



## Impact Assessment Report

# HPV Vaccination Drive for Girl Students in Lucknow, Uttar Pradesh

Project Code: G0040

## Executive Summary

Project G0040, part of HDFC Bank's Parivartan program, focuses on administering HPV vaccinations to government school girls in Lucknow, Uttar Pradesh. The project, initiated with the support of Hon. Governor Anandiben Patel and managed in collaboration with the NGO Yuva Unstoppable, targets a crucial health intervention to combat cervical cancer. The implementation process involved detailed planning and coordination with district officials, including the Assistant District Magistrate and District Inspector of Schools. Yuva Unstoppable played a central role in managing logistics, coordinating with Dr Ram Manohar Lohia Hospital for vaccine administration, and overseeing the overall execution.

The vaccination drive was carried out in three phases: the first dose was administered on 25-09-2022 to 2,560 girls; the second dose on 22-11-2022 to 1,816 girls; and the final dose on 25-03-2023 to 2,560 girls, completing the vaccine regimen. The project's outcomes included the successful vaccination of 2,560 girls, with a total of 6,936 vaccines administered. Educational campaigns were also conducted to raise awareness about HPV and cervical cancer, ensuring comprehensive coverage and impact.

**2,560**  
Beneficiaries

Target  
Beneficiaries:  
**School  
Girls**

**9-19 Years**  
Target Age

**6,936**  
Vaccines  
Administered

**2 Crores**  
Budget





**Prevalence of HPV and Cervical Cancer:** HPV causes over 70% of cervical cancer cases; cervical cancer is the third most common cancer in India with significant mortality.

**Target Age Group:** Focus on girls aged 9–19 aligns with WHO guidelines for maximum preventive benefits.

**Cultural and Informational Barriers:** High costs, cultural stigma, and misinformation hinder HPV vaccination uptake.

**Awareness Before Vaccination:** 55% of beneficiaries were unaware of HPV before the vaccination drive.

**Source of HPV Information:** 97% of those aware received information from school teachers.



**Awareness Camps:** 52% of beneficiaries were aware of camps; 84% attended the sessions.

**Content of Awareness Sessions:** Covered HPV transmission, cervical cancer, prevention, and vaccine significance.

**Materials Distribution:** 52% received HPV awareness materials like posters and pamphlets.

**Vaccination Rate:** 98% of girls received the HPV vaccine

**Dose Administration:** 52% received 2 doses, 44% received 3 doses, 4% received 1 dose.



**Adherence to Guidelines:** Followed WHO and CDC recommendations for dosing schedules.

**Timeliness:** Administered doses in September 2022, November 2022, and March 2023 as planned.

**Communication:** Vaccination dates communicated via email; follow-up reminders sent to 91% of beneficiaries.

**Procurement:** Gardasil vaccine procured at a lower cost per dose through bulk purchase.

**Accessibility:** 65% of beneficiaries had to travel over 10 km to the vaccination site; 96% were accompanied by teachers.



**Alignment with CSR Policy:** Matches activities in Schedule VII of the Companies Act 2013 for promoting health and sanitation.

**Alignment with SDGs:**

**Goal 3:** Promotes access to reproductive health services and vaccines.

**Goal 5:** Empowers girls by improving access to reproductive health.

**Goal 10:** Reduces health inequalities for marginalised communities.

**Alignment with ESG Principles:** Reflects the principles outlined in the Business Responsibility & Sustainability Reporting Format



**Understanding of HPV Vaccination:** 83% of beneficiaries understand its importance in preventing future diseases.

**Change in Attitudes:** 95% of those initially opposed to vaccination changed their views post-drive.

**Family Support:** 76% of family members now support vaccination and encourage others.

**Recommendation:** 59% of girls would recommend the vaccine to friends and family.

**Overall Experience:** 86% of beneficiaries rated their experience positively.



**Post-Vaccination Observation:** 70% of beneficiaries were observed after vaccination, with 96% finding this helpful for monitoring side effects.

**Immediate Side Effects:** 45% reported no side effects; 38% experienced mild reactions like pain or redness.

**Medical Support:** 50% received full support for side effects, while 12% reported no assistance from the hospital team.

**Severe Symptoms:** 96% reported no severe symptoms 1-2 weeks post-vaccination.

**Drive Satisfaction:** 85% rated the vaccination drive as well-organised and effectively managed.

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## Chapter 1

# Overview of HDFC CSR Policy and Project Alignment

## 1.1 HDFC Bank's CSR Policy

HDFC acknowledges the complexity of India's social challenges and the necessity for multifaceted approaches to tackle them effectively. To achieve a profound and lasting impact, HDFC engages in diverse social interventions and development initiatives to foster a developed and inclusive society. Their efforts encompass child welfare, community development and livelihood programs, support for differently-abled individuals, education, healthcare and sanitation, vocational training, and other initiatives dedicated to the overall betterment of society.<sup>1</sup>

The themes of HDFC's CSR project include:

- **Rural Development:** HDFC Bank's Holistic Rural Development Program (HRDP) is a cornerstone of its CSR strategy, aimed at integrating villages into the economic mainstream. This initiative is meticulously planned to address the unique needs of each village, developed in collaboration with local communities and stakeholders. The HRDP has successfully reached 8,590 villages, promoting comprehensive rural development and upliftment.
- **Skill Development and Livelihood Enhancement:** The Parivartan initiative spearheads HDFC Bank's efforts in skill training and livelihood enhancement. This program encompasses a broad spectrum of activities, including capacity building, financial literacy, and support for entrepreneurial ventures, especially in agriculture. Through these efforts, 8.75 lakh women entrepreneurs have been empowered with the skills and resources needed to thrive.
- **Promotion of Education:** HDFC Bank's educational initiatives are designed to improve the quality of learning and create a conducive educational environment. The bank's interventions focus on teacher training, innovative teaching methodologies, and the enhancement of school infrastructure. The introduction of smart classes across various states exemplifies the integration of technology in education. These initiatives have impacted 2.13 crore students and 2.83 lakh schools, contributing to a more effective learning experience.
- **Healthcare and Hygiene:** In alignment with the Swachh Bharat Abhiyan, HDFC Bank's healthcare and hygiene initiatives aim to promote cleanliness and improve public health. The bank supports various activities, including health camps, nutritional awareness programs, and the construction of sanitation facilities. These efforts have benefitted 1.87 lakh individuals, and the bank's blood donation drives have contributed over 23 lakh units of blood, significantly enhancing community health.
- **Financial Literacy and Inclusion:** HDFC Bank believes that financial literacy is fundamental to achieving financial inclusion. The bank conducts extensive financial literacy camps across its network of over 5,400 branches, educating 1.71 crore people on key financial concepts such as savings, investments, and accessing formal financial services. Additionally, the bank's branches provide essential financial services and capacity-building programs to further support community development.

<sup>1</sup> <https://www.hdfc.com/about-us/corporate-social-responsibility>

## 1.2 Project Context

HDFC Bank is transforming the lives of millions of Indians through its social initiatives. These initiatives fall under the umbrella of 'Parivartan', aiming to contribute to the economic and social development of the country by sustainably empowering its communities. 'Parivartan' has been a catalyst in making a difference in people's lives through its interventions in rural development, education, skill development and livelihood enhancement, healthcare and hygiene, and financial literacy. One of the key projects of the program is Project G0040, focused on providing HPV vaccinations to government school girls in Lucknow.

<sup>2</sup>

For this project, HDFC partnered with 'Yuva Unstoppable' as the implementing agency, aiming to provide HPV preventive vaccination jabs to female students from government schools in Lucknow, Uttar Pradesh. The HPV vaccination program conducted for these girls is a pivotal step towards improving public health in India.

Human papillomavirus (HPV) is the most common sexually transmitted infection (STI), with many individuals being asymptomatic carriers capable of infecting others through sexual contact. At any given time, about 6.6% of women in the general population are estimated to harbour cervical HPV infection. Notably, HPV serotypes 16 and 18 account for nearly 76.7% of cervical cancer cases in India.<sup>3</sup>

The goal of this project was to support and encourage the appropriate uptake of HPV preventive vaccinations among eligible girls from government schools in Lucknow. This initiative received mentorship from Hon. Governor UP Anandiben Patel and support from the UP Government, with Ram Manohar Lohia Hospital's doctors administering the vaccinations.

HPV is a common sexually transmitted virus, with most women and men becoming infected at some point in their lives, typically shortly after becoming sexually active. While most infections cause no symptoms and resolve without intervention within two years, certain types of HPV can lead to cancer or genital warts. HPV vaccination is recommended in early adolescence, aged 9–14/19 years, with a priority on vaccinating girls as part of comprehensive efforts to prevent and control cervical cancer. Vaccination of girls is recommended as a priority, as part of comprehensive efforts to prevent and control cervical cancer.<sup>4</sup>



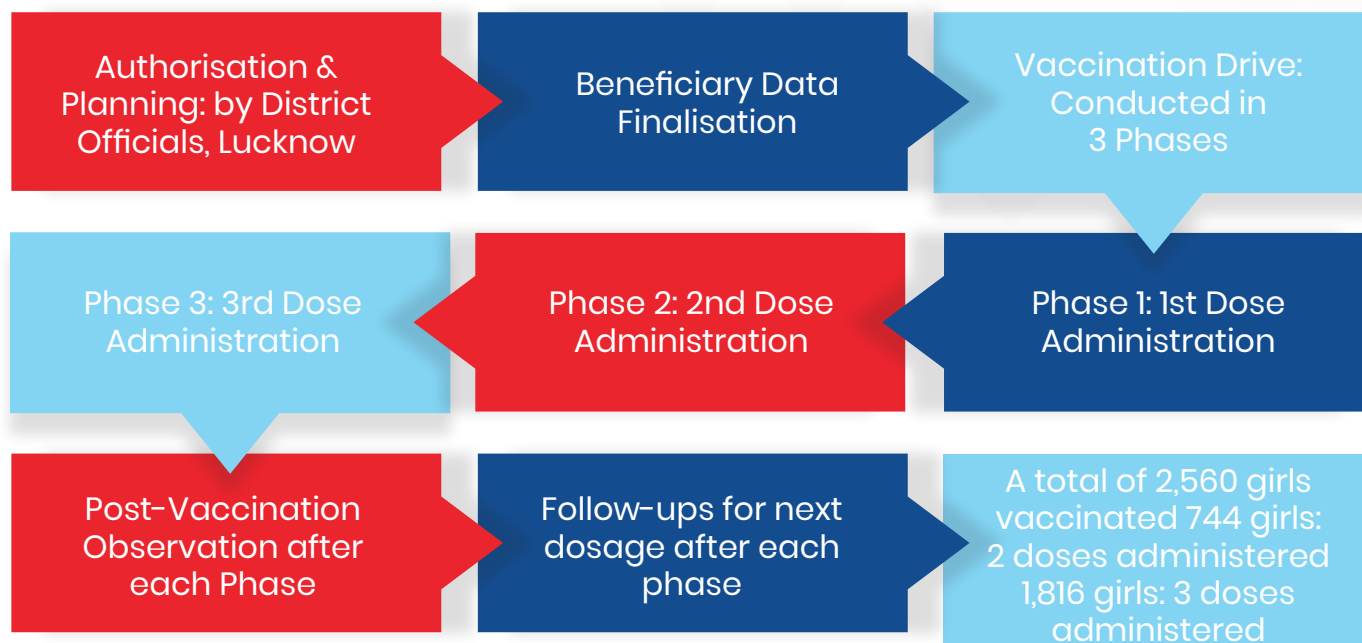
<sup>2</sup> <https://v.hdfcbank.com/csr/index.html>

<sup>3</sup> <https://www.hindustantimes.com>

<sup>4</sup> <https://www.who.int>

### 1.3 Project Details and Implementation Process of HPV Vaccination Drive

The figure below illustrates the implementation process followed throughout the HPV Vaccination Drive for Government School girls in Lucknow.



The following provides a detailed overview of the HPV vaccination drive, including key stakeholder involvement, the phases of vaccination, additional support provided, and the overall outcomes achieved.

#### Stakeholder Involvement

- **Mentorship:** Provided by Hon. Governor of Uttar Pradesh, Anandiben Patel.
- **District Officials:**
  - Assistant District Magistrate, Lucknow: Oversaw the authorisation and planning stages of the vaccination drive.
  - District Inspector of Schools, Lucknow: Managed the regulation of secondary schools and facilitated the finalisation of girl beneficiaries for the HPV vaccination.
- **Implementation Partner:** Yuva Unstoppable – Coordinated efforts between RML Hospital, and the District Administration, and managed the procurement of vaccines from the vendor, overseeing on-ground execution and ensuring smooth operations for the successful implementation of the vaccination drive.
- **RML Hospital:** Conducted awareness and counselling sessions, managed vaccination administration by a team including doctors, residents, nurses, and paramedics from Dr Ram Manohar Lohia Hospital, and provided post-vaccination services.

## 1. Authorisation and Planning:

- **DM Authorisation Letter:** Received on 18-07-2022. This letter provided official authorisation from the District Magistrate of Lucknow to initiate the HPV vaccination drive.
- **Beneficiary Data Finalisation:** Completed on 25-08-2022. The data of students eligible for vaccination was finalised by the DM Office, RML Hospital, and Yuva Unstoppable.

## 2. Vaccination Phases:

- **1st Dose Administered:**  
Date: 25-09-2022  
Details: The first dose was administered to a total of 2,560 girls. Specifically, 744 girls below 14 years and 1,816 girls above 14 years received their initial vaccine.
- **2nd Dose Administered:**  
Date: 22-11-2022  
Details: The second dose was administered to 1,816 girls, including those who had previously received their first dose.
- **Final Dose Administered:**  
Date: 25-03-2023  
Details: The final dose was given to 2,560 girls. The 744 girls below 14 years received their 2nd dose and 1,816 girls above 14 years received their 3rd dose.

## 3. Additional Support and Follow-Up:

- **Post-Vaccination Observation:** Implemented to monitor any immediate side effects and ensure the safety and well-being of the beneficiaries.
- **Educational and Awareness Campaign:** Conducted throughout the vaccination period to inform beneficiaries about HPV, cervical cancer, and the importance of completing the vaccine regimen.

## 5. Outcomes:

- **Total Individuals Vaccinated:** 2,560 girls received all three doses of the HPV vaccine.
- **Total Number of Vaccines:** A total of 6,936 vaccines were required for the 1st, 2nd, and 3rd doses combined.
- **Coverage:** Comprehensive coverage of the target age group, addressing the critical need for HPV vaccination in preventing cervical cancer.



## Chapter 2

# Design and Approach for Impact Assessment

## 2.1 Objectives of The Study

HDFC Ltd. has partnered with 'YUVA Unstoppable' to support the '**HPV Preventive Vaccination Drive Program**' for female students in government schools across Lucknow and Uttar Pradesh. The primary objectives of the program are as follows:

- **Increase Awareness:** Educate the public, especially young women, about HPV and its association with cervical cancer.
- **Promote Vaccination:** Encourage eligible individuals to receive the HPV vaccine.
- **Reduce Cervical Cancer Rates:** Achieve a measurable reduction in cervical cancer incidence through widespread vaccination.

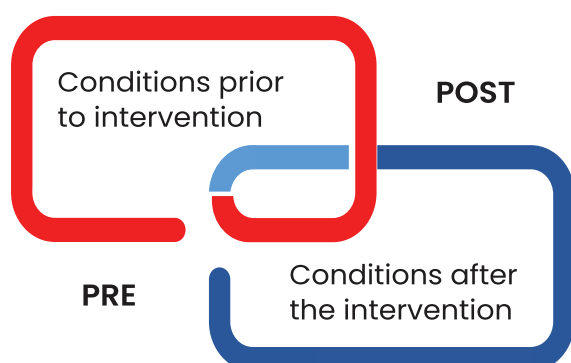
A comprehensive Impact Assessment of the HPV Vaccination Drive has been conducted to evaluate the program's impact. The study focused on achieving the following key objectives:

- **Evaluate Program Effectiveness:** Assess how effectively the program achieved its goals of increasing awareness about HPV and its link to cervical cancer among young girls and the wider community.
- **Promote Vaccine Uptake:** Analyse the success of efforts to encourage eligible individuals to receive the HPV vaccine.
- **Measure Health Impact:** Examine the program's role in reducing cervical cancer incidence through widespread vaccination.
- **Provide Actionable Insights:** Offer key insights into the program's success and identify areas for improvement, enabling future initiatives to further enhance public health outcomes.

## 2.2 Evaluation Framework and Indicators

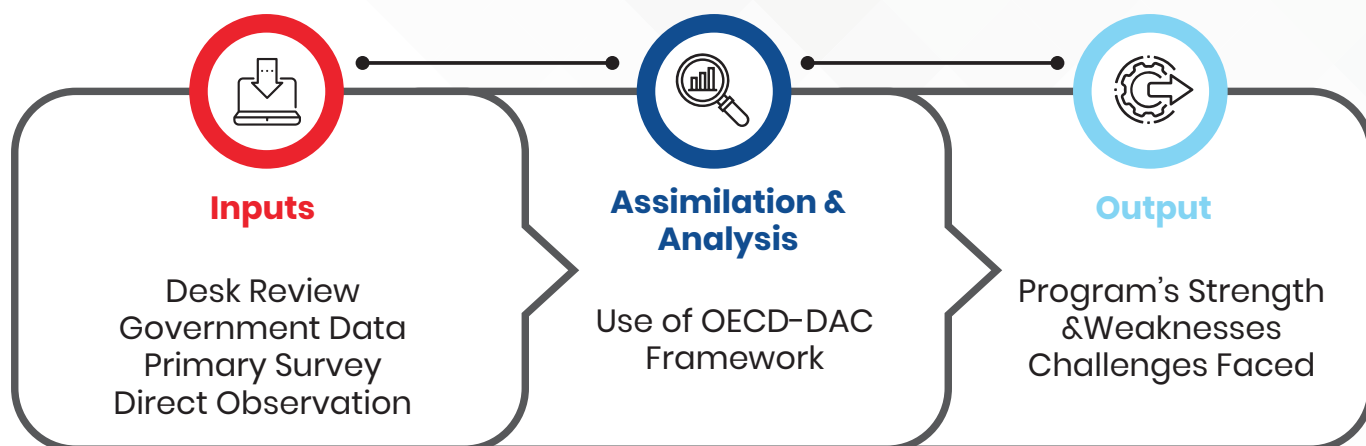
Given the study's objectives and key areas of inquiry, the design of the evaluation focussed on learning as the prime objective. In this section, we present our approach

to developing and executing a robust, dynamic, and result-oriented evaluation framework/design.



