



**Impact
Practice** 
by CSRBOX

Elimination of Cervical Cancer through HPV Vaccination Programme

for Essel Mining and Industries Limited (EMIL).



Project Title : Elimination of Cervical Cancer
through HPV Vaccination Programme

Donor : Essel Mining & Industries Limited
(A part of Aditya Birla Group)

Implementing Agency : CPAA (Cancer Patients Aid Association)

Assessment Period : Financial Year 2022 to 2023

Certificate

This is to certify that the Impact Assessment report titled: Elimination of Cervical Cancer through HPV Vaccination Programme is an original study conducted by CSRBOX and is submitted to Essel Mining & Industries Limited, a part of Aditya Birla Group.

The Impact Assessment Study has been conducted as per the requirements of the Companies Act, 2013 and the Companies (Corporate Social Responsibility Policy) Rules, 2014, as amended, and is compliant with the requirements of the law.

This study presents findings by CSRBOX, derived from reviewing secondary sources and conducting primary-level interactions. CSRBOX developed and implemented the impact assessment framework in alignment with the project's objectives and indicators.

Digital Signature

Bhomik Shah

Founder and CEO, CSRBOX

Disclaimer

- The Impact Assessment Study has been conducted according to the requirements laid out in the Companies Act, 2013 and the Companies (Corporate Social Responsibility Policy) Rules, 2014, as amended, ensuring compliance with the applicable legal requirements.
- This report shall be disclosed to those authorised in its entirety only without removing the disclaimers. CSRBOX has not performed an audit and does not express an opinion or any other form of assurance. Further, comments in our report are not intended, nor should they be interpreted as legal advice or opinion.
- This report contains an analysis by CSRBOX considering the publications available from secondary sources and inputs gathered through interactions with the leadership team of Essel Mining & Industries Ltd., Cancer Patients Aid Association (CPAA), project beneficiaries, and various knowledge partners. While the information obtained from the public domain has not been verified for authenticity, CSRBOX has taken due care to obtain information from sources generally considered to be reliable.
- In preparing this report, CSRBOX relied on data, material gathered through the internet, research reports, and discussions with personnel within CSRBOX as well as personnel in related industries.

With Specific to Impact Assessment of Elimination of Cervical Cancer through HPV Vaccination Programme under Essel Mining & Industries Ltd. (FY 2022-23):

- CSRBOX has neither conducted an audit or due diligence nor validated the financial statements and projections provided by Essel Mining & Industries Ltd.
- Wherever information was not available in the public domain, suitable assumptions were made to extrapolate values for the same.
- CSRBOX must emphasise that realising the advantages/enhancements resulting from the recommendations set out within this report (based on secondary sources) is dependent on the ongoing validity of the underlying assumptions. The assumptions will need to be reviewed and revised to reflect such changes in business trends, regulatory requirements, or the direction of the business as further clarity emerges. CSRBOX accepts no responsibility for the realisation of the projected benefits.
- The premise of an impact assessment is 'the objectives' of the project along with output and outcome indicators pre-set by the programme design and implementation team. CSRBOX's impact assessment framework was designed and executed in alignment with those objectives and indicators.

Table of Contents

Certificate.....	1
Disclaimer.....	2
List of Figures.....	5
List of Images.....	6
Abbreviations.....	7
Executive summary.....	8
Chapter 1: Programme Overview and CSR Initiatives of EMIL.....	12
1.1 Background and Context.....	13
1.2 EMIL's CSR Policy.....	13
1.3 Cervical Cancer in India.....	13
1.4 Programme Overview.....	13
1.5 Programme Activities.....	14
Chapter 2: Design and Approach for Impact Assessment.....	15
2.1 Objectives of the Study.....	16
2.2 Evaluation & Framework Indicators.....	16
2.3 Sampling.....	19
2.3.1 Quantitative Sampling.....	19
2.3.2 Qualitative Sampling.....	20
2.4 Challenges of the Study.....	20
2.5 Ethical practices for consideration.....	20
2.6 Theory of change.....	21
Chapter 3: Findings of Impact Assessment Study.....	22
3.1 Relevance.....	23
3.2 Coherence.....	26
3.2.1 Alignment with Schedule VII Activities.....	26
3.2.2 Alignment with Sustainable Development Goals (SDGs).....	26
3.2.3 Alignment with ESG Principles:.....	27
3.2.4 Alignment with National Policies:.....	28
3.3 Effectiveness.....	30

3.4 Efficiency.....	33
3.5 Impact.....	36
3.6 Sustainability.....	39
Chapter 4: Recommendations.....	41
Chapter 5: Impact stories.....	44

Table of Figures

Figure 1: Area-wise Distribution of Beneficiaries.....	23
Figure 2: Age-wise Distribution of Beneficiaries.....	24
Figure 3: Occupation of Beneficiaries.....	24
Figure 4: Income Distribution of Beneficiaries.....	24
Figure 5: Vaccination Awareness Prior to the programme.....	25
Figure 6: Source of Awareness for Beneficiaries.....	25
Figure 7: Access to awareness session for the beneficiaries.....	30
Figure 8: Knowledge regarding Cervical Cancer among the Beneficiaries.....	31
Figure 9: Prior Consent for Vaccination.....	31
Figure 10: Gap between doses.....	32
Figure 11: Distance reach to vaccination site.....	35
Figure 12: Person Accompanying for Vaccination.....	35
Figure 13: Discussions on vaccination.....	36
Figure 14: Beneficiaries recognising the significance of vaccination.....	37
Figure 15: Recommendation by Beneficiaries for HPV Vaccination.....	37
Figure 16: Beneficiaries Rating the Overall Experience of Vaccination.....	37
Figure 17: Post-vaccination observation received by the beneficiaries.....	39
Figure 18: Time duration for post-vaccine observation.....	39
Figure 19: Beneficiaries experiencing discomfort after the vaccination.....	39
Figure 20: Post-vaccine issues addressed by the staff.....	40

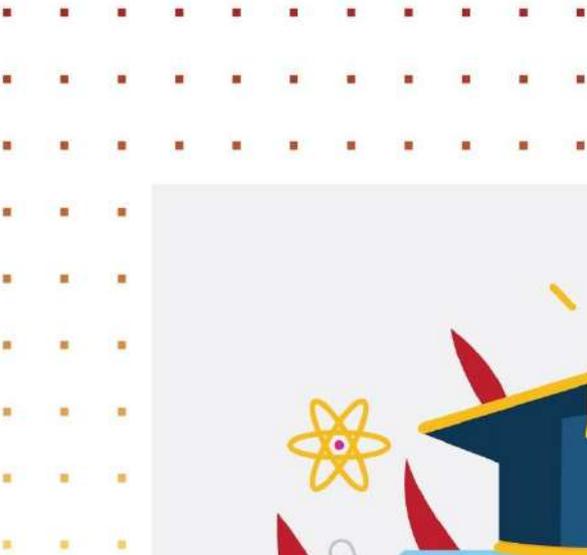
Table of Images

Image 1: Girl getting vaccinated.....	25
Image 2: Vaccination Team at the vaccination site.....	25
Image 3: Awareness Session at Buldhana.....	30
Image 4: Vaccination Camp at Kamothe.....	32
Image 5: Beneficiaries at Chandak Cancer Hospital.....	34
Image 6: Vaccination at New Bombay High School, Ghansoli.....	37
Image 7: Beneficiaries staying for post-observation at Satara.....	39
Image 8: Vaccination Team at New Bombay City School, Ghansoli.....	40
Image 9: Beneficiaries after vaccination in school at Jalgaon.....	40
Image 10: Girl getting vaccinated at Jalgaon.....	45
Image 11: Awareness Session in School at Kamothe.....	45
Image 12: Awareness Session at Buldhana.....	46
Image 13: Vaccination at Buldhana.....	46

Abbreviations

Sr. No.	Abbreviation	Full Form
1.	BRSR	Business Responsibility & Sustainability Reporting
2.	CPAA	Cancer Patients Aid Association
3.	CSR	Corporate Social Responsibility
4.	EMIL	Essel Mining & Industries Limited
5.	ESG	Environmental Social Governance
6.	FGD	Focused Group Discussion
7.	HPV	Human Papillomavirus
8.	IDI	In-depth Interviews
9.	IEC	Information, Education and Communication
10.	MLA	Member of Legislative Assembly
11.	NFA	Noble Ferro Alloys
12.	NHP	National Health Policy
13.	NGO	Non-Governmental Organisation
14.	NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
15.	OECD-DAC	Organisation for Economic Co-operation and Development Assistance Committee
16.	PAP	Papanicolaou
17.	PPP	Public-Private Partnership
18.	Q&A	Question & Answer
19.	RBSK	Rashtriya Bal Swasthya Karyakram
20.	RKSK	Rashtriya Kishor Swasthya Karyakram
21.	SDG	Sustainable Development Goals
22.	SEBI	Securities & Exchange Board of India
23.	WHO	World Health Organisation

Executive Summary:



Executive Summary

Background

Essel Mining & Industries Ltd. (EMIL) is a part of Aditya Birla Group actively engages with local communities to enhance societal well-being. As a responsible corporate organisation, EMIL undertakes a wide range of enriching activities and collaborates with community organisations to build a more equitable society. They provide resources to community stakeholders through awareness campaigns, capacity-building initiatives, tools, and infrastructural support.

Connecting with marginalised communities is central to EMIL's core values. They embrace the principle of trusteeship, prioritising the well-being of underserved populations over business interests. Their CSR activities are dedicated to improving the quality of life in rural communities and aim to positively impact their lives.



Project Details

EMIL's CSR team, in collaboration with the Cancer Patients Aid Association (CPAA), implemented the "Elimination of Cervical Cancer through the HPV Vaccination Programme" in **Navi Mumbai, Jalgaon, Buldhana and Satara districts of Maharashtra**. The initiative aimed at preventing cervical cancer by providing HPV vaccinations to **female beneficiaries aged 9 to 45 years**. The programme targeted economically disadvantaged women and schoolgirls by setting up vaccination camps in schools, municipal corporations, and hospitals, ensuring access to vaccines that might have otherwise been difficult to obtain.

