

VO grading report St. Jude India ChildCare Centres

November 2022



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CRISIL VO grading

VO 1A		Financial proficiency		
		High	Moderate	Low
indicates				
Very strong delivery capability, and high financial proficiency				
Delivery capability	Very strong	VO 1A	VO 1B	VO 1C
	Strong	VO 2A	VO 2B	VO 2C
	Average	VO 3A	VO 3B	VO 3C
	Weak	VO 4A	VO 4B	VO 4C
	Poor	VO 5A	VO 5B	VO 5C

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Grading history

Month and year	Grading
December 2022	VO 1A
October 2020	VO 1A
July 2019	VO 1A
December 2017	VO 1B
May 2016	VO 2A
February 2015	VO 2A

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Fact sheet

Registered office	<p>St. Jude India ChildCare Centres Victoria House Pandurang Budhkar Marg Mumbai - 400 013, Maharashtra Tel: +91 22 2497 1192 Email: contact@stjudechild.org Alternative email: anil.nair@stjudechild.org Website: www.stjudechild.org</p>
Head office	<p>St. Jude India ChildCare Centres Cotton Green Campus, Ground Floor Mumbai Port Trust Colony, ABC Colony (Rajas Nagar) Zakaria Bunder Road, Sewri, Mumbai - 400 015</p>
Legal status	The organisation is registered under Section 8 of the Companies Act, 2013
Year of registration	2006
Founders	<ul style="list-style-type: none"> • Nihal Kaviratne • Shyama Kaviratne
Operational areas	Nine cities (Chennai, Delhi, Guwahati, Hyderabad, Jaipur, Kolkata, Mumbai, Varanasi, Vellore)
Thrust areas	
<ul style="list-style-type: none"> • Providing free accommodation, a safe infection-free environment, and holistic support to needy children undergoing treatment for cancer, along with their parents, at centers established at the pan-India level. 	

Key evaluation drivers¹

Profile

- ↑ **Moderate but proven track record:** SJICC has more than 16 years of experience providing free accommodation and holistic care for children suffering from cancer. It currently operates in nine cities through 39 centers with 492 units, receiving patients from all over the country. They have been able to cater to about 21,000 children since their inception.²
- ↑ **Well-articulated vision and mission:** The voluntary organization's (VO's) vision and mission clearly articulate its focus areas, and these are well understood by all its stakeholders.
- ↑ **Experienced board with diverse background:** SJICC has seven-member Board of Directors comprising of eminent personalities with background in social work, accounts, architecture, corporate, legal, art and finance.
- ↑ **Experienced executive committee and senior management ensures bandwidth stability:** The VO has a well-qualified and experienced management, which is able to steer the organization towards its vision. The VO's executive committee addresses critical policy issues related to the day-to-day functioning such as operational issues, strategic planning as well as operational review of performance periodically.
- ↑ **Decentralized organizational structure:** The centres established by the VO across India have operational flexibility while adhering to the overall organization's objectives. This has led to high programmatic impact and area-specific project implementation. However, a decentralized structure poses some challenges related to monitoring and operational costs, which can be addressed through regular meetings and evaluation.
- ↑ **Adequate human resources (HR) policies:** SJICC has established a dedicated HR department in 2018, manned by three resources. The department has a formal HR manual which was updated on 31st October 2022. The manual specifies on recruitment policy, compensation and benefits guidelines, external training policy, grievance handling procedures, anti-sexual harassment policy, disciplinary policy, internship policy, social media policy etc. The VO extends various benefits including PF and gratuity to its pay-roll employees.
 - The VO has a robust induction process for both centre and support function staff. Five to six weeks of induction training are extended to centre staff, and four weeks of induction training are extended to staff in support functions. In addition to functional and operational know-how, the centre staff gets exposure to running a centre for two weeks, which gives them an opportunity to understand the practical nuances of running a centre. If the centre manager or new employee is from another location, the HR department ensures that he or she receives the necessary training in Mumbai within the time frame specified, as well as support for housing.
 - The VO has adopted KRA based framework for appraising performance of centre staff which evaluated more on qualitative matrices for few roles in the organization. The HR team has now developed & identified the quantitative matrices for performance management that includes core competencies which is aligned with the overall organizational objectives, as an essential component for appraisal of functional staff for each role and even started running a pilot for few roles from October 2022 onwards.
 - The VO has adopted a bi-annual appraisal system and follows a three-tier appraisal process where self-evaluation forms the first step, followed by evaluation by an appraiser and then a reviewer. The annual increment happens

¹ As per data shared by the St. Jude's

² Official website for St. Jude India ChildCare Centres (<https://www.stjudechild.org/>)

annually which is between 8% to 15% with correction.