To measure the impact, a pre-post program evaluation approach was employed for the study. This approach is dependent on the recall capacity of the respondents. Under this approach, the beneficiaries are enquired about conditions prior to the program intervention and after the program intervention. The difference helps in understanding the contribution of the program in improving the intended condition of the

beneficiary. This approach at best can comment on the contribution of the program in improving the living standards though may not be able to attribute the entire changes to the program. Other external factors may also play a role in bringing positive changes along with the program. Hence, the contribution was assessed but attribution may not be entirely assigned to the program.



The current evaluation has been reflective and, at the same time, forward-looking. Strategic evaluations contribute to learning about issues that are central to strategic decision-making and related actions that affect the ability to achieve planned results. The evaluation encompasses the processes and outcomes of the program and provides an evidence-based assessment of its performance and achievements.

### Assessment Framework for Project

To determine the relevance, efficiency, coherence, effectiveness, impact and sustainability of the project, the evaluation has used the OECD-DAC Framework. Using the OECD-DAC framework, the evaluation has been able to assess the HDFC CSR Team'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:



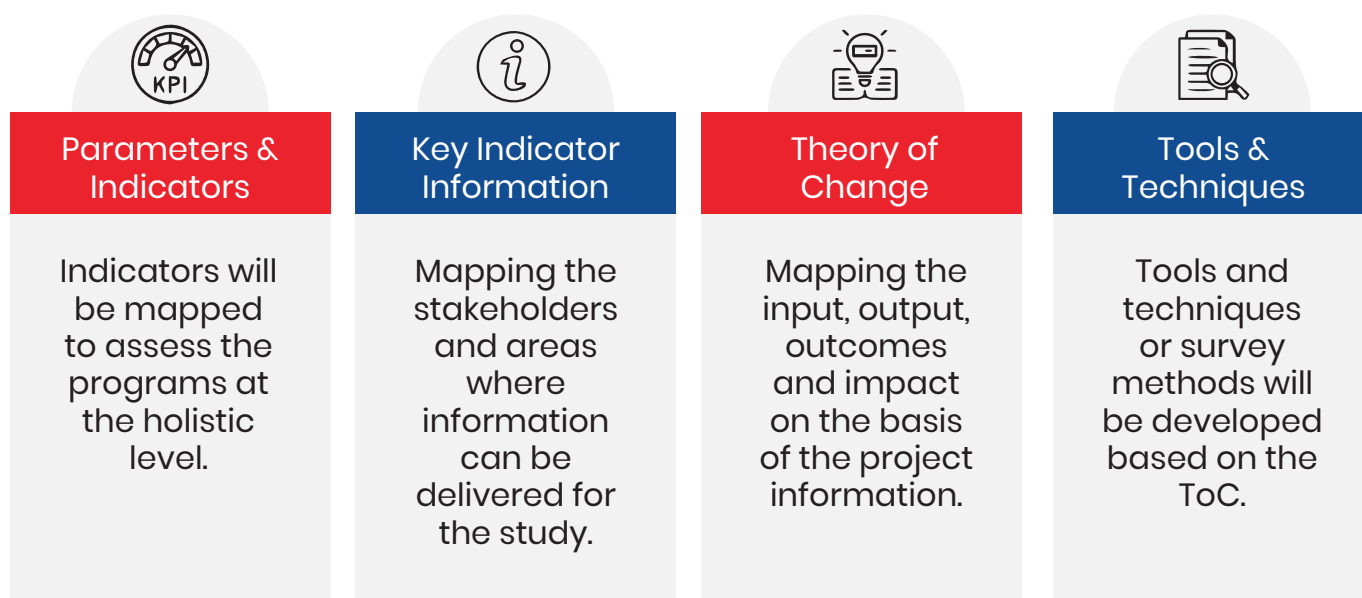
The OECD Development Assistance Committee (DAC) framework sets global standards for evaluating development cooperation through six core criteria: relevance, coherence, effectiveness, efficiency, impact, and sustainability. These criteria form a structured, normative framework for assessing the value of development interventions—whether policies, strategies, programs, projects, or activities. They provide a foundation for evaluative judgments, ensuring that interventions are analyzed based on their alignment with objectives, efficiency of resources, and long-term benefits.<sup>5</sup>

<sup>5</sup> <https://www.oecd.org>

- **Relevance:** This assesses if an intervention is addressing the right issues. It involves examining the alignment of the intervention's objectives with the needs of beneficiaries and stakeholders, its adaptability to changing contexts, and its contribution to broader goals like the SDGs. Relevance also involves evaluating whether marginalized groups' needs are considered.
- **Coherence:** This criterion evaluates how well the intervention fits within the wider policy framework. It assesses both internal coherence (alignment with the policies of the institution or government responsible) and external coherence (alignment with other actors' interventions). This includes examining synergies, potential trade-offs, and consistency with international norms and standards.
- **Effectiveness:** It determines whether the intervention achieves its objectives and produces the desired results. This criterion looks at the extent of the intervention's success and any unintended outcomes, including an analysis of differential results across groups. It also identifies the factors contributing to or hindering these achievements.
- **Efficiency:** This evaluates how well resources (such as funds, time, and human capital) are used to achieve results. It looks at both economic efficiency (converting inputs to outputs in a cost-effective manner) and operational efficiency (optimal use of resources during implementation). Timeliness in achieving results is also a crucial aspect of this criterion.
- **Impact:** This examines the long-term effects of an intervention, including both intended and unintended outcomes. It focuses on the broader, higher-level changes resulting from the intervention, beyond the immediate results. This could involve social, economic, or environmental changes.
- **Sustainability:** This criterion considers whether the benefits of an intervention are likely to continue after the intervention ends. It assesses the long-term viability of the results, including institutional, financial, and environmental sustainability. Evaluators look at the capacity of stakeholders to maintain the intervention's outcomes.

## Key Information Matrix

The indicators or parameters for the impact assessment are defined and further elaborated by the development of the Theory of Change (ToC). The parameters are developed based on the indicators or pillars of the OECD-DAC framework.



The evaluation matrix below maps the evaluation questions with the key information areas, the source of data collection, and the methods used for data collection. As stated above, the information and indicative areas will be mapped based on the OECD-DAC framework, these key information areas will play an instrumental role in the development of data collection tools and data analysis. As of now, the list is tentative and will only expand further with a better understanding of the programs based on the collaborations and tangible and intangible outputs and outcomes.

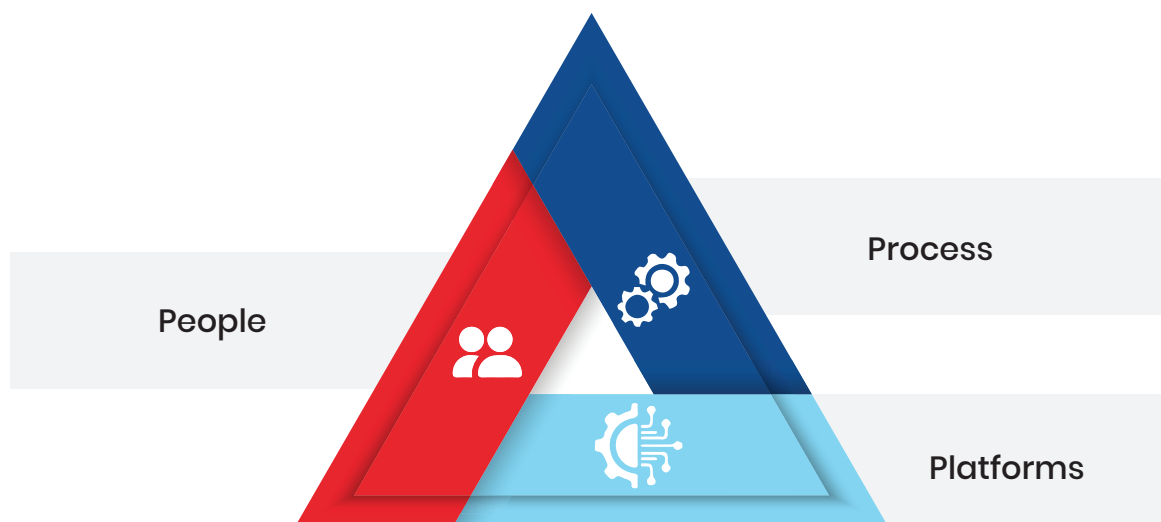
## Evaluation Matrix

| OECD-DAC Components | Indicators                                                                                                                                                                                                                                                                                                   | Data Sources                                                                                                                                                                                                                              |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Relevance           | <ul style="list-style-type: none"> <li>Assessment of the need for the project</li> <li>Community's perceptions about HPV and cervical cancer</li> <li>Family Income of the Beneficiaries</li> </ul>                                                                                                          | <ul style="list-style-type: none"> <li>Quantitative Data: Survey with Girl Beneficiaries</li> <li>Qualitative Data: In-depth interviews with doctors, nurses, hospital staff, project team members</li> <li>Secondary Research</li> </ul> |
| Effectiveness       | <ul style="list-style-type: none"> <li>Percentage of target beneficiaries who got vaccinated</li> <li>Knowledge gained about HPV and its vaccination importance</li> <li>Attitude change amongst girl beneficiaries and community</li> <li>Normalisation of discussions about HPV and its vaccine</li> </ul> |                                                                                                                                                                                                                                           |
| Efficiency          | <ul style="list-style-type: none"> <li>Timely administration of vaccine doses in regular intervals</li> </ul>                                                                                                                                                                                                |                                                                                                                                                                                                                                           |

| OECD-DAC Components | Indicators                                                                                                                                                                                                                                                                                                                                    | Data Sources |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Relevance           | <ul style="list-style-type: none"> <li>Follow up by the YUVA staff for the booster doses.</li> <li>Number of days taken to complete all the rounds of vaccination</li> <li>Number of personnel (hospital staff members) members involved in the vaccination drive.</li> <li>The Average cost of one single dose of HPV vaccination</li> </ul> |              |
| Coherence           | <ul style="list-style-type: none"> <li>Alignment with the National, State, and Global (SDGs) Policies</li> </ul>                                                                                                                                                                                                                              |              |
| Impact              | <ul style="list-style-type: none"> <li>Side effects after the HPV vaccinations</li> <li>Increased awareness amongst females and the community about HPV and Cervical Cancer</li> </ul>                                                                                                                                                        |              |
| Sustainability      | <ul style="list-style-type: none"> <li>Long-term plans for maintaining vaccination coverage</li> <li>Infection Rates of Vaccinated Beneficiaries/Patients</li> </ul>                                                                                                                                                                          |              |

### Framework for evaluation of the implementing agency:

The Golden Triangle framework of People, Process, and Platforms would be used to assess the implementing agency responsible for the execution of the project.



| Parameters | Indicators                                                                                                                                                                                                                                                                                                                            |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| People     | <ul style="list-style-type: none"> <li>Internal <ul style="list-style-type: none"> <li>-Executive</li> <li>-Business Analysis</li> <li>-Governance/Board</li> </ul> </li> <li>External <ul style="list-style-type: none"> <li>-Customers/Clients</li> <li>-Vendors</li> </ul> </li> <li>KRA's assigned to employees/people</li> </ul> |
| Process    | <ul style="list-style-type: none"> <li>KPI's</li> <li>Score Cards</li> <li>Data Collection process</li> <li>Project implementation process</li> </ul>                                                                                                                                                                                 |
| Platforms  | <ul style="list-style-type: none"> <li>Dashboards</li> <li>Privacy/Security of data</li> <li>Data Base Management System</li> <li>Predictive</li> <li>Hardware</li> </ul>                                                                                                                                                             |

## 2.3 Methods of Data Collection

A comprehensive approach involving the collection of both qualitative and quantitative data, utilising primary and secondary sources, has been adopted. This methodology will enable 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 below illustrates the study approach that will be used in data collection.



The team has sourced primary data through telephonic surveys conducted virtually, as well as through in-person qualitative interactions. For qualitative primary data collection, interview guides for conducting In-depth Interviews (IDIs) and Focused Group Discussions (FGDs) have been utilised.

In addition to collecting primary data, various project documents have been analysed. These documents may have encompassed the Project Proposal, Project Log Frame (Logical Framework Analysis), Baseline Data, Project Cost Breakdown, and other relevant variables.

Furthermore, the team has assessed project implementation timelines, communication and documentation materials, and other pertinent reports or literature associated with the projects. Additionally, project implementation-related documents have been scrutinised to extract details on activities, processes, the number of beneficiaries served, and budget allocation and expenditure across different budgetary categories.



## 2.4 Sampling Approach

### Quantitative Sampling:

A simple random sampling approach is followed to ensure that the sample is representative and covers the beneficiaries across the project location. The team carried out the sampling based on considering a Confidence Level of 95% and a 5% Margin of Error for the project.

| S. No. | Primary Stakeholders                | Universe | Proposed Sample | Achieved Sample | Rationale                                                                                    | Mode of Data Collection |
|--------|-------------------------------------|----------|-----------------|-----------------|----------------------------------------------------------------------------------------------|-------------------------|
| 1      | Female Students (9-19 Years of Age) | 2,560    | 368             | 368             | Confidence Level-95%<br>Margin of Error- 5%<br>Population Proportion- 50%<br>Contingency-10% | Virtual Data Collection |

### Quantitative Sampling:

| S. No        | Stakeholders                  | No. of Interviews | Method of Data Collection |
|--------------|-------------------------------|-------------------|---------------------------|
| 1.           | Doctor                        | 2                 | IDIs                      |
| 2.           | Nurse                         | 1                 | IDI                       |
| 3.           | District Officials            | 2                 | IDIs                      |
| 4.           | Yuva Unstoppable Team Members | 2                 | IDIs                      |
| 5.           | Mothers/Guardian              | 1                 | IDI                       |
| 6.           | Fathers                       | 1                 | FGD with 4 fathers        |
| <b>Total</b> |                               | <b>9</b>          |                           |

## 2.5 Theory of Change

| Activity                                         | Output                                                                                          | Outcome                                                                               | Impact                                                            |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Identification and Finalisation of Beneficiaries | <ul style="list-style-type: none"> <li>2,560 number of girl beneficiaries identified</li> </ul> | Ensuring effective targeting to reach the right beneficiaries for vaccination efforts | Reduced incidence of cervical cancer among targeted beneficiaries |

| Activity                                                                                  | Output                                                                                                                                                                                                                                                                | Outcome                                                            | Impact                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Awareness/ Counselling Sessions                                                           | <ul style="list-style-type: none"> <li>Number of parents and students attending the sessions.</li> <li>Number of medical and para-medical staff involved in the sessions.</li> <li>Number of stakeholders participating in the Q&amp;A round post-sessions</li> </ul> | Increased awareness about HPV and cervical cancer                  | Enhanced community understanding and support for vaccination efforts                                                                                                                                                    |
| Administration of 1st Dose (25/ 09/ 2022) & Collection of Beneficiaries Data for 1st Dose | <ul style="list-style-type: none"> <li>744 Girls vaccinated below 14 years of age.</li> <li>1,816 Girls vaccinated above 14 years of age.</li> </ul>                                                                                                                  | Increased initial protection against the disease for beneficiaries | <ul style="list-style-type: none"> <li>Improved health outcomes and reduced HPV infection rates and prevalence of cervical cancer.</li> <li>Strengthened long-term immunity and reduced cervical cancer risk</li> </ul> |
| Administration of 2nd Dose (22/11/2022) & Collection of Beneficiaries Data for 2nd Dose   | <ul style="list-style-type: none"> <li>1,816 Girls to be vaccinated above 14 Years of age</li> </ul>                                                                                                                                                                  | Enhanced immunity and increased protection against the disease.    |                                                                                                                                                                                                                         |
| Administration of 3rd Dose (25/03/2023) & Collection of Beneficiaries Data for 3rd Dose   | <ul style="list-style-type: none"> <li>744 Girls vaccinated below 14 Years of Age.</li> <li>1,816 Girls vaccinated above 14 Years of age</li> </ul>                                                                                                                   | Enhanced immunity and increased protection against the disease.    |                                                                                                                                                                                                                         |

## 2.6 Challenges in Conducting the Study and Mitigation Measures Adopted

### Challenge Faced:

- **Availability of Participants:** Since the study targeted school-going girls aged 9-19 years, many were unavailable for phone interviews during school hours. Additionally, as parents typically owned the mobile phones, their work schedules often caused delays in reaching the girls for the survey.

### Mitigation Measure Adopted:

- **Flexible Scheduling:** To address this challenge, the study team implemented a flexible scheduling approach, coordinating with parents to arrange survey calls at convenient times that accommodated both the girls' school hours and the parents' work schedules. This ensured better participation and data collection.