Project Activities

Identification of Female Beneficiaries eligible for vaccination with the help of coordinators, local NGOs and schools

Collection of relevant clinical and demographic data by medical officers

Conducting awareness session related to Cervical cancer prevention and importance of vaccination

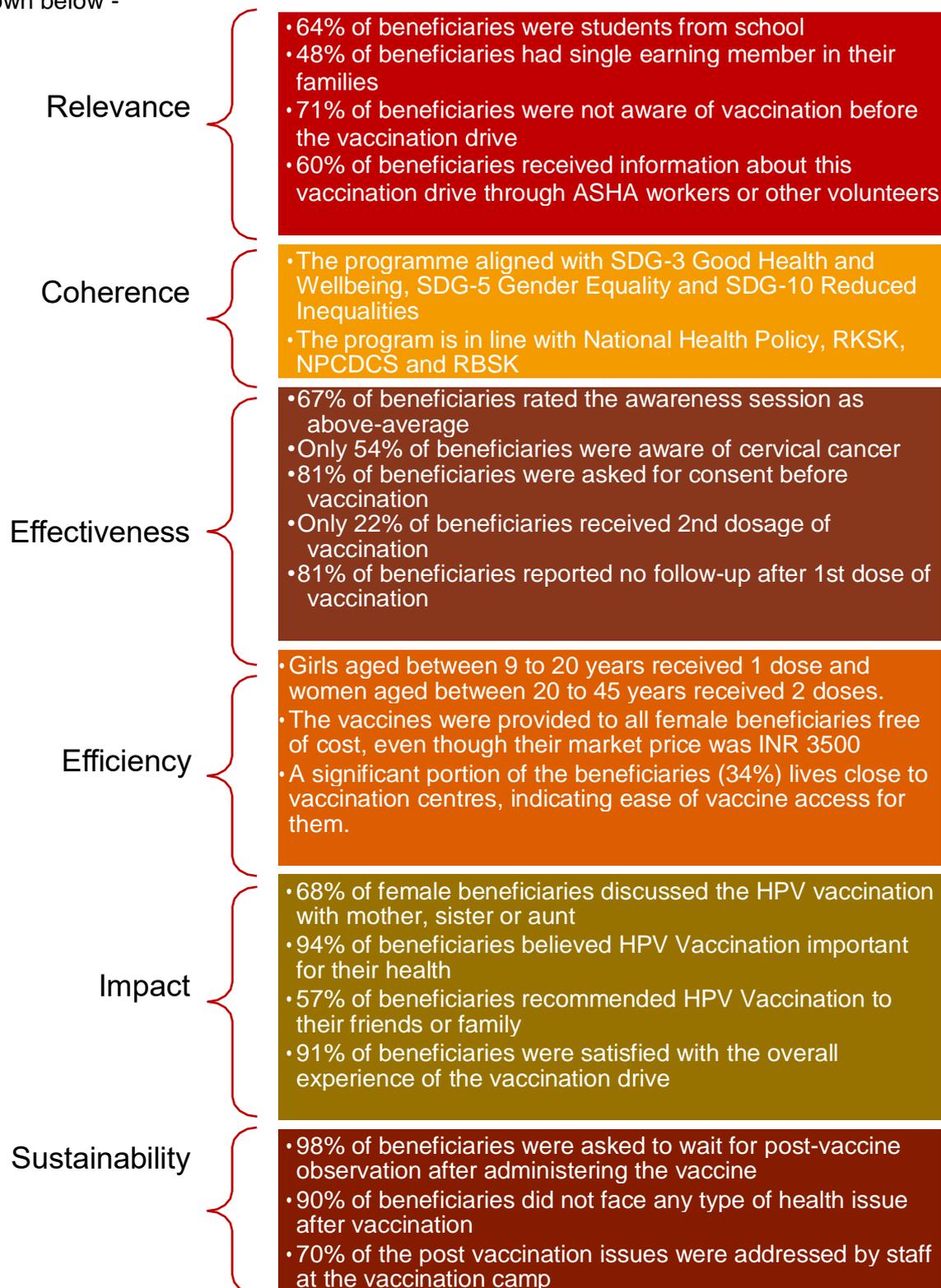
Administering HPV Vaccination to 4000 female beneficiaries

Post Vaccination observation for 30 minutes

Impact Highlights

During the impact assessment, the study team developed an evaluation matrix based on appropriate parameters. The impact of this project was evaluated based on OECD DAC Framework components: **Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability.**

The template shown below is to be followed with project-specific content. As the sample is shown below -



Alignment with SDG Goals

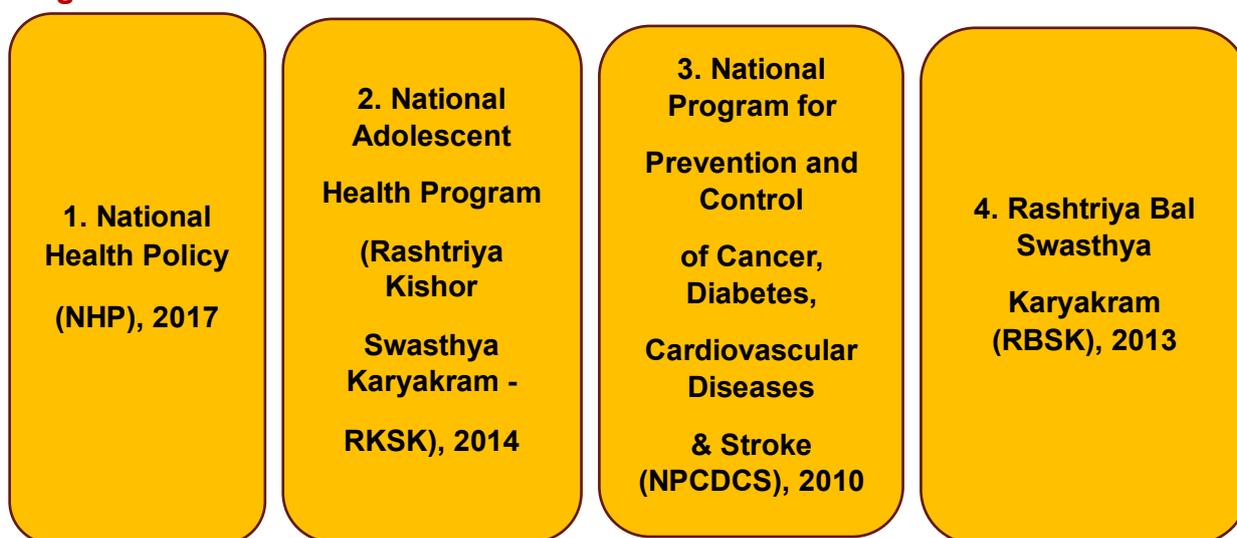


Alignment with BRSR Principles

PRINCIPLE 2. Businesses should provide goods and services in a manner that is sustainable and safe

PRINCIPLE 4. Businesses should respect the interests of and be responsive to all its stakeholders

Alignment with National Policies

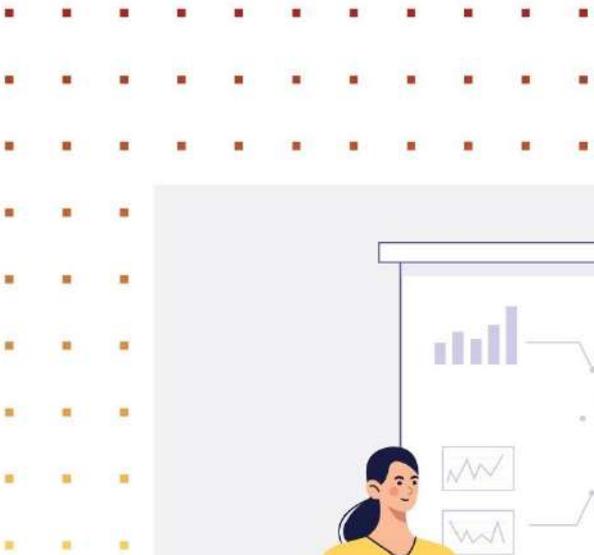


Alignment with CSR Policy

Schedule VII: Eradicating hunger, poverty and malnutrition, (Promoting healthcare including preventive Health) and sanitation (Including contribution to the Swachh Bharat Kosh set up by the Central Government for the promotion of sanitation) and making available safe drinking water.

Chapter 1

Project Overview and CSR Initiatives of EMIL



1.1 Background and Context

Essel Mining and Industries Ltd. (EMIL), has been a prominent presence in the mining sector for over 75 years. EMIL through its sustainable practices is committed to the conservation of mineral resources, protection of the environment, development and enhancement of health, safety, and well-being of its people, creating value for its stakeholders and contributing to the society at large¹.

1.2 EMIL's CSR Policy

Essel Mining and Industries Ltd. (EMIL) is deeply committed to making a positive impact on the communities where it operates through its corporate social responsibility (CSR) initiatives. The company's CSR policy aligns with the United Nations Sustainable Development Goals (SDGs) and focuses on four key areas: Education, Healthcare, Sports, Women Empowerment, and Sustainable Livelihood. EMIL aims to contribute actively to the social and economic development of these communities, fostering a better and more sustainable way of life, particularly for marginalised sections of society. The overarching goal is to enhance the human development index of the country, addressing both immediate needs and long-term growth through targeted interventions that support inclusive development.²



1.3 Cervical Cancer in India

Cervical cancer is a significant health concern in India, ranking as the second most common cancer among women, with approximately 128,000 new cases and 80,000 related deaths each year.³ To combat this growing epidemic, the **World Health Organisation (WHO)** recommends vaccination for girls aged 9–14 years as the primary target population. Additionally, young women over the age of 15 are considered a secondary target for catch-up vaccination, provided it is affordable and feasible.⁴

1.4 Programme Overview

EMIL's CSR team in collaboration with the Cancer Patients Aid Association (CPAA) has implemented "The Elimination of Cervical Cancer through the HPV Vaccination Programme" in **Navi Mumbai, Jalgaon, Buldhana and Satara districts of Maharashtra**. The vaccination drive was conducted in **schools, municipal corporations and hospitals** where female beneficiaries were given doses of HPV vaccination for primary prevention of Cervical Cancer.

Their scope of work includes the following:

¹ <https://www.esselmining.com/docs/EMIL-Sustainability-Report-FY2024.pdf>

² <https://www.adityabirlacapital.com/sustainability/csr>

³ [The Global Cancer Observatory. India fact sheets. The Global Cancer Observatory; 2022.](#)

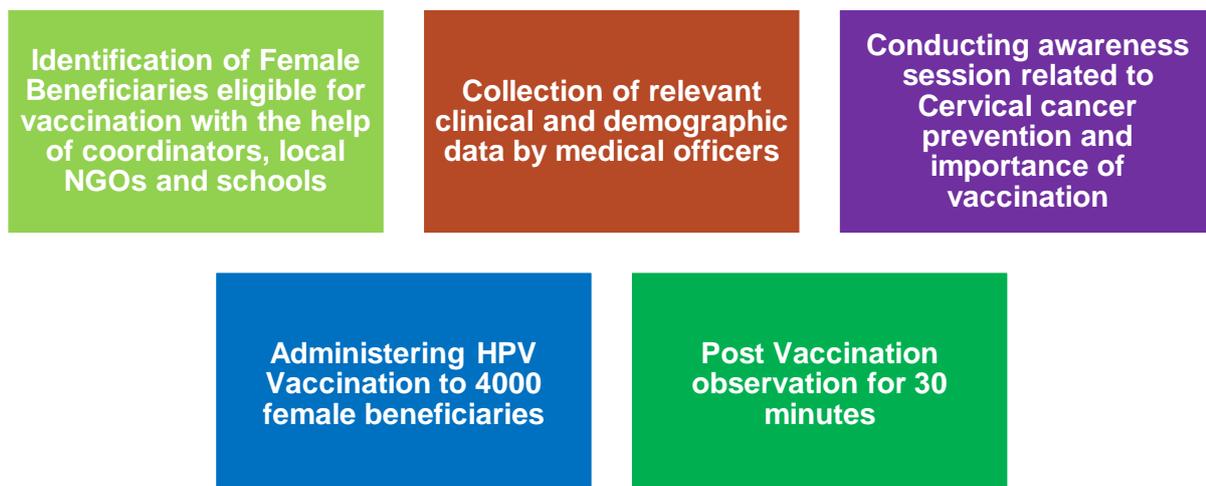
⁴ [World Health Organization. Human papillomavirus vaccines: WHO position paper \(2022 update\). Wkly Epidemiol Rec. 2022;50\(97\):645–72.](#)

Awareness Session	Facilitating an informative session to raise awareness about the importance of the HPV vaccine prior to the vaccination drive in the targeted community.
Health Camps	Coordinating health camps at various locations, including hospitals, municipal corporations, schools and other community centres, to reach a wide demographic of potential beneficiaries.
HPV Vaccine Delivery	Administering the HPV vaccine at designated locations, ensuring proper informed consent is obtained from all female beneficiaries before the vaccine is delivered.
Post-Vaccine Observation	Monitoring and observing the female beneficiaries for any adverse reactions or side effects after receiving the vaccine, ensuring their safety and well-being.

