Informant Interviews
Implementing partner	2	Key Informant Interviews
KMBL CSR Team	1	Key Informant Interviews

Primary findings

The evaluation assesses the Home Away Home (HAH) program's performance across key indicators, including accommodation quality, financial assistance, and social support. The findings will inform strategies to optimize service delivery, identify areas for improvement, and enhance support for families of children with cancer across Delhi, Kolkata, Chandigarh, and Ahmedabad.

Key findings – Demographics

Demographic details of patients

The study was conducted with 84 paediatric cancer beneficiaries across Delhi, Kolkata, Chandigarh, and Ahmedabad. Among the participants, 60% were male and 40% female. In terms of age, the largest group (36%) comprised children aged 3-7 years, followed by 25% in the 8-12 age group, 32% adolescents aged 13-18 years, and 7% young adults between 19-26 years.

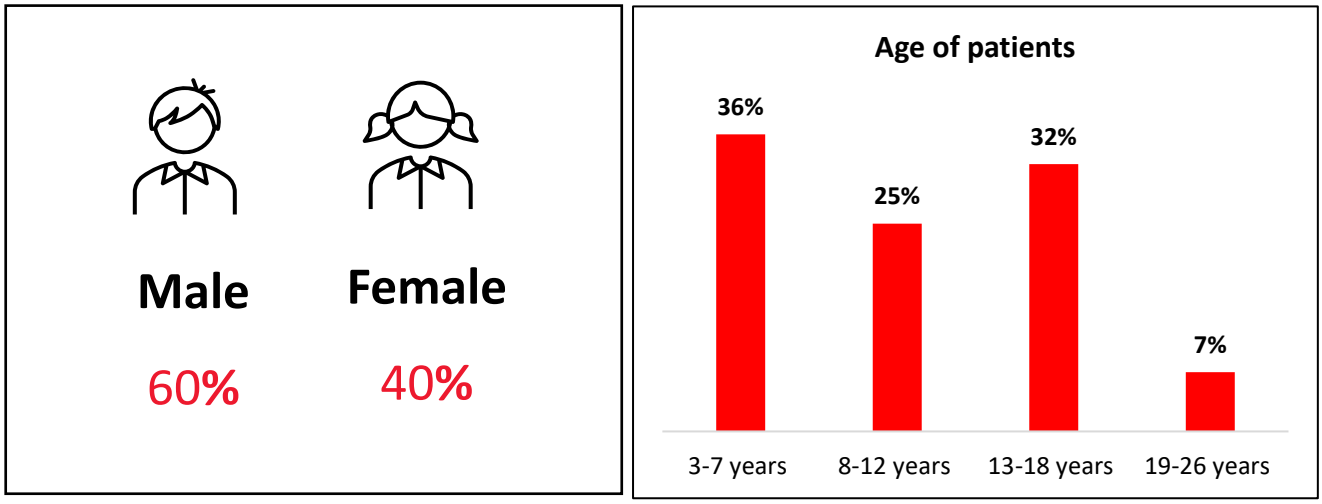


Figure 1 Demographic details of the patients

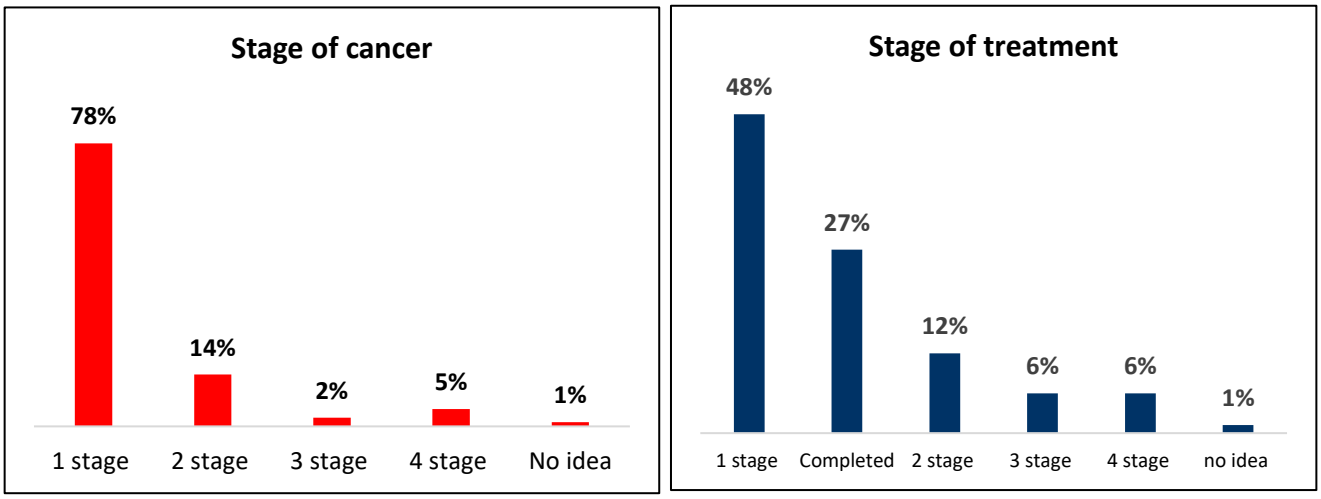


Figure 2 Details of condition and treatment

The patients suffered from various cancers, including blood cancer, leukaemia, neck cancer, skin cancer, stomach cancer, and tumours, highlighting the need for diverse and specialized medical facilities under the Home Away Home (HAH) program. Most diagnoses were recent—61% in 2023, 27% in 2022, 7% in 2021, and 5% in 2024—suggesting increased awareness and early detection in recent years. Notably, 77% were diagnosed at Stage 1, and 48% were receiving Stage 1 treatment, indicating the benefits of early screening. However, 6% of patients were in Stage 3 or 4 treatment, reflecting ongoing challenges like delayed access or disease progression. Only 27% had completed treatment, underlining the importance of ongoing support and intervention.

Demographic Details of Patient's Caregivers

The caregiver survey revealed that 57% were female and 43% male, showing a predominance of mothers in caregiving roles. Most caregivers (57%) were aged 25-35 years, followed by 36% aged 36-50, 6% aged 51-60, and only 1% between 61-70 years, indicating that caregiving responsibilities heavily impact individuals in their economic prime.

Relationship-wise, 57% of caregivers were mothers, 37% fathers, and the rest included brothers, grandparents, and extended relatives. Caregivers hailed from states such as Bihar, Uttar Pradesh, Madhya Pradesh, Uttarakhand, Haryana, and West Bengal, showcasing the geographical reach of CanKids' program.