- The VO maintains a learning and development (L&D) calendar to assign training and refresher courses. The department has created learning journeys for each employee level, beginning with the executive, managerial, leadership, and senior management levels. It involves three components: technical, behavioural, and organisational learnings. The department also focuses on competences, and based on those, it develops trainings or workshops. One such training was employee organisational training, which was about understanding the overall growth of the organisation and what the expectations are from the employees.
- Especially during COVID-19 times, the VO has ensured additional focus on building the capacity of its resources on the technical and functional areas, especially around usage of IT systems. It has also initiated the process for designing competency matrix to develop customized training and learning modules for its employees at various levels of grades and functions to ensure specialization and growth.
- A Sikhar programme was organised by the department through an external trainer, mostly for senior managers who are now ready to take on leadership roles, and intervention also continued post-training for 8 to 9 months. The department did the evaluation on the same day and continued the evaluation even after the programme was ended. The team also utilised verbal feedback from the manager and informal discussions.
- The VO has made sure to place extra emphasis on increasing the capability of its resources on the technical know-how and IT front, particularly during COVID-19 times.
- In order to assure specialisation and growth, it has also been planned to create a competency matrix to provide specialised training and learning modules for its employees at different levels of grade and function.
- The HR team along with the support of the IT has launched Facebook workplace that keeps the employees informed about the new updates in the organization

Programme

↑ **Well-structured programmes with focus on niche segments:**

The VO's operational modality differs from its peers working for cancer patients. St. Jude views cancer care for children as three distinct areas or circles.

- The **First Circle** is high quality medical care provided by the treating hospital.
- The **Second Circle** is the physical environment that a child undergoing treatment requires.
- The **Third Circle** is the emotional support that the children and their families need.

SJICC strives to address the accommodation requirements of children suffering from cancer and their respective families. Along with a hygienic and safe environment to recover, the VO also facilitates value-based education, recreational activities including yoga, music therapy etc. The VO has also initiated imparting skill development trainings to both fathers and mothers in addition to regular counselling and training support, ensuring holistic care through each of these interventions. In addition, the VO has launched St. Jude for Life program that provide support and guidance in the areas of health, education and livelihood to the children who have recovered from cancer and for children who have completed the treatment. The children under this are called as Judens.

↑ **Programmes in line with St. Jude's' objectives:** The programmes undertaken by the VO are aligned with its vision and mission, organized into specific areas with quantifiable objectives. Fund allocation towards programmes is in line with the VO's core focus.

- ↑ **Adoption of a collaborative approach:** The VO has tied up with ~ 22 hospitals and doctors in all their areas of operations to identify and shortlist patients and ensure uninterrupted caregiving.
- ↑ **Process oriented:** The VO has a structured approach to for beneficiary selection, where the VO has developed detailed standard operating procedure (SoP) and manual for admission process, where criteria for admission have been detailed along with the admission guidelines, due diligence and waitlist process, code of conduct, requisite operational procedures etc.
- ↑ **Outreach:** The VO has been able to cater to more than ~21,000 children since 2006 through its interventions.

Cities	No. of Centres
Delhi	5
Chennai	2
Guwahati	2
Hyderabad	1
Jaipur	3
Kolkata	3
Mumbai	19
Vellore	2
Varanasi	2

- ↑ **Organisational expertise:** Over the years, St. Judes has been able to cater to the cause of affordable accommodation for cancer patients and their families. The VO also focusses on imparting life skills to the families through behavioural change pertaining to cancer care, healthy eating habits, maintaining high standards of cleanliness and hygiene practices, livelihood promotion, value-based education, etc.
- ↑ **Partnerships:** The VO actively partners with hospitals and doctors for selecting beneficiaries and facilitating their stay at the centre. The VO also engages with volunteers - including team leaders and team members who facilitate essential technical guidance to the VO in all possible arrays. To facilitate financial training to parents, the VO has collaborated with organisations like PwC and Morgan Stanley.
- ↑ **Relationship with stakeholders:** The VO has excellent relationship with donors, hospitals, doctors, other VOs, researchers, employees, volunteers and local communities that helps them to achieve the organizational goals in effective manner.
- ↑ **Competent programme monitoring mechanism:** The VO has updated its monitoring mechanism by implementing the automated centralised systems for occupancy and patient management. It has also initiated development of QR code-based tracking for inventory management and 3rd circle base activity. These changes will allow the VO to improve the accuracy of data collection and analysis. The VO is advised to depute a dedicated team for ensuring strict adherence to the monitoring standards. For the St. Judes for life program, the VO has partnered with Data-O-Gram, an online data collection portal to acquire data in a systematic manner. It provides unique id to each beneficiary to track them and monitor the program progress. However, as the program grows, the VO will have to upgrade to an advanced automated process to track the beneficiaries.
- ↑ **High awareness:** CRISIL observed that the beneficiaries had high awareness and satisfaction levels regarding various programmes undertaken by the VO.
- ↑ **Robust feedback mechanisms and grievance redressal system:** Over the one year, the VO has strengthened its feedback mechanism. Besides, having counsellors playing a role in addressing of the grievances, every visitor has been

provided with a toll-free phone number where they can drop their feedback (while within the centre as well as after they return to their hometowns).

