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Executive Summary

Project Khwaish

FY 2025-26

Introduction

Project Khwaish, initiated by RBL Bank Limited, is a targeted healthcare intervention designed to provide financial assistance to girl children (0–18 years) diagnosed with malignant solid tumours from economically vulnerable households. Implemented during FY 2023–24, the programme aimed to address the dual challenge of high cancer treatment costs and gender-based inequities in healthcare access.

Through partnerships with leading tertiary cancer care institutions, the programme provided financial support of up to ₹4 lakh per beneficiary to cover chemotherapy, surgery, radiation, diagnostics, and hospitalisation costs. By embedding financial assistance within hospital systems, Project Khwaish ensured timely treatment initiation, reduced abandonment, and enabled uninterrupted access to life-saving oncology care.

Beyond financial aid, the programme contributed to improved caregiver confidence, reduced psychological distress, and strengthened treatment adherence. By focusing exclusively on vulnerable girl children, the initiative reflects RBL Bank's commitment to inclusive healthcare and equitable access to critical medical services.

Relevance of the Project

Cancer treatment in India poses a significant financial burden, particularly for low-income households, where costs often exceed annual income and lead to catastrophic health expenditure. These financial constraints frequently result in delayed treatment, discontinuation, or complete abandonment of care.

Existing government schemes, while beneficial, often have limited coverage or procedural delays, leaving critical treatment gaps—especially for prolonged or complex cancer therapies. Additionally, gender disparities further restrict access, with girls often receiving delayed or deprioritised care in resource-constrained households.

Project Khwaish directly addresses these gaps by providing targeted financial support to vulnerable girl children, ensuring access to timely and continuous treatment. By complementing existing schemes and reducing out-of-pocket expenditure, the programme plays a critical role in improving treatment adherence, preventing financial distress, and enhancing survival outcomes.

Project Objectives

The primary objectives of Project Khwaish were as follows:

To improve access to cancer treatment for economically vulnerable girl children

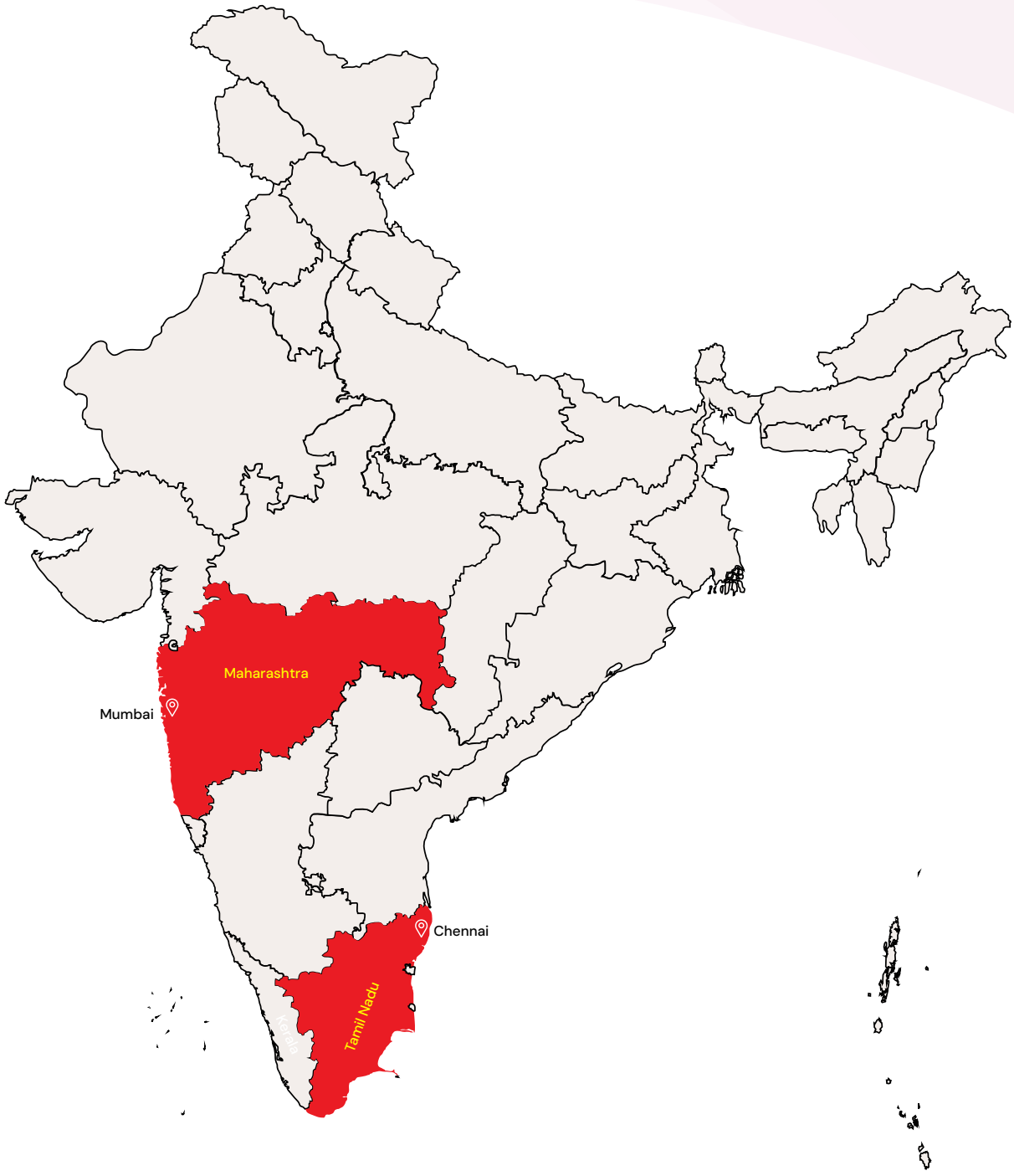
To reduce treatment abandonment and ensure continuity of care