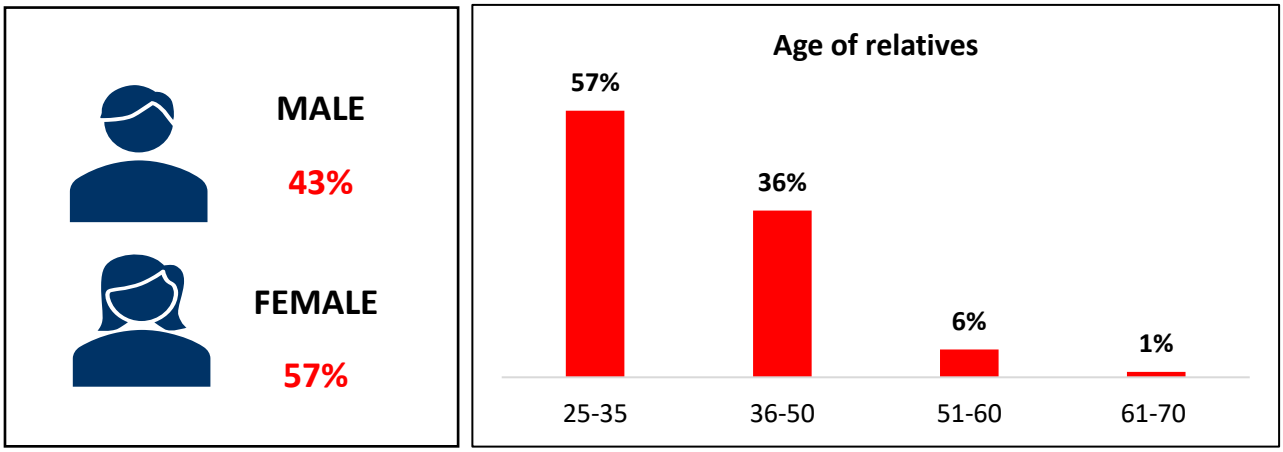


Figure 3 Demographic details of caregivers

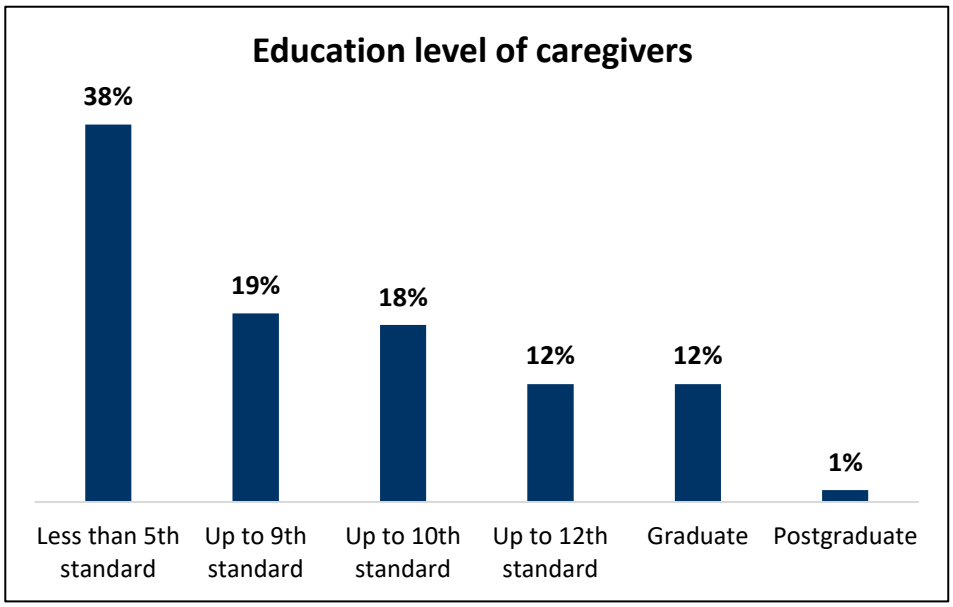


Figure 4 Education level of the caregivers

Regarding education, 93% of caregivers were literate, though higher education levels were limited, 38% studied below 5th standard, and only 1% had postgraduate qualifications. Professionally, 38% were daily wage earners, 25% farmers, and others included private sector workers, shopkeepers, drivers, and teachers. **Only 60% had a secondary income, and among them, 56% engaged in farming, suggesting limited financial resilience.** Income data showed that 69% earned between INR 50,000-1 lakh, and 94% earned under INR 2 lakh annually, confirming the severe financial stress most families face.

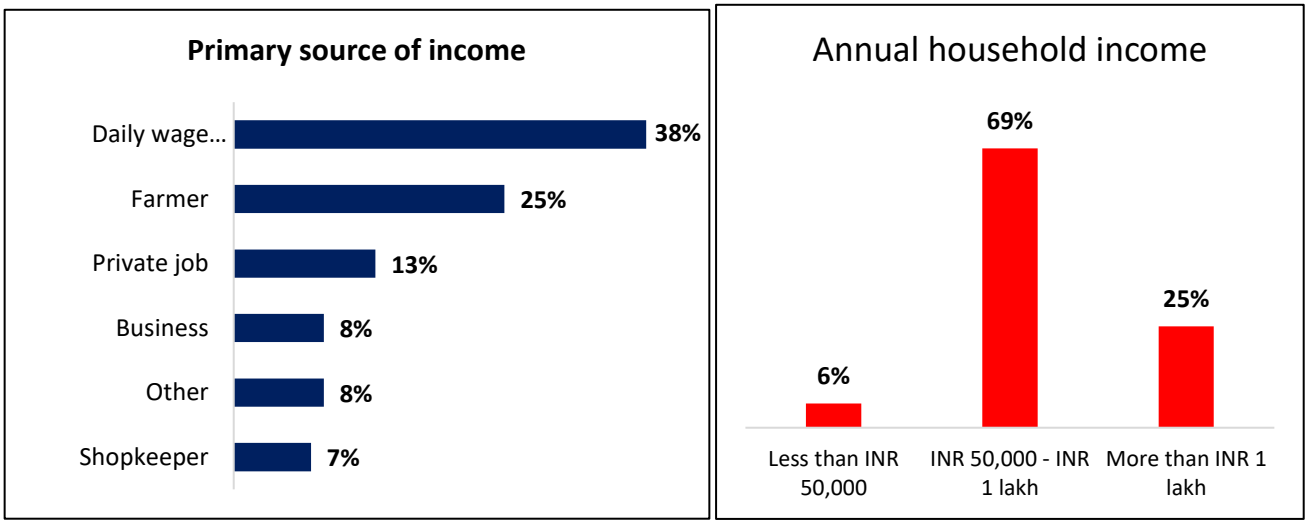


Figure 5 Primary occupation and household income

Key findings – About the intervention

Situation Prior to Enrolment in CanKids KidsCan

Before enrolling in CanKids, families encountered numerous challenges. 36% had no awareness of the child's condition, and 79% cited lack of information as their main hurdle, followed by financial burden (57%) and difficulty in identifying suitable treatment centres (29%). Additional issues included societal stigma (4%) and concern for other family members (2%). Coping mechanisms primarily relied on doctors (85%), followed by social workers (27%), NGOs (7%), and cancer survivors (2%). These insights underline the value of structured, accessible assistance during early phases of diagnosis.

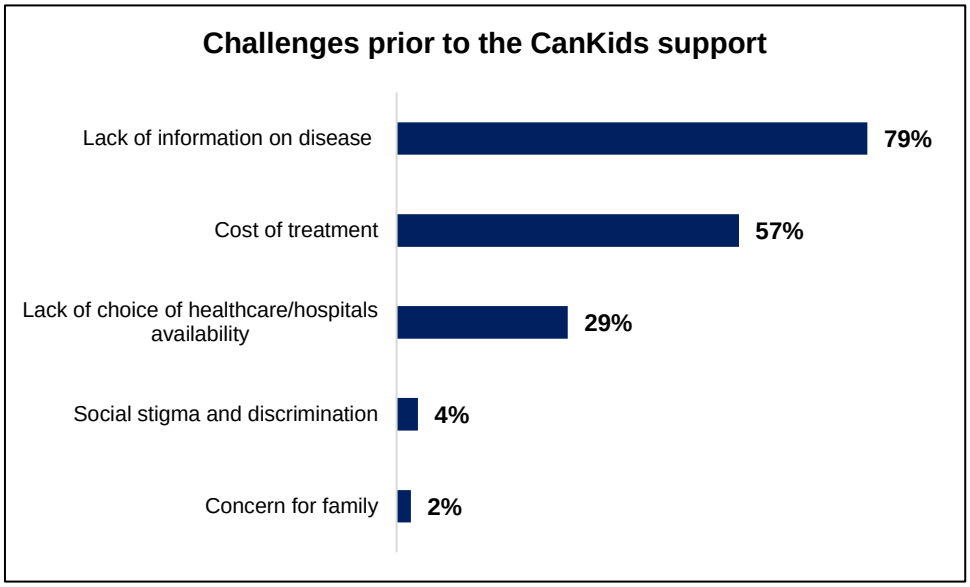


Figure 6 Challenges prior to CanKids support

CanKids KidsCan Intervention and Initial Engagement

Families mainly learned about CanKids through doctors and social workers, emphasizing hospitals' role as critical referral points. The primary reasons for approaching CanKids included paediatric cancer care (77%), financial assistance (75%), and better understanding of the disease (73%). Some families (13%) also reached out proactively, highlighting growing grassroots awareness. Initial interactions predominantly involved hospital social workers (87%), with a focus on introducing CanKids' services (69%), disease-related information (68%), child's illness (52%), broader family needs (24%), and documentation support (4%). Through the HAH, the families also received nutrition/dietician support (52%), accommodation (46%), information (10%), and monetary aid (7%). Most significantly, 89% acknowledged accommodation support, whereas 51% valued information, and 46% benefited from nutritional aid which was provided by CanKids through HAH. Though only 6% received financial support, the non-monetary support was clearly pivotal. Additionally, 4% received educational assistance, aiding children continued learning during treatment.