For those families who have already returned to their hometowns, SJICC's team connects to them to understand their experience during the stay as well as the status of the health of the child/children. In respect to visitors/donors' feedback during the physical visit, they have introduced a QR code which leads to a form where the visitors can independently provide feedback on the organisation. Such feedback response are centrally assessed and actions are taken against suggestions if received.

↔ **Impact assessment:** Although VO captures its outreach and impact on beneficiaries in its newsletters, reports and case studies-stories of hope, VO has also planned to conduct a medical audit through third party assessment that will help the NGO to find out and correct the issues before the insurance or government payers challenge inappropriate coding. CRISIL suggests that the VO should also conduct proactive and concurrent third-party impact assessments of programs across the states that will help St. Judes capture the impact of its critical projects.

Processes

↑ **Operation processes:** Standardised operation procedures across centres have enabled the VO to develop a healthy work culture and facilitate decision-making to reduce the turnaround time. Following are the key SoPs and manuals developed by SJICC established in new centres:

- Infection control
- Establishing new centres
- Water testing
- Bone Marrow Transplant (BMT) protocol
- New admission process etc.
- Human Resource Policy
- Finance & Accounts
- Capacity Building
- Prevention of Sexual Harassment (POSH)
- SJICC Values
- Development (DT) Manual
- Safety Manual
- Operating Manual
- Information Technology
- Volunteer Policy Manual
- Social Media Policy
- Infection Control Manual

↑ **Adequate policy framework:** In addition to HR, accounting and finance, inventory management, prevention of sexual harassment, child protection policy manual for setting up centres and whistle-blower policies, the VO also has a procurement policy and a child labour policy in place.

↑ **Proper Risk mechanisms:** The VO has developed Risk Management Policy to ensure that an effective risk management framework is established and implemented within the organization; detailing out the process including identification, assessment, evaluation and treatment of the risks. Further, the VO has also established a risk and resilience committee to

discuss issues around succession planning, hospital relationships, staffing, including key personnel succession, premises, compliances and reputations.

↑ **Adequate reporting system:** The VO has a well-structured reporting system. It submits the following reports to donors and partner agencies for most of its projects:

- Narrative report of project progress
- Project reports
- Fund utilisation report and certificates

Donors receive quarterly, biannual and annual project wise progress reports detailing grants sanctioned and utilised.

↑ **Strong reporting system for daily operations:** The VO has a robust reporting system, as it maintains reports and registers on daily and monthly basis.

↑ **Adequate financial budgeting and controls:** All programme expenditures and allocations are managed by the head office. A Separate centre wise reporting formats are in place; fund utilisation reports are prepared by centre leads and shared at the end of every month with the head office.

↑ **Strong monitoring team:** The VO has individual monitoring teams for each vertical and developed automated data collection systems for occupancy and patient management. There has also been initiation on QR code-based systems for inventory management and third circle-based activity management to track the progress.

↑ **Good disclosure of operational information:** The VO shares details of its activities and achievements through its annual reports and newsletters, which are published on its website. The VO also shares case studies including stories of change, articles and new coverage items on the website.

↑ **Robust communication strategy for internal stakeholders:** The VO has adopted a diversified approach for presence on social media including regular updates on Facebook, LinkedIn, twitter, Instagram, YouTube, etc. The VO shares quarterly newsletters with its internal stakeholders, including employees, to keep them informed of developments in its operations.

↑ **Robust framework for COVID19:** The VO acted quickly on developing a robust action plan focusing on medium and long terms impact of COVID-19 on SJICC. Some of the key interventions include the following:

- Developed COVID specific SoPs and manuals viz. operation manual which included COVID-19 systems and protocol focussing on safety measures to be followed by all staff available in the centres, guidelines for remote monitoring, policy and guidelines for new admissions, protocol to be followed when family tests positive for COVID-19, guidelines for returnee admissions, guidelines for usage of common areas etc. Sub-manuals have also been prepared to cater to each of the critical requirements.
- Detailed FAQs were also prepared and circulated among the centre staff as well as residents for ease of understanding
- Facilitating telephonic consultations of patients with the doctors
- Facilitated TMH and TMC to operate OPD at centres to reduce travel and exposure to hospitals
- Restrictions in taking new admissions to ensure safety of existing residents
- Accommodated families in the centres, who had completed the treatment cycle and were unable to return back home because of COVID-19
- Ensuring accommodation of families who couldn't return home after treatment/check-up especially because of high number of COVID-19 cases in their hometowns
- In case of COVID-19 symptoms, an operating protocol has been created, as per which,
 - o All centres have to identify pathology labs for COVID-19 testing

