Impact Assessment Report

Elimination of Cervical Cancer through HPV Vaccination Programme

for Essel Mining and Industries Limited (EMIL)

FY - 2023-2024

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.

BHOMIK SHAH
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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 2023-24):

- CSRBOX has neither conducted an audit nor 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.

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List of 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 the 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 the Aditya Birla Group and 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 Nashik, Navi Mumbai, Mumbai, Kolhapur and Nagpur districts of Maharashtra. The initiative aimed at preventing cervical cancer by providing HPV vaccinations to female beneficiaries aged 9 to 20 years. The programme targeted economically disadvantaged young girls by setting up vaccination camps in schools and colleges, 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 an awareness session related to Cervical cancer prevention and the importance of vaccination

Administering HPV Vaccination to 7500 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.**

OECD-DAC Criteria	Key Findings from the Report
RELEVANCE	Survey conducted with **120** beneficiaries across **5** districts in Maharashtra: Kolhapur, Nagpur, Nashik, Mumbai and Navi Mumbai
	52% of respondents were in the 10–15 age group, aligned with the WHO priority age band for HPV vaccination
	63% of beneficiaries belonged to households with only one earning member
	76% of beneficiaries were not aware of HPV vaccination or cervical cancer before participating in the camp
EFFECTIVENESS	**94%** of beneficiaries attended the HPV awareness session conducted as part of the vaccination programme
	92% of attendees reported that the session helped increase their knowledge of HPV and cervical cancer
	65% rated the session 4 or 5 out of 5 in terms of helpfulness
	57% of beneficiaries were aware of what cervical cancer is post-session
	69% correctly identified prevention of cervical cancer as the primary benefit of the HPV vaccine
	84% felt meaningfully informed after the session
	99% of beneficiaries confirmed they or their parent/guardian were asked for consent before vaccination, near-universal ethical compliance
	81% of beneficiaries received a vaccination certificate after dose uptake
	88% of beneficiaries received the first dose only, consistent with WHO single-dose guidelines for the 9–20 age group
EFFICIENCY	All **120** beneficiaries received the HPV vaccine free of cost; the market price is **INR 2,000** per dose, funded through EMIL's CSR budget
	62% of beneficiaries were accompanied by parents or teachers, indicating strong familial and institutional involvement
	Vaccination conducted in schools and colleges, **90%** of beneficiaries found it easy to access the vaccination site
IMPACT	**97%** of beneficiaries discussed their vaccination experience with family, friends, or teachers, creating a ripple of awareness post-vaccination
	99% of beneficiaries believe HPV vaccination is important for their health, with near-universal confidence in the programme's value
	89% recommended the HPV vaccine to friends or family, a strong indicator of community-level impact and organic expansion of uptake
	97% of beneficiaries reported that the vaccination process went smoothly without challenges
SUSTAINABILITY	**97%** of beneficiaries found the post-vaccination observation for 15-30 mins helpful
	94% of beneficiaries reported no post-vaccination discomfort or side effects
	93% of beneficiaries were provided with food and water after vaccination, ensuring immediate care and comfort

	86% of beneficiaries rated the post-vaccination observation service at 4 or 5 out of 5

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 their stakeholders

Alignment with National Policies

National Health Policy, 2017	**RKSK, 2014**	**NPCDCS, 2010**

Alignment with CSR Policy

Schedule VII Promoting healthcare including preventive Health and sanitation

Chapter 1

Project Overview and CSR Initiatives of EMIL

Chapter 1: Programme 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 society at large[1].

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's 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 remains one of the most pressing public health challenges for women in India, ranking as the second most common cancer among women in the country. India reported 127,526 new cases and nearly 79,906 deaths[3] in 2022, accounting for approximately 19% of global cases and 23% of all cervical cancer deaths worldwide. ICMR's National Cancer Registry Programme estimated over 3.4 lakh cases of cervical cancer in India in 2023[4]. To address this burden, the World Health Organisation (WHO) recommends HPV vaccination for girls aged 9–14 years as the primary prevention strategy[5]. WHO India's NTAGI has recommended the inclusion of the HPV vaccine in the Universal Immunisation Programme, with a one-time catch-up programme for girls aged 9–14 years, followed by routine immunisation at nine years of age[6].

[1] https://www.esselmining.com/docs/EMIL-Sustainability-Report-FY2024.pdf
[2] https://www.adityabirlacapital.com/sustainability/csr
[3] Cervical Cancer Burden In India
[4] Elimination planning tool- advancing towards elimination of cervical cancer – India
[5] Cervical Cancer Fact sheet - WHO
[6] Eliminating Cervical Cancer in India: Challenges and Prospects

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 Kolhapur, Nashik, Navi Mumbai, Mumbai and Nagpur 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.

- **Facilitating an informative session to raise awareness about the importance of the HPV vaccine prior to the vaccination drive in the targeted community.**
- **Coordinating health camps at various locations, including hospitals, municipal corporations, schools and other community centres, to reach a wide demographic of potential beneficiaries.**
- **Administering the HPV vaccine at designated locations, ensuring proper informed consent is obtained from all female beneficiaries before the vaccine is delivered.**
- **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 in Maharashtra between the age group of 9 and 20 years. 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 project are:

- **Identification of Female Beneficiaries eligible for vaccination with the help of coordinators, Schools and Colleges**
- **Collection of relevant clinical and demographic data by medical officers**
- **Conducting an awareness session related to Cervical cancer prevention and importance of vaccination**
- **Administering HPV Vaccination for 4000 female beneficiaries**
- **Post Vaccination observation for 30 minutes**

Chapter 2

Design and Approach for Impact Assessment

Chapter 2: Design And Approach of Study

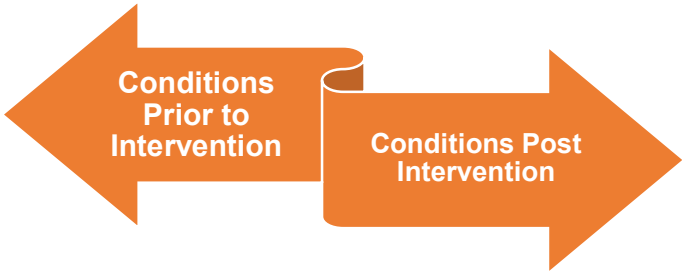
2.1 Objectives of the Study

The EMIL-CSR team forged a strategic partnership with the Cancer Patients Aid Association (CPAA) to facilitate the implementation of "The 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:

- To assess the effectiveness and efficiency of the programme and its impact on the beneficiaries
- To assess the relevance of the programme activities for the involved stakeholders
- To assess the impact of the programme as per the goals and objectives
- To identify the implementation gaps and challenges to strategise for future programme planning
- Documenting successful impact stories from the stakeholders

2.2 Evaluation Framework and Indicators

To measure the impact of the project, a **pre-post-project evaluation approach** was employed for the study. This approach is dependent on the recall capacity of the respondents. Under this approach, the beneficiaries were asked about conditions prior to the programme intervention and after the programme intervention. The difference helps in understanding the contribution of the programme in improving the intended living condition of the beneficiary. Other external factors may also play a role in bringing positive changes to the project. Hence, contribution is assessed, but attribution may not be entirely assigned to the project.



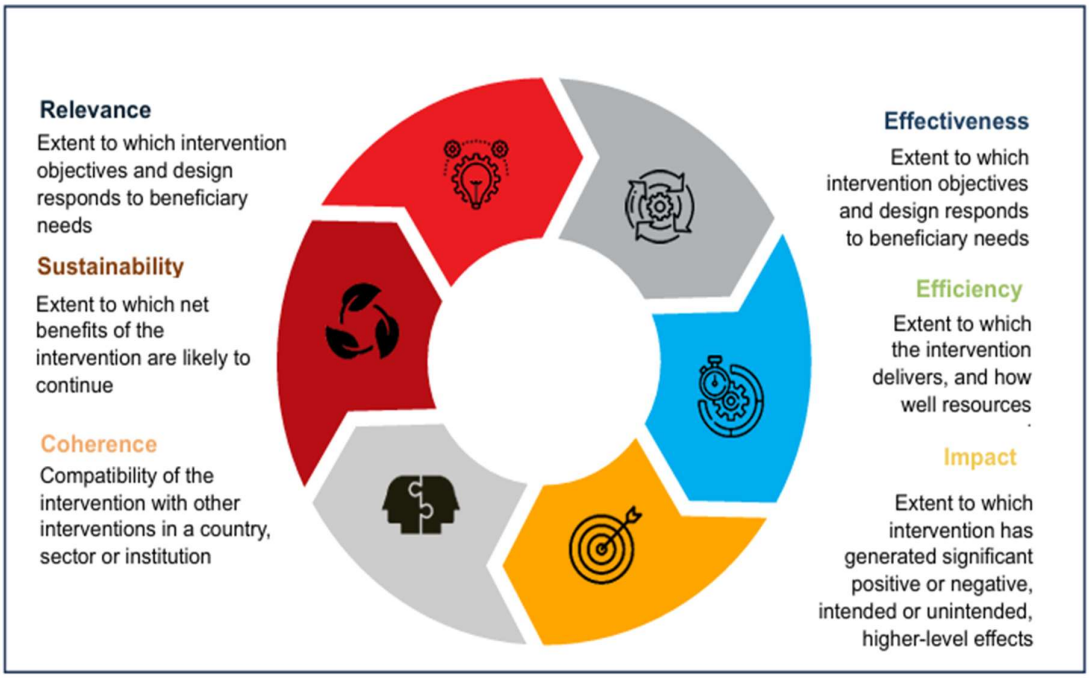
2.3 Methodology

A two-pronged approach to data collection and review was 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) and observation from the study area.