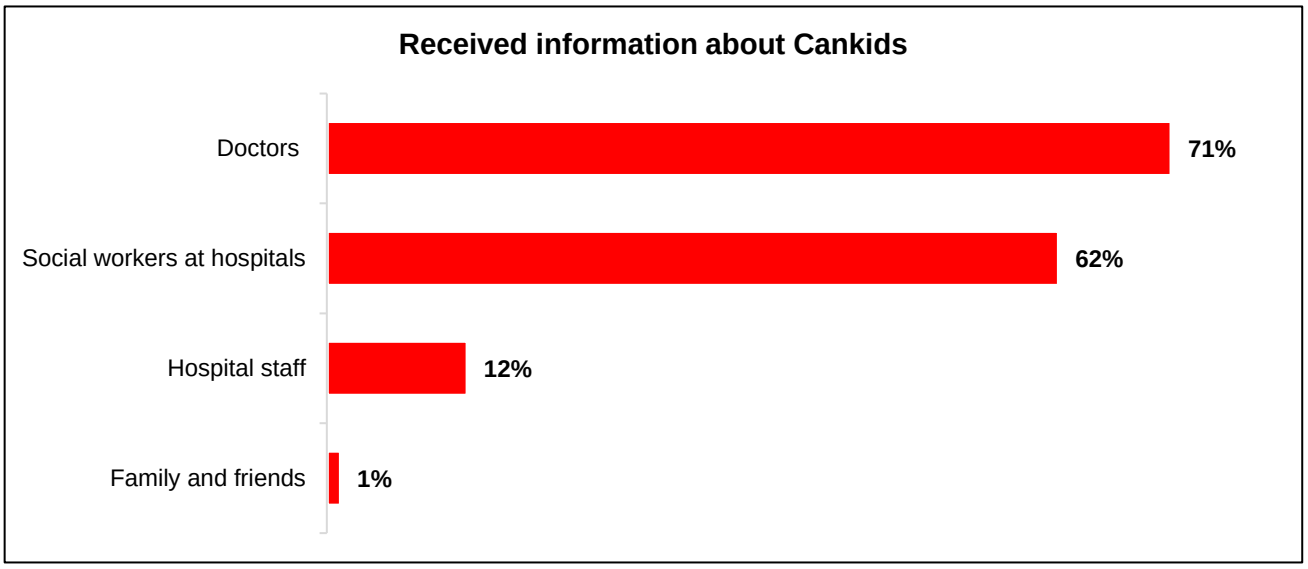


Figure 7 Source of information about CanKids

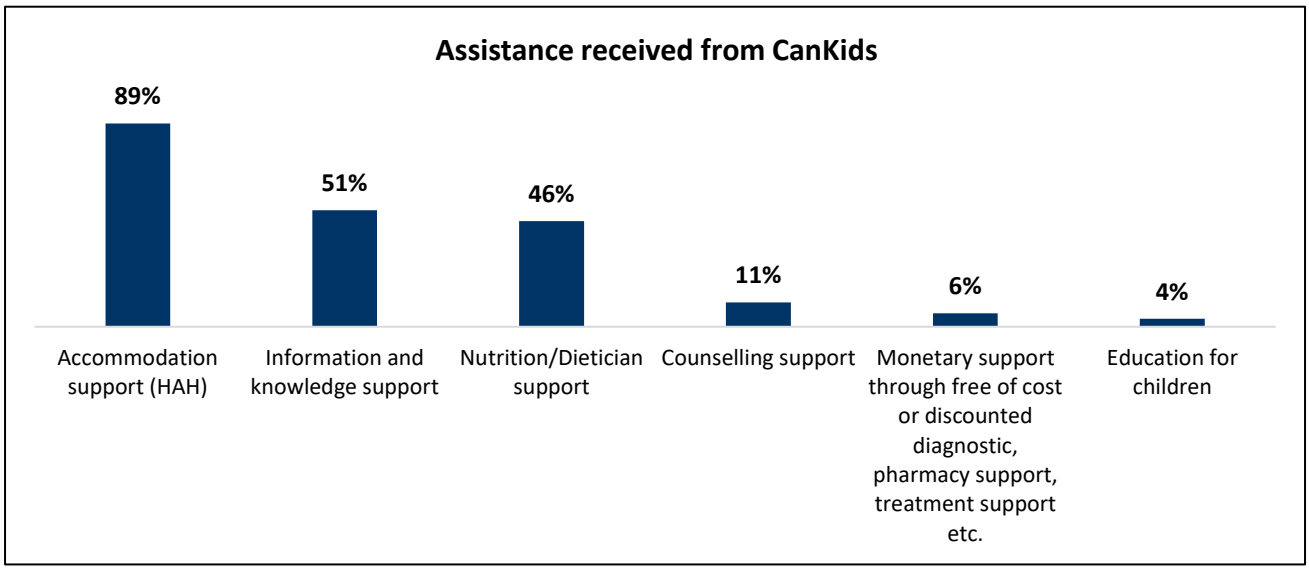
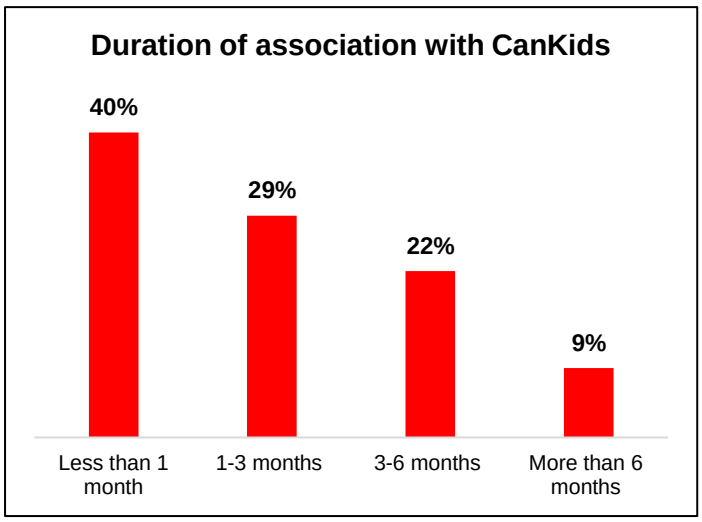
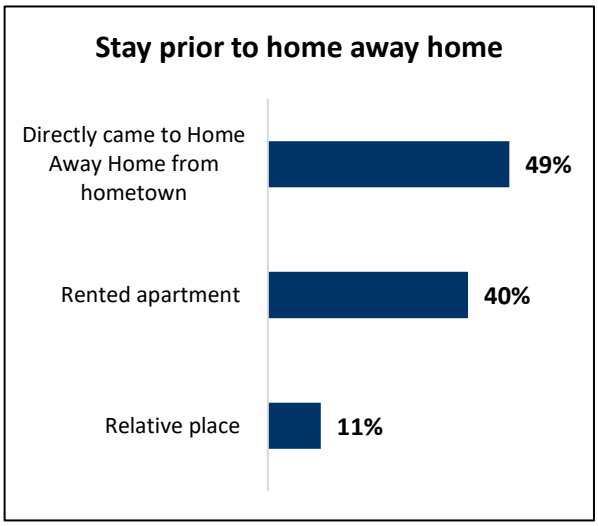