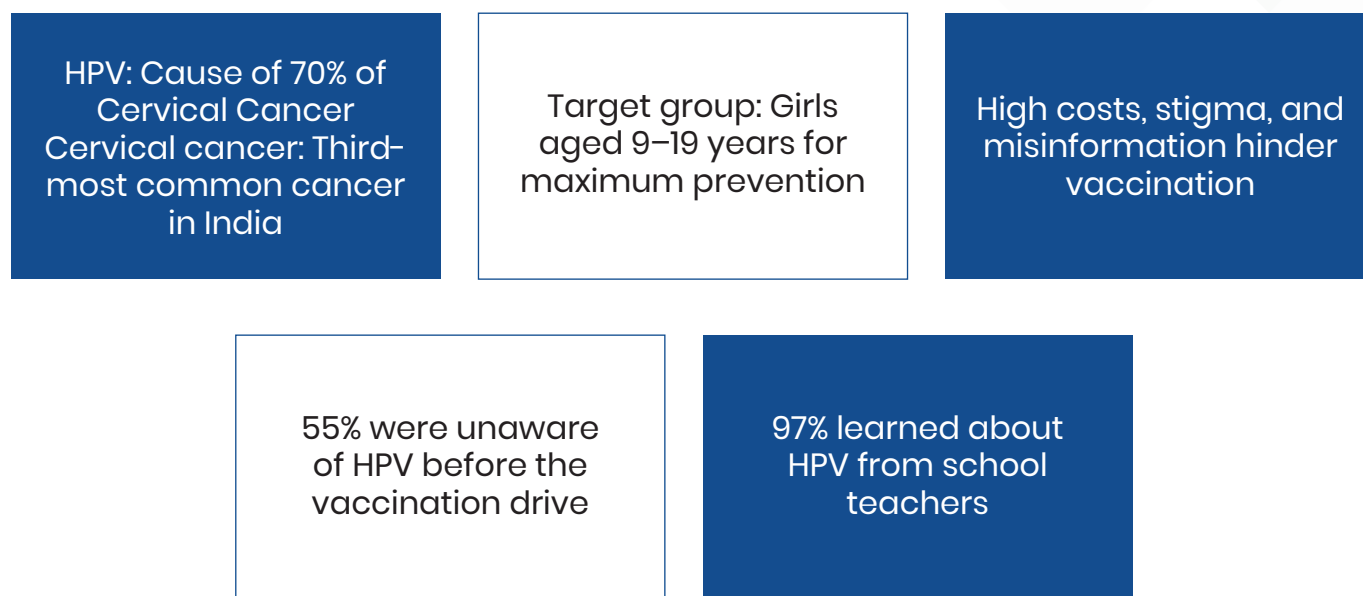


## Chapter 3

# Findings of Impact Assessment Study

This section of the report presents a comprehensive analysis of the impact of the HPV Vaccination Drive for Girl Students of government schools in Lucknow, Uttar Pradesh. The analysis is based on responses from the primary beneficiaries' survey, insights from conversations with key stakeholders, observations from field visits, and data from secondary research.

### 3.1 Relevance



### Prevalence and Urgency of HPV and Cervical Cancer

HPV is the most common sexually transmitted infection globally, and its serotypes 16 and 18 are responsible for over 70% of cervical cancer cases.

In India, cervical cancer is the third most common cancer and accounts for significant mortality, with one new case diagnosed every four months and one death every seven minutes. Currently, there are 340,000 cases in the country. It is the third most common cancer in India, and second most common among women, with over 127,000 new cases and about 80,000 deaths reported in 2022.<sup>6</sup>

### Target Age Group and Vaccination Timing

The target beneficiaries are **girls aged 9 to 19 years** from government schools in Lucknow, who have been administered the HPV vaccine.

The project's focus on vaccinating girls aged 9–19 years addresses a critical gap, as this age group is an ideal target for HPV vaccination, to provide vaccinations before they become sexually active. The World Health Organisation (WHO) guidelines recommend administering the vaccine between ages 9 and 14 to maximise its preventive benefits. By targeting this age group, the project aims to reduce future HPV-related health risks, aligning with the recommended vaccination strategy.

<sup>6</sup> <https://www.who.int/europe/news-room/fact-sheets/item/human-papillomavirus-%28hpv%29>

## Socio-Economic Profile of Beneficiaries

### Caste Distribution of the Beneficiaries (n=368)

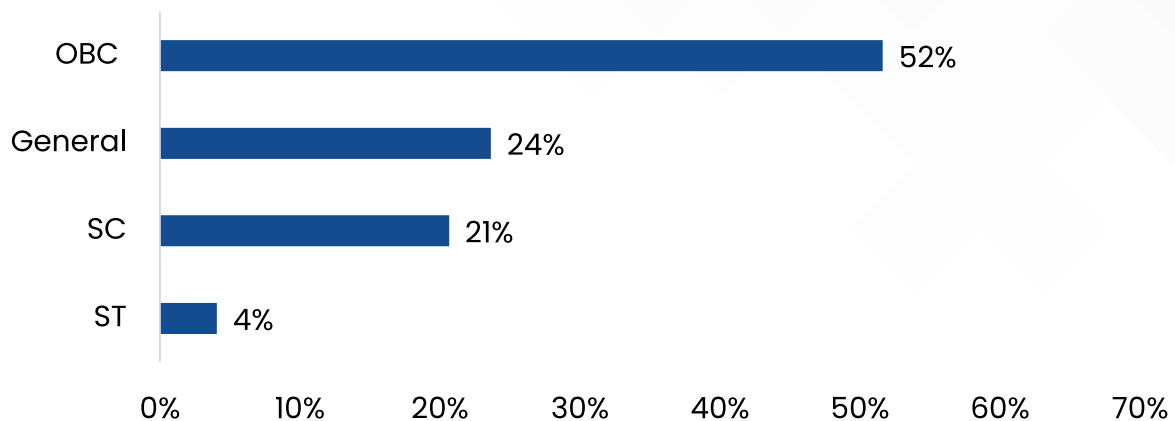


Figure 1: Caste Distribution of the Beneficiaries

Approximately 77% of the beneficiaries were from marginalized communities (Scheduled Castes, Scheduled Tribes, and Other Backward Class).

### Occupation of Beneficiaries' Parents (n=368)

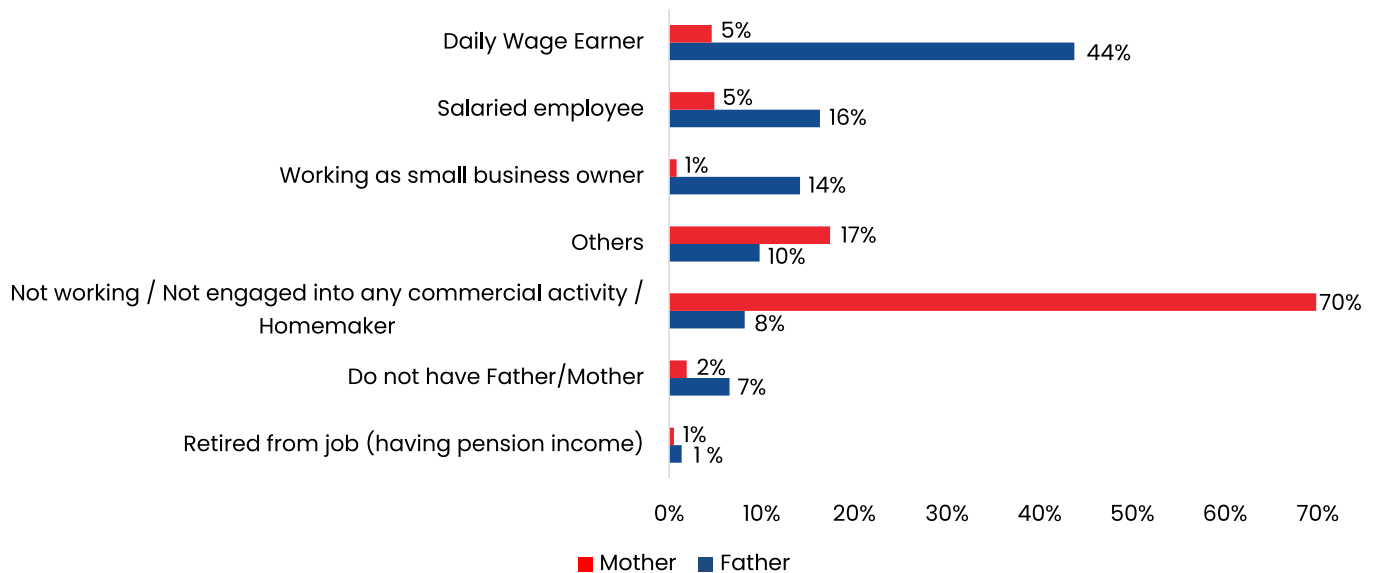


Figure 2: Occupation of Beneficiaries' Parents

As seen in Figure 2, the majority of fathers in this sample work as daily wage earners, while most mothers are homemakers.

### Educational Qualification of Beneficiaries' Parents (n=368)

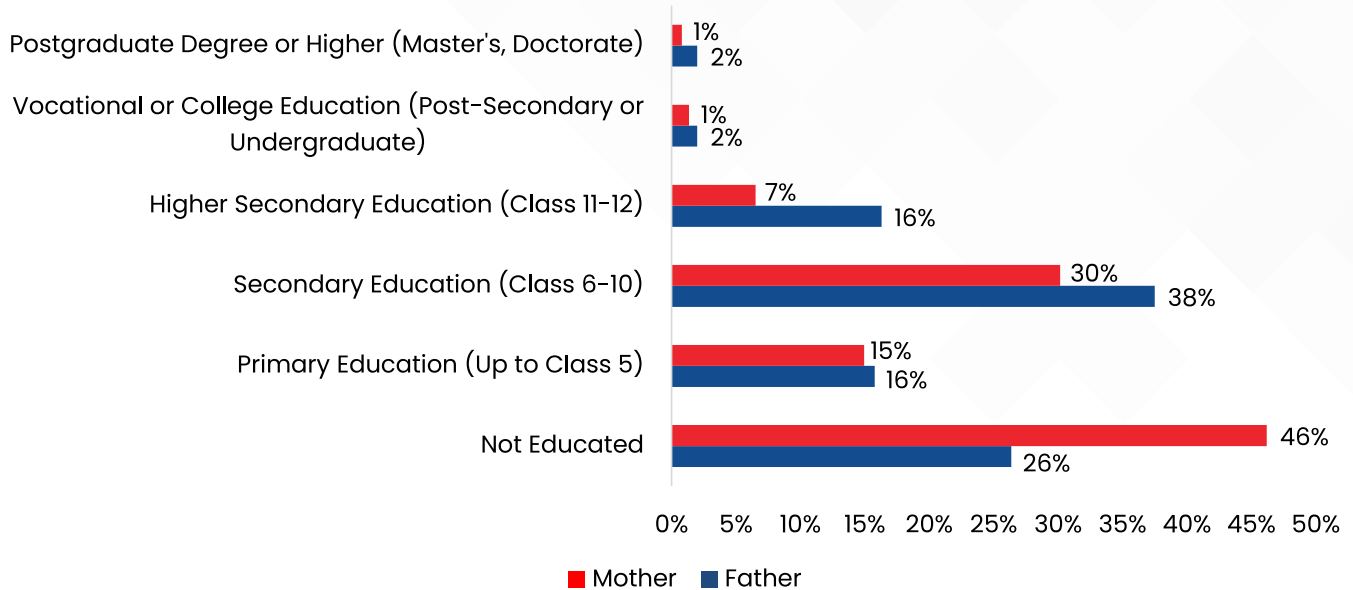


Figure 3: Educational Qualification of Beneficiaries' Parents

Figures 3 show that nearly 80% of fathers and around 91% of mothers have completed up to secondary education.

The study sample shows that majority of the beneficiaries' parents belong to economically poor and socially marginalised sections of society. The focus on girls from vulnerable communities was essential in addressing the healthcare inequities frequently encountered by underserved communities. By targeting this demographic, the project sought to bridge gaps in access to critical health services, such as HPV vaccinations, and empower these young girls to lead healthier lives.

### Socio-Economic Challenges of Beneficiaries

The project's relevance is underscored by the socio-economic profile of the beneficiaries. As seen in Figures 2 and 3, the majority of fathers in this sample work as daily wage earners, while most mothers are homemakers. Additionally, Figures 4 and 5 reveal that the educational levels of these parents are relatively low. Given that the cost of HPV vaccines in India is relatively high, many families, particularly those from low-income backgrounds, face significant barriers to afford the vaccine. This project is particularly pertinent for government school girls, who often come from financially disadvantaged backgrounds. By providing the vaccine free of charge through the school system, the project ensures equitable access to this life-saving intervention, addressing a crucial gap in healthcare access.

### Cultural and Informational 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 contribute to low vaccination rates.<sup>7</sup>

<sup>7</sup> <https://www.gavi.org/vaccineswork/india-resolves-reduce-cervical-cancer-vaccinating-girls#:~:text=In%20India%2C%20two%20HPV%20vaccines.for%20at%20least%2010%20years.>

Figure 4 shows that approximately 55% of beneficiaries were unaware of HPV and the diseases it could cause prior to the vaccination drive.

#### Awareness Regarding HPV before Vaccination (n=368)

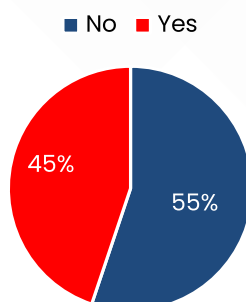


Figure 4: Awareness Regarding HPV  
before Vaccination

Figure 5 indicates that among those who became aware of HPV and its link to cervical cancer, 97% received this crucial information from their school-teachers, who also informed them about the vaccination program.

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

#### Source of Information About the HPV & its Vaccination Drive (n=165)

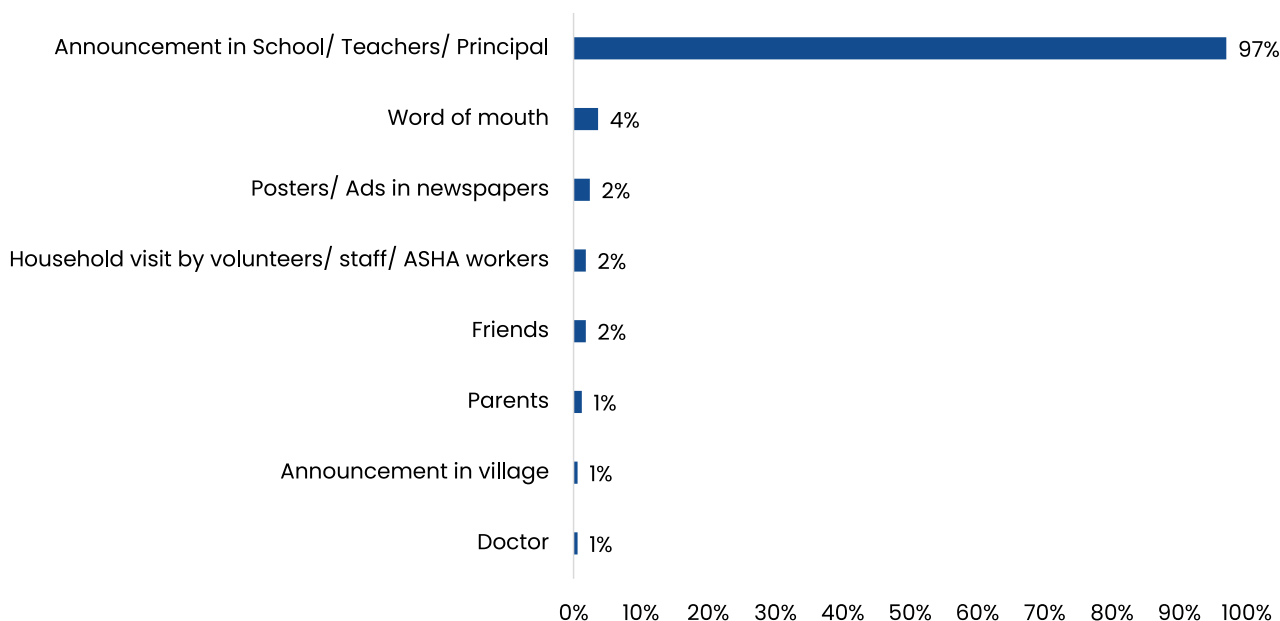


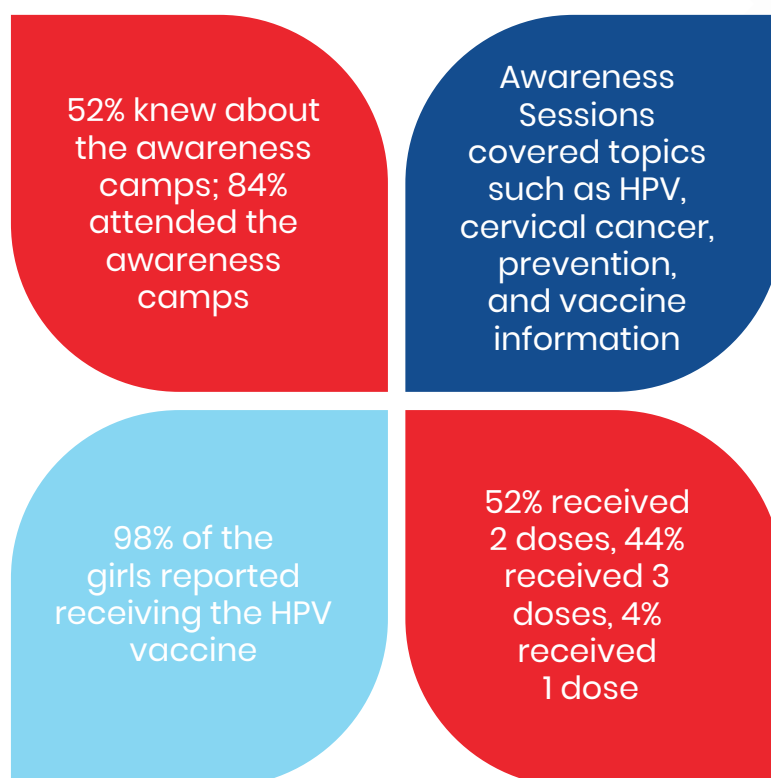
Figure 5: Source of Information About the HPV & its Vaccination Drive

This project tackles these issues through comprehensive education and awareness programs aimed at both the beneficiaries (girls) and their families. By normalising conversations about HPV and cervical cancer, the project 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.**

## 3.2 Effectiveness

This section of the report evaluates how effectively the intervention has met its objectives. The success of the project is measured through the number of 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.