1.5 Programme Activities

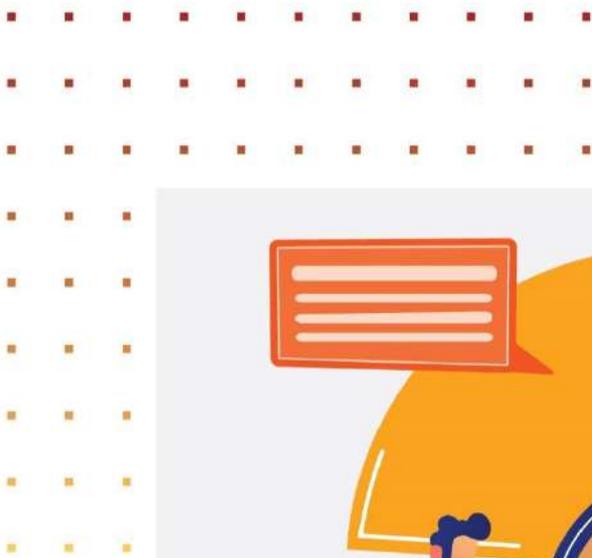
This programme addressed the issue of Cervical Cancer among **female beneficiaries** between the **age group of 9 to 45 years** in Maharashtra. The programme helps economically disadvantaged schoolgirls and women, access vaccine doses that might have been challenging to obtain otherwise. The major activities covered under the projects are:

The activities under the work scope of the implementation partner encompass:



Chapter 2

Design and Approach for Impact Assessment



2.1 Objectives of the Study

The EMIL—CSR team forged a strategic partnership with the Cancer Patients Aid Association (CPAA) to facilitate the implementation of the “The Elimination of Cervical Cancer through the HPV Vaccination Programme” initiative across Maharashtra. Recognising the importance of evaluating the impact of their investment, the EMIL—CSR team has commissioned an in-depth impact assessment study.

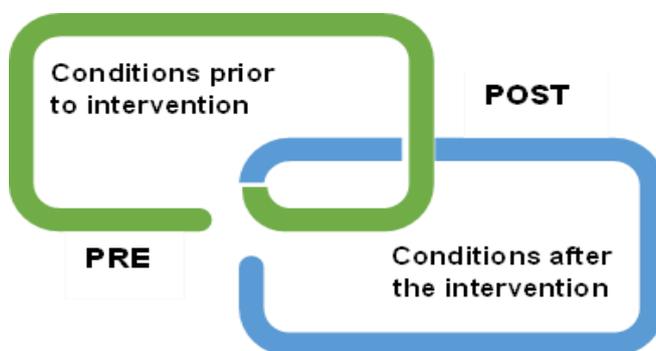
The objectives of the impact assessment study are as follows:



2.2 Evaluation & Framework Indicators

Evaluation Approach:

The study's objectives and primary areas of investigation directed the development of the evaluation, with a central focus on learning. In this segment, CSRBOX outlines its strategy for crafting and implementing a rigorous, adaptable, and outcome-driven evaluation framework/design.



To measure the impact of the project, a pre-post-project evaluation approach was adopted for the study. This approach relied on the respondents' recollection ability. With this approach, beneficiaries were queried about their conditions before and after the project intervention. The disparity aided in comprehending the project's contribution to enhancing the intended beneficiary condition.

This approach, at best, could comment on the contribution of the project to improving living standards, though it might not be able to attribute the entire change to the project. Other external factors might also have played a role in bringing positive changes along with the project. Hence, contribution was assessed, but attribution might not have been entirely assigned to the project.

Framework:

Given the study's objectives to determine the project's effectiveness, efficiency, impact created and sustainability, the evaluation has used the OECD-DAC Framework. Using the criteria of the OECD-DAC framework, the evaluation has assessed EMIL's contribution to the results while keeping in mind the multiplicity of factors that may be affecting the overall outcome. The social impact assessment hinges on the following pillars:

Relevance

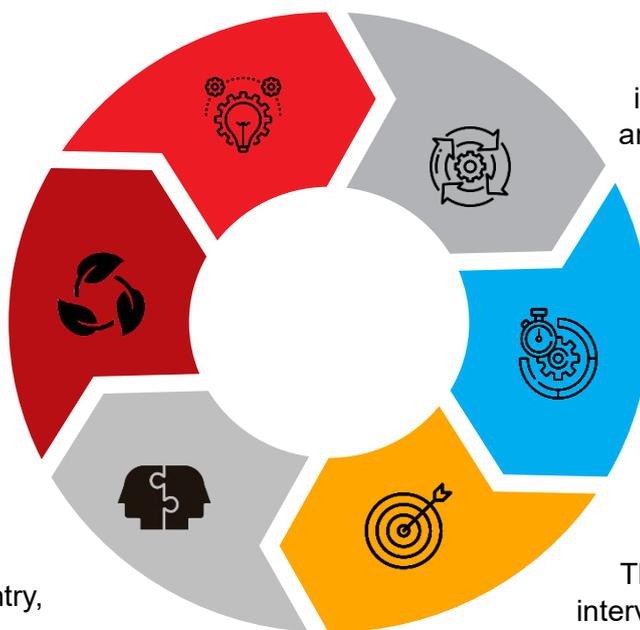
The extent to which intervention objectives and design respond to beneficiary needs

Sustainability

The extent to which net benefits of the intervention are likely to continue

Coherence

Compatibility of the intervention with other interventions in a country, sector or institution



Effectiveness

Extent to which intervention objectives and design responds to beneficiary needs

Efficiency

The extent to which intervention has generated significant positive or negative, intended or unintended, higher-

Impact

The extent to which the intervention was delivered, and how well resources were

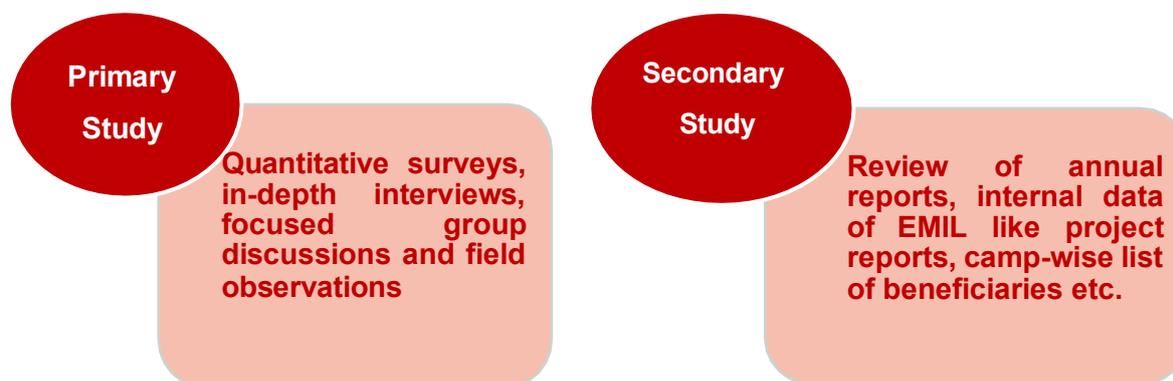
The impact assessment has aligned itself with the impact parameters as per the criteria mentioned in the Terms of Reference. The following parameters are prioritised to satisfy the criteria of the Impact Assessment – **Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability.**

Framework Pillars	Indicators	Data Sources
Relevance	<ul style="list-style-type: none"> • Prevalence of HPV and Cervical Cancer • Demographic profile of the beneficiaries • Socio-economic status of the beneficiaries • Eligibility criteria for vaccination • Awareness among the beneficiaries related to HPV vaccination • Source of awareness among the beneficiaries • Assessment of the need for the programme • Community's perceptions about HPV and cervical cancer 	Quantitative Survey Focused Group Discussion and In-Depth Interviews
Coherence	<ul style="list-style-type: none"> • Alignment of the programme with Schedule VII Activities • Alignment of the programme with SDG goals • Alignment of the programme with ESG principles • Alignment of the programme with National Policies 	

Framework Pillars	Indicators	Data Sources
Effectiveness	<ul style="list-style-type: none"> • Percentage of beneficiaries attending the awareness session • Percentage of beneficiaries taken consent before vaccination • Percentage of beneficiaries who knew about cervical cancer • Time difference between doses of vaccination 	
Efficiency	<ul style="list-style-type: none"> • Communication and coordination among the stakeholders • Logistical support and accessibility • Consent of the beneficiaries before the provision of awareness session and vaccination • The average cost of one single dose of HPV vaccination 	
Impact	<ul style="list-style-type: none"> • Number of beneficiaries having discussion on vaccination post-vaccination • Number of beneficiaries recognising importance of vaccination • Number of beneficiaries recommending HPV Vaccination • Issues related to supply and storage of vaccine • Ratings related to overall experience of the beneficiaries 	
Sustainability	<ul style="list-style-type: none"> • Time duration for post-vaccination observation • Number of beneficiaries receiving post-vaccine observation • Number of beneficiaries experiencing discomfort after the vaccination • Number of beneficiaries received addressal of the issues • Extent of sustainability of the programmes due to the convergence and ownership of the community and the external stakeholders • Long-term plans for maintaining vaccination coverage 	

2.3 Sampling

A two-pronged approach to data collection and review was been chosen for the assessment. The secondary data was obtained through a literature review, while the primary data was collected from qualitative and quantitative data collection methods. This methodology enabled us to gather valuable insights related to the impact from a holistic, 360-degree perspective that includes all pertinent stakeholders necessary for the study.



The figure above illustrates the study approach used in data collection and review. The secondary study includes a review of annual reports, internal data, monitoring reports, government data & reports, and other studies and research by renowned organisations available in the public domain to draw insights into the situation of the area. The primary study comprised qualitative and quantitative approaches to data collection and analysis. The qualitative aspects included In-depth Interviews (IDIs), Focused Group Discussions (FGDs), and observation from the study area.

2.3.1 Quantitative Sampling

The sampling has been carried out on the beneficiary level. The sample was calculated in a statistically significant way. Any impact reflected by the sample can then be safely assumed to be a reflection of the entire population. The table below shows the sampling strategy where a Confidence Level of 95% and a 10% Margin of Error is considered for the project.

Sl. No.	Locations	Stakeholders	Universe	Sample Proposed	Sample Achieved	Mode of Data Collection
1	Navi Mumbai (Ghansoli)	Female beneficiaries aged between 9 to 45 years	510	12	10	On Field Survey
2	Navi Mumbai (Kamothe)		1433	34	5	Virtual Survey
2	Buldhana		1165	27	35	
3	Jalgaon		892	21	25	
4	Satara					
	Total		4000	94	100	

2.3.2 Qualitative Sampling

Apart from the quantitative data collection methods, qualitative data was also collected. The list of the secondary stakeholders has been mentioned below.