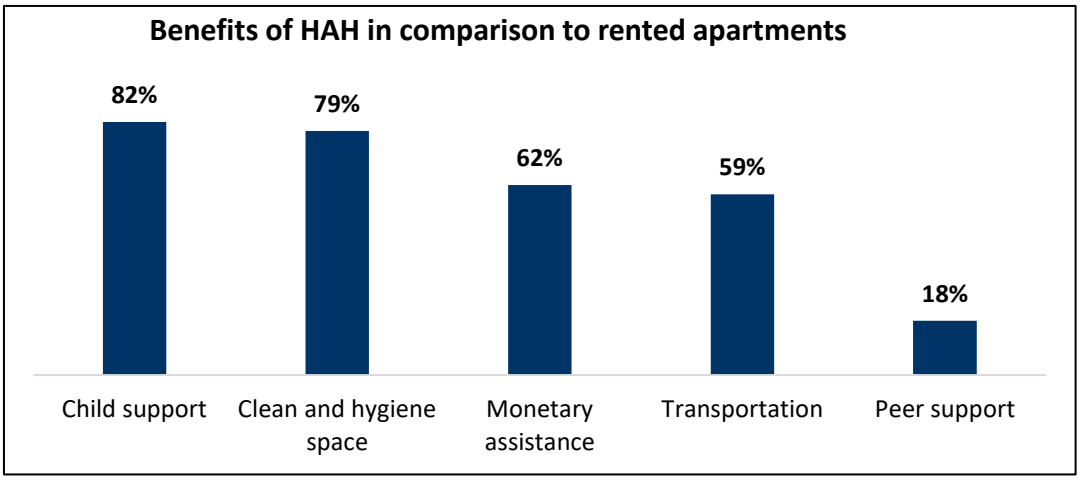
Figure 8 Assistance received from CanKids

Accommodation Support

The Home Away Home (HAH) program proved vital for ensuring safe, hygienic housing for families. 26% had been with the program for less than a month, 19% for 1-3 months, 14% for 3-6 months, and 6% for over 6 months, signifying both short and long-term dependency. To enrol, 82% provided disease documentation, 48% income proof, and others submitted Aadhaar cards, home location, and doctor recommendations.







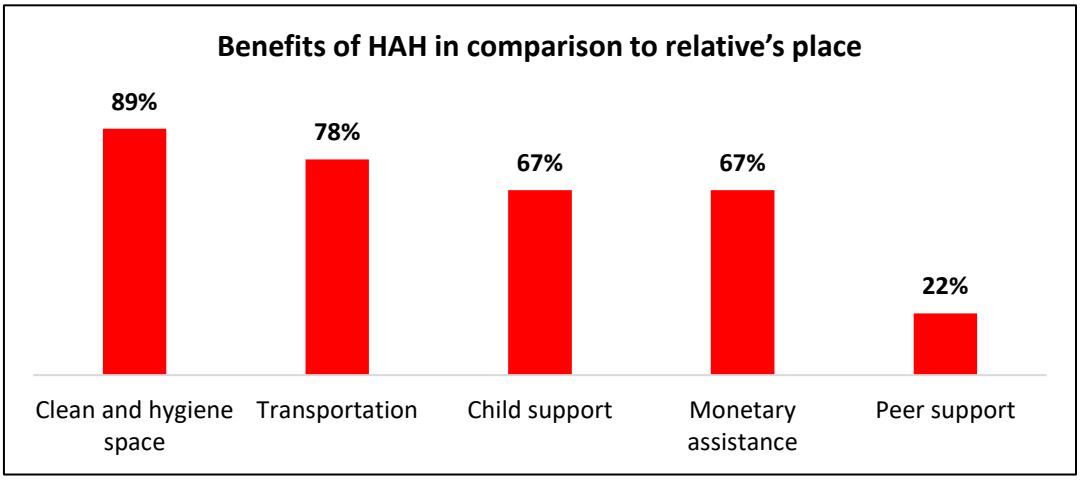


Figure 9 About the accommodation support

Basic amenities were widely available: comfortable beds (95%), clean bedding (94%), bathrooms (85%), hot water (69%), and kitchen space (74%). However, Wi-Fi (11%), power backup (24%), and emergency response systems (1%) were limited. 99% found the space safe and child-friendly, and 67% rated hygiene as excellent. While 88% praised cleanliness, only 20% noted health tracking, 10% education support, and 4% transportation, pointing to gaps in holistic care. Prior to HAH, 49% came straight from their hometowns, 40% stayed in rentals, and 11% with relatives. Families favoured HAH over rented homes due to better child support (82%), hygiene (79%), financial assistance (62%), and transportation (59%). Compared to staying with relatives, HAH scored higher in cleanliness (89%), transport (78%), and peer support (22%), reflecting its comprehensive support environment.

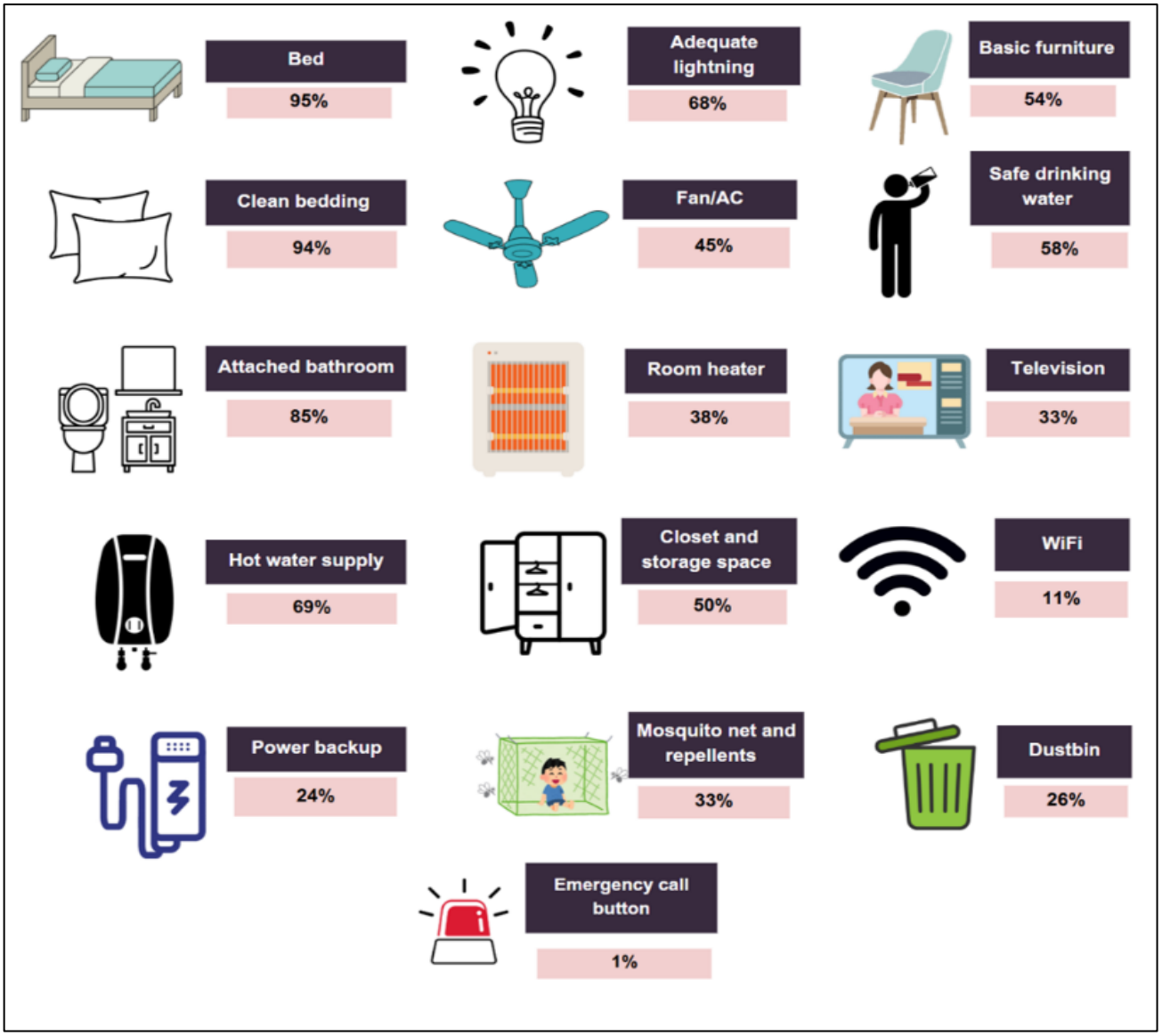


Figure 10 Amenities available at HAH

Treatment Support

As a part of the initiative, the initiative also provided monetary support for the treatment along with the program's provision of free chemotherapy treatment, medicines, travel, food, and accommodation for the duration of treatment has significantly reduced the financial burden on families, allowing them to focus on their child's treatment and well-being. The monetary support provided, which ranged from Rs 25,000 to Rs 50,000 as per the sample, helped alleviate out-of-pocket expenses by 40-75%, enabling families to manage their expenses more effectively.