2.4 Evaluation 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:



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.**

2.5 Sampling

2.5.1 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 Achieved	Mode of Data Collection
1	Kolhapur	Female beneficiaries aged between 9 to 20 years	7500	27	Virtual Survey
2	Mumbai			23	
3	Nagpur			27	
4	Nashik			25	
5	Navi Mumbai			18	
	Total		**7500**	**120**	

Table 1 Quantitative Sampling

2.5.2 Qualitative Sampling

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

Sl. No.	Stakeholders	Type of Interaction	Mode of data collection	No. of Interactions Achieved
1	Caregivers	IDI	Virtual Interaction	2
2	School Staff	IDI		1
3	Coordinators	IDI		2
4	Local Healthcare Provider	IDI		2
5	CPAA Team Member	IDI		1
6	EMIL CSR Team	IDI		1
	Total			**9**

Table 2 Qualitative Sampling

2.6 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.

2.7 Theory of Change

Sr. No.	Activities	Outputs	Outcomes	Impact
1	Identification of female beneficiaries	52 Schools and trusts onboarded	Enhanced collaboration among educational, healthcare, and community sectors for efficient vaccination delivery.	• 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. • Improved health outcomes and confidence in the HPV vaccination programme, encouraging sustained participation.
		10 Colleges onboarded		
		5 Hospital onboarded		
		Partnership with local Coordinators and Hospitals/Clinics		
		7500 female beneficiaries were identified as eligible for vaccination		
2	Cancer Awareness sessions	Number of parents and students attending the sessions	Active participation and engagement from parents, students, and medical professionals.	
		Number of medical and para-medical staff involved in the sessions.		

		Number of stakeholders participating in the Q&A round post sessions		
3	Vaccination	7500 female beneficiaries were administered the first dose of the HPV vaccine Vaccine	Improved vaccination coverage and protection against cervical cancer.	
4	Post Vaccination follow-up	7500 female beneficiaries were provided with post-vaccination follow-up	Early identification and management of side effects.	
		Number of beneficiaries experiencing postvaccination discomfort		

**The data is shared by CPAA*

Table 3 Theory of change

Chapter 3

Findings of the Impact Assessment Study

Chapter 3: Findings of the Impact Assessment Study

The following section presents 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 gathered through a 360-degree approach to data collection, combining quantitative surveys and qualitative methods, by engaging with different programme stakeholders across locations in Maharashtra.

3.1 Relevance

The following section examines the relevance and necessity of the intervention by detailing socio-demographic indicators and other factors that highlight the need for support. An examination of these factors helps in understanding the context in which the project was delivered and why it was needed.

3.1.1 Area-wise Distribution of Beneficiaries

The survey was conducted with 120 beneficiaries spread across five districts in Maharashtra. As shown below, Kolhapur and Nagpur together accounted for the largest share of the sample, which suggests that these areas had a higher concentration of women and schoolgirls who benefited from this programme. Nashik and Mumbai together represented around 40% of respondents, while Navi Mumbai contributed 15%. This distribution demonstrates the programme's broad geographic reach, ensuring that women from both urban and semi-urban areas of Maharashtra were included. **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.**

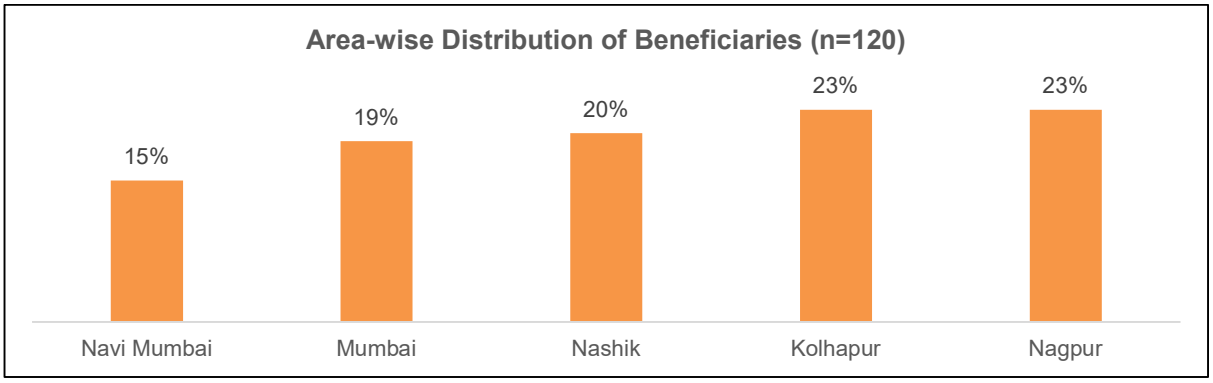


Figure 1 Area-wise Distribution of Beneficiaries

3.1.2 Demographic Profile of the Beneficiaries

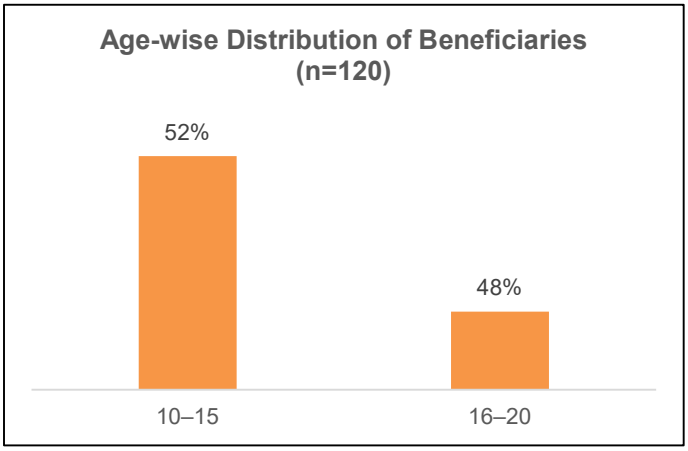


Figure 3 Age-wise Distribution of Beneficiaries

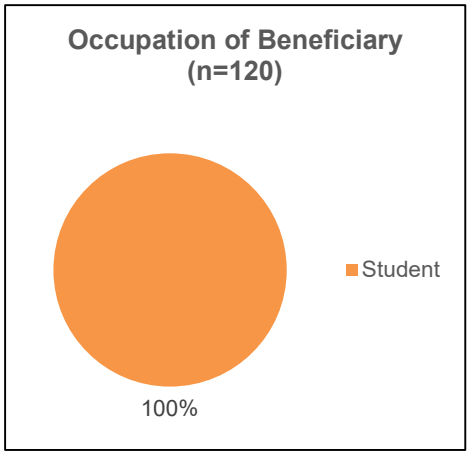


Figure 2 Occupation of Beneficiary

The beneficiary group are in the age group of 9 to 20 years. Predominantly in the school-going and adolescent bracket, underscoring the programme's strong reach into school and college settings.

52% respondents are in the age category of 10-15 years, which aligns with WHO guidelines, which prioritise girls aged 9–14 for primary HPV vaccination and recommend catch-up doses for those up to the age of 26.

3.1.3 Socio-economic Status of the Beneficiaries

The data reveal that **63% of beneficiaries belonged to households with only one earning member**, reflecting significant financial constraint within the families served. The most common household size was four members (53%), with 33% reporting more than four members, indicating that a single income often supports a large family.

In terms of household income, **the largest group of beneficiaries (61%)** reported annual household income in the range of **less than INR 1 lakh**, which can be broadly categorised under the Below Poverty Line (BPL) segment. In contrast, a relatively smaller proportion of beneficiaries (18%) fall under the Above Poverty Line (APL) category, with annual income of INR 2 lakh and above.