Sl. No.	Stakeholders	Type of Interaction	Mode of data collection	No. of Interactions
1	Caregivers	IDI	On Field	2
2	School Staff	FGD	On Field	1
3	Coordinators	IDI	Virtual	1
4	Local Healthcare Provider	IDI	Virtual	2
5	CPAA Team Member	IDI	On Field	1
6	EMIL CSR Team	IDI	Virtual	1
	Total			8

*Caregivers of beneficiaries who are below 18 years of age were interviewed

*Virtual interviews were conducted for stakeholders from Kamothe, Jalgaon, Buldhana and Satara

2.4 Challenges encountered while conducting the study

- **Discrepancy in Stakeholders Availability** – Some coordinators who are no longer associated with the project due to a change in political party were unavailable at the field site. As a result, virtual interviews were conducted in this case.
- **Recall Bias** - The data collection tools were designed to capture beneficiaries' perceptions, relying on their ability to recall past events. However, since the project concluded in 2023, many beneficiaries encountered difficulties in recalling key details of the intervention, impacting the accuracy of the data.

2.5 Ethical Practices for Consideration

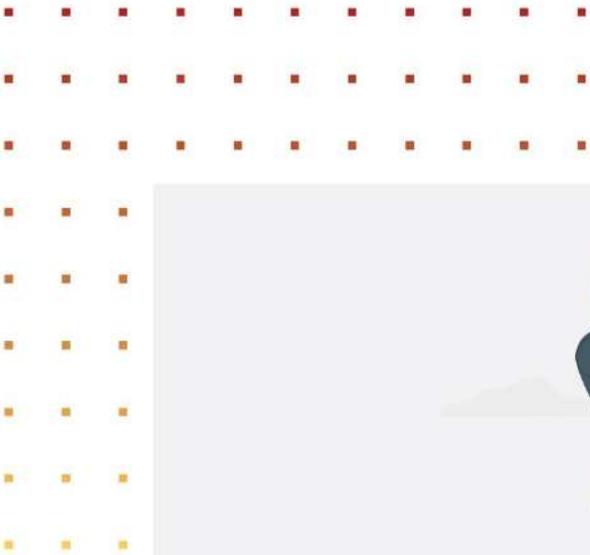
- **Ethical Considerations in Data Collection:** As part of the qualitative and quantitative data collection process for the current project, team members adhered to essential ethical protocols by obtaining informed consent from respondents before gathering their responses. Respondents were informed about the purpose of the study, the expected outcomes of data collection, and how their testimonials would be recorded accurately.
- **Sensitivity in Handling Personal Information:** Given that the data collection tools involved gathering personal information that could potentially affect respondents' sentiments if not handled with care, the team took proactive measures to prevent any such issues. A sensitisation session was conducted for all enumerators and team members involved, guiding them on the appropriate procedures for data collection.
- **Assurance of Confidentiality:** Respondents were assured that their personal information would remain confidential and that the data collected would be used strictly for research purposes.

2.6 Theory of Change

Sr. No.	Activities	Outputs	Outcomes	Impact
1	Identification of female beneficiaries	2 Schools onboarded	Enhanced collaboration among educational, healthcare, and community sectors for efficient vaccination delivery.	<ul style="list-style-type: none"> Increased awareness and demand for HPV vaccination led to a reduction in cervical cancer cases over time. Reduced incidence of cervical cancer among vaccinated populations.
		2 Hospitals onboarded		
		1 Municipal Corporation onboarded		
		Partnership with local NGOs		
		4000 female beneficiaries were identified as eligible for vaccination		
2	Cancer Awareness sessions	Number of beneficiaries aware about HPV Vaccination before the programme	Active participation and engagement of beneficiaries	<ul style="list-style-type: none"> Improved health outcomes and confidence in the HPV vaccination programme, encouraging sustained participation.
		4000 female beneficiaries attended the awareness session		
		4000 female beneficiaries had knowledge about cervical cancer and the benefits of HPV Vaccination		
3	Vaccination	4000 female beneficiaries administered the first dosage of the HPV Vaccine	Improved vaccination coverage and protection against cervical cancer.	
		508 female beneficiaries administered the second dosage of the HPV Vaccine		
4	Post Vaccination follow-up	4000 female beneficiaries were provided with post-vaccination follow-up	Early identification and management of side effects.	
		Number of beneficiaries experiencing post-vaccination discomfort		

Chapter 3

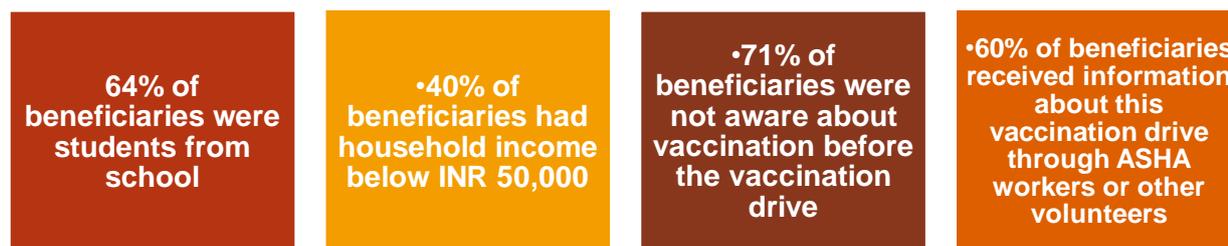
Findings of the Impact Assessment Study



The following report section indicates key findings and insights drawn from the impact assessment study based on field interactions and the **OECD DAC** standard parameters outlined in the study framework. Insights were drawn by adopting a 360-degree approach to data collection by gathering data from the quantitative and qualitative methods by engaging with different programme stakeholders.

3.1 Relevance

The following section the relevance and necessity of the intervention, detailing socio-demographic indicators and other factors that highlight the need for support: The examination of these factors helps in understanding the impact of the project.



"I think HPV Vaccination is important, as today's food production is not that much original and nutritious for the health of the children, different types of diseases have come into existence, vaccination will help these girls to develop immunity and keep them healthy"

-Rekha Suvarna
37 years, Parent

3.1.1 Area-wise Distribution of Beneficiaries

The data shows the distribution of beneficiaries for this programme across different districts. It indicates that the majority of the participants were from **Buldhana and Jalgaon** as depicted in Figure 1, which suggests that these areas had a higher concentration of women and schoolgirls who benefited from this programme. Navi Mumbai and Satara, though receiving fewer doses compared to the other districts, were still important in reaching a broad demographic. This distribution reflects the programme's wide reach, ensuring that women from various parts of Maharashtra, were given access to the HPV vaccine. **By targeting multiple districts, the programme helped to maximise its impact, especially in areas where access to such health services might have otherwise been limited.**

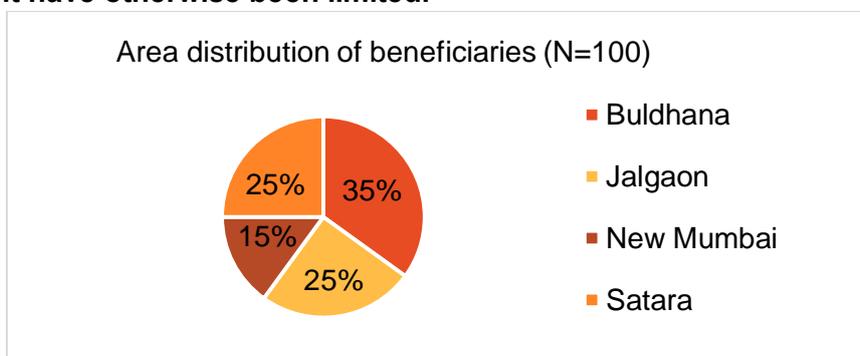


Figure 1: Area-wise Distribution of Beneficiaries

3.1.2 Demographic Profile of the Beneficiaries

The data shows a diverse distribution of beneficiaries in terms of age and occupation. A significant proportion (39%) of the beneficiaries as depicted in Figure 2 were between 15-20 years, which aligns with the WHO recommendation for a one or two-dose of HPV vaccination schedule for this age group. **Occupation-wise, the majority of beneficiaries were students (64%),** highlighting that the programme is reaching younger individuals who are in educational settings, protecting them from Cervical Cancer through vaccination. However, **a smaller proportion (25%) of beneficiaries are homemakers or not working, suggesting the programme also reaches those who might have limited access to healthcare due to their domestic roles.**

Hence, the programme is relevant and impactful addressing both younger and diverse occupational groups, and **ensuring equitable access to vaccination across age, occupation, and socioeconomic status.**

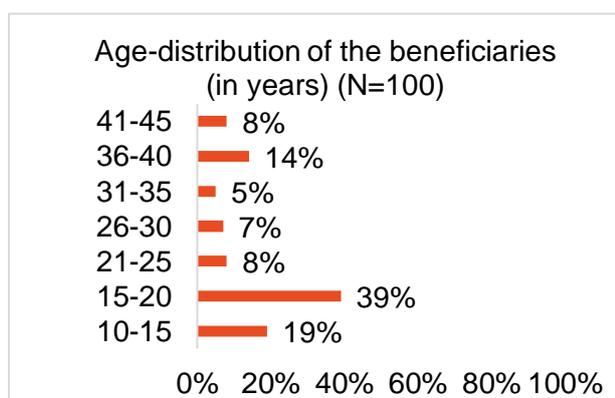


Figure 1: Age-wise Distribution of Beneficiaries

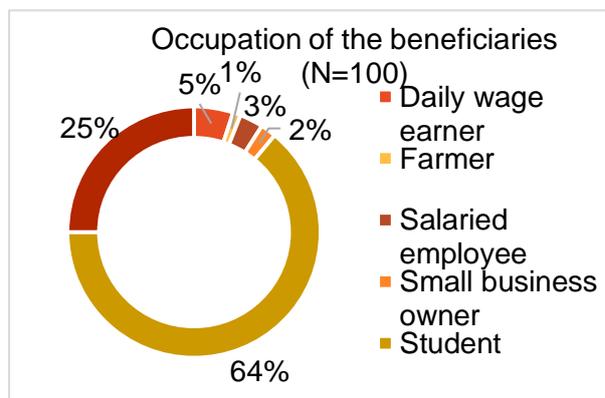


Figure 3: Occupation of Beneficiaries

3.1.3 Socio-economic Status of the Beneficiaries

The data suggests that the majority of beneficiaries (48%) belonged to families having more than 4 family members, however, the same proportion of beneficiaries had only one earning member in their families. This represents the financial constraints faced by the families. The income data as depicted in Figure 4 highlights the low economic background of the beneficiaries as the **majority of them belong to households with annual income levels of less than INR 50,000.** Hence, the programme helps to alleviate the barriers these families might face in accessing preventive health services like vaccination, contributing to the overall health and well-being of the beneficiaries.