**Awareness Camps and Counselling Sessions Held (n=368)**

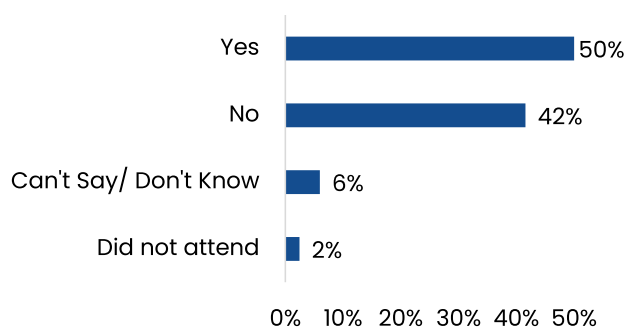


Figure 6: Awareness Camps and Counselling Sessions Held

**Attended the Awareness Sessions (n=184)**

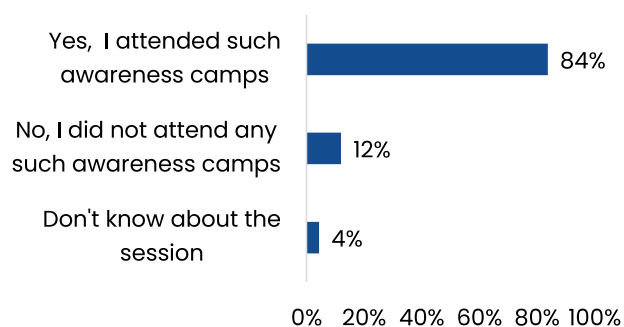


Figure 7: Attended the Awareness Sessions

Approximately 52% of the beneficiaries were aware of the HPV vaccination awareness camps. Of these, 84% attended the sessions.

### Topics Covered in Awareness Sessions (n=154)

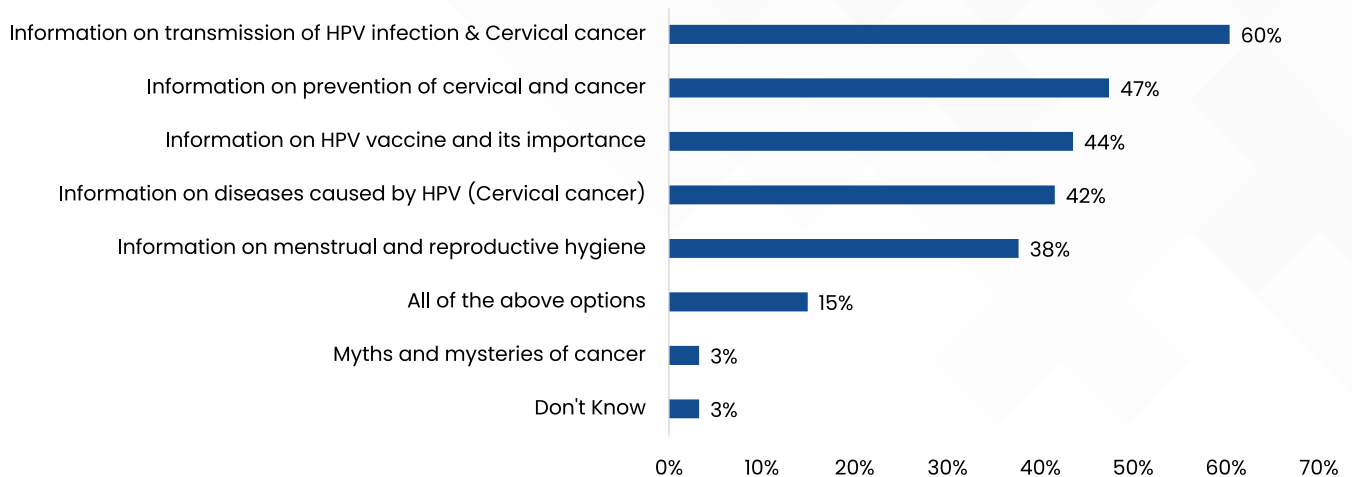


Figure 8: Topics Covered in Awareness Sessions

### Distribution of HPV Awareness Materials (Posters, Pamphlets, Brochures) (n=368)

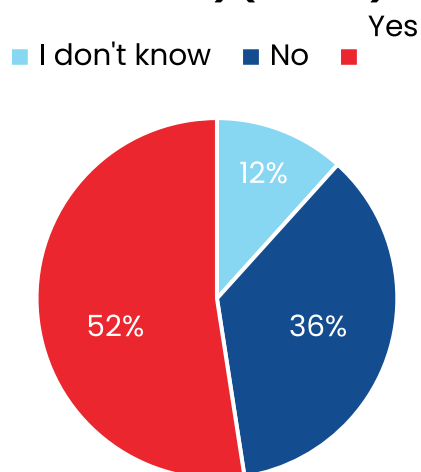


Figure 9: Distribution of HPV Awareness Materials (Posters, Pamphlets, Brochures)

As illustrated in Figure 8, the awareness sessions covered essential topics including HPV transmission, cervical cancer, prevention strategies, and the significance of the HPV vaccine. According to Figure 9, approximately 52% of beneficiaries reported receiving HPV awareness materials, such as posters, pamphlets, and brochures.





## सर्वाङ्कल कैंसर - बचाव एवं रोकथाम

स्वस्थ भारत मिशन हमारा, कैंसर मुक्त हो देश हमारा



**भारतीय महिलाओं में दूसरा सबसे आम कैंसर**

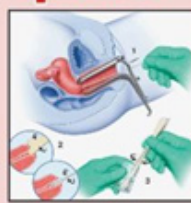
**1,23,907 नये मामले एवं 77,848 मृत्यु दर प्रतिवर्ष**

**80% मामले HPV वाइरस के संक्रमण से सम्बाधित**

**HPV टीका कैंसर के विरुद्ध 95% कारगर एवं न्यूनतम दुष्प्रभाव**



जरूरी है -


जागरूकता    स्क्रीनिंग    टीकाकरण

**प्रारम्भिक अवस्था में आसान रोकथाम**

**लक्षण**

- मासिक धर्म में अनियमितता
- बदबूदार योनी रत्नाव
- सम्भोग के दौरान रक्त त्याव

**रोकथाम**

- टीकाकरण एवं स्क्रीनिंग
- स्वस्थ जीवन शैली
- उचित आहार

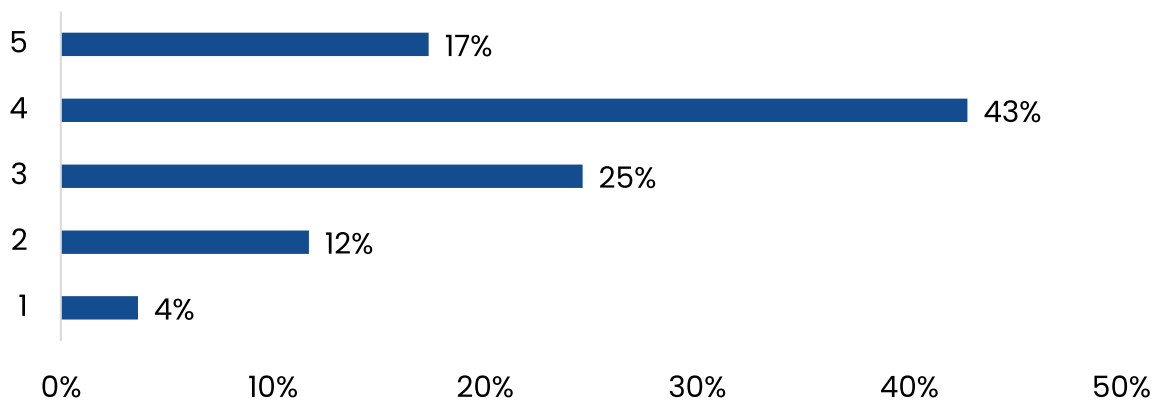
**जरूरी है जागरूकता, स्क्रीनिंग एवं टीकाकरण**

● 9-14 वर्ष : 2 टीका (0,6) माह

● 15 वर्ष या अधिक : 3 टीका (0,2,6) माह

**“आओ हम किशोरियां एच.पी.वी. का टीका लगवायें, प्रदेश व देश को सर्वाङ्कल कैंसर से मुक्त बनायें”**

**Rating the Awareness Sessions and Materials Provided (n=248)**

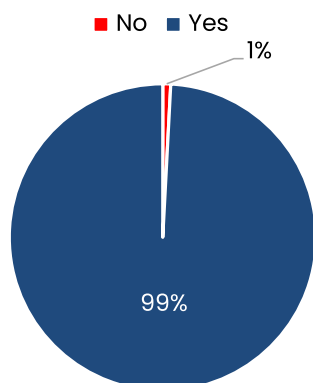


*Figure 10: Rating the Awareness Sessions and Materials Provided*

As shown in the Figure, participants rated the usefulness of the awareness sessions and HPV materials on a scale from 1 to 5, where 1 being Not helpful at all and 5 being extremely helpful.

It is notable that about 60% of the participants rated the sessions as highly beneficial, with ratings of 4 or 5.

### Parental Consent Obtained Prior to Vaccination (n=361)

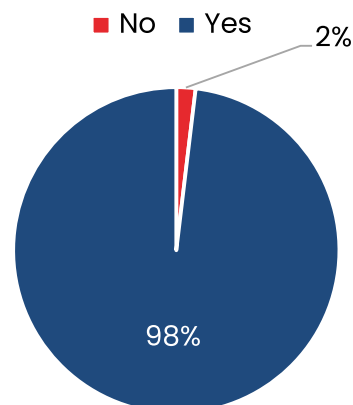


As seen the Figure 11,

99% of the surveyed beneficiaries reported that parental consent was obtained before the administration of vaccination. Given that many of the girls were minors, obtaining consent was particularly important to ensure transparency and build trust with families.

Figure 11: Parental Consent Obtained Prior to Vaccination

### Administration of the HPV Vaccine (n=368)

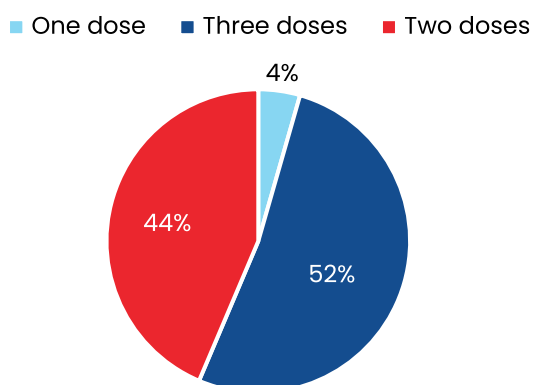


As seen in Figure 12,

Among the surveyed beneficiaries, 98% of them reported receiving the HPV vaccine. This reflects the program's success in achieving widespread vaccine coverage, a critical step toward protecting young girls from HPV-related health risks.

Figure 12: Administration of the HPV Vaccine

### Number of Doses Administered (n=361)

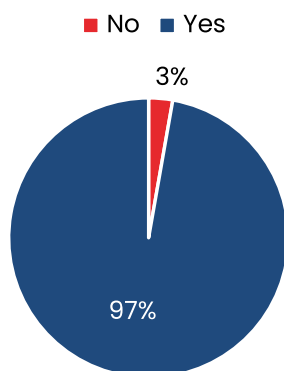


As outlined in the project details, girls aged 14 or below were to receive 2 doses of the HPV vaccine, while those above 14 were to receive 3 doses.

Figure 13 shows that within the sample, 52% of the girls received 2 doses, 44% received 3 doses, and only 4% received 1 dose. This demonstrates the program's adherence to vaccination protocols and overall effectiveness in reaching the targeted population.

Figure 13: Number of Doses Administered

## Provision of Vaccination Card (n=361)



As observed in Figure 14, Around 97% of beneficiaries reported receiving a vaccination card after their first dose. For the second and third doses, the vaccination card was brought by the beneficiaries for identification and was signed after administering each dose.

Figure 14: Provision of Vaccination Card

| Dose (डोज) | Date of 1 <sup>st</sup> Dose (प्रथम डोज की तिथि) | Date of 2 <sup>nd</sup> Dose (द्वितीय डोज की तिथि) | Date of 3 <sup>rd</sup> Dose (तृतीय डोज की तिथि) |
|------------|--------------------------------------------------|----------------------------------------------------|--------------------------------------------------|
|            | 24/09/22                                         | 29/03/23                                           |                                                  |

“After each dose of vaccination, a vaccine card is provided to the girls, indicating the dates for the subsequent doses. The card is signed upon administration of each dose to ensure proper tracking and follow-up for the second and third doses according to the specified schedule.”

-Dr. Vandana Gautam,  
RML Hospital

## Discussion about the Vaccine by Beneficiaries (n=361)

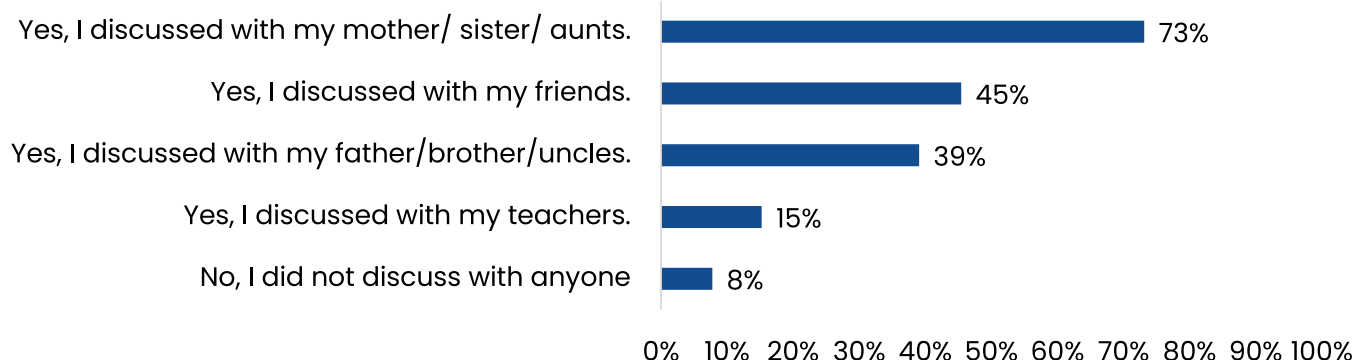


Figure 15: Discussion about the Vaccine by Beneficiaries

After receiving the vaccine, 73% of the girls discussed it with their mothers or other female family members, 45% with friends, 39% with male family members, and 15% with the wider family. These discussions indicate that information about the HPV vaccine and its importance was disseminated to the beneficiaries' extended family.

**Recommend any family member or any friend to get the HPV Vaccine (n=361)**

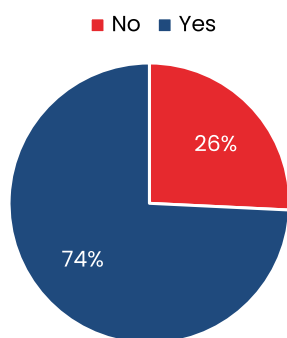


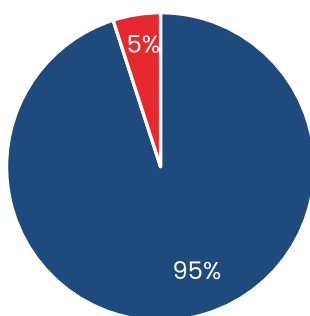
Figure 16: commend any family member or any friend to get the HPV Vaccine

Around 74% of the girls stated they would recommend the HPV vaccine to a family member or friend.

As depicted in Figure 17, about 95% reported that the vaccination process went hassle free without any issues.

**Challenges Encountered During the Vaccination Process (n=361)**

- No, everything went smoothly
- Yes, I had problems



Few of the challenges faced by some beneficiaries were

- Trouble getting to the vaccination site,
- Uncomfortable or painful experience during the vaccination,
- Lack of clear information or instructions
- Long wait times or delays.

Figure 17: Challenges Encountered During the Vaccination Process

These findings highlight that the HPV vaccination drive was effectively implemented, with a high percentage of girls not only receiving the vaccine but also actively engaging in discussions within their families and communities. The positive feedback from the awareness sessions, the hassle free vaccination process reported by the majority of beneficiaries, and the willingness of many to recommend the vaccine to others underscore the project's success in raising awareness, enhancing knowledge, and fostering community-wide acceptance. These outcomes reflect the overall effectiveness of the intervention in achieving its objectives.

### 3.3 Efficiency

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

Adherence to  
WHO Guidelines  
for vaccination  
schedule

Timeliness–  
Administered doses  
in September 2022,  
November 2022, and  
March 2023

91% received  
vaccination  
reminders via  
email

Gardasil vaccine  
procured at a  
lower cost per  
dose through bulk  
purchase

96% of  
beneficiaries were  
accompanied by  
teachers to the  
vaccination camp

#### 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 doses.<sup>8</sup> The CDC also advises two doses for 11- to 12-year-olds, with teens aged 15–26 possibly needing three doses if not previously vaccinated.<sup>9</sup>

#### The project followed universal guidelines for HPV vaccination:

- Girls aged 14 and under received 2 doses at intervals of 0 and 6 months.
- Girls aged 15 and above were given 3 doses at intervals of 0, 2, and 6 months.

This ensures alignment with WHO and CDC recommendations.

#### Timeliness of Vaccine Administration:

“The HPV Vaccination drive was divided into three sub-drives to administer the doses at the appropriate intervals. For girls aged 14 and under, the vaccinations were given at 0 and 6 months, while girls aged 15 and above received doses at 0, 2, and 6 months. Dr. Singh also noted that preparation for each drive started 3 to 4 months in advance to ensure smooth execution and effective outreach.”