These figures confirm that the programme was effectively reaching economically disadvantaged households for whom the cost of private HPV vaccination (INR 2,000 per dose) would have been challenging to bear.

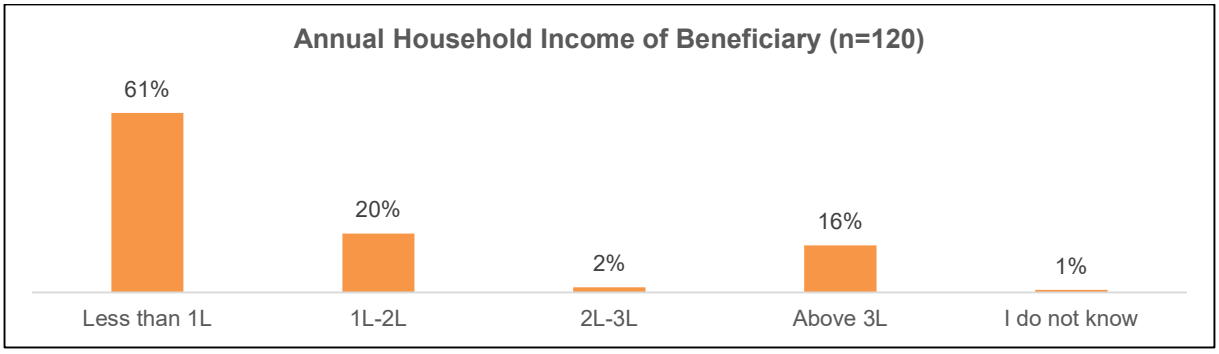


Figure 4 Annual Household Income of Beneficiary

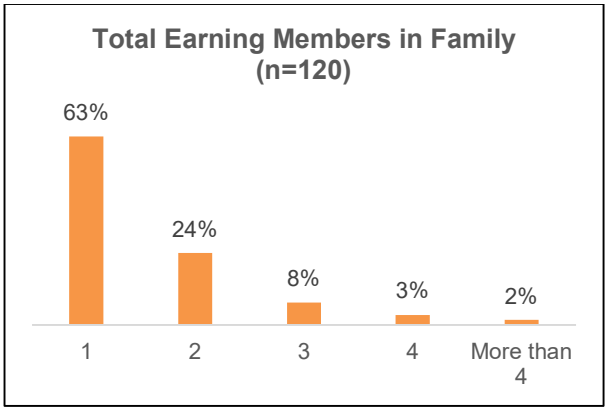


Figure 6 Total Earning Members in Family

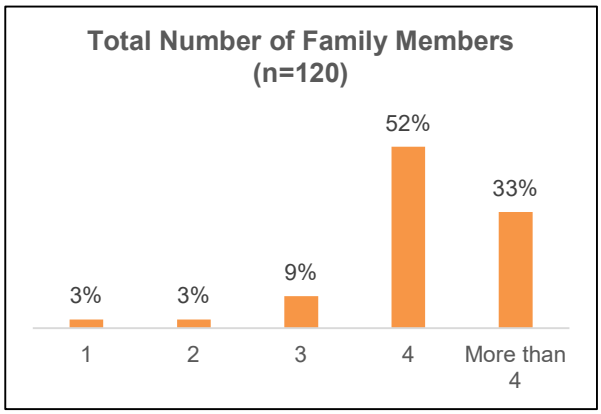


Figure 5 Total Number of Family Members

3.1.4 Culture and Information Barriers

A critical indicator of relevance is the level of prior awareness among beneficiaries. The data show that **76% of beneficiaries were not aware of HPV vaccination or cervical cancer before participating in this camp**. Only 24% had prior awareness, confirming a significant knowledge gap in the target population.

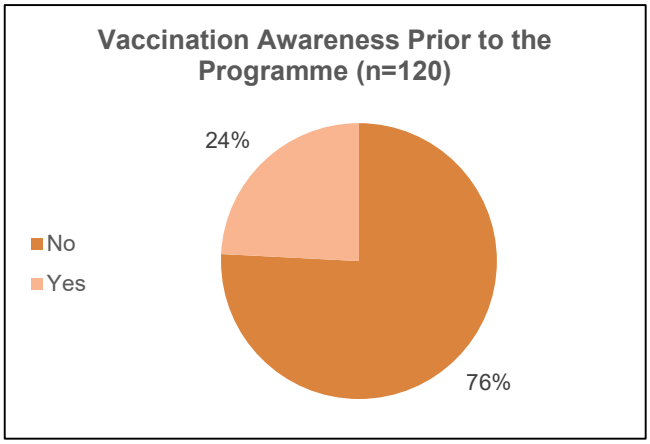


Figure 7 Vaccination Awareness Prior to the Programme

"The programme addressed a critical gap in preventive healthcare among adolescent girls, especially in school settings where awareness on such topics is limited."
Ms. Manisha Chougule, Retired School Principal

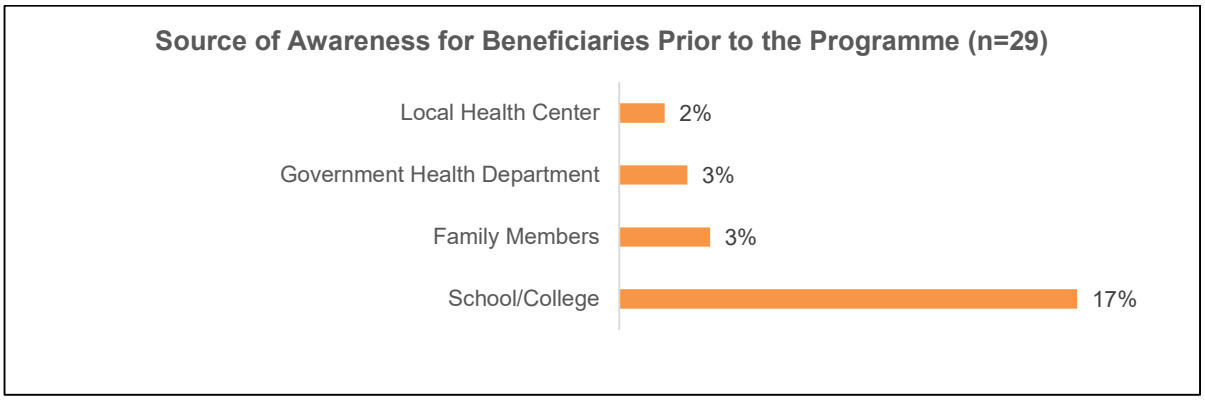


Figure 8 Source of Awareness for Beneficiaries Prior to the Programme

Among those who already had some awareness, the primary source of information was their school or college (17%), followed by family members (3%) and government health departments (3%). This suggests that existing information channels, while useful, were reaching only a small proportion of eligible beneficiaries, reinforcing the need for a proactive outreach campaign such as that 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 socioeconomic barriers, the project significantly enhances its relevance and impact.

Image 2 Pre vaccination registration in Kolhapur

Image 1 Pre vaccination registration in Mumbai

The intervention clearly emerges from a strong need on the ground, where awareness of cervical cancer and access to preventive care remain limited, especially among economically vulnerable households. With a large proportion of beneficiaries falling within the BPL segment and low prior awareness, the programme is well-targeted. Its focus on school-going adolescents further strengthens its contextual relevance and timeliness.

3.2 Coherence

The Coherence section of the report assesses the alignment of this programme with other interventions and policy frameworks at national and international levels.

3.2.1 Alignment with Schedule VII Activities

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
	**Goal 3: Ensure healthy lives and promote well-being for all at all ages** **Target 3.7** By 2030, ensure universal access to sexual and reproductive healthcare services, including family planning, information, education and the integration of reproductive health into national strategies and programmes. **Target 3.b** 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.	**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 to reproductive health services and affordable vaccines, particularly benefiting female beneficiaries from underprivileged communities.
	**Goal 5: Gender Equality** Achieve gender equality and empower all women and girls **Target 5.6** 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.	**Complete Alignment** HPV Vaccination Drive prioritised female beneficiaries' 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.

	**Goal 10:** Reduce inequality within and among countries **Target 10.3** 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.	**Partial Alignment** 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.

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:

Principle 8
Businesses should promote inclusive growth and equitable development

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[7].	**Complete Alignment** 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.

[7] https://mohfw.gov.in/sites/default/files/9147562941489753121.pdf

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[8].	**Partial Alignment** 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.
3. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), 2010	NPCDCS focuses on reducing the burden of non-communicable diseases (NCDs), including cancer, through preventive, promotive, and 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[9].	**Complete Alignment** The HPV Vaccination Drive aligns with NPCDCS by contributing to the 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[10].	**Partial Alignment** 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.