To alleviate financial burden and catastrophic health expenditure for families

To enhance overall well-being of beneficiaries and caregivers

To strengthen institutional mechanisms for efficient programme delivery

Geographic Coverage of the Programme



The programme was implemented through partner hospitals located in Mumbai and Chennai, with beneficiaries travelling from diverse urban, peri-urban, and rural regions across multiple states.

This institutional model enabled nationwide reach by leveraging tertiary care centres, ensuring that patients from underserved regions could access specialised oncology treatment without procedural barriers.

Project Activities

Key activities undertaken under the programme included:

1. Identification and enrolment of eligible beneficiaries through hospital-based screening
2. Socio-economic assessment and verification of financial eligibility
3. Disbursement of financial assistance for treatment costs
4. Coordination with hospitals for treatment delivery (chemotherapy, surgery, radiation, bone marrow transplantation)
5. Post-treatment follow-up and long-term surveillance support

Sampling

A purposive sampling approach was adopted to ensure meaningful representation of beneficiaries supported under Project Khwaish during FY 2023–24. The sample was curated in collaboration with partner hospitals to include beneficiaries across diverse treatment stages, including chemotherapy, surgical interventions, and multi-cycle treatment protocols.

The study captured perspectives from multiple stakeholder groups, including beneficiaries, caregivers, oncologists, medical social workers, nurses, hospital administrators, and the RBL CSR team. In total, **66 in-depth interviews (IDIs)** were conducted across partner hospitals.

Primary data collection was undertaken through in-person interactions, supplemented by a review of secondary programme documents. This multi-stakeholder and qualitative approach enabled a comprehensive understanding of treatment journeys, financial coping mechanisms, programme implementation processes, and overall impact on household well-being.

Key Findings

Objective Achievement Status

Key Objective	Achievement Status	Remark
Beneficiary Identification	Fully Achieved	Beneficiaries were systematically identified through hospital-based socio-economic screening, ensuring that 100% belonged to households earning ≤₹4 lakh annually, targeting the most vulnerable segment.
Financial Assistance	Fully Achieved	Financial support of up to ₹4 lakh per beneficiary was disbursed, with ₹3.17 crore invested, enabling access to critical treatment components including chemotherapy, surgery, and diagnostics.
Treatment Continuity	Fully Achieved	All supported beneficiaries adhered to prescribed treatment protocols, with no instances of financially driven treatment abandonment reported among the sample.
Financial Protection	Fully Achieved	The programme enabled families to avoid out-of-pocket expenditure of approximately ₹2–4 lakh per case, significantly reducing reliance on borrowing and asset liquidation.
Caregiver Well-being	Partially Achieved	Caregiver stress levels reduced substantially post-support (reported decline from high to minimal stress levels), with improved ability to focus on caregiving and treatment compliance. However, most caregivers continued to experience persistent anxiety regarding disease relapse and the child's long-term health outcomes.
Programme Effectiveness (Value Creation)	Fully Achieved	The programme generated a strong social return, with an SROI ratio of 4.34:1, indicating that every ₹1 invested created ₹4.34 in social and economic value.