The program's support has had a direct impact on treatment outcomes, with many children successfully completing their treatment and recovering. The reduction in financial burden has also enabled caregivers to spend more time with their child, focus on their treatment, and prioritize their well-being. This support has been particularly crucial for families who have limited financial resources and has helped to reduce the stress and anxiety associated with cancer treatment.

While some beneficiaries still faced financial difficulties and had to borrow money to supplement their expenses, the support has been widely appreciated, with most respondents expressing satisfaction and gratitude for the assistance received.

However, some respondents have highlighted the need for continued monetary support and after-care assistance to ensure the long-term well-being of their children. A few respondents have also expressed concerns about the lack of support post-hospital stay, which is critical for maintaining the health and well-being of children who have overcome cancer. Overall, the program has made a significant difference in the lives of its beneficiaries, and its support has been instrumental in improving treatment outcomes and reducing the financial burden on families.

Key findings – Support received through HAHs

The program offered a comprehensive support system, including accommodation and financial assistance for treatment and diagnosis. Moreover, the stay at HAH, facilitated by KMBL, had a profound ripple effect on the lives of patients and their families. The accommodations also featured a range of initiatives designed to support both the children and their parents, providing a holistic care experience.

Knowledge and Information Support

The program was instrumental in educating families—85% gained understanding of childhood cancer, 38% learned about the disease's course, 35% on hygiene, 32% on treatment action plans, and 26% on nutrition. However, only 6% were informed about available aid, and 2% knew about government schemes, revealing the need for improved outreach. Before CanKids, 74% had some awareness, 20% relied entirely on the NGO, and 6% had partial knowledge. Post-intervention, 83% felt less anxious, 38% less isolated, 19% empowered for decision-making, and 8% better equipped to

provide care. While 76% found the support sufficient, 17% wanted more on financial aid, and smaller numbers requested cancer-specific and healthcare information.

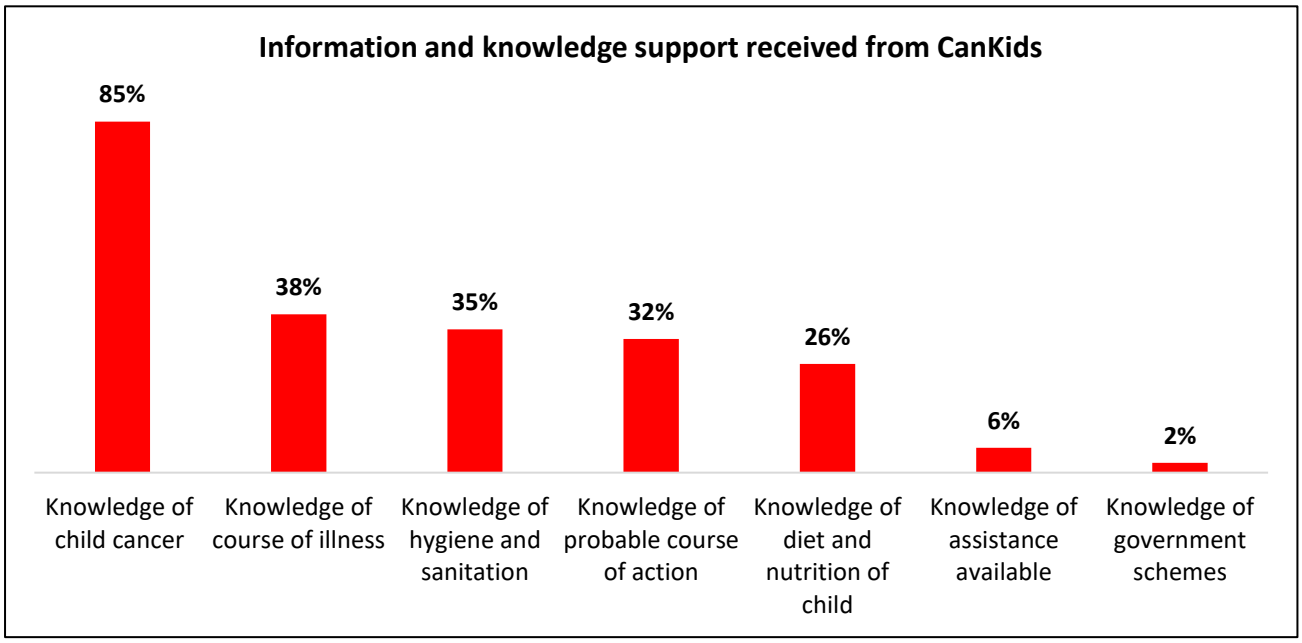


Figure 11 Information and knowledge support received from CanKids

Counselling Support

89% received individual counselling, and 96% found it beneficial, particularly for reducing anxiety (86%), loneliness (36%), and emotional burden (35%). 19% attended cancer survivor sessions, and 7% peer group counselling, although 60% were unaware of these services, suggesting a need for improved awareness. **100% would recommend counselling**, though 58% did not recall standout sessions, indicating that deeper engagement may be needed. Counselling helped families face challenges, prevented self-harm, and improved communication.

ss100% of respondents said peer groups helped them cope, reinforcing the emotional benefits of community support and shared experiences.

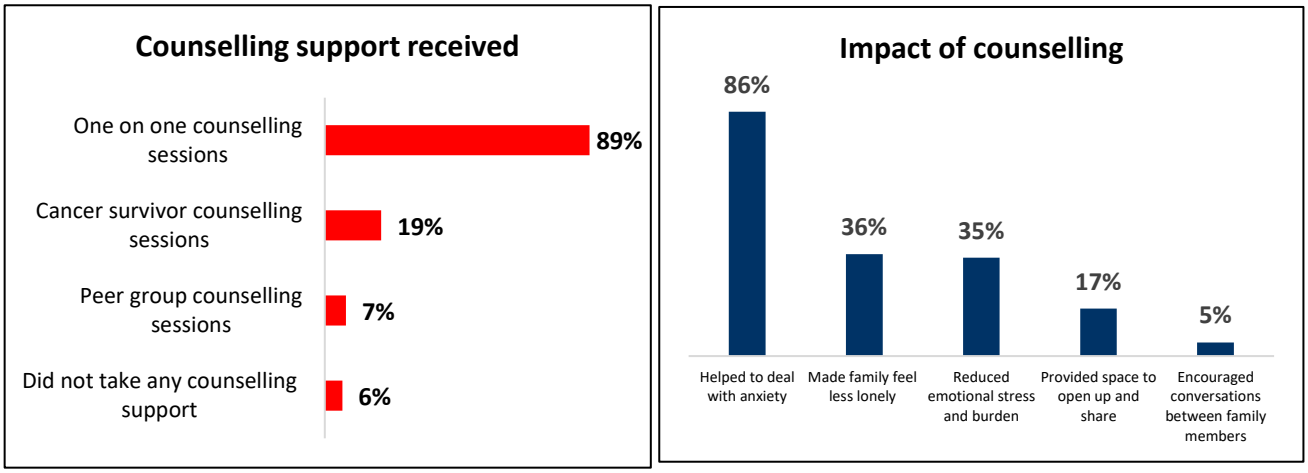


Figure 12 Details of counselling support

All the respondents felt encouraged by survivor stories, gaining hope and courage. The sessions also revealed ongoing struggles; the respondents highlighted that the sessions should balance motivation with realism.

Financial Support

Before CanKids' intervention, 55% of families saw income decline, mostly due to job loss (61%) or business disruptions. Major expenses were transport (76%), medicines (75%), and food (65%), while treatment itself was reported by only 4%, highlighting the burden of indirect costs. 98% incurred treatment costs before aid, underlining the urgency for early financial intervention.