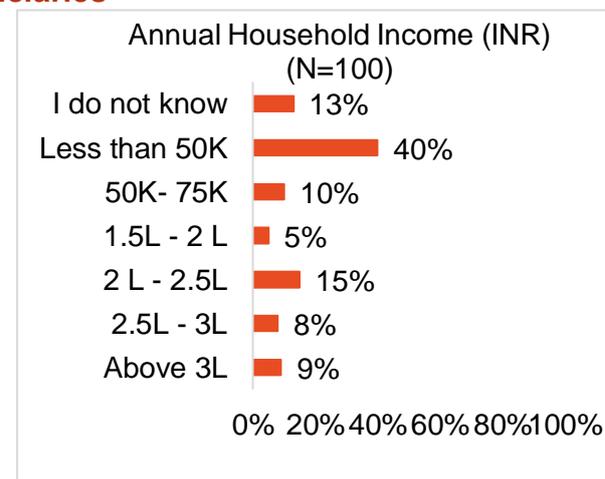


Figure 4: Income Distribution of Beneficiaries

3.1.4 Culture and Information Barriers

In India, HPV vaccination uptake is hindered by high costs, cultural stigma, and a lack of awareness. Cultural barriers and misinformation about the vaccine's safety and effectiveness

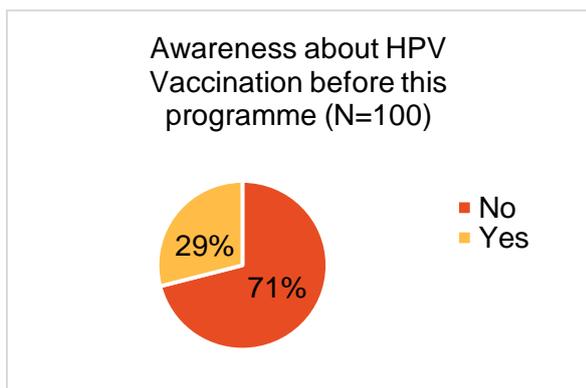


Figure 5: Vaccination Awareness prior to the programme

contribute to low vaccination rates.⁵The data highlights that the **majority of beneficiaries (71%) were not aware of HPV vaccination prior to the vaccination drive** as indicated in Figure 5. Figure 6 indicates that among those who became aware of HPV and its link to cervical cancer, **60% received this crucial information from the ASHA worker or other volunteers**, who also informed them about the vaccination programme.

This demonstrates the HPV vaccination drive's relevance by addressing a significant knowledge gap and providing essential preventive measures against cervical cancer. This programme tackles

these issues through comprehensive education and awareness programmes aimed at both girls and women, provided by CPAA. By normalising conversations about HPV and cervical cancer, the programme seeks to increase vaccine acceptance and counteract existing stigmas. The project aligns with the need to boost HPV vaccination rates and prevent cervical cancer, especially among marginalised populations, by providing free vaccines and overcoming socio-economic barriers. By addressing critical knowledge gaps, providing free vaccines, and overcoming socio-economic barriers, the project significantly enhances its relevance and impact.

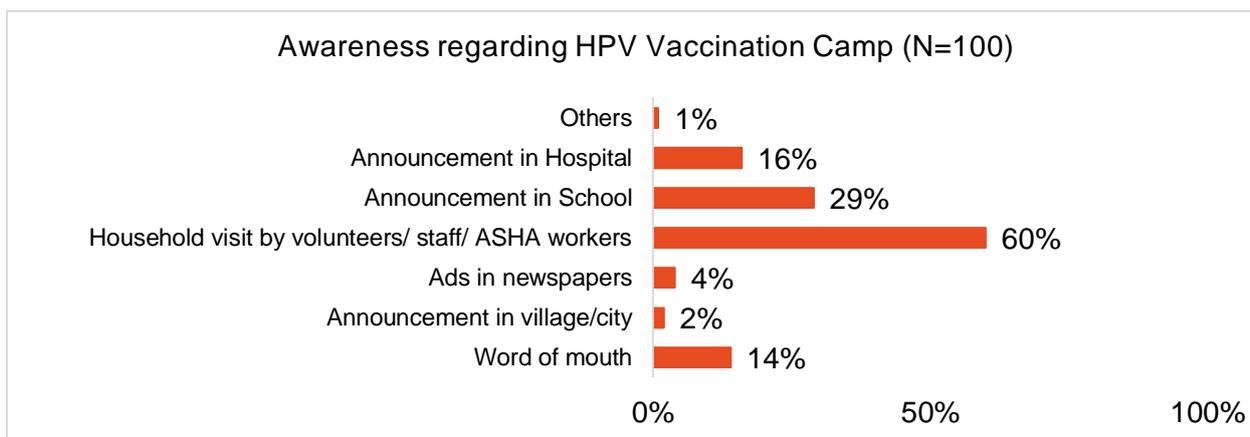


Figure 6: Source of Awareness for Beneficiaries



Image 1: Girl getting vaccinated



Image 2: Vaccination Team at the vaccination site

⁵<https://www.gavi.org/vaccineswork/india-resolves-reduce-cervical-cancer-vaccinating-girls#:~:text=In%20India%2C%20two%20 HPV%20vaccines,for%20at%20least%2010%20years.>

3.2 Coherence

The Coherence section of the report checks the alignment of the programme with other interventions in the country, i.e., with similar programmes which were being run by other institutions.

The programme is in alignment with **SDG-3 Good Health and Well being, SDG-5 Gender Equality and SDG-10 Reduced Inequalities**

The programme is in alignment with **NHP, RKSK, NPCDCS, RBSK**

The programme also aligns with **Principle 8 of BRSR shared by SEBI**

3.2.1 Alignment with Schedule VII Activities

The Schedule VII (Section 135) of the Companies Act, 2013 specifies the list of the activities that can be included by the company in its CSR policy. The table below shows the alignments of the intervention with the approved activities by the Ministry of Corporate Affairs.

Sub-Section	Activities as per Schedule VII	Alignment
(i)	Eradicating hunger, poverty and malnutrition, (Promoting healthcare including Preventive Health)	Complete Alignment This programme focused on addressing Cervical Cancer, by providing economically disadvantaged schoolgirls and women access to vaccine doses which they might have otherwise struggled to obtain.

3.2.2 Alignment with Sustainable Development Goals

The United Nations adopted the Sustainable Development Goals (SDGs), also known as the Global Goals, in 2016 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity.

SDG Goal	SDG Target	Alignment
 <p>3 GOOD HEALTH AND WELL-BEING</p>	<p>Goal 3: Ensure healthy lives and promote well-being for all at all ages</p> <p>Target 3.7 By 2030, ensure universal access to sexual and reproductive healthcare services, including family planning, information, education and the</p>	Complete Alignment HPV Vaccination Drive provided preventive vaccinations to female beneficiaries from government schools, municipal corporations and hospitals, promoting sexual and reproductive healthcare and preventing cervical cancer. This aligns with efforts to ensure access

	<p>integration of reproductive health into national strategies and programmes.</p> <p>Target 3.b</p> <p>Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries and provide access to affordable essential medicines and vaccines.</p>	<p>to reproductive health services and affordable vaccines, particularly benefiting female beneficiaries from underprivileged communities.</p>
	<p>Goal 5: Gender Equality</p> <p>Achieve gender equality and empower all women and girls</p> <p>Target 5.6</p> <p>Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.</p>	<p>Complete Alignment</p> <p>HPV Vaccination Drive prioritised female beneficiary's health by providing access to vaccinations, which empowered them to take control of their reproductive health, reducing the risk of cervical cancer and promoting gender equality in healthcare access.</p>
	<p>Goal 10: Reduced Inequality</p> <p>Reduce inequality within and among countries</p> <p>Target 10.3</p> <p>Ensure equal opportunity and reduce inequalities of outcome, including eliminating discriminatory laws, policies, and practices and promoting appropriate legislation, policies, and action in this regard.</p>	<p>Partial Alignment</p> <p>HPV Vaccination Drive ensured equitable access to essential health services for female beneficiaries, particularly those from marginalised communities, thereby reducing health inequalities and improving outcomes for vulnerable populations.</p>

3.2.3 Alignment with ESG Principles

The programme's intervention also aligns with the ESG and Sustainability principles. Particularly, concerning the Business Responsibility & Sustainability Report (BRSR) shared by the Securities & Exchange Board of India (SEBI), the programme aligns with the principle mentioned below:

<p>Principle 8</p> <p>Businesses should promote inclusive growth and equitable development.</p>
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3.2.4 Alignment with National Policies

The HPV vaccination programme aligns with certain National priorities such as policies, guidelines, or schemes. The HPV Vaccination Drive programme is aligned with the objectives of the following National Priorities:

National Policy/Scheme/Mission	Objectives & Strategies	Alignment
1. National Health Policy (NHP), 2017	The National Health Policy (NHP) prioritises preventive and promotive healthcare in all development initiatives, focusing on achieving universal health coverage without financial hardship. It aims to enhance accessibility, improve service quality, and reduce healthcare costs ⁶ .	<p>Complete Alignment</p> <p>The HPV Vaccination Drive aligns with the NHP by focusing on the preventive healthcare aspect through the administration of HPV vaccines to female beneficiaries, preventing the onset of cervical cancer. This initiative promotes health equity by making essential healthcare services accessible to female beneficiaries.</p>
2. National Adolescent Health Programme (Rashtriya Kishor Swasthya Karyakram - RKSK), 2014	The Rashtriya Kishor Swasthya Karyakram (RKSK) focuses on adolescent health, aiming to address their health needs through a preventive, promotive, and curative approach. The programme highlights sexual and reproductive health as one of its six strategic priorities, aiming to reduce the burden of sexually transmitted infections (STIs) and promote adolescent health awareness ⁷ .	<p>Partial Alignment</p> <p>The HPV Vaccination Drive is closely aligned with RKSK's goals by targeting adolescent girls for HPV vaccination, which directly addresses the prevention of cervical cancer—a key reproductive health concern. This initiative supports the programme's objectives of promoting adolescent health and preventing STIs.</p>
3. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular	NPCDCS focuses on reducing the burden of non-communicable diseases (NCDs), including cancer, through preventive, promotive, and	<p>Complete Alignment</p> <p>The HPV Vaccination Drive aligns with NPCDCS by contributing to the</p>

⁶ <https://mohfw.gov.in/sites/default/files/9147562941489753121.pdf>

⁷ <https://hfw.delhi.gov.in/fw/adolescent-health-rashtriya-kishor-swasthya-karyakram>

Diseases & Stroke (NPCDCS), 2010	curative strategies. The programme aims to prevent cancer by promoting early detection, screening, and vaccinations, as well as raising awareness about cancer prevention and healthy lifestyles ⁸ .	prevention of cervical cancer, one of the most common cancers among women in India. The drive's focus on preventive vaccination supports the broader goal of reducing the incidence of cancer through early intervention.
4. Rashtriya Bal Swasthya Karyakram (RBSK), 2013	Rashtriya Bal Swasthya Karyakram (RBSK) is a child health screening and early intervention services programme under the National Health Mission (NHM). It targets children up to 18 years of age and aims to reduce the prevalence of birth defects, diseases, and developmental delays by providing screening and treatment services ⁹ .	<p style="text-align: center;">Partial Alignment</p> <p>The HPV Vaccination Drive aligns with RBSK by focusing on adolescent girls in government schools and providing early intervention through preventive vaccinations. This initiative ensures that girls receive necessary medical interventions during their school years, reducing future health risks related to cervical cancer.</p>

⁸ <https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1048&lid=604>

⁹ [Rashtriya Bal Swasthya Karyakram \(RBSK\) - Ministry of Health and Family Welfare, Government of India \(2013\)](#)

3.3 Effectiveness

67% of beneficiaries rated the awareness session as above average

Only 54% of beneficiaries were aware about cervical cancer

81% of beneficiaries were asked for consent before vaccination

Only 22% of beneficiaries received 2nd dosage of vaccination

81% of beneficiaries reported no follow up after 1st dose of vaccination

This section of the report evaluates how effectively the programme has met its objectives. The success of the programme is measured through the awareness sessions conducted, the participation of beneficiaries, and the knowledge gained about HPV vaccination and cervical cancer prevention. It also assesses whether the HPV vaccination drive was executed successfully.