- All families, staff and outsource staff should be checked for fever, cough and breathlessness thrice a day using no-contact thermometers. In case of absence of centre staff, the parents take the responsibility while the staff updates the information in an online tracker.
- In case any resident exhibits symptoms of COVID-19, the centre lead has to be informed, and the person concerned has to go into isolation in guesthouses.
- In case of COVID-19 positivity detection,
 - The families will have to live outside the centre until advised by the doctors. These families are mostly accommodated in guesthouses provided by St. Jude's itself.
- In case of new and returnee admissions
 - A new guideline policy for admissions has been created, as per which new admissions will not be considered unless certain criteria are met.
 - These new admissions must be housed outside the centres in guesthouses or isolation centres for 14 days. Their induction process should be done online. Similar process shall also be followed for returnee families.

The fundraising team of VO reached out to donors for support on additional expenditure and have received positive responses. Report on utilization of donations have also been shared with the donors

Changes in processes of post COVID-19.

- For families who are new to or returning to the program, the organisation has built shaded open waiting areas.
- This is due to social distances as well as providing comfort to families who may sometimes queue behind one another and have to wait for the admission formalities to be completed.
- Counselling services have been extended to the employees of the organization, where they are provided free of charge.

Financial proficiency

↑ **Adequate financial reporting:** Separate financial statements are prepared for all the projects implemented by the VO. In addition, St. Jude's provides detailed fund utilisation reports to all corporate and institutional donors.

↑ **Balanced resource profile:**

- The organisation has been able to regularly tap existing and new domestic donors on a substantial basis.
- Dependence on Foreign Contribution Regulation Act (FCRA)-based foreign funds was limited to the extent of **44%** in **FY 2021–22**, which has increased from **40%** as recorded in **FY 2020–21**.
- On the other hand, funds received from domestic sources have seen a fall in **FY 2021–22**, falling to **56%** as compared to **60%** in **FY 2020–21**.
- The top three donors accounted for about **20%** of total funds raised in **FY 2022–22**, while the top **10 donors** accounted for about of total **32%** funds raised during the same period.
- The top **5 donors** for **FY 2021-22** were Barclays Banks PLC, Mahanagar Gas Limited, Worley India Private Limited, Azim Premji Philanthropic Initiatives Pvt. Ltd., and Kewalram Chanrai Holdings Ltd.
- Income from donations accounted for **80%** of total annual income during **FY 2020-22** as compared to **79%** in **FY 2020-21**.

↑ **Annual financial projections:** The VO prepares annual financial projections for activities, based on requirement and available grants.

↑ **Effective fund utilisation:**

- Programme expenses account for over **55%** of the VO's annual operational spends during all the past three years in **FY 2020-22**, it was around **56%**.
- Spend on employee costs has decreased from **37%** to **34%** due VO is preferring to hire volunteers for professional needs instead of hiring fresh new candidates.
- Administrative costs have increased to **9%** in **FY 2021-22** as compared to **FY 2020-21** which was **7%**.

About St. Jude India ChildCare Centres³

St. Jude India ChildCare Centres (SJICC) commenced its operations in India in 2006. It provides free accommodation and holistic care to cancer-stricken children (and their accompanying relatives) who travel from rural India to metropolitan areas to receive life-saving treatment. Beneficiaries belong to families below the poverty line and are being treated at major treatment centres in India at low cost. The VO provides clean, safe and cost-free accommodation and allied support services to children (and their accompanying relatives) undergoing cancer treatment.

It currently operates across nine states and has been able to provide admission to over 21,000 children since 2006.

The holistic care provided by SJICC includes an infection-free environment, which is mandatory for the children's recovery, educational and recreational services for the children and their parents, and counselling services throughout the duration of treatment. Children who come back for follow-ups can again stay at one of the centres as they become a permanent member of SJICC

Hospitals (such as Tata Memorial Hospital) are able to fund these children's medical treatment mainly because of donations from charities. As the parents are unable to work during the treatment period, many struggle for food and shelter. These children and their parents often have no place to stay and have to 'sleep rough' on the streets. This leaves the children, who are recovering from chemo or radiotherapy, vulnerable to infections. This negates the benefits that could come from successful treatment and recuperation in more hygienic surroundings and increases the chances of patients abandoning treatment and going back home. One of the main causes of death among these children is non-completion of treatment.