Amount (INR)	Monthly income before cancer diagnosis	Monthly income after cancer diagnosis
0-8000	27%	36%
8001-16000	63%	54%
16001-24000	9%	9%
Above 24000	1%	1%

Amount (INR)	Monthly expenditure before cancer diagnosis	Monthly expenditure after cancer diagnosis
0-8000	56%	10%
8001-16000	36%	50%
16001-24000	7%	28%
Above 24000	1%	12%

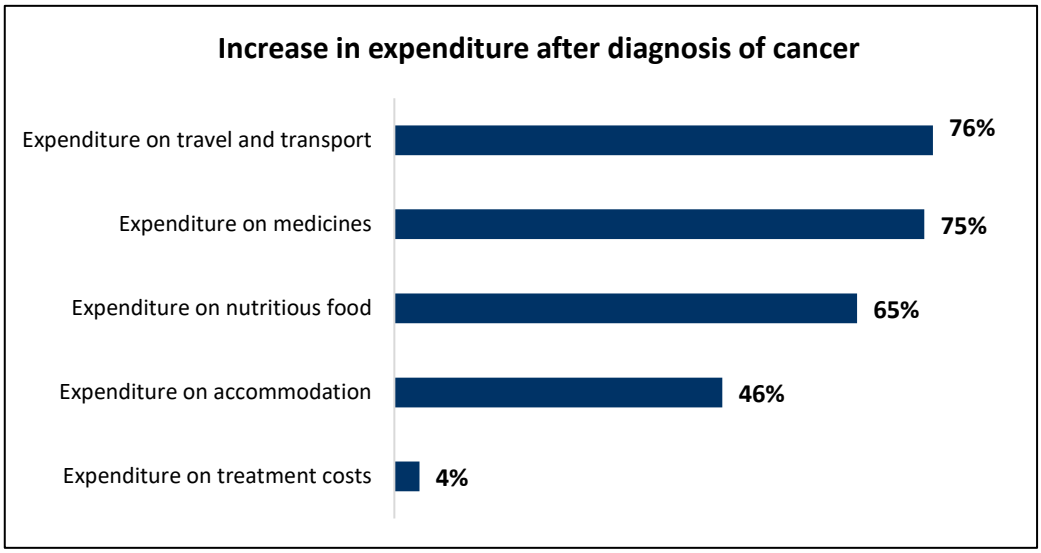


Figure 13 Increase in expenditure after diagnosis of cancer

Post-support, 100% noted some relief, with 69% reporting substantial and 20% moderate improvement, though 11% still felt financially strained. Assistance mainly came in the form of food/ration support (86%), transport/accommodation (61%), and discounted/free medicines, tests, or treatment (under 11%). Yet, direct medical aid remained limited. Income and expenditure data showed that lower-income families faced greater distress, while post-support, families shifted towards more moderate spending brackets. Notably, 33% saved INR 5,000–50,000, 20% saved 1–2 lakhs, and 5% saved 2–3 lakhs, though 40% were unsure, indicating a need for financial literacy and tracking.

Amount (INR)	Monthly expenditure before support	Monthly expenditure after support
0-8000	21%	6%
8001-16000	44%	46%
16001-24000	22%	34%
Above 24000	13%	13%

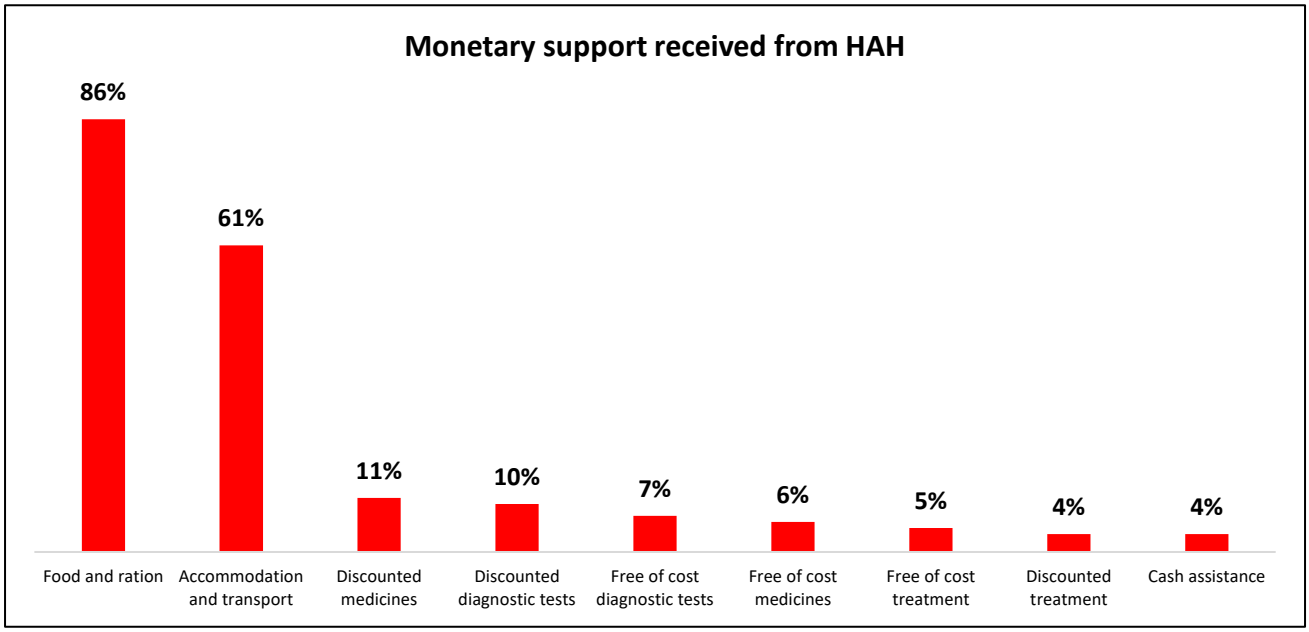


Figure 14 Monetary support received from HAH

Nutrition and Dietician Support

87% of families gained nutritional knowledge, and 98% followed the recommended diet, with 83% noting improved energy in children, and 26% linking it to recovery. 30% found the diet hard to follow, mainly due to high ingredient costs and unclear instructions. This reflects the need for cost-effective and accessible diet planning, coupled with continued counselling support.

Educational Support

82% of children participated in activity sessions, and 15% attended online classes, though 3% couldn't take any support due to short stays. 80% said it kept children engaged, 42% saw mental health benefits, and 8% noted restored normalcy. For improvement, 79% suggested more counselling, with others recommending more online classes (7%) and books (1%).

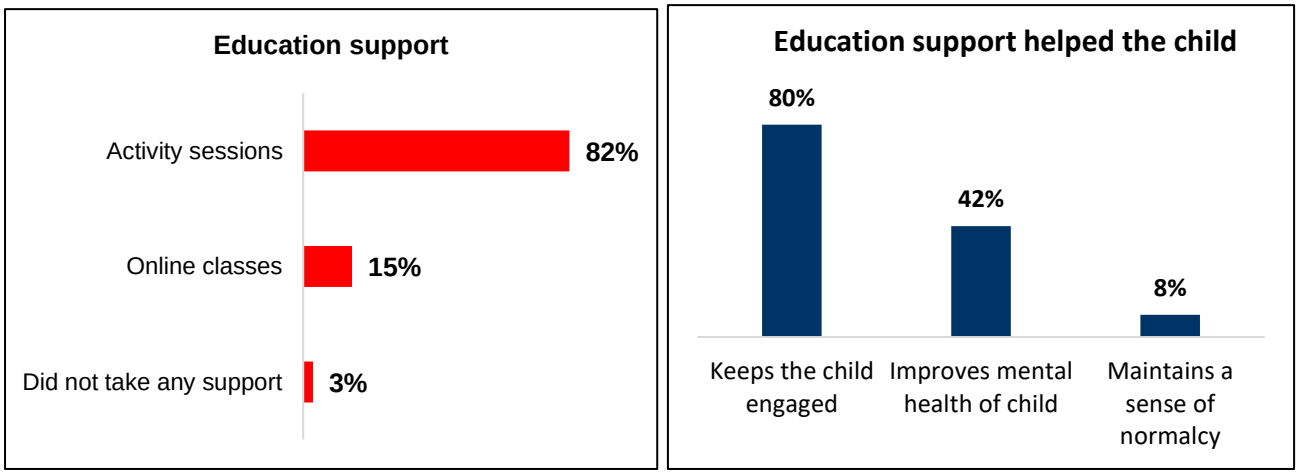


Figure 15 Details of Educational Support

Feedback and Improvements

Accommodation feedback was overwhelmingly positive - **86% were extremely happy** with the accommodation. 95% saw no need for changes, though a few recommended repairs, bed additions, repainting, and water dispenser replacements. This highlights the importance of routine maintenance and periodic upgrades to maintain satisfaction.