[8] https://hfw.delhi.gov.in/fw/adolescent-health-rashtriya-kishor-swasthya-karyakram
[9] https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1048&lid=604
[10] Rashtriya Bal Swasthya Karyakram (RBSK) - Ministry of Health and Family Welfare, Government of India (2013)

The programme fits well within the broader ecosystem of public health and CSR priorities, reinforcing rather than operating in isolation. Its alignment with national programmes and global goals reflects a well-integrated approach to addressing cervical cancer prevention. This coherence enhances its credibility and positions it as a complementary effort within existing systems.

3.3 Effectiveness

This section evaluates how effectively the programme has met its objectives, measured through attendance at awareness sessions, knowledge acquired, consent processes, and vaccination dose completion.

3.3.1 Awareness Session

The awareness sessions recorded significantly higher attendance in this cohort. **94% of beneficiaries attended the awareness session** conducted as part of the vaccination programme. Among those who attended, **92% reported that the session helped them increase their knowledge** about HPV and cervical cancer. Of these, **65% rated the session at 4 or 5** out of 5 in terms of helpfulness, and 76% reported that IEC materials such as posters and pamphlets were provided during the session. These figures represent a marked improvement in session reach and quality compared to the previous assessment.

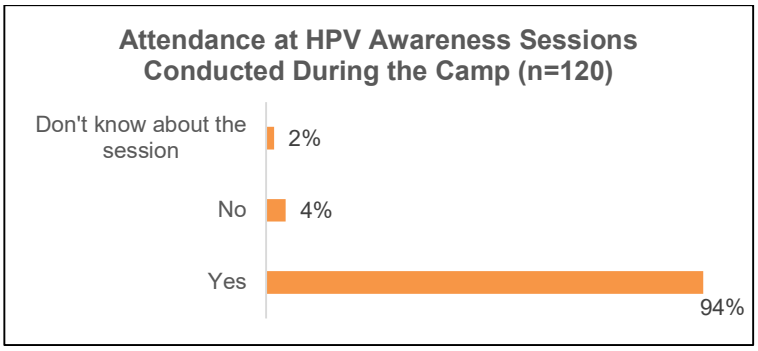


Figure 9 Attendance at HPV Awareness Sessions Conducted During the Camp

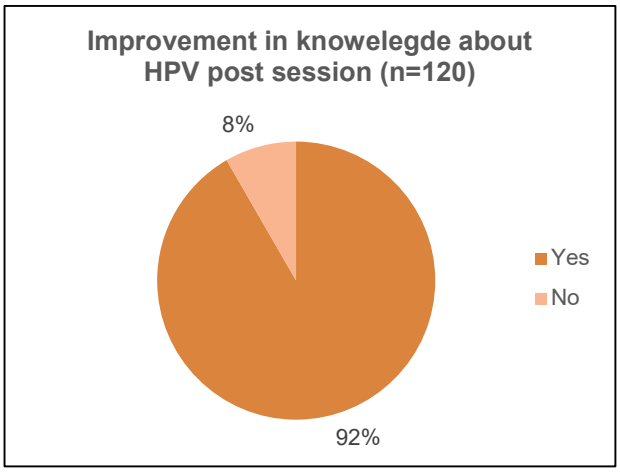


Figure 11 Improvement in knowledge about HPV post-session

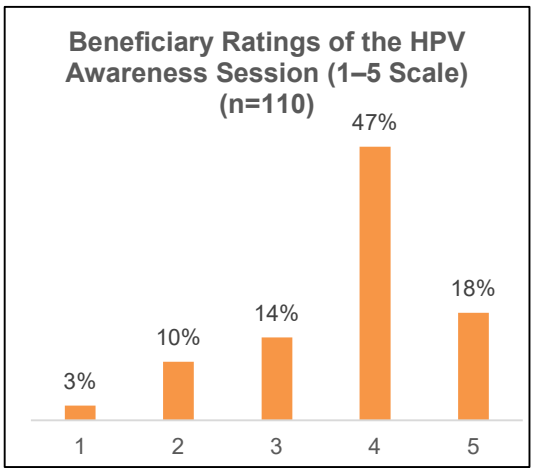


Figure 10 Beneficiary Ratings of the HPV Awareness Session

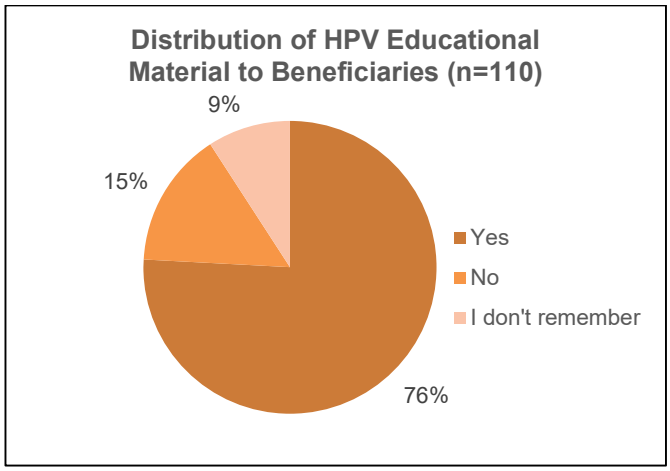


Figure 12 Distribution of HPV Educational Material to Beneficiaries

Image 4 Vaccine Awareness session with Nashik students

Image 3 Pre Vaccination awareness session in Nashik

3.3.2 Knowledge about Cervical Cancer and HPV Vaccination

Among all beneficiaries surveyed, **57% were aware of what cervical cancer is.** Of those who confirmed their knowledge, **97% correctly identified it as cancer affecting the cervix,** indicating strong conceptual accuracy among those with awareness.

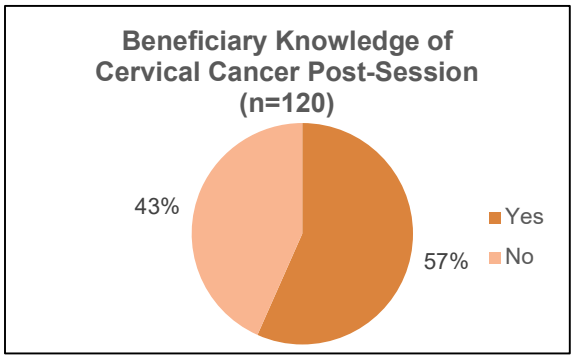


Figure 13 Beneficiary Knowledge of Cervical Cancer Post-Session

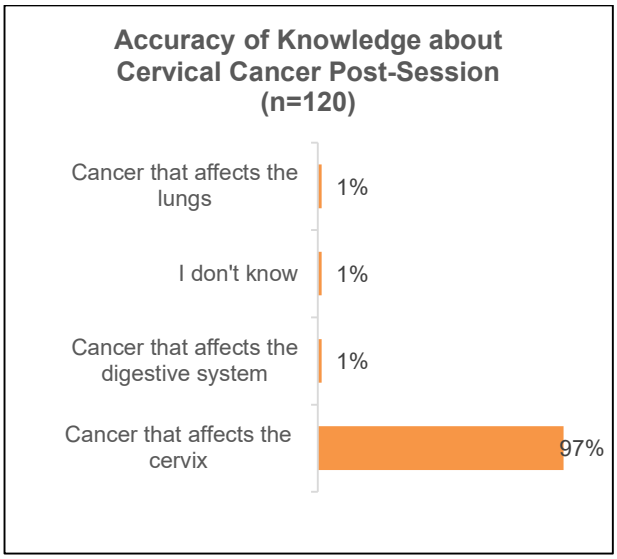


Figure 15 Knowledge about Cervical Cancer Post-Session

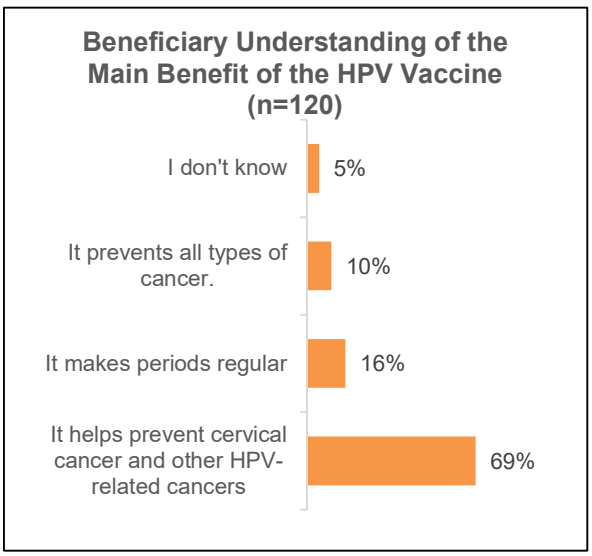


Figure 14 Main Benefit of the HPV Vaccine

In terms of understanding the benefits of the HPV vaccine, **69% correctly identified prevention of cervical cancer and other HPV-related cancers as the primary benefit**. However, 16% believed it helps regulate menstrual cycles, and 10% thought it prevents all types of cancer, indicating persistent misconceptions that targeted communication can address.