To help such families, SJICC provides the following:

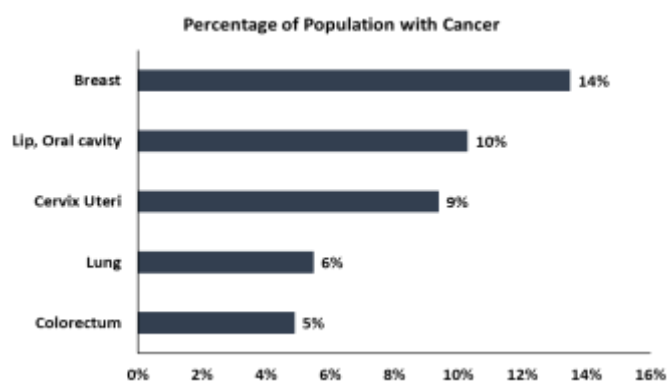
- A cost-free, secure and hygienic place to stay
- Transport facility to and from hospitals
- Clean water and nutritional supplements
- Educational and recreational activities
- Counselling for children and parents

³ As per data shared by the St. Judes team

Understanding Childhood Cancer Treatment in India

Cancer is the second leading cause of death globally, accounting for an estimated 9.0 million deaths worldwide

Globally, today non-communicable diseases are on rise which is accounted to 71% of total deaths. In this, cancer is the second leading cause of deaths worldwide and accounts for a share of 13 percent in total global deaths. In India, cancer is the second leading non-communicable disease with 96 cases per 100,000 population. ⁵ As per the data of India from GLOBOCAN 2020, there were around 13 lakh cancer cases which account to total 7% global cancer cases. Among the 13 lakh cases, breast cancer is highest with around 14% of cases arising specifically in women which then followed by lip, oral cavity (10%), cervix uteri (9%), lung (6%) & colorectum (5%).



Source: Globocan 2020, World Health Organization

Amongst children and adolescents, cancer remains the leading cause of death around the world with approximately 300,000 children aged 0 to 19 years old

being diagnosed with cancer each year. This figure is believed to be a significant underestimate, considering that 43% of new cases remain undiagnosed. In India, NCDs accounted for 61.8% of all deaths, with cancer as the third leading cause (8.3%) within the NCDs⁶. In 2019, the estimate of undiagnosed cancers in children is 49%, which implies that, of the 77,000 children aged 0–19 years who develop cancer every year, only half are diagnosed, and an even smaller proportion initiate and complete treatment⁷.

Status of Pediatric Oncology in India

Childhood cancer can develop as the result of the DNA changes in cells that may occur early in life, even before work. The common type of childhood cancer includes brain & spinal cord tumor, leukemia lymphoma and neuroblastoma. Childhood cancers derive from embryonal tissues that have acquired mutations resulting in an uncontrolled division of abnormal cells. If left untreated, these abnormal cells quickly spread throughout the body (metastasize), causing further harm and, ultimately, death. ⁸

The treatment available for childhood cancer is pediatric oncology that focuses on cancers in infants, children, and teens. The doctors in pediatric oncology are specially trained to treat children and keep them comfortable during their treatment. The main focus in pediatric care has been on control and reduction of infectious disease related mortality⁹. India has seen significant improvements in the overall status of childhood care health services in the last few decades. At the initial stage of development, paediatric oncology as a field of study was essentially non-existent

⁴ <https://ascopubs.org/doi/10.1200/GO.20.00122>

⁵ <https://gco.iarc.fr/today/data/factsheets/populations/356-india-fact-sheets.pdf>

⁶ India: Health of the Nation's States: The India State-Level Disease Burden Initiative, by Indian Council Of Medical Research, Public Health Foundation Of India and Institute For Health Metrics And Evaluation

⁷ Estimating the total incidence of global childhood cancer: a simulation-based analysis; 2019

⁸ CureAll Framework WHO Global Initiative for Childhood Cancer. Increasing Access, Advancing Quality, Saving Lives

⁹ <https://www.semanticscholar.org/paper/Barriers-to-Cure-for-Children-with-Cancer-in-India-Yadav>

Rastogi/44cfcdfad3ef5b2174ba3ce50ae106b8a28669a

till 1980s. The few cancer centres that were available, adult oncologists or self-trained paediatricians treated the majority of children, frequently ineffectively. The first ever pediatric group named The Pediatric Hematology, and Oncology (PHO) chapter of Indian Academy of Pediatrics (IAP) was established in 1987, with a focus on capacity building through training initiatives across all aspects of childhood cancer.¹⁰ Along with this, in early 2000, the pediatric oncology became mainstream special branch in India in space of cancer.