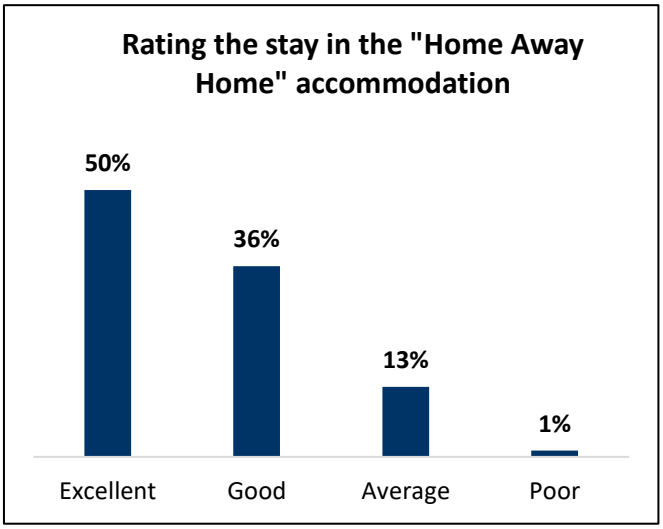


Figure 16 Rating the stay in the "Home Away Home" accommodation

Summary of the key findings

Accommodation Support

1. **99%** of respondents confirmed HAH offers child friendly, affordable stays

Knowledge and information support

2. **85%** of respondents gained a better understanding of childhood cancer

Counselling Support

3. **86%** found counselling effective in reducing loneliness, stress and emotional distress

Financial support

4. 100% experienced reduced financial burden, **25% saved more than ₹1 lakh**

Nutrition and Diet Support

5. **87%** gained knowledge about child's food requirements, **20%** about micronutrients and supplements

Educational Support

6. **82%** stated that children participated in activity sessions, **15%** reported attending online classes

"Hearing survivor stories gave us hope"

99% of families said that these stories inspired courage and belief that recovery is possible.

"We felt truly supported"

95% of families expressed deep satisfaction with the intervention, praising its care and impact.

Figure 17 Key findings summary

SWOT analysis of the program

SWOT analysis is a strategic planning technique used to identify and evaluate the Strengths, Weaknesses, Opportunities, and Threats of an initiative. It is a framework that helps to assess the internal and external factors that can impact the impact and sustainability of a program. It helps in identifying potential risks and develop effective strategies for making informed decisions to enhance the impact and sustainability of the program. It also supports in streamlining the monitoring and evaluation process and improve accountability.

Figure 18 SWOT Analysis

Program through the lens of stakeholders

KII with Medical Staff

The survey was conducted with four hospital staff members - Psych oncologist, Dietician, Patient Navigator, and Teacher - who have been associated with CanKids for less than a year. Their insights provide valuable feedback on the initiative's impact on patients, outcomes, and operational challenges.

Awareness of the "Home Away Home" Project: The respondents informed that they have a high level of awareness regarding the "Home Away Home" initiative supported by Kotak Mahindra Bank Limited. They mentioned that information about the project was primarily communicated verbally, and they had received official training or briefing regarding the initiative.

Impact on families of children undergoing treatment: The respondents shared that the project has significantly improved family comfort by providing essential accommodation and emotional support during medical treatments. Families have expressed above-average satisfaction with the support provided and have given positive feedback on the quality of services. The hospital staff noted that families particularly appreciated the initiative's role in reducing their stress and financial burden by offering accommodation close to the hospital.

Effectiveness of the accommodations provided: The hospital staff observed that the accommodations under the project are of good quality and located in close proximity to the hospital, ensuring easy access for families. They confirmed that the available amenities and space are sufficient to meet the needs of the families. Additionally, no major concerns regarding cleanliness or safety were reported by the families, indicating that the accommodations are well-maintained and effectively managed.

Staff's role and involvement in the project: The respondents informed that they were actively involved in coordinating and providing support to families as part of the initiative. They stated that their roles within the project were well integrated with their regular hospital duties and that they had a clear understanding of the responsibilities of different departments, including patient services and social workers. They further mentioned that there were no significant challenges in aligning the project with hospital operations, allowing for smooth execution of support services.

Accessibility of information for staff and families: The hospital staff stated that information about the project was easily accessible through verbal communication and internal coordination. They confirmed that families were provided with clear and easy-to-understand instructions regarding the support available to them. Additionally, they reported that no major barriers were encountered in disseminating information about the project, ensuring that both staff and families were well-informed.

Evaluation of project implementation: The respondents evaluated the implementation of the project as well-organized and effective, highlighting the smooth coordination between staff, logistics, and family support services. They emphasized that families have positively responded to the initiative, appreciating the accommodation and emotional assistance provided. While they acknowledged the overall success of the project, they suggested that regular reviews and engagement with stakeholders could further enhance its impact. They also noted that while families expressed satisfaction, there is room for improving long-term stay facilities to better support those requiring extended accommodations.

Suggestions for future improvements: In terms of improvements, the hospital staff recommended implementing structured communication mechanisms such as regular briefings or digital platforms to keep all stakeholders informed. They also suggested expanding the accommodation capacity to serve more families in need. Additionally, they highlighted the potential benefits of introducing counselling sessions, peer support groups, and recreational activities to provide holistic support to families. To ensure continuous improvement, they proposed establishing a formal feedback system to regularly assess family satisfaction and address any concerns.

KII with Caretaker of HAH

The caretaker of the "Home Away Home" facility, has been associated with CanKids for five years.

Overview of the facility: He provided insights into the overall implementation of the project, particularly regarding staff coordination and support for patient families. He reported that the condition of the rooms is good, with three rooms available, accommodating six beds in total. The rooms are clean and well-maintained, ensuring a hygienic environment for families. Basic amenities, including beds, bathrooms, and kitchen facilities, are available within the same premises, making it convenient for families to manage their daily needs. Additionally, the hospital is within walking distance, ensuring easy accessibility for children with special needs or serious health conditions.

Healthcare and support services: Regarding medical support, he highlighted the availability of routine health check-ups for children staying at the facility. Emergency medical assistance protocols are also in place, ensuring that children receive immediate medical attention in case of any urgent health concerns.

Nutrition and meals: He stated that the meals provided to children are nutritious, timely, and varied to meet their dietary requirements. The food quality adheres to health and nutrition standards, ensuring children receive a balanced diet.

Psychological and emotional well-being: He emphasized that the facility recognizes the importance of psychological and emotional well-being for children undergoing treatment. To support this, the program ensures the availability of counselors or therapists who provide emotional guidance and counseling to help children cope with their illness. Additionally, recreational and therapeutic activities are conducted to create a positive and engaging environment. The facility also offers support for children dealing with trauma and stress related to their illness, ensuring a holistic approach to their well-being.

Educational support: Education is an essential part of the support system at "Home Away Home." He highlighted that children have access to tutors and learning aids, ensuring continuity in their education despite ongoing treatment. Moreover, there is a strong focus on extracurricular learning and skill development, encouraging children to engage in creative and cognitive activities beyond traditional academics.

Caretaker training and effectiveness: He noted that caretakers receive adequate training to handle the diverse needs of children. Their training includes caregiving techniques, health and safety protocols, and emergency response measures. Special emphasis is placed on developing empathy and communication skills, ensuring that caretakers can effectively support both children and their families.