In relation to the achievement of project objectives, the following analysis provides an in-depth understanding of the evaluation framework and key outcomes. The impact assessment for Project Khwaish was conducted using the IRECS Framework. The IRECS Framework has been applied to assess the inclusiveness, relevance, expectations, convergence, and service delivery effectiveness of the programme. Each criterion examined specific dimensions, such as the programme's ability to reach vulnerable beneficiaries, address financial and healthcare needs, ensure treatment continuity, align with existing institutional and policy frameworks, and deliver support in a timely and efficient manner.

The section below highlights the project's impact, offering a detailed analysis of its key outcomes. Among the notable findings are the reduction of catastrophic health expenditure, ensured continuity of treatment without financial interruption, improved treatment adherence, reduced caregiver stress, and enhanced access to life-saving oncology care for vulnerable girl children.

IRECS Framework Analysis

Inclusiveness (The extent to which communities equitably access the benefits of assets created and services delivered)	• Age Group: Programme exclusively serves girl children aged 0-18 years diagnosed with malignant solid tumours. • Gender Representation: 100% beneficiaries are female, directly addressing gender-based vulnerabilities in cancer treatment access. • Geographical Reach: Beneficiaries accessed support through 3 partner hospitals across Mumbai and Chennai, with families travelling from peri-urban and rural regions. • Socio-Economic Targeting: 100% of beneficiaries come from households with annual income ≤₹4 lakh, with many primary earners working as daily wage labourers, agricultural workers or in informal sector jobs. • Financial Support Structure: Up to ₹4 lakh per beneficiary provided for chemotherapy, surgery, radiation therapy, diagnostics and hospitalisation costs.
Relevance (The extent to which the project is geared to respond to the 'felt' needs of the community)	• Financial Toxicity: Cancer treatment costs frequently exceed annual household income for low-income families, causing catastrophic health expenditure and forcing borrowing, asset sales or treatment abandonment. • Treatment Cost Burden: Caregivers reported that without Khwaish support, 67% would have been forced to take high-interest loans or sell assets, while others contemplated discontinuing treatment altogether. • Gap-Filling Role: Programme complements government schemes (PMJAY, state insurance) and institutional funds by covering critical treatment components often excluded from other support mechanisms, particularly extended chemotherapy, BMT and major hospital charges.

Expectations (The extent of intended and unintended positive benefits, socio-economic and cultural changes that have accrued for beneficiaries)	• Treatment Continuity: All 190 beneficiaries received financial support enabling adherence to prescribed treatment protocols without financially driven interruptions. • Treatment Outcomes: Beneficiaries successfully completed chemotherapy cycles, surgeries and radiation therapy as clinically advised, with follow-up protocols established for long-term surveillance. • Financial Protection: Families avoided catastrophic out-of-pocket expenditure averaging ₹2-4 lakh per case, preventing debt spirals and asset liquidation during treatment. • Psychological Impact: Caregivers reported a significant reduction in stress levels (from 5/5 to 1/5 on self-reported scales) after financial support was confirmed, enabling better focus on caregiving and the child's emotional needs. • Economic Stability: Programme prevented families from falling into deeper debt, preserved remaining household assets and enabled caregivers to gradually resume income-generating activities post-intensive treatment phases
Convergence (To what extent does the intervention support national legislation and initiatives that aim to improve equality and human rights? What lessons can be learned?)	• Alignment with CSR Rules: Promoting healthcare, including preventive health; Schedule VII (Section i) of the Companies Act, 2013. Promoting gender equality and reducing inequalities faced by socially and economically backward groups; Schedule VII (Section iii). • Alignment with SDGs: The programme supports SDG 3: Good Health and Well-being (Targets 3.4, 3.8), SDG 5: Gender Equality (Target 5.1) and SDG 10: Reduced Inequalities (Targets 10.2, 10.3) by providing financial protection for life-saving cancer treatment to vulnerable girl children. • Alignment with ESG Principles: Principle 1: Businesses should conduct themselves with integrity and in a manner that is ethical, transparent and accountable; Principle 3: Businesses should respect and promote the well-being of all employees, including those in their value chains;