3.3.1 Awareness Session

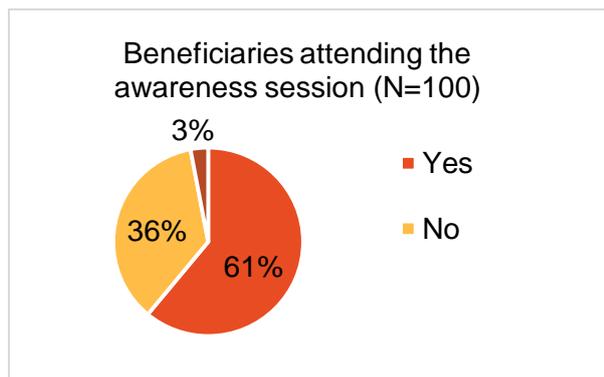


Figure 7: Access to awareness session for the beneficiaries



Image 3: Awareness Session at Buldhana

As shown in Figure 7, only 61% of beneficiaries attended the awareness session before vaccination and only 45% received Information, Education and Communication (IEC) materials, such as posters and pamphlets, during the session. Qualitative feedback from beneficiaries indicates that the **awareness sessions were not held in the areas where they were vaccinated, which contributed to their low attendance.** Among those who attended, 67% rated the session above average, and 49% reported gaining valuable knowledge from the session. The awareness sessions appear to have had a positive impact on those who attended, but their limited reach and accessibility suggest the need for better organisation and distribution of IEC materials to enhance its effectiveness.

3.3.2 Knowledge about Cervical Cancer and HPV Vaccination

The qualitative insights reveal that some parents were already aware of HPV vaccination through television but they further became more aware about cervical cancer and HPV Vaccination through teachers of the schools. The data findings highlight that among the beneficiaries who received the vaccination, **only 54% were aware of what cervical cancer is.** When asked about the benefits of the HPV vaccination, the responses varied with 89% of

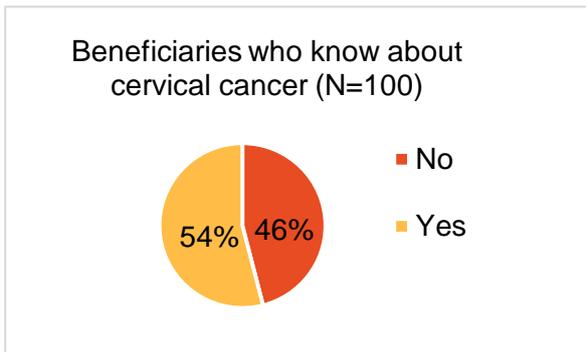


Figure 8: Knowledge regarding Cervical Cancer among the Beneficiaries

beneficiaries identifying prevention of cervical cancer as a benefit, 42% believed it helped make periods regular, 49% thought it prevented all types of cancer, and 6% were unaware of any benefits of the HPV Vaccination. There is a **significant gap in knowledge about cervical cancer and the specific benefits of HPV vaccination**, highlighting the need for clearer, more targeted awareness sessions to ensure better understanding among beneficiaries.

3.3.3 Consent Before Vaccination

The data suggests that the vaccination programme is effective overall, with **81% of beneficiaries confirming that they were asked for consent before receiving the vaccine**. The qualitative insights from parents revealed that they provided written consent to teachers before their children got vaccinated. This vaccination drive was implemented voluntarily. This indicates a well-organised and ethically sound process, as obtaining consent is a critical step in ensuring individuals are fully informed and agree to the vaccination.

However, the fact that 16% of beneficiaries were not asked for consent, points to a potential gap in the implementation of the programme, suggesting that some beneficiaries may not have been fully informed or engaged in the consent process. This highlights areas of improvement for further enhancing the overall effectiveness of the programme.

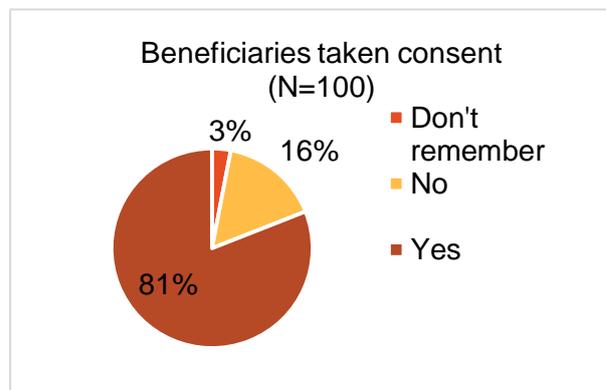


Figure 9: Prior Consent for Vaccination

3.3.4 Administration of Doses

Among the surveyed beneficiaries, **78% received only one dose of the vaccination, while 22% received two doses**. For those who received a second dose, the time interval between doses was typically 3 months, as illustrated in Figure 10. Additionally, **81% of beneficiaries reported no follow-up after vaccination, and only 39% received a vaccination certificate post-vaccination**. Apart from this, the qualitative insights from the **teachers revealed that booster doses were provided to them and a PAP test was also conducted for them as a part of this programme, however, no such test was conducted for other beneficiaries of the programme**. The qualitative insights from the parents further reveal that the students have been provided only a single dosage and were asked to take the second dosage from private hospitals if they felt necessary. They also confirmed that **there was no follow-up received after the first dose was completed**. Therefore, the **programme shows gaps in follow-up and documentation**, indicating the need for improved monitoring and certification processes to enhance its effectiveness.

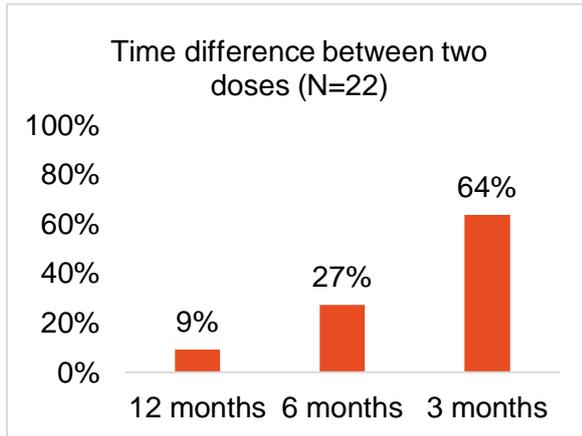


Figure 10: Gap between doses



Image 4: Vaccination Camp at Kamothe

3.4 Efficiency

This section assesses the extent to which the intervention delivered results in an economical and timely manner.

Girls aged between 9 to 20 years received 1 dose and women aged between 20 to 45 years received 2 doses

The vaccines were provided to all female beneficiaries free of cost, even though their market price was INR 3500

A significant portion of the beneficiaries (34%) lives close to vaccination centers, indicating ease of vaccine access for them

3.4.1 Adherence to Vaccination Guidelines

WHO recommends a one or two-dose HPV vaccine schedule for girls aged 9-14 and women aged 15-20, with two doses for those older than 21. Immunocompromised individuals may need at least two, ideally three doses¹⁰. CPAA informed that two types of vaccines including a bivalent vaccine named **Cervarix** and a quadrivalent vaccine named **Gardasil** were provided through this programme.

The project followed universal guidelines for HPV vaccination:

- **Girls aged between 9 to 20 years received 1 dose.**
- **Women aged between 20 to 45 years received 2 doses.**

This ensures alignment with WHO recommendations.

3.4.2 Timeliness of Vaccine Administration

The documents provided by YUVA Unstoppable indicated the specific months for dose administration ensuring adherence to the vaccination schedule as follows:

Sl. No.	Location	Date of Vaccination	Dose	No. of Participants
1.	OncoLife Cancer Centre, Shendre, Satara	16 th September, 2022	Dose 1	184
		17 th September, 2022	Dose 1	562
		18 th September, 2022	Dose 1	330
2.	Chandak Cancer Hospital, Jalgaon	26 th November, 2022	Dose 1	101
3.	Chikhli, Buldhana	7 th December, 2022	Dose 2	508
4.	Nagar Parishad Chikali Buldhana	7 th & 8 th December, 2022	Dose 1	741
5.	New Bombay City School, Ghansoli	7 th January, 2023	Dose 1	400
6.	Chandak Cancer Hospital, Jalgaon	4 th February, 2023	Dose 1	1064
7.	Dattusheth Patil Mahavidyalaya, Kamothe	26 th February, 2023	Dose 1	110
	Total Beneficiaries Covered			4,000

*The above-mentioned table was provided by the CPAA Team

3.4.3 Communication and Coordination

The qualitative insights from the vaccination programme highlight both successes and challenges in communication and coordination. **Coordinators, often from various fields, effectively**

¹⁰ <https://www.who.int>

facilitated awareness sessions through local doctors and utilised digital tools like videos and Google platforms to engage parents and encourage vaccination. The involvement of school principals as primary contacts for planning the vaccination drives was pivotal in ensuring smooth operations. However, challenges arose when the number of people attending vaccination camps exceeded the registered participants, causing coordination issues. Additionally, **conflicts between the CPAA team and the MLA at a camp in Kamothe** led to the early closure of the vaccination drive, preventing many beneficiaries from getting vaccinated. **Another significant issue highlighted by a coordinator from Jalgaon was the impact of a viral video that questioned the credibility of the Cervarix vaccine, claiming it was launched prematurely without sufficient trials.** This video created confusion and resistance among the local population, making it difficult to convince people in Jalgaon to participate in the vaccination programme.

These insights suggest that while the programme had strong components, there is a **need for more accurate public communication strategies, better management of misinformation, and improved registration and conflict resolution processes** to ensure smoother implementation and greater public confidence in future vaccination campaigns.



Image 5: Beneficiaries at Chandak Cancer Hospital

3.4.4 Vaccine Procurement Efficiency

CPAA as an NGO associated with ‘Total Management of Cancer’ had a unique approach for addressing cervical cancer in the form of provision of HPV vaccination through this programme which was a Public Private Partnership (PPP), funded through CSR funds of EMIL. As mentioned by the CPAA team, free-of-cost vaccines were provided under this programme to all beneficiaries, even though their market price was INR 3500. This demonstrates the cost-efficiency of the programme to provide preventive healthcare solutions, for life-threatening diseases like cervical cancer, without imposing any financial burden on the beneficiaries.

“ This vaccine has been provided completely free of cost which makes this programme even more efficient as the same vaccine we have to pay in private for 3 number of dosage ”

-Priyanka Ingavle
35 years Parent

3.4.5 Logistical Support and Accessibility

It was observed that the vaccine was administered in **different settings including hospitals, schools and municipal corporation areas.** The data on the distance travelled to vaccination camps suggests that this programme has varying levels of accessibility depending on the proximity of the camp to the beneficiaries' residences. A significant portion of the beneficiaries (34%) lives close to vaccination centres, indicating ease of vaccine access for them. However, there is also a notable segment of the population travelling considerable distances to reach the camp as depicted in Figure 11, which highlights the potential challenge for individuals residing in more remote or underserved areas. This disparity suggests that while the programme is well-

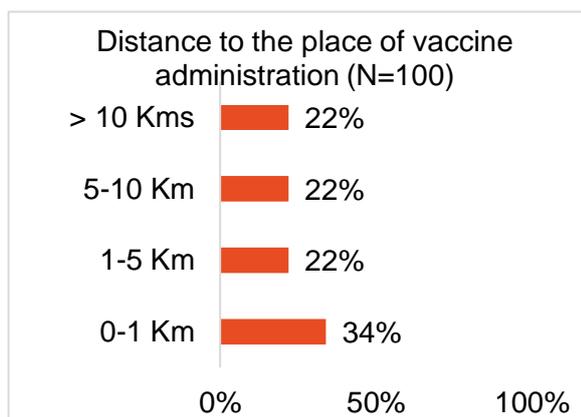


Figure 11: Distance reach to vaccination site

distributed in some regions, further effort may be needed to improve access for beneficiaries living farther away.