"Earlier, we had no awareness about cervical cancer or the HPV vaccine. Through this programme, we have learned a lot and now understand its importance for our children's health."

Parent of Anchal Dilip Dhodare, Nagpur

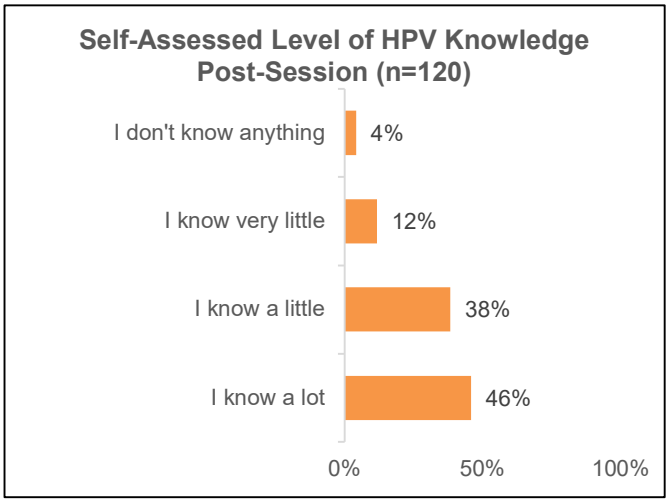


Figure 16 Self-Assessed Level of HPV Knowledge Post-Session

Encouragingly, after the awareness session, **46% reported knowing 'a lot', and 38% reported knowing 'a little',** meaning 84% felt meaningfully informed after the session, which is a positive indicator of programme effectiveness.

3.3.3 Consent Before Vaccination

The programme demonstrated near-universal adherence to the consent protocol. **99% of beneficiaries confirmed they or their parent/guardian were asked for consent before the vaccine was administered**. This reflects a well-structured and ethically sound vaccination process.

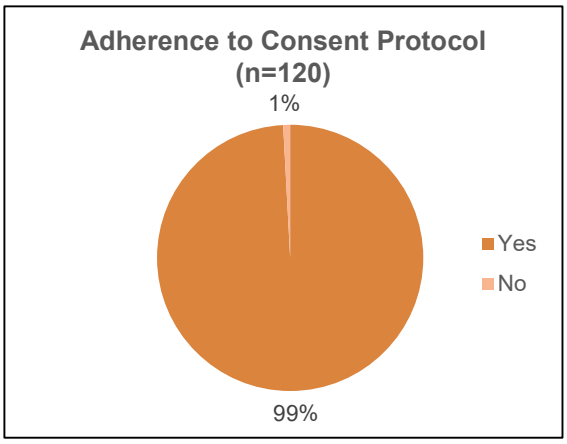


Figure 17 Adherence to Consent Protocol

"We ensured that proper consent was taken from parents, and most of them agreed once they understood the benefits of the vaccine."
Bhavna Sharma, Programme Coordinator

3.3.4 Vaccine Administration

Among the 120 surveyed beneficiaries, **88% received only the first dose**. This aligns with WHO guidelines, as the target group (9–20 years) requires only a single dose for effective protection. The bivalent vaccine Cervarix was administered through CPAA's implementation framework.

However, **81% of beneficiaries received a vaccination certificate post-dose uptake.**

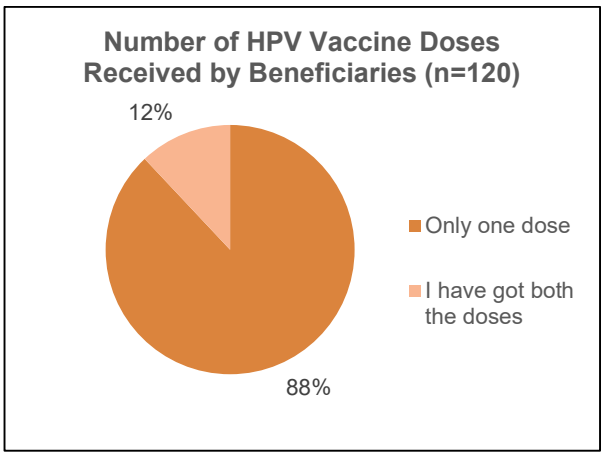


Figure 19 Number of HPV Vaccine Doses Received

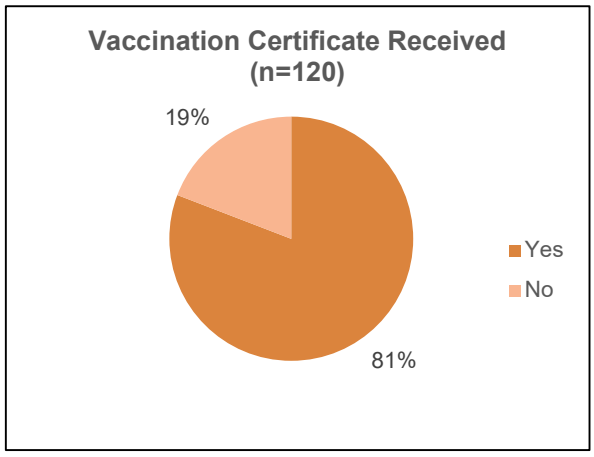


Figure 18 Vaccination Certificate Received

"In the current phase of the programme, we focused on administering the first dose of the HPV vaccine to beneficiaries aged 9–20 years. This strategic shift was informed by last year's findings, where second-dose uptake among older beneficiaries was relatively low, limiting overall effectiveness. By prioritising the younger age group, we observed improved uptake and better programme efficiency, as vaccination at an earlier age tends to yield stronger preventive outcomes."

Dr Nopur Khare, Programme Director, Cancer Patients Aid Association (CPAA)

Image 6 Vaccination camp at Nagpur

Image 5 Vaccination camp at Nagpur

The programme translates intent into outcomes quite effectively, particularly in building awareness and improving understanding among beneficiaries. The high engagement in sessions and noticeable shifts in knowledge levels suggest that the intervention design resonates well with the target group. The strong adherence to ethical practices further strengthens its overall effectiveness.

3.4 Efficiency

This section assesses the extent to which the intervention delivered results economically and in a timely manner, including adherence to vaccination guidelines, coordination, procurement, and logistical accessibility.

3.4.1 Vaccine Procurement Efficiency

All 120 beneficiaries surveyed received the HPV vaccine free of cost, even though the market price is INR 2,000 per dose. This represents the programme's core cost-efficiency advantage, eliminating the financial barrier that would otherwise prevent economically disadvantaged families from accessing this preventive intervention. The programme was funded through CSR funds of EMIL and implemented through CPAA as an NGO partner.

"We received the HPV vaccine free of cost, which was very helpful for us. The entire process was smooth and well-organised, and we did not face any issues at any stage."
Parent of Aradhya Sandeep Kumbhar, Kolhapur

3.4.2 Logistical Support and Accessibility

It was observed that the vaccine was administered in **schools and colleges, hence 90% of beneficiaries found it easy to access the vaccination site**. In terms of distance, **nearly half of all beneficiaries (48%) lived within 5 km**. However, 34% had to travel 5–10 km and 18% travelled more than 10 km, suggesting that some beneficiaries faced meaningful access challenges.

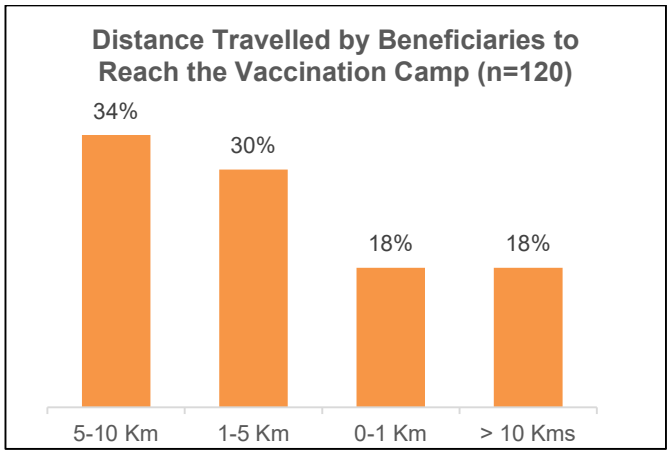


Figure 20 Distance Travelled by Beneficiaries to Reach the Vaccination Camp

In terms of accompaniment, **62% of beneficiaries went with their parents,** and 36% were accompanied by a teacher, suggesting strong community and familial involvement in the vaccination process.