	Principle 5: Businesses should respect and promote human rights; Principle 8: Businesses should promote inclusive growth and equitable development. • Alignment with National Policies: The programme aligns with National Health Policy 2017 (Universal Health Coverage), National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), Ayushman Bharat - PMJAY, National Cancer Control Programme (NCCP) and National Policy for Children 2013.
Service Delivery (The degree to which cost- and time-efficient methods and processes were employed to achieve results, along with the likelihood that the net benefits of the intervention will continue)	• Application Process: Beneficiaries identified through hospital-based medico-social screening mechanisms using standardised socio-economic assessment tools (Kuppuswamy scale, income declaration forms, patient information sheets). • Integration with Hospital Systems: Programme embedded within established hospital workflows, with medico-social workers facilitating documentation, eligibility verification and fund disbursement, reducing administrative burden on families. • Timeliness: Funds disbursed directly to hospitals based on treatment requirements, with assessment committees making same-day decisions in many cases to prevent treatment delays. • Stakeholder Satisfaction: All caregivers reported positive experiences with application processes, hospital staff support and accessibility of medico-social workers. Caregivers consistently rated hospital teams as supportive, respectful and responsive. • Follow-up Systems: Partner hospitals implemented structured follow-up protocols with weekly reviews during active treatment, monthly calls post-treatment completion and regular surveillance for long-term survivorship monitoring.

Theory of Change

IMPACT

- Improved health-seeking behaviour; reduced delay in diagnosis and treatment.
- Timely treatment initiation and increased treatment acceptance.
- Better disease control, improved prognosis, and higher chances of remission.
- Improved long-term survival, disease control and quality of life.

OUTCOMES

- Increased awareness of Khwaish support and treatment pathways.
- Financial barriers were reduced; a major reduction in out-of-pocket expenditure.
- Higher treatment completion; fewer dropouts.
- Sustained engagement with healthcare; early detection of complications.

OUTPUTS

- 190 eligible beneficiaries identified and registered; socio-economic assessments completed.
- Funds utilisation documented:
  - 0.6 Cr. disbursed to Narayana Health
  - 1.6 Cr. disbursed to ImPaCCT Foundation.
  - 0.8 Cr. disbursed to Adyar Cancer Institute.
- Treatment procedures were delivered to all 190 patients; adherence to protocols was established by individual hospitals.

ACTIVITIES

- Identification and enrolment of girls (0-18 years) with malignant solid tumours and annual household income ≤₹4 lakh through partner hospitals.
- Financial assistance up to ₹4 lakh per beneficiary is provided through partner hospitals for treatment costs.
- Coordination with hospitals for consultations, investigations, surgeries, chemotherapy and radiation.

Social Return on Investment (SROI)

A comprehensive SROI analysis was conducted to quantify the social value generated by Project Khwaish in relation to the financial investment made during FY 2023-24.

SROI for Project Khwaish	
Total Input Cost	**₹3.17 Crore**
Total Net Impact	**₹14.79 Crore**
Net Present Value (NPV)	**₹13.77 Crore**
SROI Ratio	**4.34: 1**

Table 2: SROI for Project Khwaish

For every **₹1 invested** by RBL Bank in Project Khwaish, **₹4.34 in verified social and economic value** was generated for beneficiaries, their families and the wider healthcare system.

Project Khwaish has demonstrated strong effectiveness as a targeted healthcare intervention addressing financial and gender-based barriers in cancer treatment. By ensuring uninterrupted access to life-saving care, the programme has significantly reduced treatment abandonment and financial distress among vulnerable households.

Its institutional integration, high beneficiary satisfaction, and strong alignment with national priorities highlight its scalability and sustainability potential. The programme not only improves health outcomes but also safeguards families from long-term economic hardship, contributing to broader goals of equitable healthcare access.

Recommendations

S.No	Impact Finding	Recommendation for Implementation Agency
1	Families faced challenges in managing non-medical expenses (travel, accommodation, nutrition) during treatment	Expand support to include complementary assistance (e.g., travel, stay, nutrition) through partnerships or convergence with existing schemes
2	Repeated documentation across schemes increased caregiver burden	Streamline documentation processes by creating a unified or shared verification system across hospitals and schemes
3	Limited integration with other welfare schemes at the beneficiary level	Strengthen convergence with government schemes (PMJAY, state funds) and CSR initiatives to create a comprehensive support ecosystem
4	Psychological stress among caregivers remained high during treatment phases	Introduce structured psychosocial support services, including counselling and peer support groups for caregivers
5	Data gaps in treatment-wise fund utilisation affected detailed analysis	Develop standardised data management systems across partner hospitals for improved monitoring and evaluation
6	Opportunity to enhance long-term beneficiary tracking and outcomes	Establish a structured longitudinal tracking system to assess survivorship, quality of life, and long-term impact
7	Awareness of programme limited to hospital referral systems	Explore outreach strategies to strengthen early awareness and referral pathways, especially in underserved regions

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