The data depicted in Figure 12 indicates that a significant portion of individuals were accompanied by family members or teachers, **suggesting strong community and familial involvement in the vaccination process.** Most individuals preferred having support, highlighting the importance of accessibility and assistance during vaccination. **The qualitative insights from the coordinators reveal that buses were arranged for mobilising the beneficiaries and getting them vaccinated.** The vaccination programme's success is partly driven by the

active participation of families and educational systems, though further support structures for those attending alone or with minimal assistance could improve efficiency.

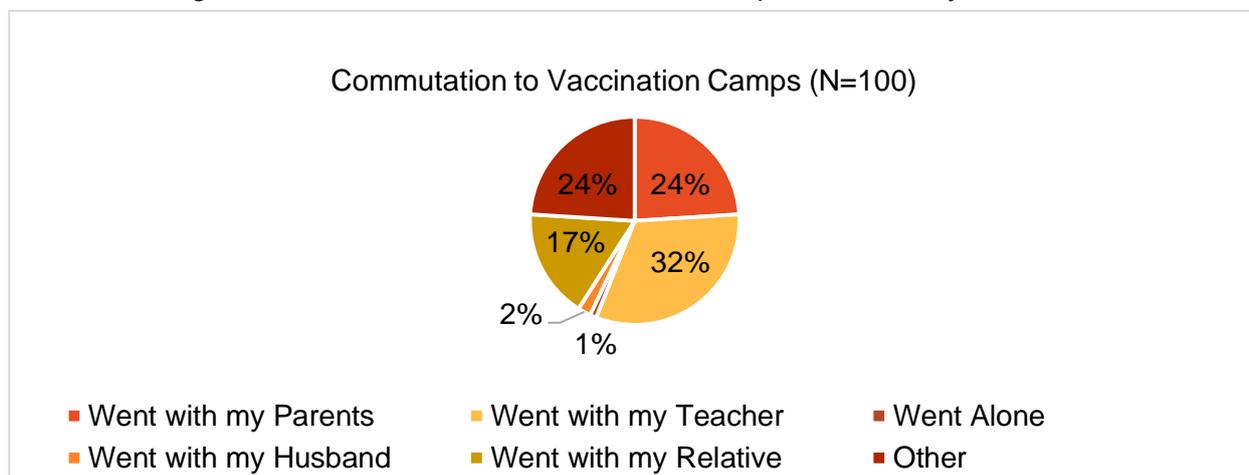
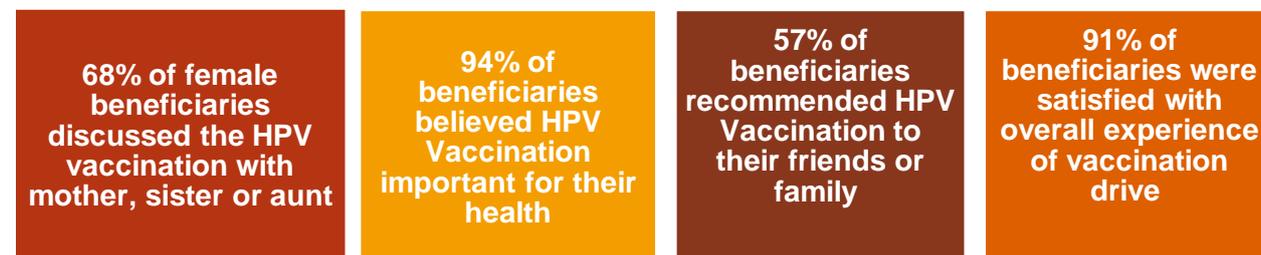


Figure 12: Person Accompanying for Vaccination

Overall, the HPV vaccination drive showcased notable efficiency in key areas such as adherence to vaccination protocols, timely administration, clear communication, and cost-effective vaccine procurement. The drive's focus on accessibility, combined with efficient procurement processes, ultimately contributed to its successful implementation and operational effectiveness.

3.5 Impact

This section assesses the significant positive/ negative, intended/ unintended outcomes and higher-level effects of the intervention, highlighting its transformative impact.



3.5.2 Discussion on Vaccination post-vaccination

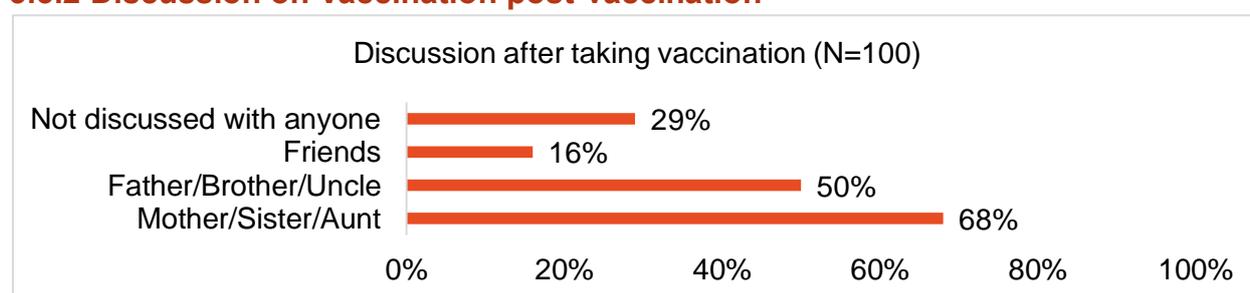


Figure 13: Discussions on vaccination

The data regarding female beneficiaries and their discussions about the HPV vaccination shows a clear preference for discussing the vaccination among close family members, particularly females in the household. A significant **68% of female beneficiaries discussed the HPV vaccination with their mothers, sisters, or aunts**. This indicates that women or girls are more likely to seek advice or share their experiences related to vaccination with trusted female relatives, who may offer support and guidance, particularly when it comes to a sensitive topic like HPV vaccination. **The discussions around HPV vaccination within families, especially among female relatives, help break myths and reduce stigma by providing support and sharing accurate information. This fosters awareness and encourages more women to make informed decisions about their health.**

3.5.3 Understanding the Importance of Vaccination

The data that **94% of female beneficiaries believe the HPV vaccination is important for their health highlights strong recognition of its significance**, even after receiving the vaccine. This indicates that the majority of female beneficiaries understand the long-term benefits of the vaccination in preventing HPV-related diseases, reinforcing the vaccine's value and importance in maintaining their overall health post-vaccination.

Additionally, 57% of vaccinated girls reported to recommend the HPV vaccination to their friends and family, while 43% were uncertain but open to the idea. **This suggests a strong positive reception and potential for broader community impact.**

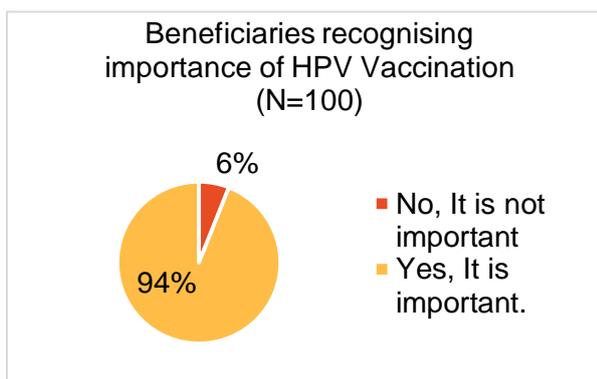


Figure 14: Beneficiaries recognising significance of vaccination

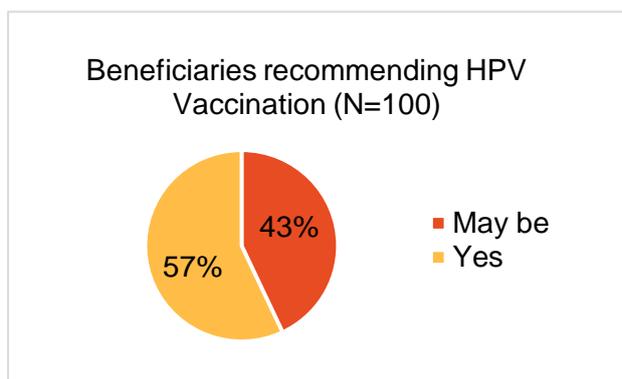


Figure 15: Recommendation by Beneficiaries for HPV Vaccination

3.5.3 Supply and Storage of Vaccines

The qualitative insights from healthcare providers revealed that, though the CPAA team was efficient in providing vaccines to all the registered beneficiaries, however arrival of unexpected new beneficiaries on the day of vaccination led to a shortage of vaccines. This further led to a vaccine shortage, despite the CPAA team's efficiency in serving registered beneficiaries. **Improving the efficiency of vaccine distribution by anticipating demand and carrying extra supplies can help minimise delays and ensure timely vaccinations for all beneficiaries.**



Image 6: Vaccination at New Bombay High School, Ghansoli

Additionally, the qualitative insights revealed that proper facilities for storing vaccines, which need to be maintained at specific temperatures, are essential. **While hospitals were able to manage this requirement, other settings faced difficulties in ensuring the appropriate storage conditions for the vaccines.** Therefore, it is crucial to establish adequate storage facilities in all vaccination settings, not just hospitals, to ensure the vaccines remain effective and safe for use.

3.5.4 Rating the Overall Experience of Vaccination Drive

The data findings suggest a highly positive response from the beneficiaries of the vaccination drive. **With 100% of the beneficiaries reporting that the process went smoothly and without challenges**, it indicates a well-organised and effective vaccination programme. The distribution as depicted in Figure 16 suggests that while most beneficiaries (91%) were satisfied with the process, a small minority found areas for improvement. This high level of satisfaction indicates that the drive was well-received and highlights the successful execution of the vaccination programme.

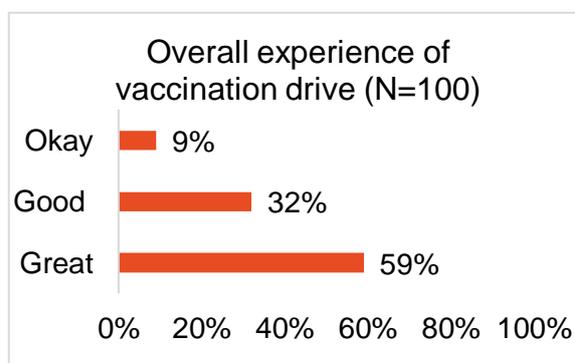


Figure 16: Beneficiaries Rating the Overall Experience

The **high level of beneficiary satisfaction highlights the programme's success** in both protecting health and empowering individuals to advocate for vaccination. These outcomes lay a strong foundation for ongoing support and expansion of vaccination efforts.

"The programme was highly appreciated as 200+ female beneficiaries were targeted for the awareness session and were vaccinated in our tier-2 city. We have been asking to conduct more such camps in future"

-Dr. Sakharam
Health Care Provider

3.6 Sustainability

This section highlights the extent to which the benefits of the intervention are likely to be sustained and continue over time.

98% of beneficiaries were asked to wait for post vaccine observation after administering the vaccine

90% of beneficiaries did not face any type of health issue after vaccination

70% of the post vaccination issues were addressed by staff at the vaccination camp

3.6.1 Post-Vaccination Observation

The data shows that the majority (98%) of beneficiaries were kept for observation after receiving their vaccine dose and **81% of them found the post-vaccination observation helpful**, highlighting strong adherence to safety protocols. Of those observed, the time duration of post-observation varied as depicted in Figure 18, **however, the most common observation duration was 10-15 minutes (52%)**, which suggests a standard practice of brief monitoring. The qualitative insights from teachers highlight that the students who were vaccinated at school were kept in a separate room for post-vaccine observation.