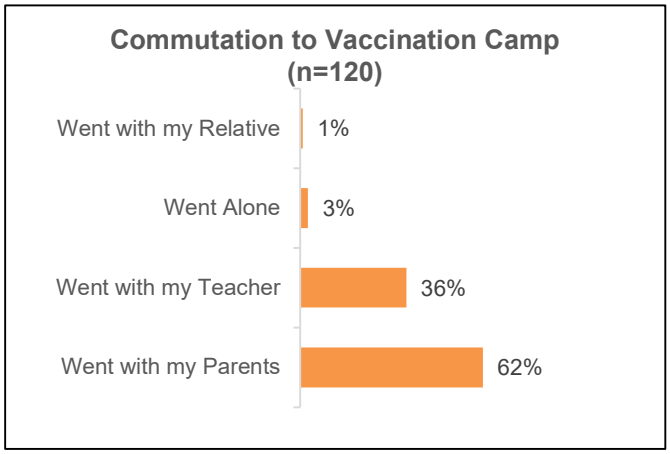


Figure 21 Commutation to Vaccination Camp

Image 8 Vaccination camp at Nashik

Image 7 Vaccination camp at Mumbai

"Logistics such as vaccine storage, transportation, and on-site arrangements were handled properly, ensuring safety and quality. The entire camp was for two hours. There was also a gynaecologist along with me to monitor the symptoms and process."
Dr Shailesh Shinde, Healthcare Provider, Mumbai (Thane)

3.3.5 Timeliness of Vaccine Administration

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

EMIL 2023-2024 HPV Vaccination Camp Details (7500)				
Sl. No.	**Camps Location**	**Date of Vaccination**	**Dose**	**No. of Participants**
1	Vatsalya Trust, Sanpada	10.09.2023	Dose 1	55
2	Rasiklal Dhariwal Hospital, Nashik	03.10.2023	Dose 1	550
3	Ulwe	12.10.2023	Dose 1	160
4	Uttur	17.10.2023	Dose 1	295
		18.10.2023	Dose 1	495
5	Kolhapur Medical Association	29.10.2023	Dose 1	476
6	Sevasadan School, Nagpur	04.11.2023	Dose 1	699
	Vardaan Iapa And Child Welfare, Nagpur	05.11.2023	Dose 1	715
7	Nashik 2	05.12.2023	Dose 1	755
		06.12.2023	Dose 1	743
8	Lions Club of Pavilion, Mulund	09.12.2023	Dose 1	138
9	Raisoni Institute, Nagpur	11.12.2023	Dose 1	1056
	Shree Bhavani Hospital, Nagpur	12.12.2023	Dose 1	1134
10	Anuyog Mahavidyalya & Junior College, Khar	17.12.2023	Dose 1	214
11	Viva College, Virar	21.12.2023	Dose 1	15
Total No of Beneficiaries Covered				**7500**

**Data Provided by CPAA*

Table 4 Timeline of Vaccine Administration and Camp

From a delivery standpoint, the programme reflects a practical and resource-conscious approach. By leveraging schools as vaccination points and removing cost barriers, it ensures both reach and convenience. The largely smooth execution and minimal reported challenges indicate that the programme was implemented in an efficient and organised manner.

3.5 Impact

This section assesses significant intended and unintended outcomes, as well as higher-level effects of the intervention that highlight its transformative impact on beneficiaries and communities.

3.5.1 Discussion on Vaccination Post-vaccination

Following their vaccination, **97% of beneficiaries discussed the experience with someone,** whether family, friends, or teachers. Data shows a clear preference for female members in the household- mother, sister, or aunt (43%). 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.

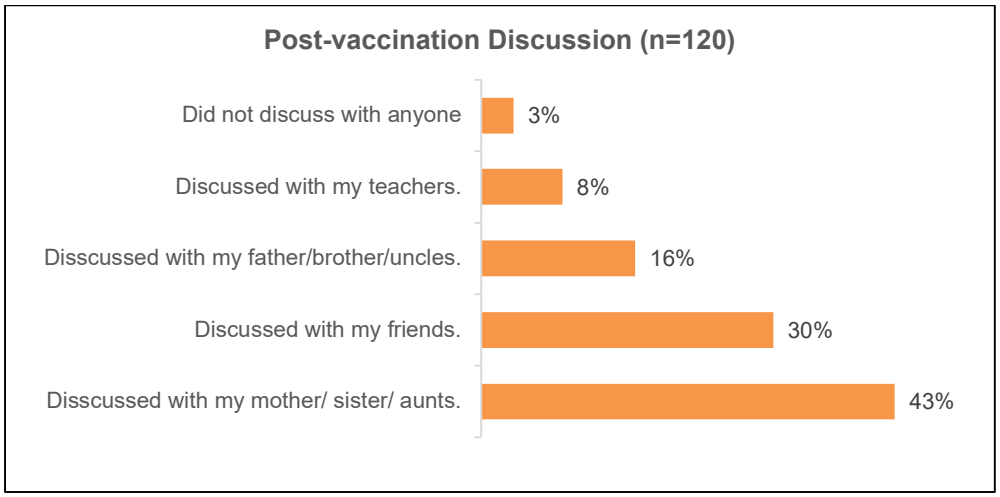


Figure 22 Post-vaccination Discussion

3.5.2 Understanding the Importance of Vaccination

An overwhelming **99% of beneficiaries said they believe HPV vaccination is important for their health**. This near-universal recognition of the vaccine's value even after receiving it reflects strong confidence in the programme's purpose and execution.

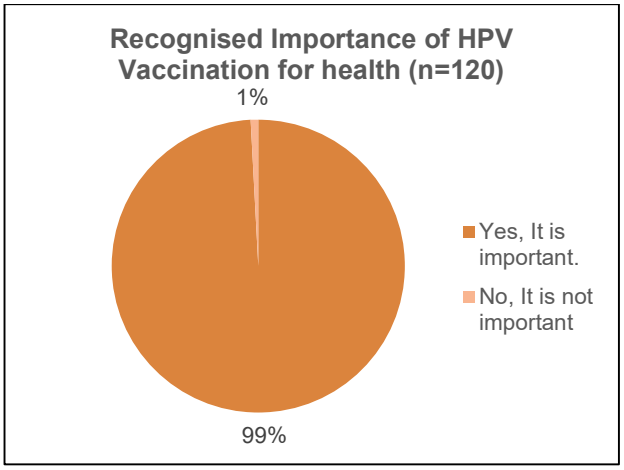


Figure 24 Recognised Importance of HPV Vaccination

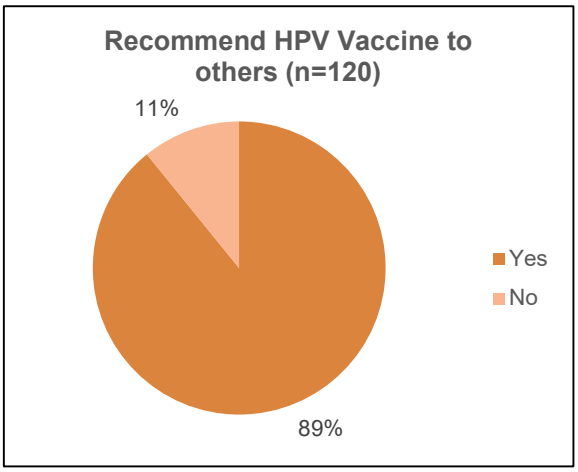


Figure 23 Recommend HPV Vaccine to others

Furthermore, **89% of beneficiaries recommended the HPV vaccine to their friends or family**, with only 11% choosing not to do so. This high advocacy rate is a strong indicator of community-level impact and the potential for organic expansion of vaccine uptake beyond the direct beneficiary group.

"We observed increased acceptance of vaccination among beneficiaries, which reflects a positive behavioural change in the community."
Dr Saumya, Healthcare Provider, Mumbai (Virar)

3.5.3 Rating the Overall Experience of the Vaccination Drive

Beneficiary feedback on the overall vaccination experience was highly positive. **97% of beneficiaries** reported that the vaccination process went smoothly without challenges, suggesting efficient execution at the camp level in the majority of cases.