Community and family integration: Family involvement plays a critical role in a child's recovery. He shared that arrangements are made for regular interactions between children and their families, fostering emotional support. Additionally, the program runs initiatives to involve families in caregiving activities, helping parents stay engaged in their child’s well-being.

Safety and security: Safety and security are top priorities at the facility. He confirmed that the premises have well established fire safety and emergency protocols, with regular checks and training for staff and residents.

KII with Implementing partners

The pharmacist with 6 months of experience, plays a vital role in Cankids “Home Away Home” program. She provided insights into the key milestones achieved during the implementation of the "Home Away Home" (HAH) program.

Overview of the project: She highlighted that KidsCan has reached out to approximately 80,000 children, making a significant impact in paediatric cancer care. The program operates 17 HAH facilities, 10 of which are funded by Kotak Mahindra Bank Limited, ensuring safe accommodation and support for children undergoing treatment. Additionally, CanKids has successfully implemented the KidsCan Konnect (KCK) plan, a unique initiative aimed at boosting the morale and resilience of cancer patients and survivors, offering them emotional strength and support throughout their journey.

Beneficiary identification and selection: The selection of children for the program is conducted transparently and fairly, ensuring inclusivity across gender, socio-economic backgrounds, and disabilities. The primary selection criteria include the family's financial situation and the specific needs of the child. While no major challenges were encountered during the selection process, she pointed out a critical issue that families often do not report cases of girl children diagnosed with cancer. This highlights a significant awareness gap that needs to be addressed through targeted outreach and education initiatives.

Infrastructure and facilities provided: The infrastructure and amenities under the program are well-developed and highly appreciated by beneficiaries. The housing quality is adequate, and facilities such as education, healthcare, and recreational activities are easily accessible. Feedback from children and caregivers has been overwhelmingly positive, with many children expressing a preference to stay in the HAH facilities rather than elsewhere, indicating a strong sense of safety and comfort. When inquired about infrastructural gaps and management, no significant infrastructural gaps were reported. However, to ensure the continuous upkeep of facilities, regular maintenance is conducted, and any emerging issues are promptly addressed. The organization also allocates additional resources when required to enhance living conditions. Contingency plans are in place to handle unforeseen challenges, ensuring that the program operates smoothly and continues to meet the needs of the children and their families.

Impact on beneficiaries: The program significantly improved the quality of life for children undergoing cancer treatment. Beneficiaries experienced better physical and emotional well-being, thanks to safe accommodation, nutritious meals, medical support, and emotional counseling. Additionally, the initiative supported education and skill development, allowing children to continue their studies and engage in extracurricular activities. Over time, the program has also had long-term positive effects on children's behavior, social integration, and confidence levels.

Sustainability and scalability: Ensuring the long-term impact of the project is a priority. Post-project support mechanisms, such as linking families to other social programs, financial assistance initiatives, and continued educational support, are in place to help beneficiaries transition smoothly. Community involvement has been encouraged to enhance ownership and ensure sustainability. The initiative also has potential for scalability, with possibilities to expand services to more locations and integrate with other healthcare and child welfare programs. Strengthening partnerships with additional stakeholders could further enhance the program’s reach and effectiveness.

Feedback and monitoring: The overall implementation of the project was well-received by both families and staff, with strong coordination and logistical management. Families expressed above-average satisfaction with the support provided, particularly regarding accommodation quality, medical assistance, and emotional support. The feedback collected from beneficiaries and stakeholders was actively integrated into decision-making, allowing for timely adjustments and improved service delivery.

Alignment with OECD DAC Framework

The OECD DAC framework provides guidelines to determine the worth of an intervention on which evaluations are made. Under its ambit, the study will analyse the key components of the program.

Relevance

The initiative is highly relevant as it addresses the critical needs of families with children undergoing cancer treatment in India, providing affordable accommodation and support services that alleviate emotional and logistical burdens, aligning with the national initiatives and the healthcare needs.

Coherence

The initiative demonstrates coherence by aligning with national policies on childhood cancer care and health equity, such as Ayushman Bharat and the National Cancer Control Program, as well as international frameworks like the Sustainable Development Goals, ensuring a synergistic approach to addressing the non-medical challenges faced by families of children with cancer.

Efficiency

The "Home Away Home" Project demonstrates efficiency by leveraging collaborative funding, expertise, and resources to provide cost-effective accommodation and support to families of children with cancer, streamlining operations, and minimizing duplication of services through strategic partnerships with local hospitals and community networks.

Effectiveness and Impact

The "Home Away Home" Project has demonstrated effectiveness in achieving its intended outcomes, with notable successes including 83% of respondents reporting reduced anxiety, 80% stating that educational initiatives helped maintain a sense of normalcy for their child, and 100% affirming the usefulness of peer and social group support. These outcomes have contributed to improved emotional well-being, enhanced access to financial and accommodation support, and better treatment adherence, ultimately leading to a positive impact on the quality of life for over 80% of families and improving the overall survival outlooks for children with cancer.

Sustainability

The sustainability of the initiative is ensured through its strategic approach of fostering local capacity, reducing costs and long-term partnership that provides financial backing and operational expertise, with potential for scalability and integration with existing healthcare systems. There is a scope for partnership with government agencies for continued investment which can provide further stability and longevity to the project.

Alignment with SDGs

SUSTAINABLE DEVELOPMENT GOALS

The United Nations introduced the Sustainable Development Goals (SDGs) with the aim of fostering global peace, improving human welfare, and safeguarding the environment in 2015 and establish a universal roadmap for achieving social, economic, and environmental sustainability. This report provides an in-depth analysis of how this initiative aligns with the Sustainable Development Goals (SDGs).

Goal	Goal Remarks	Programmatic Alignment
Goal 1 **No Poverty**	End poverty in all its forms everywhere.	The program provides social protection to vulnerable families dealing with childhood cancer by offering free or low-cost housing and transportation support. This helps alleviate the financial burden of treatment, ensuring that families can access necessary care without falling into deeper poverty.
Goal 3 **Good Health and Well-Being**	Ensure healthy lives and promote well-being for all at all age	The initiative contributes to universal health coverage by providing affordable housing and transportation assistance to families seeking childhood cancer treatment. This ensures that financial constraints do not prevent families from accessing timely and effective healthcare, promoting equitable access to quality medical services.
Goal 10 **Reduced Inequalities**	Reduce inequality within and among countries	The initiative reduces inequality by promoting social and economic inclusion of marginalized families affected by childhood cancer. By providing free or subsidized accommodation and support services, the project ensures that all children, regardless of their financial or social status, have equal access to life-saving treatment and supportive services.
Goal 17 **Partnership for the Goals**	Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	The KMBL and CanKids KidsCan partnership demonstrates effective public-private and civil society partnerships. This partnership model is scalable, allowing for expansion and replication to make a wider impact on vulnerable populations.

Conclusion and way forward

The Home Away Home program has been a game-changer for children with cancer and their families, providing safe and affordable accommodation, meals, counselling, and education support. By addressing logistical and financial barriers, the program has improved treatment adherence, nutritional well-being, and mental health outcomes, making the cancer journey more manageable.

The program's success is evident in its ability to alleviate financial burdens, improve treatment outcomes, and maintain a sense of normalcy for children. However, there is still room for improvement, including enhancing infrastructure, outreach, and funding to amplify its impact. By addressing these gaps and implementing targeted improvements, CanKids can further strengthen its holistic support system, ultimately enhancing the quality of life for children with cancer and their families.

Based on the feedback and observations from beneficiaries and healthcare providers, the following recommendations can further enhance the effectiveness and reach of the Home Away Home (HAH) program:

Strengthening knowledge and information support by raising awareness of financial aid through campaigns and digital resources.

Enhancing emotional, counselling, and peer support by expanding survivor-led peer groups, counselling to improve emotional well-being

Strengthening financial support by increasing travel support, and financial literacy.

Improving nutrition and dietary assistance by providing affordable diet plans, nutritional supplements, and dietary counselling

Improving accommodation and other services by upgrading facilities, introducing peer activities, and conduct satisfaction surveys