**Dr. Neetu Singh, Nodal Officer for the HPV vaccination**

<sup>8</sup> <https://www.who.int>

<sup>9</sup> <https://www.cdc.gov>

The documents provided by YUVA Unstoppable indicated the specific months for dose administration: September 2022, November 2022, and March 2023. In September and March, the 1st and 2nd doses were administered to 744 girls. Meanwhile, in September, November, and March, 3 doses were given to 1,816 girls, ensuring adherence to the vaccination schedule.

## Communication and Coordination:

**Advance Notification:** The scheduling and coordination for vaccinations were primarily handled by the hospitals. According to Mr. Rishi Kumar, the hospitals provided Yuva Unstoppable with advance notice of the vaccination dates for the second and third doses via email. The Yuva Unstoppable team then communicated these dates to the education department to ensure the girls were available for vaccination.

“The hospitals informed Yuva Unstoppable in advance about the vaccination dates for second and third doses. This communication occurred through email.”

**Mr. Rishi Kumar, Team Lead, Yuva Unstoppable**

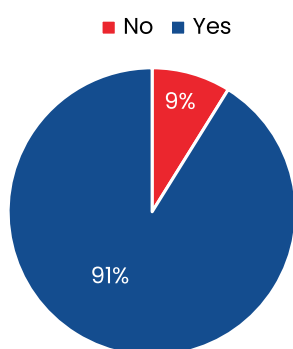
**Role of Yuva Unstoppable:** Yuva Unstoppable played a pivotal role in the communication and coordination in the HPV Vaccination Drive.

“Yuva Unstoppable was responsible for receiving these notifications and subsequently coordinating with the education department to ensure that the beneficiaries (students) were aware of the vaccination dates. We coordinated with the district officials to ensure that the students were sent to the hospital as scheduled.”

**Mr. Rishi Kumar, Team Lead, Yuva Unstoppable**

## Follow-Up for Subsequent Doses

### Follow-Up Reminders for Subsequent Vaccine Doses (n=361)



As observed from Figure 18,

Approximately 91% of beneficiaries reported receiving reminders for their next vaccine dose after both the first and second doses, ensuring timely follow-up.

Figure 18: Follow-Up Reminders for Subsequent Vaccine Doses

**Scheduled Vaccination:** For follow-up doses, the procedure was like the initial dose.

“RML (Ram Manohar Lohia) Hospital communicated the required dates for these doses, and Yuva Unstoppable worked to ensure that the students returned as scheduled.”

**Mr. Rishi Kumar, Team Lead, Yuva Unstoppable**

**Email Coordination:** The follow-up for subsequent doses was managed through email.

“The coordination for follow-up doses was also managed through email communication, with Yuva Unstoppable confirming receipt of the vaccination schedule and ensuring that the necessary arrangements were in place to facilitate the process.”

**Mr. Rishi Kumar, Team Lead, Yuva Unstoppable**

**Vaccine Choice and Procurement Efficiency:** The Gardasil- Quadrivalent Vaccine, which targets four strains of HPV (6, 11, 16, and 18), has been licensed for use in India since 2008.<sup>10</sup> This vaccine was recommended by RML Hospital and subsequently procured by the Yuva Unstoppable team. The selection of this vaccine was based on its broader coverage compared to the bivalent vaccine (Cervarix), which targets only two strains. By opting for bulk procurement, Yuva Unstoppable was able to acquire the Gardasil vaccine at a lower cost per dose than the market price. This not only enhanced the economic efficiency of the vaccination program but also increased its effectiveness by providing protection against a wider range of HPV strains.



<sup>10</sup> <https://www.gavi.org/vaccineswork/india-resolves-reduce-cervical-cancer-vaccinating-girls#:~:text=In%20India%2C%20two%20HPV%20vaccines,for%20at%20least%2010%20years>.

## Logistical Support and Accessibility

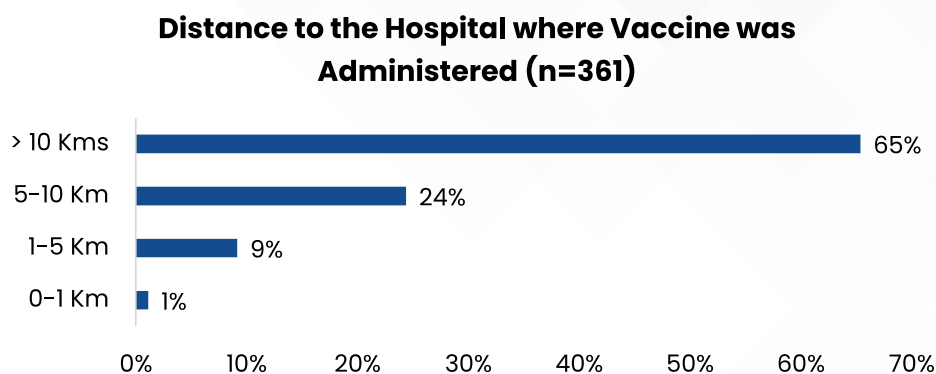
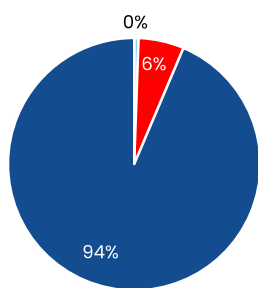


Figure 19: Distance to the Hospital where Vaccine was Administered

Around 65% of beneficiaries noted that the RML Hospital, where the vaccines were administered, was located more than 10 kilometres from their schools or homes.

### Commutation to Vaccination Camps (n=361)

Others Went with my Parents Went with my Teacher

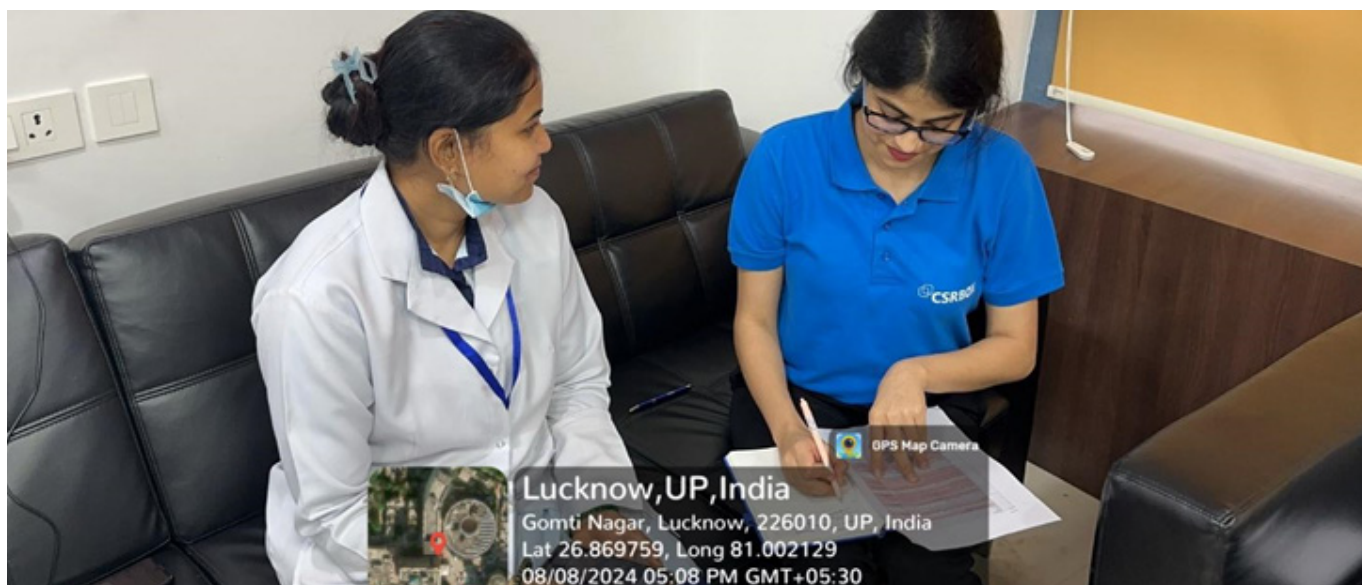


As observed from Figure 20,

Nearly 94% of the beneficiaries stated that they were accompanied by their teachers to the vaccination camp at RML Hospital.

Figure 20: Commutation to Vaccination Camps

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. Strategic planning aligned with WHO and CDC guidelines, ensuring effective scheduling and follow-up. Despite challenges like the lack of transportation—requiring teachers to accompany students to vaccination centres—timely reminders and coordination efforts ensured smooth operations. The drive's focus on accessibility, combined with efficient procurement processes, ultimately contributed to its successful implementation and operational effectiveness.



## 3.4 Coherence

### 3.4.1 Alignment with CSR Policy

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) 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; | Completely |

### 3.4.2 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><b>3</b> GOOD HEALTH AND WELL-BEING</p> | <p><b>Goal 3: Ensure healthy lives and promote well-being for all at all ages</b></p> <p><b>Target 3.7</b><br/>By 2030, ensure universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into national strategies and programs.</p> <p><b>Target 3.b</b><br/>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>HPV Vaccination Drive provided preventive vaccinations to female students in government schools, 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 adolescent girls from underprivileged communities.</p> |

| SDG Goal                                                                           | SDG Target                                                                                                                                                                                                                                                                                                                                                                                                                   | Alignment                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | <p><b>Goal 5: Gender Equality</b><br/>Achieve gender equality and empower all women and girls</p> <p><b>Target 5.6</b><br/>Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program 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>HPV Vaccination Drive prioritised girls' 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><b>Goal 10: Reduced Inequality</b><br/>Reduce inequality within and among countries</p> <p><b>Target 10.3</b><br/>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>HPV Vaccination Drive ensured equitable access to essential health services for girls from government schools, particularly those from marginalised communities, thereby reducing health inequalities and improving outcomes for vulnerable populations.</p> |

### 3.4.3 Alignment with ESG Principles

The program'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 program aligns with the principle mentioned below:

#### Principle 8

Businesses should promote inclusive growth and equitable development

### 3.4.4 Alignment with National Policies

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

| National Policy/Scheme/<br>Mission                                                                                             | Objectives & Strategies                                                                                                                                                                                                                                                                                                                                                                              | Alignment                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. National Health Policy (NHP), 2017</b>                                                                                   | 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. <sup>11</sup>                                                                                                   | The HPV Vaccination Drive aligns with the NHP by focusing on the preventive healthcare aspect through the administration of HPV vaccines to young girls, preventing the onset of cervical cancer. This initiative promotes health equity by making essential healthcare services accessible to schoolgirls in government schools. |
| <b>2. National Adolescent Health Program (Rashtriya Kishor Swasthya Karyakram – RKSK), 2014</b>                                | The Rashtriya Kishor Swasthya Karyakram (RKSK) focuses on adolescent health, aiming to address their health needs through a preventive, promotive, and curative approach. The program 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. <sup>12</sup> | 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 program's objectives of promoting adolescent health and preventing STIs.             |
| <b>3. National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases &amp; Stroke (NPCDCS), 2010</b> | NPCDCS focuses on reducing the burden of non-communicable diseases (NCDs), including cancer, through preventive, promotive, and curative strategies. The program aims to prevent cancer by promoting early detection, screening, and vaccinations, as well as raising awareness about cancer prevention and healthy lifestyles. <sup>13</sup>                                                        | 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.                                     |

| National Policy/Scheme/<br>Mission               | Objectives & Strategies                                                                                                                                                                                                                                                                                                                           | Alignment                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. Rashtriya Bal Swasthya Karyakram (RBSK), 2013 | Rashtriya Bal Swasthya Karyakram (RBSK) is a child health screening and early intervention services program 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 <sup>14</sup> | 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. |



<sup>11</sup> <https://mohfw.gov.in/sites/default/files/9147562941489753121.pdf>

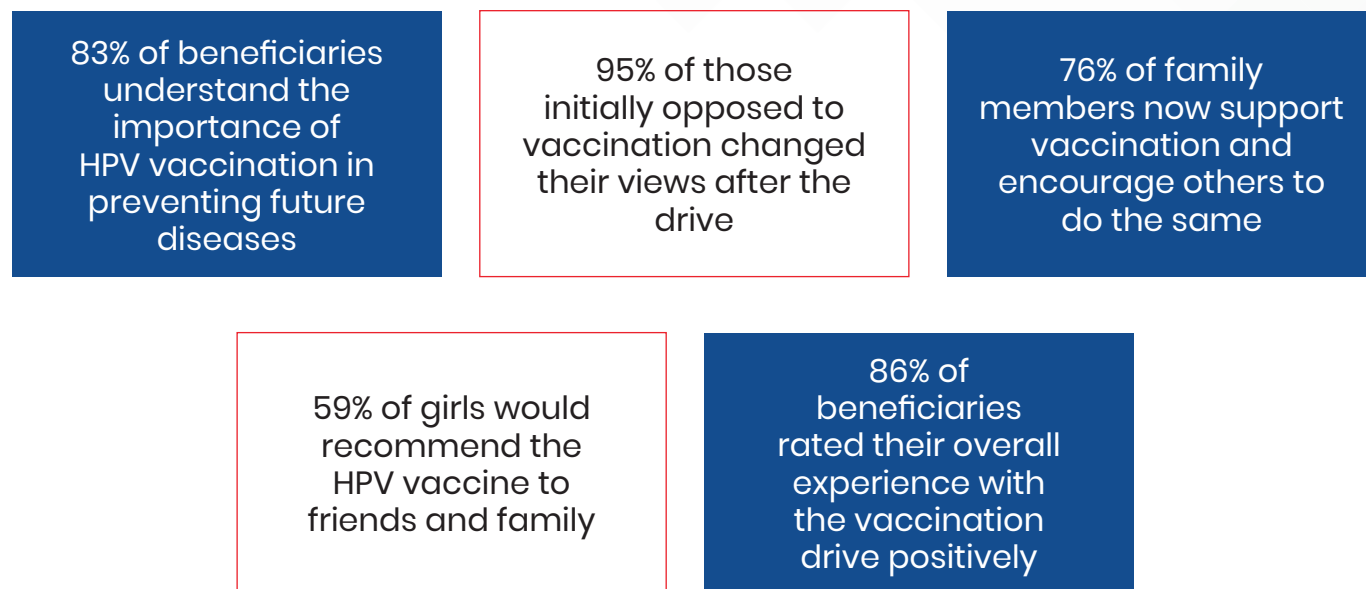
<sup>12</sup> <https://hfw.delhi.gov.in/fw/adolescent-health-rashtriya-kishor-swasthya-karyakram>

<sup>13</sup> <https://nhm.gov.in/index.php?lang=1&level=2&sublinkid=1048&lid=604>

<sup>14</sup> Rashtriya Bal Swasthya Karyakram (RBSK) – Ministry of Health and Family Welfare, Government of India (2013)

### 3.5 Impact

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



#### Understanding the Importance of HPV Vaccination:

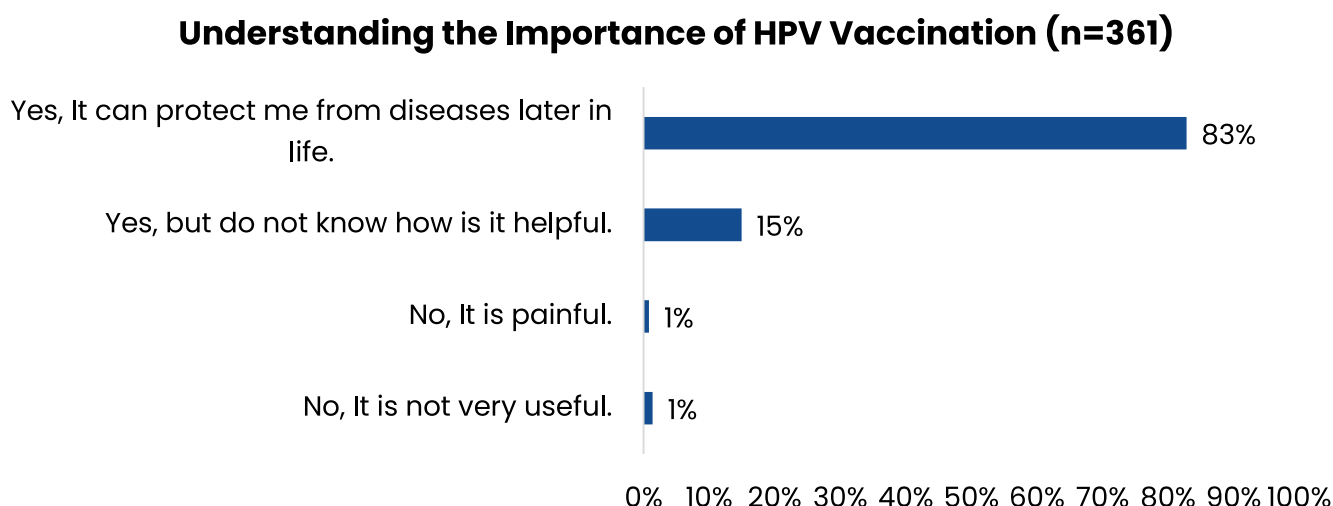


Figure 21: Understanding the Importance of HPV Vaccination

The Figure above reflects if beneficiaries understood the Importance of HPV Vaccination. Approximately 83% said yes, it can protect them from diseases later in life. The Figure illustrates that approximately 83% of beneficiaries recognised the importance of HPV vaccination, understanding that it can protect them from diseases later in life.

This significant level of awareness demonstrates the positive outcome of the vaccination drive in enhancing knowledge about HPV and its preventive benefits.