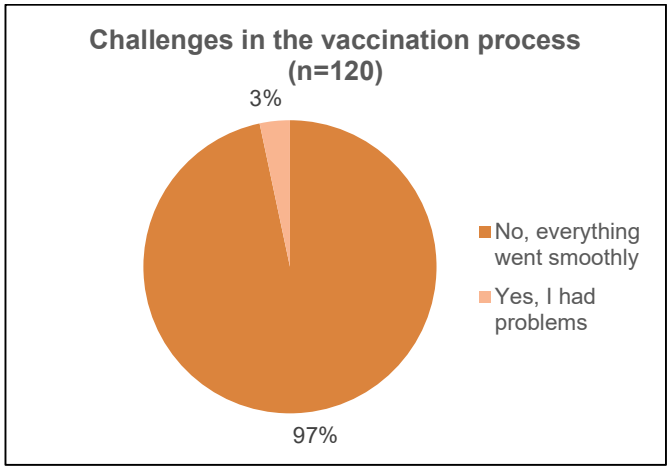


Figure 25 Challenges in the vaccination process

46% rated the experience as 'Great' and 43% rated it as 'Good', meaning 88% of beneficiaries were satisfied with the vaccine programme. This high level of satisfaction indicates that the drive was well-received and highlights the successful execution of the vaccination programme.

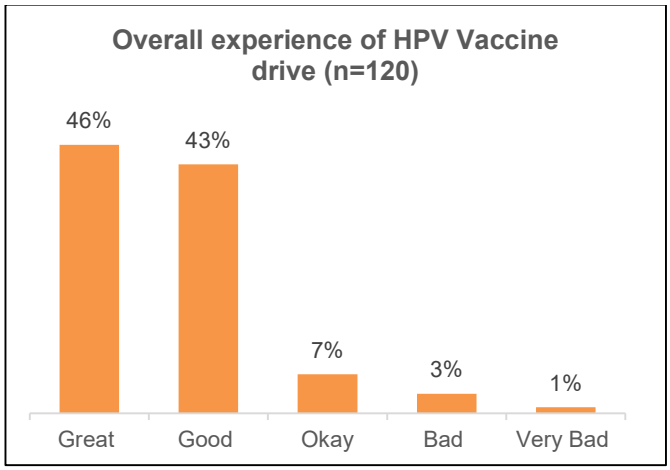


Figure 26 Overall experience of the HPV Vaccine drive

Beyond immediate outputs, the programme has begun to influence behaviours and perceptions within the community. The extent to which beneficiaries are discussing and recommending the vaccine points to growing acceptance and trust. These early shifts suggest the potential for deeper, long-term public health impact through peer and family networks.

3.6 Sustainability

This section highlights the extent to which the benefits of the intervention are likely to be sustained and continue over time, based on post-vaccination safety protocols, issue management, and long-term health awareness.

3.6.1 Protocols Post Vaccine Administration

The findings indicate that post-vaccination care and observatory monitoring practices were largely followed (62%) during the HPV vaccination camp. **95% of them found the post-vaccination observation helpful**, highlighting strong adherence to safety protocols. A significant majority of beneficiaries (93%) reported being provided with food and water after vaccination, ensuring immediate care and comfort.

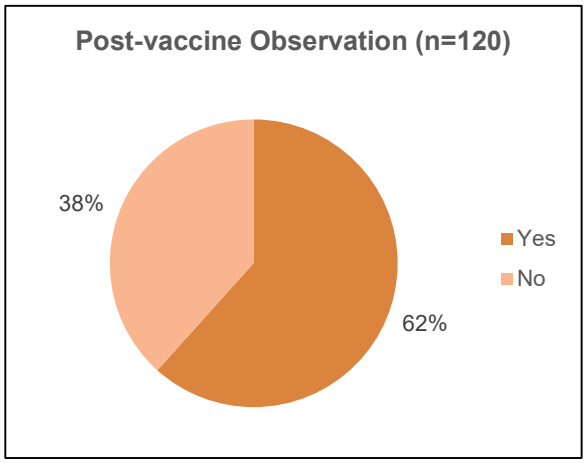


Figure 27 Post-vaccine Observation

Among those observed, the time duration of post observation varied; **however, the most common observation duration was 15-30 minutes (51%), 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.