Cancer in children is highly curable if detected early and treated properly. In a developing country like India, the survival of children with cancer in India is inferior to that of children in high-income countries. It could be because of no diagnosis or a delayed diagnosis. The factors responsible for it are lack of fund allocation from the government, incorrect diagnosis and risk stratification, lack of diagnostic labs and centres for paediatric oncology, lack of trained manpower and training courses in paediatric oncology, and socio-economic and cultural factors.¹¹

Establishing a national cancer registry and enhancing child cancer diagnosis and referral are the initial steps towards improving paediatric cancer treatment in India. For this difficult endeavour, both the government and experts need to take forward. This is because data regarding childhood cancer burden in country is lacking due to low, and urban predominant coverage of population-based cancer registry programs. Further, the childhood cancer services in India are predominantly restricted to few tertiary care centres in major cities.

Another aspect is the creation of regional networks, such as expert professional doctors' committees and research committees, that will help with rapid identification of local causes of treatment failure for children with cancer in India and identification of strategies likely to improve care and outcomes in the participating centre. Along with creating a regional network, more focus should also be given on raising community awareness of childhood cancer, promoting early diagnosis and referral, and reducing abandonment and toxic deaths at each center.¹²

In such cases, organisations like St. Jude India ChildCare Centres play a vital role in ensuring committed efforts towards providing provide affordable and clean accommodation, nutrition-related services and other support services, which cater to holistic care in addition to medical care.

¹⁰ <https://www.intechopen.com/chapters/75757>

¹¹ https://www.academia.edu/23785346/Barriers_to_Cure_for_Children_with_Cancer_in_India_and_Strategies_to_Improve_Outcomes_A_Report_by_the_Indian_Pediatric_Hematology_Oncology_Group

¹² <https://www.semanticscholar.org/paper/Barriers-to-Cure-for-Children-with-Cancer-in-India-Yadav-Rastogi/44cfcdfad3ef5b2174ba3ce50ae106b8a28669a>

Profile¹³

Organisation

<p>Track record</p>	<p>Adequate track record</p> <ul style="list-style-type: none"> • St. Judes was established in 2006 by Nihal Kaviratne and Shyama Kaviratne to provide a clean and safe residential facility to children, from economically poor families, undergoing treatment for cancer in cities. St. Judes was envisioned after a realisation of the need for an infection-free environment, where the suffering patients and grieving families can recoup, especially in a city unknown to them and away from home. • The first centre was set up in collaboration with the Bombay Mothers and Children Welfare Society at Mhaskar Hospital, which catered to eight families. In 2008, St. Judes collaborated with the Indian Cancer Society (ICS) and started two more centres for 30 families in the ICS premises at Parel, Mumbai. In 2010, St. Judes partnered with Tata Memorial Hospital to start four centres with 41 units at the Advanced Centre for Treatment, Research, and Education in Cancer (ACTREC) campus at Kharghar, Navi Mumbai. • In subsequent years, the VO expanded its operations to Kolkata, Noida, Jaipur, Guwahati, Chennai and Hyderabad to address the needs of patients coming for treatment to hospitals such as the All-India Institute of Medical Sciences (AIIMS), Delhi, and Tata Medical Centre, Kolkata. With respect to the closure of one centre at Parel, Mumbai with 8 units due to landowner's requests, currently, the total 39 centres with 492 units in nine cities across country. Last year, VO inaugurated two new centres one in Delhi and Varanasi. The VO has planned to expand by adding 2 centres with 24 units in Vizag, and Kharghar Centre which will have additional 226 units in the new 12 storied building of Tata Memorial Hospital within the next couple of years • Since inception, it has impacted lives of more than 21,000 children have been admitted across the nine cities.
<p>Vision and mission</p>	<p>Clearly defined vision and mission statements</p> <p>St. Judes' vision, mission and logo clearly articulate its focus area, which is also well understood by its staff, stakeholders, donors, beneficiaries and partner organisations.</p> <ul style="list-style-type: none"> • Vision: To nurture and develop our sustainable model that places children undergoing treatment for various diseases on the path to a happy and healthy life. In doing so, we hope that every child will realise his or her potential and thus transform their lives. • Mission: To facilitate the recovery of children (and their accompanying parents) who are undergoing treatment for a serious chronic disease, such as cancer, by providing clean, safe and cost-free accommodation. <p>Guided by the VO's stated vision and mission statements, following are the key value principles:</p> <ul style="list-style-type: none"> ➤ Commitment ➤ Excellence ➤ Teamwork ➤ Integrity ➤ Action ➤ Care