## Change in Attitudes Towards Vaccination:

**Resistance or Concerns from Family Members/Peers Regarding Vaccination (n=361)**

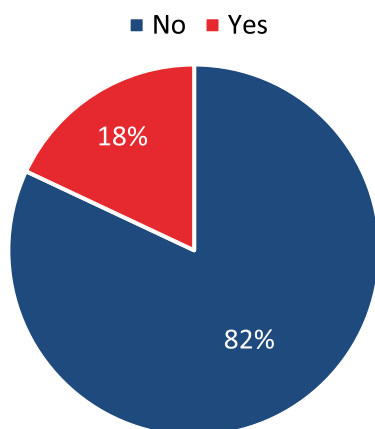


Figure 22: Resistance or Concerns from Family Members/Peers Regarding Vaccination

**Shift in Family/Peer Resistance Post-Vaccination (n=65)**

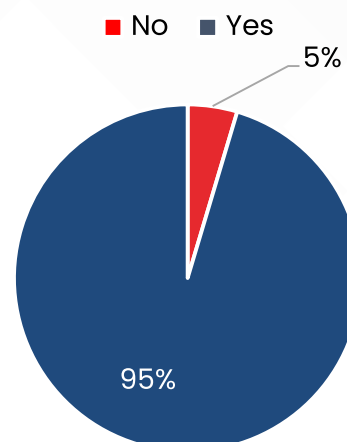


Figure 23: Shift in Family/Peer Resistance Post-Vaccination

Before the vaccination drive, about 18% of beneficiaries encountered reluctance from family members or peers regarding vaccination. Post-vaccination, a remarkable 95% of these individuals now support vaccination. This shift demonstrates the impact of the drive to overcome initial reluctance and foster acceptance.

## Family Support Post-Drive:

**Family Encouragement for Vaccination Post-Drive (n=361)**

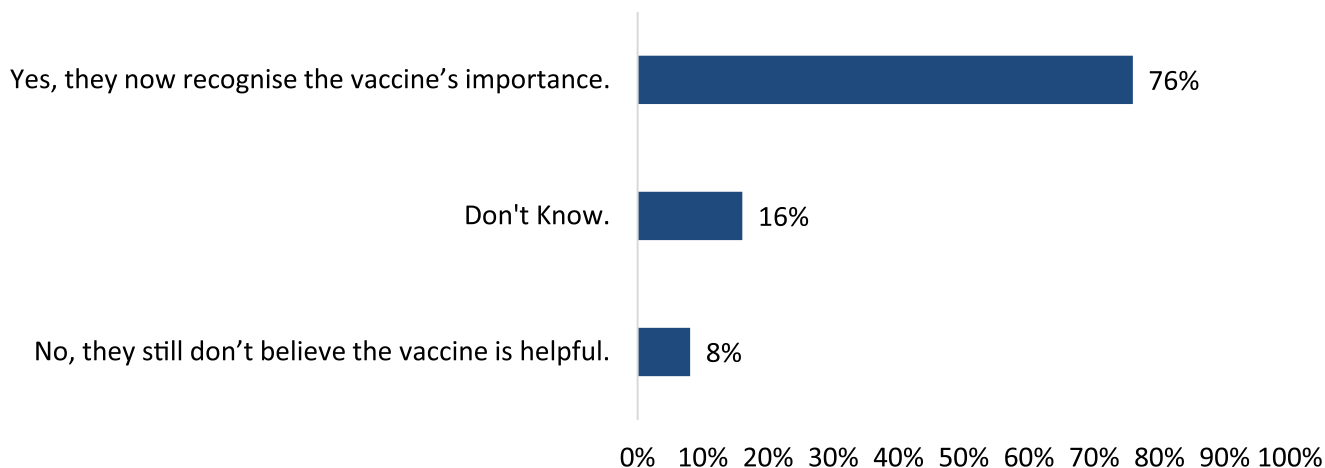
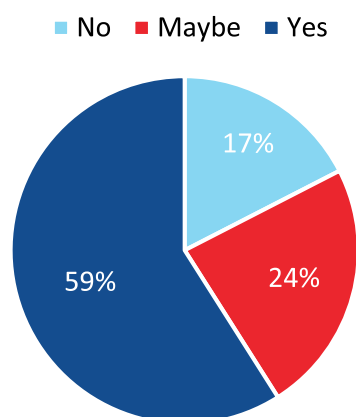


Figure 24: Family Encouragement for Vaccination Post-Drive

The vaccination drive also influenced the families' attitude positively. Post-drive, around 76% of family members now acknowledge the importance of the vaccine and actively encourage others to get vaccinated. This change underscores the drive's success in extending its influence beyond the direct beneficiaries.

## Family Support Post-Drive:

### Recommend HPV vaccination to Friends and Family (n=361)



When surveyed, 59% of vaccinated girls indicated they would recommend the HPV vaccination to their friends and family, while 24% were uncertain but open to the idea. This suggests a strong positive reception and potential for broader community impact.

Figure 25: Recommend HPV vaccination to Friends and Family

## Overall Experience Rating:

### Rating of overall experience of the HPV Vaccination Drive (n=361)

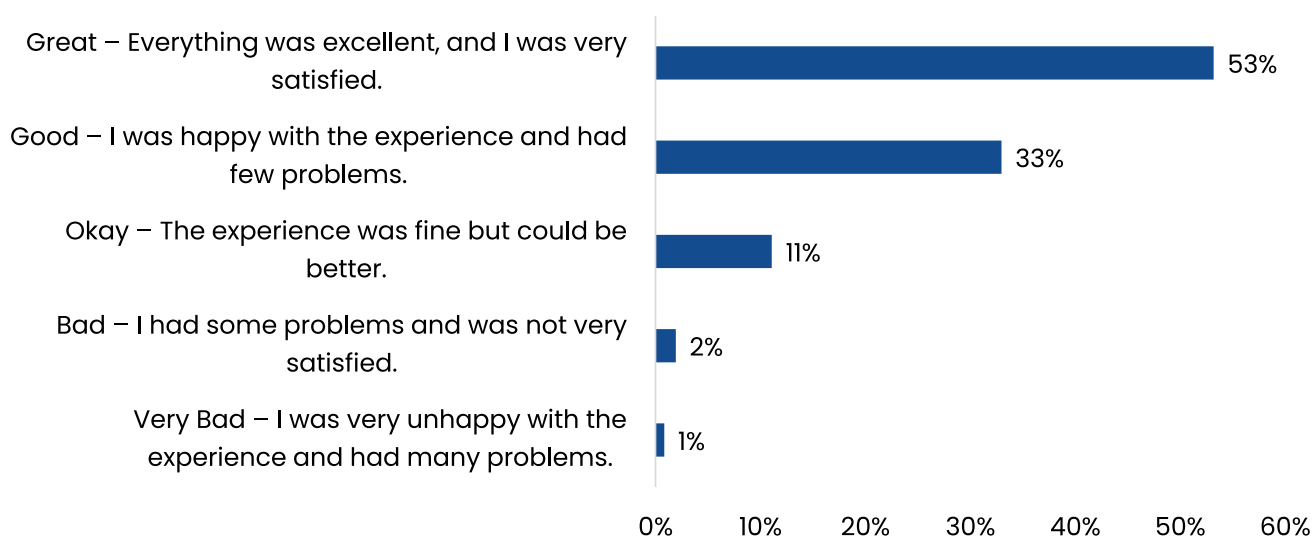


Figure 26: Rating of the overall experience of the HPV Vaccination Drive

This Figure depicting the rating of the overall experience shows that around 86% of beneficiaries found the experience positive, with 53% rating it as “great” and 33% as “good.” This high level of satisfaction indicates that the drive was well-received and highlights the successful execution of the vaccination initiative.



“The vaccination program has notably increased awareness among young girls aged 13 to 14 years. As they discussed the vaccine within their schools, local neighbourhoods, and peer groups, the campaign’s impact transcended mere medical administration. I have seen how a topic once limited to media coverage or newspapers has now penetrated the grassroots level, making the awareness of the HPV vaccine more profound in daily conversations. This particular vaccine, which we used to see only on the news or somewhere in our newspapers, has now come to the grassroots level. I am pretty sure that this campaign has made the awareness much more profound in current times.”

**Mr. Himanshu Gupta, Previous Additional District Magistrate, Lucknow**

**The HPV vaccination drive has made a significant impact by enhancing awareness, shifting attitudes towards vaccine acceptance, and promoting family support. The high level of beneficiary satisfaction highlights the drive’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.**



### 3.6 Sustainability

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

70% of beneficiaries were in observation post-vaccination, with 96% finding it helpful

45% had no side effects; 38% experienced mild reactions

50% received full support; 12% reported no assistance

96% had no adverse symptoms 1-2 weeks post-vaccination

85% rated the drive as well-organised and effective

**Post Vaccination Observation Status (n=361)**

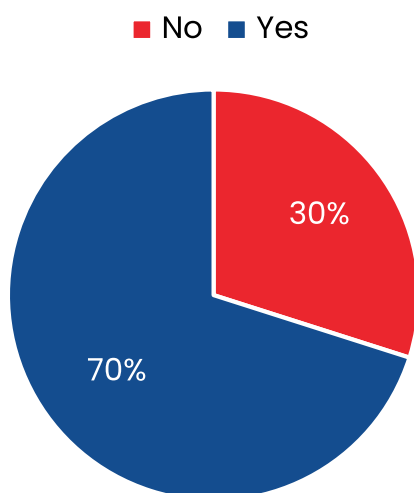


Figure 27: Post Vaccination Observation Status

**Effectiveness of Post-Vaccination Observation (n=253)**

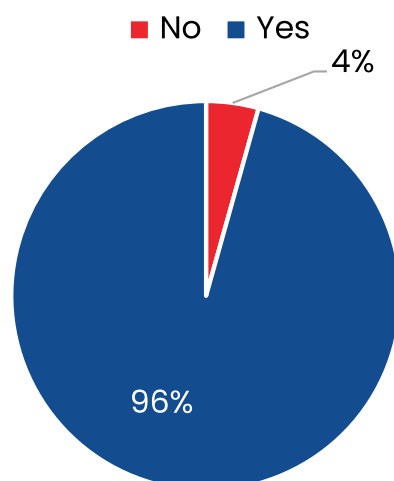


Figure 28: Effectiveness of Post-Vaccination Observation

Approximately 70% of beneficiaries reported they were asked to wait for observation after receiving the vaccine. Post-vaccination observation proved beneficial for 96% of the beneficiaries, helped in mitigating potential side effects.

### Occurrence of Immediate Side Effects (n=361)

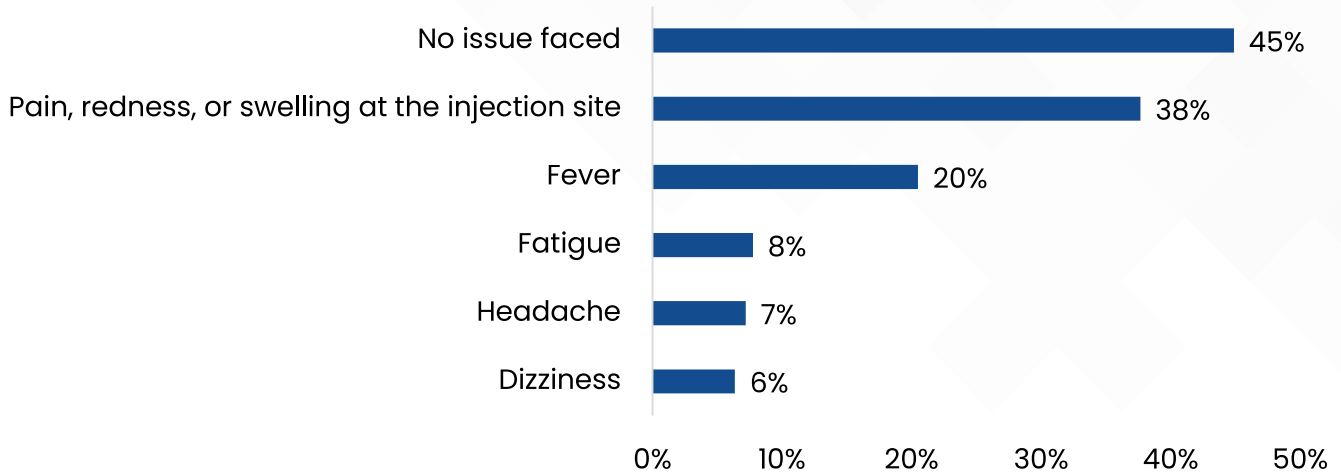


Figure 29: Occurrence of Immediate Side Effects

As shown in the Figure 29, 45% of the beneficiaries reported experiencing no immediate side effects after vaccination. However, around 38% experienced typical symptoms such as pain, redness, or swelling at the injection site, which are common post-vaccination reactions.

### Addressal of Immediate Issues and Side Effects by Medical Staff (n=177)

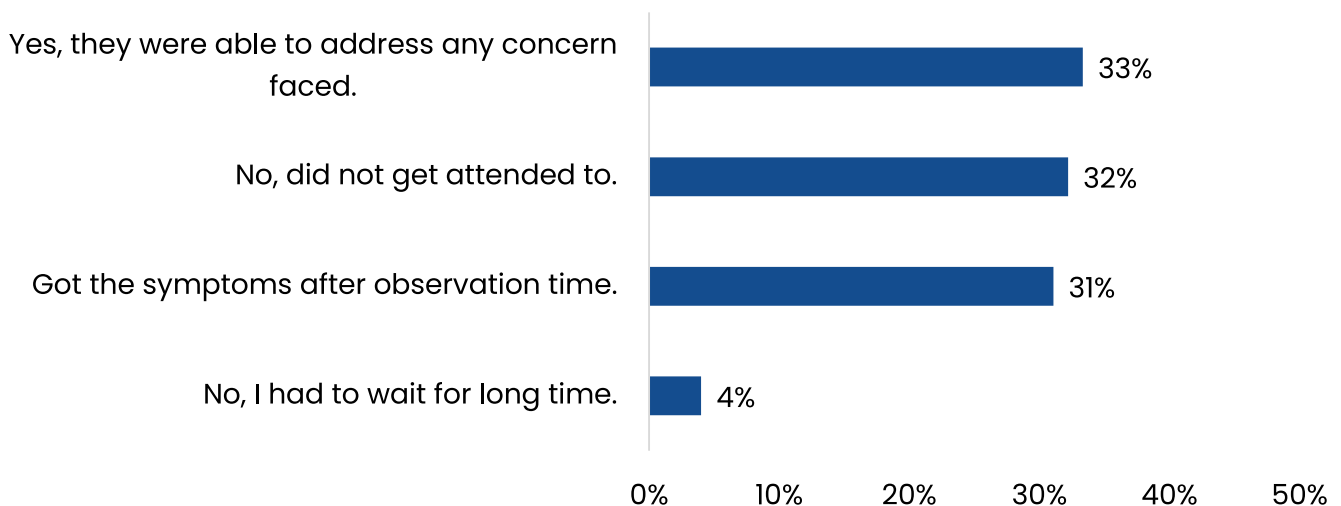


Figure 30: Addressal of Immediate Issues and Side Effects by Medical Staff

### Severe Side Effects/Symptoms Reported 1-2 Weeks After HPV Vaccine (n=361)

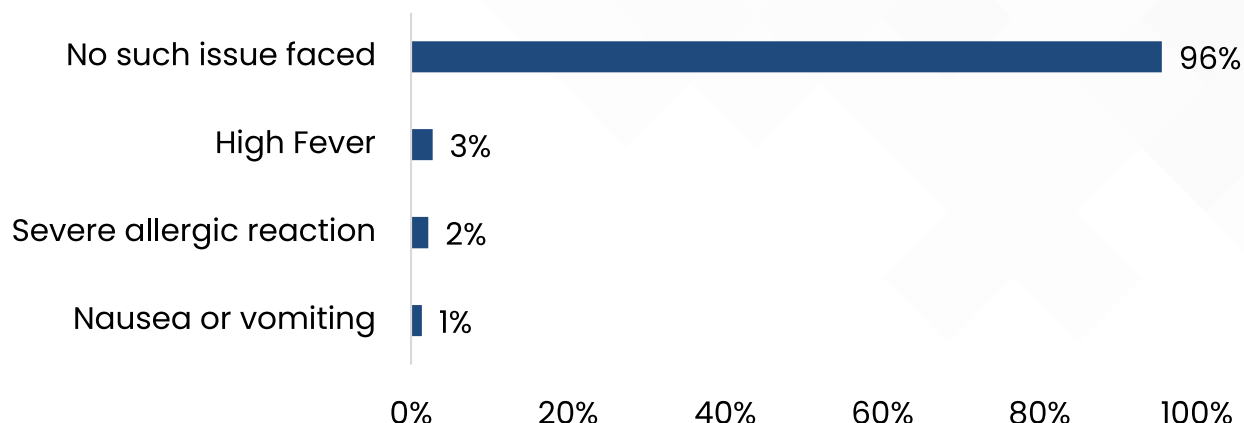


Figure 31: Severe Side Effects/Symptoms Reported 1-2 Weeks After HPV Vaccine

Among those who experienced side effects, 32% did not receive any immediate attention, while 4% had to wait for extended periods. Additionally, 31% reported experiencing symptoms after the observation period. However, 33% of beneficiaries said their concerns were adequately addressed by the hospital staff.

### Post-vaccination Support for Severe side effects (n=16)

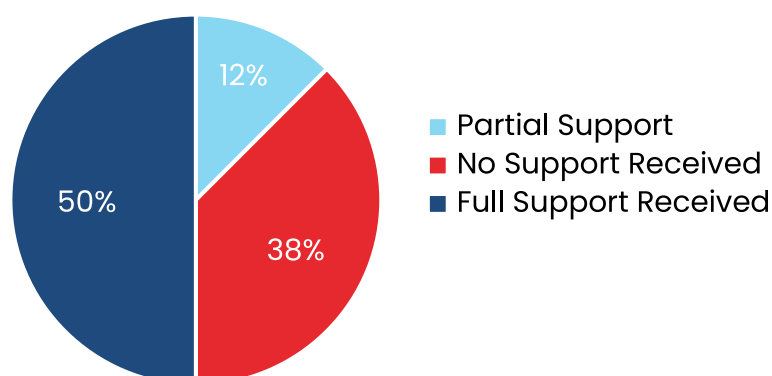


Figure 32: Post-vaccination Support for Severe side effects

Furthermore, 96% of beneficiaries reported no severe symptoms 1-2 weeks post-vaccination. Of those who experienced side effects, 50% stated they received full support, including medical assistance, advice, or follow-up care from the staff. Meanwhile, 38% received partial support, and 12% did not receive any assistance from the hospital team.