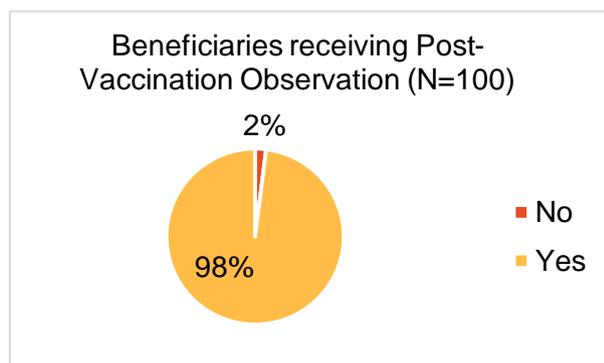


Figure 17: Post-vaccination observation received by the beneficiaries

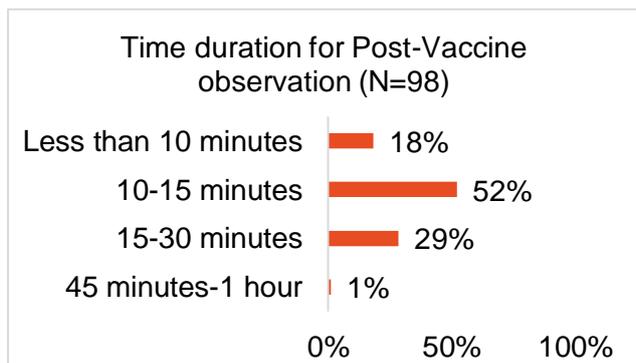


Figure 18: Time duration for post-vaccine observation

Overall, the data reflects a well-structured and responsive post-vaccination observation process aimed at ensuring safety while minimising unnecessary delays.

3.6.2 Issues Faced by the Beneficiary's Post-vaccination

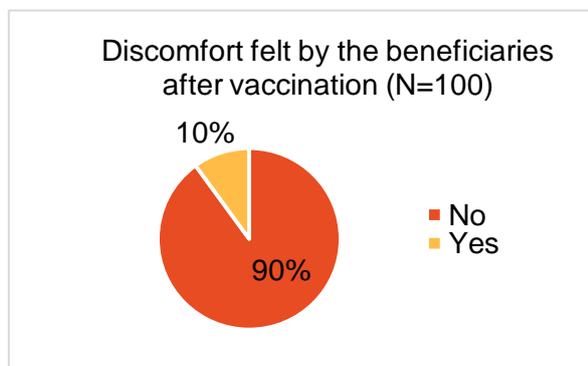


Figure 19: Beneficiaries experiencing discomfort after the vaccination



Image 7: Beneficiaries staying for post-observation at Satara

The data suggests that **90% of the beneficiaries did not face any type of issue with the vaccination**. However, among the remaining **10% of beneficiaries who faced discomfort 5% suffered from Headache, 4% from Fever and 3% from Nausea**. It was also found that among the 10% of the beneficiaries reporting post-vaccination issues, **8% reported the issues to persist even after one week from the day of vaccination**. This highlights the need for follow-up to understand the persistence and severity of symptoms better, which could help to design better future vaccination strategies.

3.6.3 Addressal of the Post-Vaccination Issues

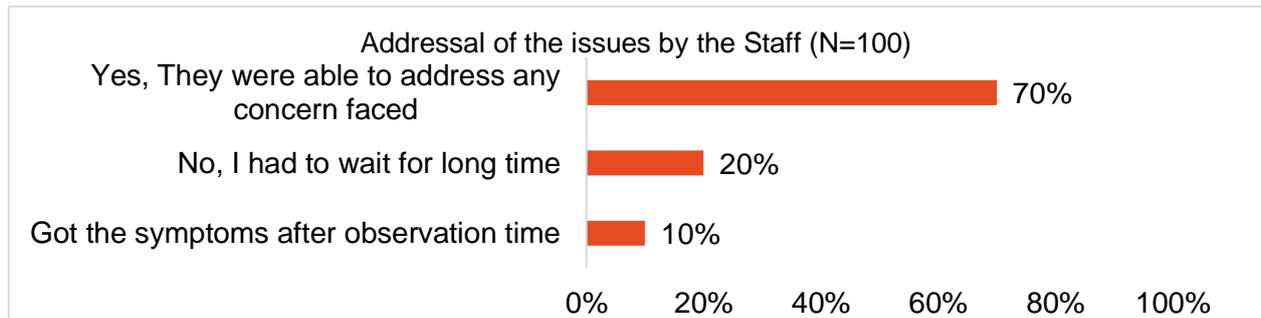


Figure 20: Post-vaccine issues addressed by the staff

The data reveals that most individuals who experienced issues or discomfort after their vaccination felt that their **concerns were adequately addressed by the medical or paramedical staff**. However, there were a few instances where individuals either experienced symptoms after the observation period or had to wait a long time for assistance as depicted in Figure 20. This suggests that while the majority of participants received prompt care, there were occasional delays or situations where issues arose post-observation. Therefore, the programme appears to have a well-trained support system in place, though there may be room for improvement in ensuring quicker responses or extending the observation period for individuals who experience delayed symptoms.

“This programme will prove highly beneficial to female beneficiaries, a total of 17,000 girls were vaccinated through this programme in Jalgaon. This helps to prevent human losses due to cancer and also prevents future costs to be incurred on cancer treatments”

-Kishore Behrani
Programme Co-ordinator



Image 8: Vaccination Team at New Bombay City School, Ghansoli



Image 9: Beneficiaries after vaccination in school at Jalgaon

Chapter 4

Recommendations

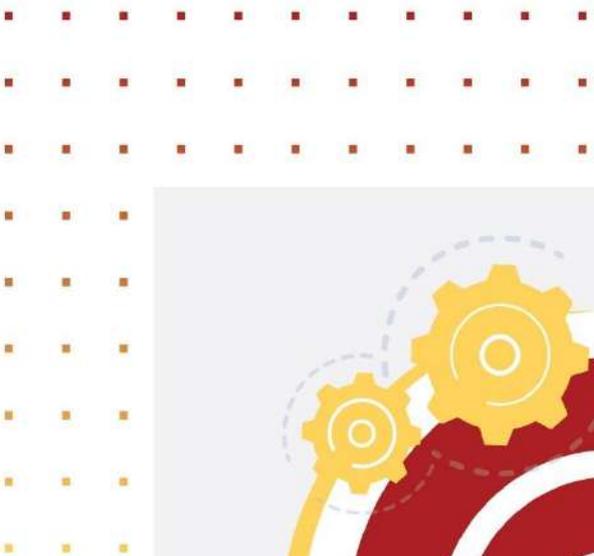


Sl. No.	Category	Current Scenario/Findings	Recommendations
1.	Vaccine storage	Storing the vaccine at the required temperature was a problem, but this situation was managed in hospitals.	Vaccine storage facilities/containers at the required temperature should be provided in other settings like municipal corporations and schools.
2.	Shortage of vaccines	Some beneficiaries had to return home without getting vaccinated due to a shortage of vaccines at the camp.	An extra proportion of vaccines should be carried to the campsite to manage the last-minute rush of beneficiaries.
3.	Areas targeted for vaccination	The current vaccination camps have been conducted in urban areas.	The vaccination drive should be expanded to rural areas, targeting the rural population, particularly those from poor socio-economic backgrounds.
4.	Dose of Vaccination	Only 1 dose was provided to girls below 20 years of age	2 doses should be provided by the camp to all the girls for better immunity
5.	Follow up after vaccination.	No follow-up was conducted for girls below 20 years after administering the first dose.	A follow-up should be conducted for all female beneficiaries after administering the first dose.
6.	Awareness Sessions	At some camps, awareness sessions were not conducted before vaccinating the beneficiaries.	Attendance at awareness sessions should be made mandatory for all beneficiaries or their caregivers (in the case of those under 18 years) before vaccination.
7.	PAP Test	The PAP test was conducted only for school teachers.	The PAP test should be conducted for all beneficiaries between the ages of 20 and 45 years.
8.	Collaboration & Funding	Currently, this programme is run by CPAA alone with CSR funds.	To expand its reach and cover more beneficiaries, there should be collaboration between municipal schools, the government and CSR-funding organisations.
9.	Coordination & Training	The coordination is currently done by the coordinators, but there is no specific plan, training, standard preparation protocol, or list of required documents from beneficiaries.	Coordinators should receive execution training, with specific days window for preparation. A standard protocol and list of documents should be maintained and shared with coordinators.
10.	Stakeholder Management	There were some clashes between NGO employees and political figures supporting the vaccination drive, which led to the early winding up of the drive.	Clashes between different stakeholders should be avoided. All parties should work together for the benefit of the beneficiaries.
11.	Feedback Mechanism	There is currently no feedback mechanism in place to collect feedback from beneficiaries after vaccination to improve the programme.	A robust feedback mechanism should be implemented to collect feedback from beneficiaries and incorporate it into the programme. Additionally, beneficiaries should be informed that

			their feedback has been used to improve the programme.
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Chapter 5

Impact Stories



Impact Story 1:

Rekha Suvarna, a dedicated 37-year-old homemaker, shares her experience of learning about the HPV vaccination and its significance in preventing cervical cancer. Although she was initially aware of HPV vaccination through television, it was through the teachers at New Bombay High School in Ghansoli that she gained detailed and trustworthy information. Rekha expressed that she fully trusted the teachers of the school when it came to the vaccination of her daughter, as it was being provided directly through the school. This reassured her and made her feel relieved that her daughter was being protected from a potentially life-threatening disease.

However, Rekha did mention that her daughter was only provided with the first dose of the vaccination through the school, and she was advised to get the second dose outside. Despite this, she believes strongly in the importance of vaccination, particularly in today's world, where food may lack essential nutrients and can contribute to various health issues. She feels that this vaccination plays a crucial role in strengthening her daughter's immunity and helping protect her from diseases.

Rekha's story highlights the pivotal role of education and accessible vaccination programmes in empowering parents to make informed decisions for their children's health and well-being. Through this initiative, families like Rekha's are gaining access to vital health resources, which will help prevent diseases and ensure a healthier future for the next generation.



Image 10: Girl getting vaccinated at Jalgaon



Image 11: Awareness Session in School at Kamothe

Impact Story 2:

In the village of Chikhali, Buldhana Camp, a father's concern for his daughter's health grew significantly after a heartbreaking family tragedy. His mother, the child's grandmother, was diagnosed with cervical cancer, a disease the family was unaware of at the time. Sadly, the grandmother passed away and when the death certificate was issued, it was revealed that cervical cancer was the cause of her death. This revelation sparked deep concern and curiosity in the father, who had never been aware of the disease before.

Determined to understand more about cervical cancer and how to prevent it in the future, the father actively participated in an awareness session about the disease and the HPV vaccination. The information he received was eye-opening. He learned that the HPV vaccine could be a powerful

tool in preventing cervical cancer and that it was crucial to protect his daughter from such a devastating condition.

Motivated by the knowledge he had gained, the father decided to vaccinate his daughter against HPV. He recognised the importance of early prevention and the critical role the vaccination could play in safeguarding his daughter's health, especially after witnessing the devastating effects of cervical cancer on his own family.

This story highlights the importance of awareness and education in empowering parents to take proactive steps to protect their children. Thanks to the vaccination programme, this father could make an informed decision to ensure his daughter's future health and well-being, preventing what his family had tragically experienced.



Image 12: Awareness Session At Buldhana



Image 13: Vaccination at Buldhana



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