¹³ As per data shared by the St. Judes team

	<ul style="list-style-type: none"> ➤ Giving back – Kar Seva • The VO has designed and is implementing multiple initiatives to achieve its vision and mission by engaging its stakeholders. • It has formulated adequate strategies to achieve its objectives. • CRISIL opines that St. Judes’ focus on operational expansion and focus on strengthening the organizational structure in form of structured management model is seen as an indicator of its intent to progress towards achieving its vision and mission.
Objectives	<p>Clearly outlined; aligned with the organisation’s vision</p> <ul style="list-style-type: none"> • Provide accommodation to children, and the accompanying family members, undergoing cancer treatment. • Extend nutritional support by supplying food, as the family members accompanying the child would be unemployed during the treatment. • Provide transport for easy conveyance from the hospital to the accommodation centre and vice versa. • Develop reading, writing and communication skills to enhance knowledge and bridge the gap in education during their treatment, and keep them involved in various productive activities. Art-based therapy sessions, music, dance, drama, and reiki sessions are also arranged for the children and their families. • Empower parents by developing their occupational skills, thus enabling them to earn their livelihoods.
Strategic plan	<ul style="list-style-type: none"> • The VO formulates plans capturing deliverables of ongoing projects, future resource requirement (funds, manpower, and infrastructure), and expansion into new geographies and domains. These plans are discussed in board meetings as well as in team discussions and updated as per need on a regular basis. • The VO tracks progress against the targets set on a monthly basis through the evaluation of employee deliverables. Project progress is tracked on monthly by the program head and communicated with CEO regularly. The progress is even monitored quarterly, half-yearly and yearly basis. • The VO is currently engaged in reviewing and redeveloping department wise strategies to strengthen the policy and operational framework. It is also in the process of finalising the RAPIDs (Recommendation, Agree, Perform, Input, Decision) of the organisation to map the responsibilities among departments and employees. These RAPIDs will be incorporated in SOPs. • The VO is also working on establishing a management model, i.e., a professional approach to operations, by streamlining key functional operations such as IT, HR, etc. • With respect to expansion, the VO is expected to expand alongside the presence of partner hospitals. However, it is also designing plans to engage with new hospitals to avail premises and services in other areas..

Board and management¹⁴

Board of directors	<p>Experienced and eminent personalities</p> <ul style="list-style-type: none"> • St. Judes comprises professionals with rich experience across multi-disciplinary backgrounds in both private and non-profit sectors. Board members have extensive experience in social work,
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¹⁴ Based on our discussion with the St. Judes team

<p>Committee structure</p>	<p>accounts, architecture, policymaking, corporate, legal, and finance backgrounds. (Refer to Annexure 1 for profile of board members)</p> <ul style="list-style-type: none"> The VO conducts elections as per the prescribed regulations. Board members are elected as per the articles of association. Board meetings are conducted quarterly to review the policy framework, programme achievement and coverage status, operational and manpower related challenges, future strategies, and key performance indicators assigned to those strategies. CRISIL opines that the experience of the board members and diversity within the board has enabled strengthening its overall stakeholder network and in further accessing long-term funding. <p>Well developed</p> <ul style="list-style-type: none"> Apart from the executive committee, St. Judes has formed committees comprising the board members, senior management, and external experts to ideate and discuss any critical issue associated with the VO. Following are the key committees: Executive committee: Comprises of five members (senior management team) responsible for addressing critical policy issues related to the day-to-day functioning such as operational issues, strategic planning as well as operational review of performance periodically. Audit committee: Comprises four members and evaluates internal audit findings and proposes action points. There are three structural committees looking after the operational structure of the organisation along with its allied activities. These include the three- <table border="1" data-bbox="464 1128 1369 1375"> <thead> <tr> <th>First Circle</th> <th>Second Circle</th> <th>Third Circle</th> </tr> </thead> <tbody> <tr> <td>Comprises of members looking on the medical treatment and care of the children</td> <td>Comprises eight members and evaluates overall operational activities and requirements.</td> <td>Comprises three members and evaluates support services for this circle.</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Sponsor and donor committee: Comprises fourteen members and undertakes fundraising strategies, identifies new funding sources, and reviews servicing of existing donors Risk and Resilience committee: After developing risk management policy in 2020, a risk and resilience committee was formed to identify risks SJICC was exposed to, such as succession planning, hospital relationships, staffing including key personnel succession, compliance, and reputation. 	First Circle	Second Circle	Third Circle	Comprises of members looking on the medical treatment and care of the children	Comprises eight members and evaluates overall operational activities and requirements.	Comprises three members and evaluates support services for this circle.
First Circle	Second Circle	Third Circle					
Comprises of members looking on the medical treatment and care of the children	Comprises eight members and evaluates overall operational activities and requirements.	Comprises three members and evaluates support services for this circle.					
<p>Senior management team</p>	<p>Qualified and experienced, but yet to formulate succession plan</p> <ul style="list-style-type: none"> St. Judes is headed by Mr. Anil Nair, who is currently the Chief Executive Officer (CEO). He was handed over the responsibilities by the former CEO, Usha Banerjee in 2019. The CEO is supported by the Chief Financial Officer (CFO), the Chief Program Officer (CPO), Head, Human Resources (HR) and Programme Head (Facilities) Head (Information Technology) who constitute the senior management team. (Refer to Annexure 3 for their profiles) The senior management team members have over a decade of experience, on average, in the development sector. St. Judes lays emphasis on developing and nurturing leadership through various initiatives including training and capacity building. 						