## Rating of the Planning & Execution of Vaccination Drive (n=361)

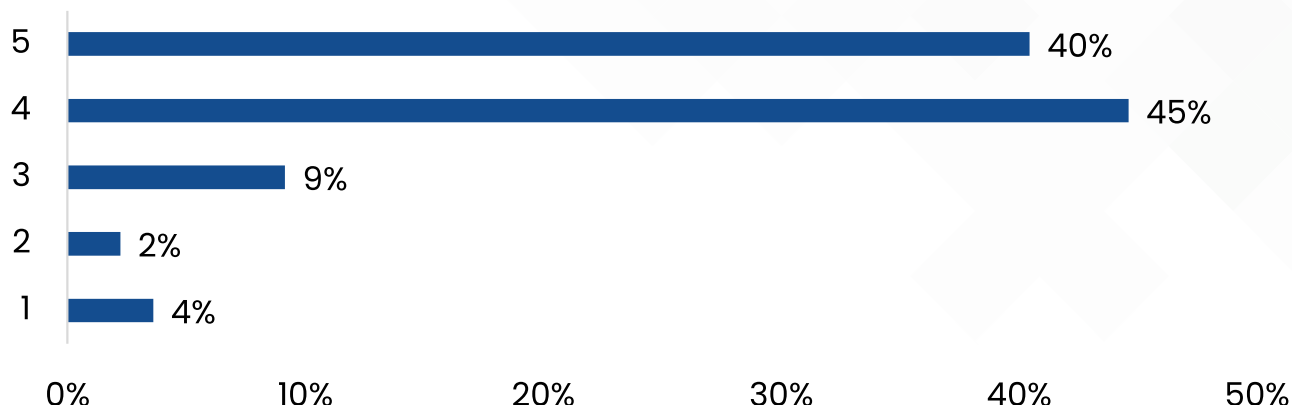


Figure 33: Rating of the Planning & Execution of Vaccination Drive

Approximately 85% of beneficiaries rated the vaccination drive positively, indicating that it was well-organised and effectively managed (ratings of 4 and 5).

The high beneficiary satisfaction, effective follow-up mechanisms, and strong ratings for the organisation suggest that the program's benefits are likely to be sustained, ensuring continued protection and awareness about HPV vaccination. However, addressing minor issues such as response times for side effects and ensuring consistent support could further enhance the program's overall impact.



### 3.8 Rating the Implementing partner on the PPP matrix

The rating criteria and ranking of the implementing agency have been based on primarily three factors – **People, Processes, and Platforms**.

The PPP framework revolves around the dynamic interplay of its three key elements. People, who actively participate in program execution are complemented by processes that enhance efficiency and accuracy. The platform component, in turn, facilitates tasks and automates processes. The harmonious equilibrium among these elements, optimising the synergy between people, processes, and platforms, empowers agencies to attain organisational efficiency.

Visualised as a golden triangle with each side equally significant, the PPP framework embodies a holistic approach to project success, from execution to outcomes. Neglecting any element can disrupt the framework's balance and, consequently, impact the project's overall success. The overall rating given is a consolidation of ratings given to YUVA Unstoppable and RML Hospital, Lucknow.

The rating criteria for this assessment take into account various factors, with individual ratings assigned to implementing partners based on their scope of work and level of engagement. The table below outlines the key indicators used to evaluate the partners' (YUVA Unstoppable and RML Hospital, Lucknow) performance.

**People Parameter:** The People parameter focuses on governance, resource quality, and staff adequacy. It assesses the engagement of individuals in delivering the vaccination program, including their involvement in awareness sessions and the adequacy of staff per day for vaccinations.

**Processes Parameter:** The Processes parameter evaluates the timeliness and efficiency of the vaccination process, adherence to protocols, and the quality of awareness sessions. It also covers critical aspects like obtaining parental consent, post-vaccination observation, support provided, infrastructure utilisation, and the overall execution and coordination of the vaccination drive.

**Platforms Parameter:** The Platforms parameter assesses data management practices, including the use of secure databases, digitised data collection methods, and the existence of data protection policies. Together, these indicators offer a comprehensive view of the partners' performance, focusing on key aspects of project execution, compliance, and data management.

| Framework Element | Indicator                                                     | Individual Scoring | Consolidated Scoring |
|-------------------|---------------------------------------------------------------|--------------------|----------------------|
| People            | Governance Mechanism                                          | 6                  | 7                    |
|                   | Quality of Resources                                          | 10                 |                      |
|                   | Involvement in awareness sessions                             | 6                  |                      |
|                   | Per day Staff Adequacy for Vaccination                        | 6                  |                      |
| Processes         | Vaccination Process Timeliness and Efficiency                 | 10                 | 8.4                  |
|                   | Compliance and Protocol Adherence                             | 7.1                |                      |
|                   | Awareness Session Quality Score                               | 6                  |                      |
|                   | Parental Consent Rate for Vaccination                         | 9                  |                      |
|                   | Post-Vaccination Observation Status                           | 7                  |                      |
|                   | Post-Vaccination Support Provision                            | 8.24               |                      |
|                   | Infrastructure Availability & Utilisation                     | 10                 |                      |
|                   | Planning & Execution of Vaccination Drive                     | 8                  |                      |
|                   | No challenges reported                                        | 9                  |                      |
|                   | Rating of the overall experience of the HPV Vaccination Drive | 8                  |                      |
|                   | MoU and documentation of agreements between NGO partners      | 10                 |                      |
| Platforms         | Existing data policy                                          | 6                  | 7.3                  |
|                   | Usage of any DBMS Software/other secure data-storing platform | 6                  |                      |
|                   | Digitised mode of data collection & storage                   | 10                 |                      |



## Chapter 4

# Recommendations and Way Forward

## Challenges

Below are a few of the challenges in the implementation of the project:

- **Distance and Transportation Issues:** Mobilising girls from government schools proved challenging due to the distance between the schools and the vaccination site. Many schools were located over 10 km away, with some up to 50 km from the RML hospital where vaccinations were to be administered. The district inspector of schools (DIOS) had to intervene to coordinate the transportation of students, often requiring schools to use their own funds to arrange buses. This logistical challenge was compounded by the fact that teachers became responsible for any adverse reactions the girls might experience post-vaccination, placing additional pressure on the education department and DIOS.
- **Refusal to Set Up Local Camps:** Despite DIOS's suggestion to establish vaccination camps closer to the girls' homes, the hospital staff refused due to concerns over cold storage facilities. This refusal meant that the girls had to travel long distances to the vaccination site, further complicating the logistics of the campaign.
- **Financial and Logistical Burden on Schools:** Schools were required to use their own resources to transport students, adding financial strain and logistical complexity. The responsibility placed on teachers for managing post-vaccination side effects also increased the risk and pressure on school staff.
- **Limited Awareness and Communication:** Awareness about the HPV vaccination was primarily communicated through school teachers. There was a lack of extensive awareness programs about the importance of the HPV vaccine and addressing taboos related to cervical cancer. This limited understanding may have affected the overall participation and effectiveness of the vaccination drive.

## Recommendations

- **Enhancing Coordination and Logistics:** Yuva Unstoppable could have taken a more proactive role in managing transportation and logistical arrangements. This could include:
  - **Organising Dedicated Transport:** Arrange buses or other transportation options to ensure students are transported safely and efficiently from their schools to vaccination sites.
  - **Setting Up Local Vaccination Camps:** Revisit the feasibility of establishing vaccination camps closer to students' homes, potentially using mobile cold storage units or collaborating with local health centres to address cold storage challenges.
- **Improving Awareness and Communication:** Increasing the scope and depth of awareness programs to ensure a better understanding of the HPV vaccine and its importance. This could include:
  - **Expanding Awareness Campaigns:** Develop and implement comprehensive awareness initiatives that address misconceptions about cervical cancer and promote the benefits of vaccination.
  - **Engaging Key Stakeholders:** Collaborate with community leaders, health professionals, and local media to spread awareness and encourage participation in the vaccination campaign.

- **Formalising Agreements and Documentation:** Strengthening formal agreements and maintaining detailed records to enhance transparency and accountability. This could involve:
  - Developing MOUs:** Establish Memorandums of Understanding (MOUs) with all key stakeholders, including hospitals, district officials, and educational institutions, to clarify roles and responsibilities.
  - Maintaining Detailed Records:** Document all phases of the vaccination process, including M&E (Monitoring and Evaluation) reports after each dose, details of vaccinated girls, and any challenges encountered.
- **Establishing a Structured Follow-Up System:** Implementing a systematic approach to track vaccine completion and monitor post-vaccination effects. This could involve:
  - Regular Follow-Ups:** Yuva Unstoppable should follow up with schools and principals after the vaccination drive to check on any post-vaccination side effects and provide contact information for further support if needed.
  - Monitoring Post-Vaccination Effects:** Ensure that a structured follow-up system is in place to monitor and address any severe side effects experienced by the vaccinated girls.



प्रदेश व देश को सर्वाङ्कल कैंसर से मुक्त बनाये”

माननीय राज्यपाल महोदया आनंदीबेन पटेल की प्रेरणा से

डा. राम मनोहर लोहिया आयुर्विज्ञान संस्थान

द्वारा आयोजित

सर्वाङ्कल कैंसर से मुक्त

टीका

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निःशुल्क आयुर्विज्ञान टीका



## Chapter 5

# Impact Stories

## Impact Story 1

### A Mother's Journey to Understanding HPV Vaccination

Mrs. Kamala Patel\*, mother of Ms. Ishika Patel\* (Beneficiary) from a small community, had never heard of HPV or its potential dangers before her daughter's school initiated a vaccination drive. Like many other parents, she was unaware of the risks posed by the Human Papillomavirus and its connection to cervical cancer. It wasn't until her daughter's school teacher informed her about the benefits of the vaccine that she began to understand its importance.

"I didn't know about it before, but my daughter's teacher and the school informed us," Mrs. Patel shared. Although there wasn't a formal session for parents, her daughter's teacher explained the purpose of the vaccination and its role in preventing cervical cancer.

Despite initial concerns, Mrs. Patel quickly grasped the significance of the HPV vaccine. Her trust in the school's efforts and her newfound understanding of the potential dangers of cervical cancer led her to give consent without hesitation. When asked if she had any questions about the vaccine, she said confidently, "No, ma'am, as the teacher explained it to me, I understood."

Mrs. Patel's story reflects the positive impact of the HPV vaccination program, not only in protecting her daughter's future but also in fostering awareness among families that previously had little to no knowledge about such health risks. The program reached beyond medical administration, empowering parents like Mrs. Patel to make informed decisions for their children's health.

**\*Names of the Beneficiary and her mother have been changed to maintain privacy.**

## Impact Story 2

### Empowering Adolescents Through the HPV Vaccination Drive

Radhika Sharma\* (Beneficiary), a 16-year-old student, is one of the many young girls who benefited from the HPV vaccination drive led by HDFC's Parivartan initiative. Coming from a modest background, Radhika lives in a small town where access to healthcare information, especially concerning preventive measures like vaccinations, is often limited. However, thanks to this initiative, she not only received the HPV vaccine but also gained valuable awareness about cervical cancer.

When Radhika first learned about the HPV vaccine, it was through her school teacher who introduced the concept of the vaccine and its role in preventing cervical cancer. Like many others, Radhika had no prior knowledge of cervical cancer or the importance of the HPV vaccine. The initiative's approach to disseminating information through trusted teachers ensured that girls like Radhika understood the significance of the vaccine in safeguarding their future health. The educational materials, though minimal, were enough to give her a basic understanding of HPV and the long-term benefits of vaccination.

Radhika's journey through the vaccination process was smooth and well-coordinated. She received her first dose in September and was reminded by her teacher to take the second dose six months later, in March. Her father played a pivotal role in supporting her decision, ensuring she attended the vaccination sessions at a nearby hospital, only 15 minutes away from her home. This family involvement highlights the growing awareness and acceptance of health initiatives among parents in small towns.

The process was straightforward, requiring minimal documentation, including her Aadhaar card. She faced no challenges in accessing the vaccine, and the hospital staff ensured she was well taken care of during and after the vaccination. After receiving both doses, Radhika felt minimal discomfort—just a slight redness at the injection site, which disappeared after a few days. This easy recovery reassured her about the safety and efficacy of the vaccine.

Beyond the physical benefits, the vaccination drive had a significant ripple effect on Radhika's life. Encouraged by her experience, she discussed the vaccine with her friends and family, urging others to take the preventive step. Some of her friends were hesitant, but Radhika's testimony about the importance of the vaccine and its role in preventing future health complications inspired them to consider it.

Radhika's story is a powerful example of how the HPV vaccination drive, backed by effective community engagement, is creating lasting health awareness. It highlights the impact of healthcare interventions on adolescents and demonstrates how well-orchestrated vaccination campaigns can lead to a healthier, more informed generation. By empowering young girls like Radhika, the initiative is not only preventing future cases of cervical cancer but also fostering a culture of health consciousness among the youth and their families.

\*Name of the Beneficiary has been changed to maintain privacy.



## Disclaimer For the Impact Assessment Report

- This report has been prepared solely for the purpose set out in the Memorandum of Understanding (MoU) signed between Renalysis Consultants Pvt. Ltd. (CSRBOX) and HDFC Bank Ltd. to undertake the Impact Assessment of their Corporate Social Responsibility (CSR) project implemented.
- This impact assessment is pursuant to the Companies (Corporate Social Responsibility Policy) Amendment Rules, 2021, notification dated 22nd January 2021.
- This report shall be disclosed to those authorised in its entirety only without removing the disclaimer. 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 HDFC Bank Ltd., 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 receive information from sources generally considered to be reliable.
- In preparing this report, CSRBOX has used and 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, CSRBOX:

- Has neither conducted an audit or due diligence nor validated the financial statements and projections provided by HDFC Bank Ltd.
- Wherever information was not available in the public domain, suitable assumptions were made to extrapolate values for the same;
- CSRBOX must emphasise that the realisation of the benefits/improvisations accruing out of the recommendations set out within this report (based on secondary sources) is dependent on the continuing validity of the assumptions on which it is based. 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 program design and implementation team. CSRBOX's impact assessment framework was designed and executed in alignment with those objectives and indicators.

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टीका



**Annexure**

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## I. Qualitative Interactions

| S. No | Stakeholders                  | No. of Inter-views | Names                                                                                                         |
|-------|-------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------|
| 1.    | Doctor                        | 2 IDIs             | Dr. Neetu Singh                                                                                               |
| 2.    | Nurse                         | 1 IDI              | Ms. Meena Kharwal                                                                                             |
| 3.    | District Officials            | 2 IDIs             | Mr. Himanshu Gupta (Ex- Additional District Magistrate) ; Mr. Rakesh Kumar (DIOS-District Officer of Schools) |
| 4.    | Yuva Unstoppable Team Members | 2 IDIs             | Mr. Rishi Kumar (Project Lead); Mr. Anand Shekhar (Team Member)                                               |
| 5.    | Mother                        | 1 IDI              | *                                                                                                             |
| 6.    | Fathers                       | 1 FGD              | *                                                                                                             |
| Total |                               | 9                  |                                                                                                               |

\* The names of parents haven't been disclosed for maintaining privacy.

## II. PPP Framework Rationale

### A. People

#### 1. Governance Mechanism

This metric is evaluated based on the governance structure and the inclusion of both male and female team members from the Implementation Partner—YUVA Unstoppable.

| Rationale for governance | Ratio         | Score |
|--------------------------|---------------|-------|
|                          | 90% or higher | 10    |
|                          | 80 to 89%     | 9     |
|                          | 70 to 79%     | 8     |
|                          | 60 to 69%     | 7     |
|                          | Less than 60% | 6     |

| Governance Mechanism                          | F:M    | Percentage | Score |
|-----------------------------------------------|--------|------------|-------|
| Gender Ratio in the Organisation- YUVA        | 63:134 | 47%        | 6     |
| Team Involvement from YUVA in the HPV Project | 1:6    | 16%        | 6     |
| Average Score                                 |        |            | 6     |

\* Data Source: Through qualitative responses from stakeholders.

According to the rationale, the **Final Score = 6**.

## 2. Quality of Resources

The quality of resources is evaluated based on the educational qualifications of doctors, nurses, and trained personnel. Below are the team members involved in the HPV Vaccination Drive, along with their educational qualifications and years of experience:

- Dr. Neetu Singh – MBBS, MS (Obstetrics and Gynaecology), 28 years of experience.
- Dr. Vandana – MBBS, MD (Obstetrics and Gynaecology), DNB (Obstetrics and Gynaecology), 10 years of experience.
- Ms. Meena Kharwal (Nursing Officer) – B.Sc. Nursing, 7 years of experience.

\* Data Source: Through qualitative responses from stakeholders.

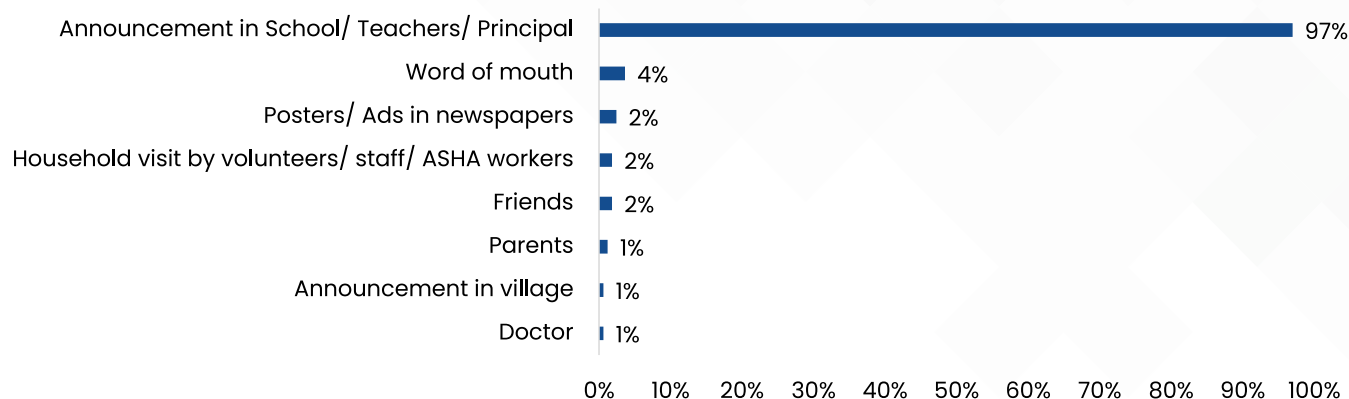
The quality of resources is demonstrated through the doctors' and nurses' requisite qualifications, years of experience, and the training provided to the team for the project. Hence, the **Final Score = 10**.