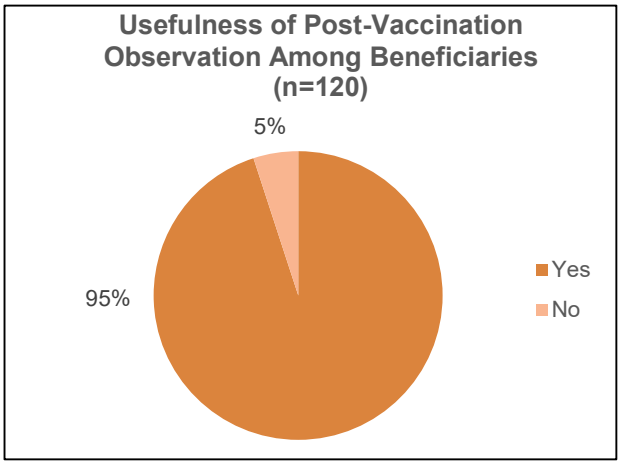


Figure 29 Usefulness of Post-Vaccination Observation

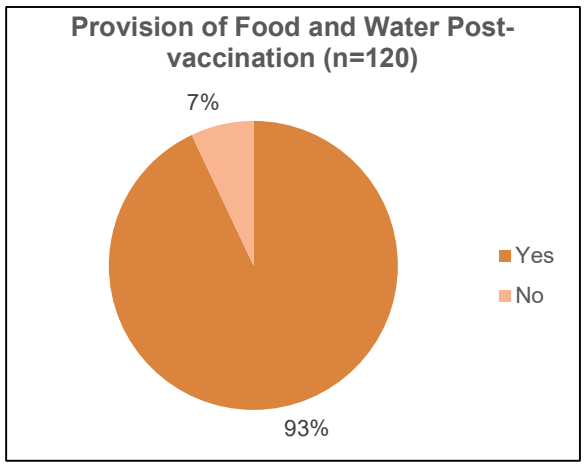


Figure 28 Provision of Food and Water Post-vaccination

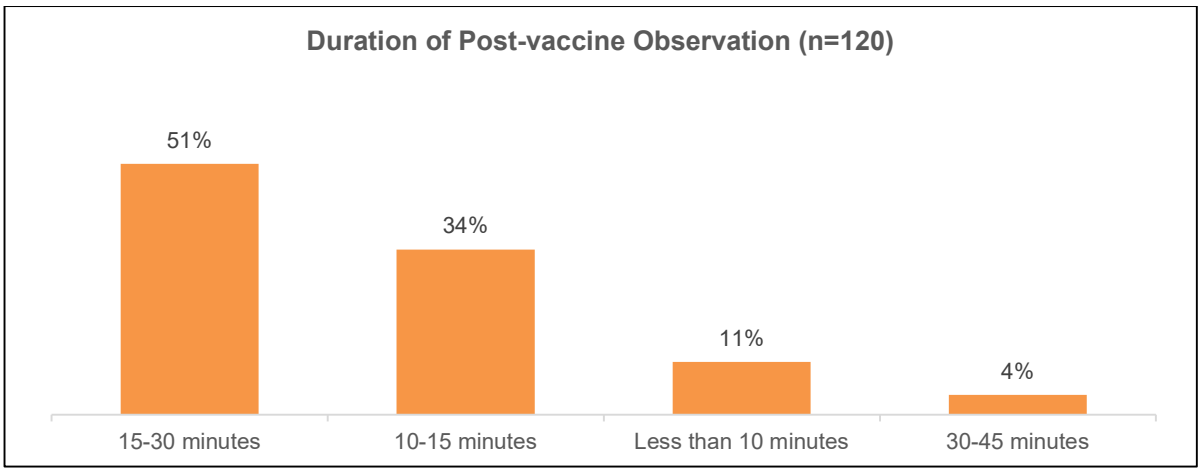


Figure 30 Duration of Post-vaccine Observation

Image 9 Post-Vaccination Certification

3.6.2 Issues Faced by Beneficiaries Post-vaccination

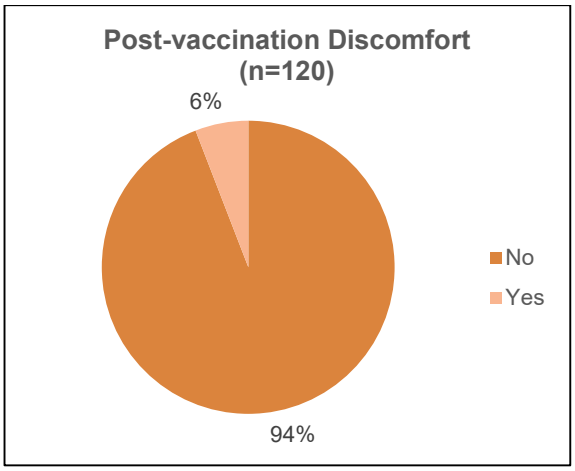


Figure 32 Post-vaccination Discomfort

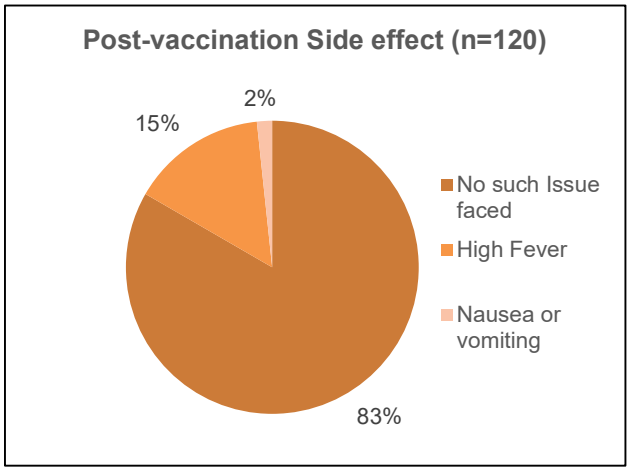


Figure 31 Post-vaccination Side effect

HPV vaccination was generally well-tolerated among beneficiaries. A large majority (94%) reported no post-vaccination discomfort. Similarly, 83% of beneficiaries did not face any side effects. While a small proportion (17%) reported mild reactions such as high fever (15%) and nausea or vomiting (2%). Overall, the results indicate that adverse effects were minimal and largely manageable.

"The entire vaccination process was conducted smoothly, with no major side effects reported among beneficiaries. Adequate precautions were taken, including advising beneficiaries to come well-fed and ensuring rest both before and after vaccination. Post-vaccination observation was also maintained, and vaccination cards were issued for dose tracking. So far, we have not received any reports of severe adverse effects."
Dr Shailesh Shinde, Healthcare Provider, Mumbai

3.6.3 Addressal of Post-Vaccination Issues

The post-vaccination observation service itself was highly rated: **57% of beneficiaries gave it a top rating of 5 out of 5, and 29% rated it 4 out of 5,** meaning 86% of beneficiaries rated the service at 4 or 5. The data reveal that most individuals who experienced issues or discomfort after their vaccination felt that their concerns were adequately addressed by the medical or paramedical staff. 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.

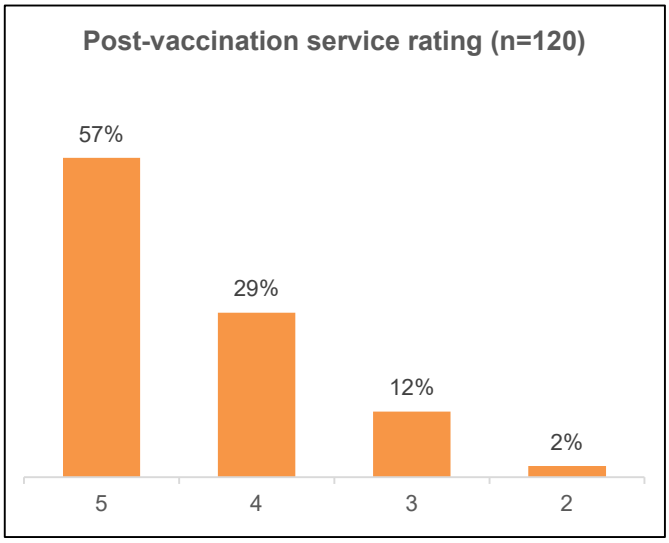


Figure 33 Post vaccination service rating

The programme shows early signs of sustainability, particularly through positive beneficiary experiences and confidence in the vaccination process. Strong post-vaccination support and minimal adverse effects contribute to building long-term trust. Going forward, sustained awareness efforts and stronger system linkages will be key to maintaining and expanding these gains.

Chapter 4

Recommendations

Chapter 4: Recommendations

Sl. No.	Category	Current Scenario/Findings	Recommendations
1.	Target Population Strategy	The programme focused primarily on beneficiaries aged 9–20 years, with limited continuation for older age groups due to low second-dose uptake in previous phases.	It may be beneficial to continue prioritising younger age groups while also exploring strategies to improve dose completion among older beneficiaries where feasible.
2.	Accessibility of Vaccination Camps	While camps were conducted across multiple locations, some beneficiaries had to travel distances to access vaccination services.	The programme may consider organising more decentralised vaccination camps in schools and community settings to improve accessibility and reduce travel burden.
3.	Community & Parental Engagement	Family plays a key role in vaccination decisions, but structured engagement with parents and caregivers remains limited.	It is suggested that the programme may enhance engagement with parents and caregivers through orientation sessions and community meetings to build trust and improve participation.
4.	Post-Vaccination Follow-up	Although post-vaccination observation was conducted, there is limited structured follow-up to track beneficiary health or ensure dose completion.	It may be beneficial to introduce a follow-up mechanism to monitor beneficiaries' post-vaccination and support the timely administration of subsequent doses.
5.	Sustainability & Partnerships	The programme aligns with national policies, but long-term sustainability depends on continued stakeholder engagement.	The programme may consider strengthening collaborations with government health systems, schools, and local healthcare providers to support long-term sustainability and scale.
6.	Urban–Rural Coverage	The current implementation has largely focused on urban and semi-urban areas, with relatively limited outreach in rural regions.	It is suggested that the programme may consider expanding its reach to rural areas, particularly targeting underserved populations with limited access to preventive healthcare services.
7.	Feedback Mechanism	There is a limited structured mechanism to collect feedback from beneficiaries' post-vaccination to assess satisfaction and improve programme delivery.	It is suggested that a feedback mechanism may be introduced to systematically collect beneficiary inputs post-vaccination, which can be used to strengthen programme design and implementation.
8.	Funding & Government Convergence	Currently, the programme is primarily supported through CSR funding and implemented by CPAA, which may limit its scalability and long-term sustainability.	It is suggested that the programme may explore convergence with government health schemes and initiatives related to ensure long-term sustainability and wider coverage. Strengthening collaboration with public health systems can support resource optimisation and institutionalisation of the programme.

Chapter 5

Impact Stories

Chapter 5: Impact Story

Aradhya's Journey from Awareness to Advocacy

Name: Aradhya Sandeep Kumbhar
Location: Kolhapur, Maharashtra

Aradhya, a school-going adolescent from Kolhapur, comes from a low-income household where awareness about cervical cancer and HPV vaccination was limited. Like many beneficiaries in the programme, her family was initially hesitant due to a lack of awareness and financial constraints.
After attending the awareness session conducted at her school, Aradhya developed a better understanding of cervical cancer and the importance of early vaccination. She shared this information with her family, which helped address their concerns and build confidence in the vaccination process.

Through the programme, Aradhya received the HPV vaccine free of cost, an opportunity that would have otherwise been difficult for her family to access. The vaccination process was smooth, and she did not face any major issues.
Since then, Aradhya has become more aware of preventive healthcare and its importance. She also shares this knowledge with her peers and within her community, encouraging others to make informed health decisions.

Outcome:
Aradhya's journey highlights how improved awareness and access to healthcare services can support informed decision-making and contribute to positive behavioural change within the community.

Aachal's Story from Hesitation to Confidence

Name: Aachal Harivansh Jaiswal
Location: Mumbai, Maharashtra

Aachal, a student from Mumbai, comes from a background where awareness about cervical cancer and HPV vaccination was limited. When she first learned about the vaccine, she experienced hesitation and discouragement from people around her, which made the decision challenging.

After attending the awareness session conducted at the vaccination camp, Aachal gained a clearer understanding of the disease and the importance of early prevention. The information shared during the session helped address her doubts and build confidence in the vaccination process.

With support from the programme team, she decided to go ahead with the vaccination. The process was smooth, and the availability of the vaccine free of cost made it accessible, as it would have otherwise been difficult for her family to afford.

Following this, Aachal began discussing the vaccine with her family members, gradually influencing their perceptions and encouraging more openness towards preventive healthcare.

Outcome:
Aachal's experience highlights how awareness and supportive interventions can help build confidence, overcome hesitation, and enable informed health decisions among beneficiaries.

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A-404-405, SWATI TRINITY

Applewood Township, SP Ring Road,

Shela Ahmedabad, Gujarat 380058