## 3. Involvement in awareness sessions

This metric is evaluated by the level of Involvement in awareness sessions by Hospital staff/ Yuva team members.

| Rationale   | Score |
|-------------|-------|
| 90% & above | 10    |
| 80% & above | 9     |
| 70% & above | 8     |
| 60% & above | 7     |
| 50% & above | 6     |

### Source of Information About the HPV & its Vaccination Drive? (n=165)



As seen from the graph, although 97% of beneficiaries received information from their teachers, the involvement of YUVA staff/RML hospital, which should have been the primary source, was only 3%. According to the rationale, since this is below the 50% threshold, the **Final Score is 6**.

#### 4. Per day Staff Adequacy for Vaccination

This metric is evaluated by the number of beneficiaries vaccinated in one day by a single hospital staff member/ resource.

| Rationale                              |       |
|----------------------------------------|-------|
| In 1 Day, a Single Resource Caters to: | Score |
| 100 or more Beneficiaries              | 6     |
| 60 -100                                | 7     |
| 40-60                                  | 8     |
| 25 - 40                                | 9     |
| Less than 25                           | 10    |

Average Number of Vaccination Team Members = 25

|          | Beneficiaries | Days | In 1 day single resource catered to: | Score    |
|----------|---------------|------|--------------------------------------|----------|
| 1st dose | 2560          | 5    | 512                                  | 6        |
| 2nd dose | 1816          | 3    | 605.3333333                          | 6        |
| 3rd dose | 2560          | 5    | 512                                  | 6        |
|          |               |      | <b>Avg. score</b>                    | <b>6</b> |

**Final Score = 6**

The consolidated score for 'People- Parameter' = 7

## B. Processes

### 1. Vaccination Process Timeliness and Efficiency

The timeliness and efficiency of the vaccination process were assessed based on adherence to WHO standards for dose intervals. Following universal guidelines for HPV vaccination:

- Girls aged 14 and under received 2 doses at intervals of 0 and 6 months.
- Girls aged 15 and above were administered 3 doses at intervals of 0, 2, and 6 months.

The project successfully maintained these intervals, ensuring compliance with recommended timelines.

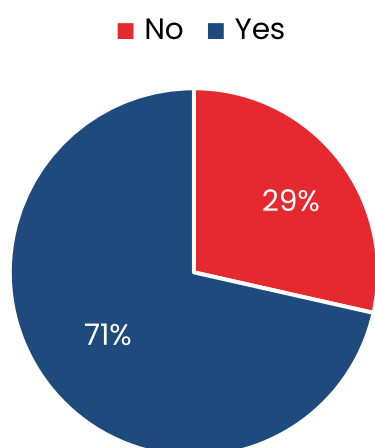
**Final Score: 10**

### 2. Compliance and Protocol Adherence

Compliance was measured based on whether medical tests or medical history were recorded prior to vaccine administration.

| Rationale               |       |
|-------------------------|-------|
| Medical tests conducted | Score |
| 100%                    | 10    |
| Medical tests conducted | Score |
| 90% or more             | 9     |
| 80% or more             | 8     |
| 70% or more             | 7     |
| 60% or more             | 6     |

#### Medical Tests Conducted before Administration of Vaccine Doses (n=368)



According to the data, 71% of beneficiaries had medical tests conducted before vaccination.

So according to the rationale,

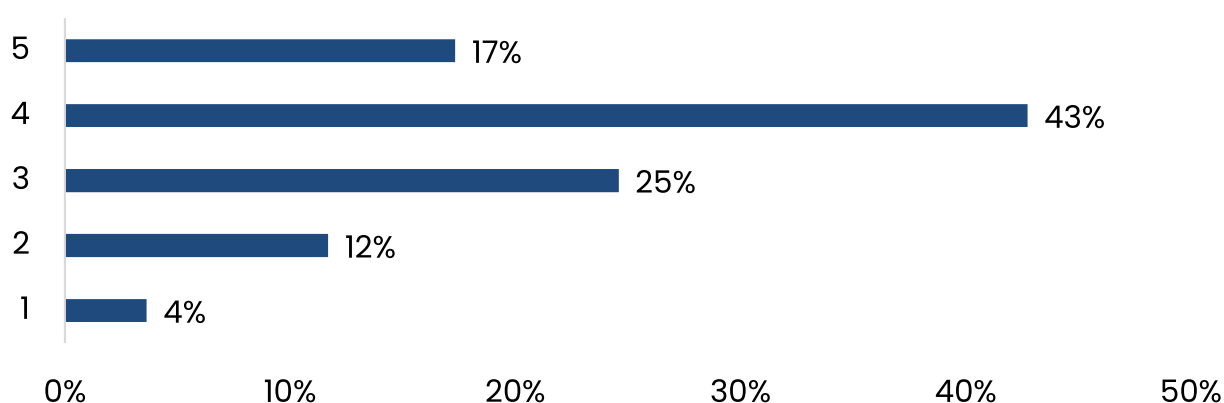
**Final Score = 7**

### 3. Awareness Session Quality Score

The quality of the awareness sessions was rated by beneficiaries on a scale of 1 to 5, with the combined percentage of ratings 4 and 5 used to determine the score.

| Rationale                   |       |
|-----------------------------|-------|
| Criteria                    | Score |
| if 4 & 5 together are =100% | 10    |
| if 4 & 5 together are >=90% | 9     |
| if 4 & 5 together are >80%  | 8     |
| if 4 & 5 together are >=70% | 7     |
| if 4 & 5 together are >=60% | 6     |

#### Rating the Awareness Sessions and Materials Provided (n=248)



Based on the graph, the ratings were as follows:

| Rating (1-5) | Percentage |
|--------------|------------|
| 5            | 17%        |
| 4            | 43%        |
| 3            | 25%        |
| 2            | 12%        |
| 1            | 4%         |

According to the rationale, 60% of beneficiaries rated the awareness sessions either 4 or 5, indicating a positive response.

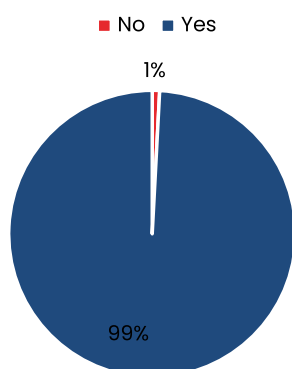
**Final Score: 6**

#### 4. Parental Consent Rate for Vaccination

Parental consent rate for vaccination, is gauged by the percentage of beneficiaries whose parents provided consent prior to vaccination.

| Rationale        |       |
|------------------|-------|
| Parental Consent | Score |
| =100%            | 10    |
| >= 99%           | 9     |
| >= 98%           | 8     |
| >= 97%           | 7     |
| >= 96%           | 6     |

**Was consent taken from your parents before you got vaccinated? (n=361)**



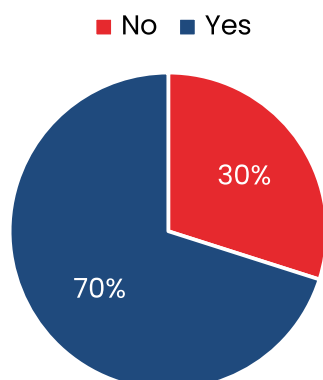
From the above graph, it is evident that 99% of beneficiaries had parental consent before vaccination.

Therefore, according to the rationale, the

**Final Score = 9.**

#### 5. Post Vaccination Observation Status

**Post Vaccination Observation Status (n=361)**



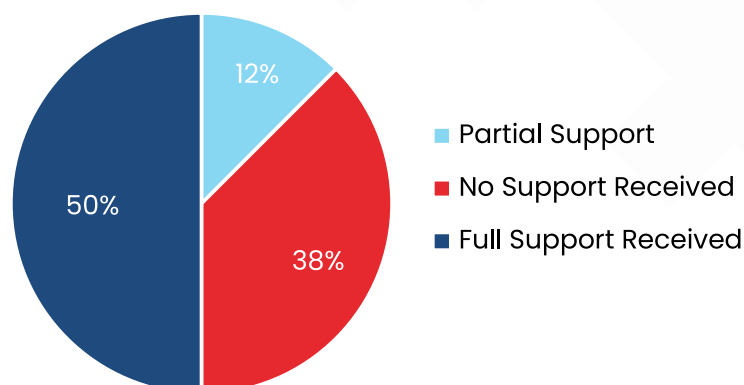
| Rationale                                                 |       |
|-----------------------------------------------------------|-------|
| % of Beneficiaries Underwent Post-Vaccination Observation | Score |
| =100%                                                     | 10    |
| >=90%                                                     | 9     |
| >=80%                                                     | 8     |
| >=70%                                                     | 7     |
| >=60%                                                     | 6     |

As it can be observed from the graph, 70% of the beneficiaries were kept under observation post vaccination. Hence the **Final Score = 7**

## 6. Post-Vaccination Support Provision

The level of support provided by hospital staff or the programme team following vaccination, is based on weighted scoring of beneficiary experiences.

**Support Provided by Hospital Staff/Programme Team? (n=16)**



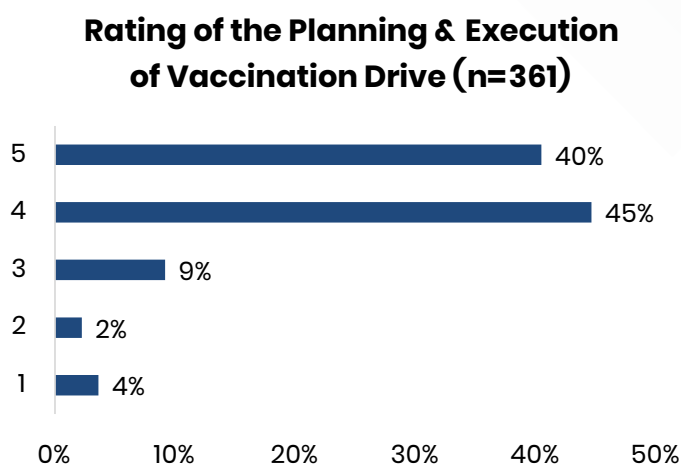
| Rationale                                                      |                    |                  |
|----------------------------------------------------------------|--------------------|------------------|
| Support Provided by Hospital Staff/Programme Team              | Rating             | Weighted Scoring |
| Full support– Help included medical care, advice, or follow-up | 10                 | 5 (=10*0.5)      |
| Partial support – Some assistance received, but insufficient.  | 8                  | 0.96 (=8*0.12)   |
| No Support- No help or advice from staff or team.              | 6                  | 2.28 (=6*0.38)   |
|                                                                | <b>Final Score</b> | <b>8.24</b>      |

## 7. Infrastructure Availability & Utilisation

| Rationale                                                               |       |
|-------------------------------------------------------------------------|-------|
| Infrastructure Available                                                | Score |
| All 3 available (Vaccination room, Waiting room, Cold storage facility) | 10    |
| 2 available                                                             | 8     |
| 1 available                                                             | 6     |

Qualitative interviews with doctors and hospital staff indicated that all three facilities – a separate vaccination room, waiting room, and cold storage facility—were available. Therefore, according to the rationale, the **Final Score = 10**.

## 8. Planning & Execution of Vaccination Drive



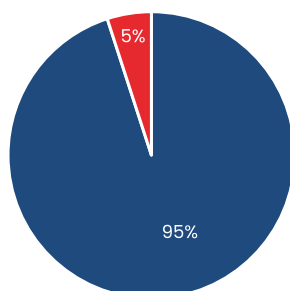
| Rationale                          |         |
|------------------------------------|---------|
| Criteria                           | Scoring |
| if 4 & 5 together are $\geq 100\%$ | 10      |
| if 4 & 5 together are $\geq 90\%$  | 9       |
| if 4 & 5 together are $> 80\%$     | 8       |
| if 4 & 5 together are $\geq 70\%$  | 7       |
| if 4 & 5 together are $\geq 60\%$  | 6       |

The 1-5 rating of planning and execution as given by beneficiaries stands for-

|                                                                   |
|-------------------------------------------------------------------|
| 1: The vaccination drive was confusing and poorly managed.        |
| 2: There were problems with vaccination drive and not much help.  |
| 3: The vaccination drive was handled alright but could be better. |
| 4: The Vaccination drive was organized well with good support.    |
| 5: Everything was very well-organized and easy to follow.         |

85% of beneficiaries rated the drive positively (combined ratings of 4 and 5), indicating it was well-organized. Therefore, according to the rationale, **Final Score = 8**

## 9. No challenges reported

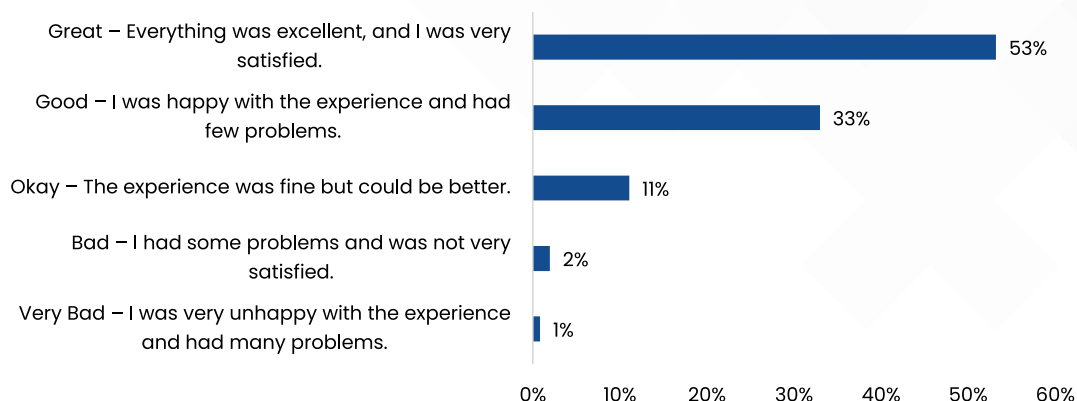


| Rationale                                     |       |
|-----------------------------------------------|-------|
| % of Beneficiaries who reported no challenges | Score |
| $\geq 100\%$                                  | 10    |
| $\geq 90\%$                                   | 9     |
| $\geq 80\%$                                   | 8     |
| $\geq 70\%$                                   | 7     |
| $\geq 60\%$                                   | 6     |

As 95% of the beneficiaries reported no challenges faced during the vaccination process. So, according to the rationale, **Final Score = 9**.

## 10. Rating of overall experience of the HPV Vaccination Drive

### Rating of overall experience of the HPV Vaccination Drive (n=361)



The overall experience of HPV Vaccination Drive can be rated as follows:

|   |                                                                      |
|---|----------------------------------------------------------------------|
| 1 | Very Bad – Very unhappy with the experience and faced many problems. |
| 2 | Bad – Some problems occurred, and I was not very satisfied.          |
| 3 | Okay – The experience was fine, but there is room for improvement.   |
| 4 | Good – Generally happy with the experience, with few issues.         |
| 5 | Great – Everything was excellent, and I was very satisfied.          |

| Rationale                   |         |
|-----------------------------|---------|
| Criteria                    | Scoring |
| If 4 & 5 together are =100% | 10      |
| If 4 & 5 together are >=90% | 9       |
| If 4 & 5 together are >80%  | 8       |
| If 4 & 5 together are >=70% | 7       |
| If 4 & 5 together are >=60% | 6       |

86% of beneficiaries (combined ratings of 4 and 5) were satisfied with the overall experience of the HPV Vaccination Drive. Therefore, based on the rationale, the **Final Score = 8**.

## 11. MoU and documentation of agreements between NGO partners

Based on qualitative interactions, a few formal MoUs and agreements were signed, while the rest of the communication and agreements were maintained via email. Therefore, the Final Score is 10.

The consolidated score for 'Processes- Parameter' = 8.4

## C. Platforms

### 1. Existing data policy

| Rationale            | Criteria | Score |
|----------------------|----------|-------|
| Existing data policy | Yes      | 10    |
|                      | No       | 6     |

Since there is no data privacy policy currently in use by YUVA Unstoppable, according to the rationale, **Final Score = 6.**

### 2. Usage of any DBMS Software/other secure data- storing platform

| Rationale               | Criteria | Score |
|-------------------------|----------|-------|
| Any DBMS software used? | Yes      | 10    |
|                         | No       | 6     |

As YUVA Unstoppable and RML Hospital did not use any specific database management software for data handling, and records were maintained using Excel sheets, according to the rationale, **Final Score = 6.**

### 3. Digitised mode of data collection & storage

| Rationale                                   | Criteria | Score |
|---------------------------------------------|----------|-------|
| Digitised mode of data collection & storage | Yes      | 10    |
|                                             | No       | 6     |

Since Excel sheets were used to maintain records of beneficiaries and vaccination timelines, according to the rationale, **Final Score = 10.**

The consolidated score for '**Platforms- Parameter**' = 7.3



## **CSRBOX & NGOBOX**

A 404-405, SWATI TRINITY,  
APPLEWOODS TOWNSHIP, SP RING  
ROAD, NEAR SHANTIPURA,  
AHMEDABAD, GUJARAT 380058