	<ul style="list-style-type: none"> • The VO has been in process of designing competency matrix to develop customised training modules for employees at each grade and levels, to prepare them for managerial positions. • St. Judes has separate departments with clear demarcation of roles and responsibilities. Each of these departments is headed by an experienced team of professionals. • The VO has a stable and experienced mid-management. Important verticals such as fundraising & donations, hygiene& cleanliness, IT, communications, facilities etc., are headed by senior employees to ensure swift decision-making and efficient programme management. • CRISIL believes that the senior management has been able to expand the organisation's outreach through its clear vision and leadership.
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HR

HR function	<p>Dedicated department</p> <ul style="list-style-type: none"> • St. Judes has a separate HR department to handle recruitments, training, compensation, and employee assessment. • The VO's HR team comprises HR head who is responsible for end-to-end management and implementation of HR related operations in the VO. The HR head directly reports to the CEO. • Overall, the management has made considerable developments in the HR function since the last assessment including introduction of Key Results Areas (KRA) based framework for appraisal, learning and development plan for employees, higher focus on training and capacity building of staff, structural changes including creation of managerial positions such as zonal heads etc. Currently, it is also in plans to develop new key performance indicators (KPIs) for a quantitative assessment.
HR processes	<p>Well-defined processes for recruitment</p> <ul style="list-style-type: none"> • Judes has well-defined processes for recruitment, onboarding, and induction of new employees. The VO has a formal policy for employee compensation, leaves, and exits. Employees are made aware of the organisation's policies through its HR manual, which is provided to them at the time of joining. • The organization's retirement policy is clearly mentioned in their HR policy. There are three types of employees in the organization: Permanent employees (centre and non-centre staff) contract employees (housekeeping staff at the centre) and consultants (yoga teachers, counsellors) • Employees are recruited in three ways: through referrals from internal employees' job portals (Naukri, indeed), through campus recruitment, and through open positions. For senior-level positions, the HR team makes use of referrals and LinkedIn. • Under campus restriction, the HR department connects with social work colleges conducting master's in social work, such as Manipal Social Department, Delhi School of Social Work, TISS, etc., and their average pay is around RS 40,000 per month.. • The candidate will work as a management trainee for a year and then get posted to the location and become the centre leader. Before going forward with the interview process, a placement talk is conducted to make the students understand the work of the organization. The campus recruitment starts in November, and the candidates join in the next month of June, when they complete their final semester. • The organisation has a set of questions that they ask the candidates. Based on that, a scoresheet is prepared, which is filled out by the interview panellists, and whoever gets good scores, and positive comments is selected for the position. In this entire process, if the hiring is for a specific

role, even the line manager is involved in the interview meeting.

- The organisation ensures that the candidate that will be recruited is sensitive enough to the overall objective of the organisation through a set of more qualitative questions, including storytelling and live examples.
- Senior management recruitment is done through LinkedIn, referrals, and an HR consultant. Along with the departmental head, board members, especially the chairperson, are also involved in the whole review process if needed.
- Consultants are hired again through referral and the portal, and a contract is signed with the hired consultant. The remuneration for the same is decided based on the mutual understanding of both parties and paid either on a per-day basis or an hourly basis.

Thorough induction training

- The onboarding process begins with the collection of required documents, which the department prefers to do before the candidates arrive.
- Following their arrival, candidates are given a welcome kit and a formal induction session, which lasts 5 to 6 weeks and includes introducing them to employees and senior management as well as assisting them in understanding the organization. Functional (3 weeks) and operational (5 weeks).
- If the centre manager or new employee is from another location, the HR department ensures that he or she receives the necessary training in Mumbai within the time frame specified, as well as support for housing. Explicit processes for appraisal
- The VO has adopted a Key Results Areas (KRA) based framework for appraising performance of centre staff. The HR team is developing a concrete strategy to include specific goals and key performance indicators (KPIs), with due consideration to core competencies and overall organisational objectives, as an essential component for appraisal of functional staff as well.
- Although the VO is moving towards a more quantitative approach for appraisal, its focus remains on evaluating people on their inclination and alignment with the company' larger vision and mission. This is reflected in their employee structure, where members have continued to work with the organisation for more than 6 to 12 years
- The VO has adopted a bi-annual appraisal system and follows a three-tier appraisal process, where self-evaluation forms the first step, followed by evaluation by an appraiser and then a reviewer.

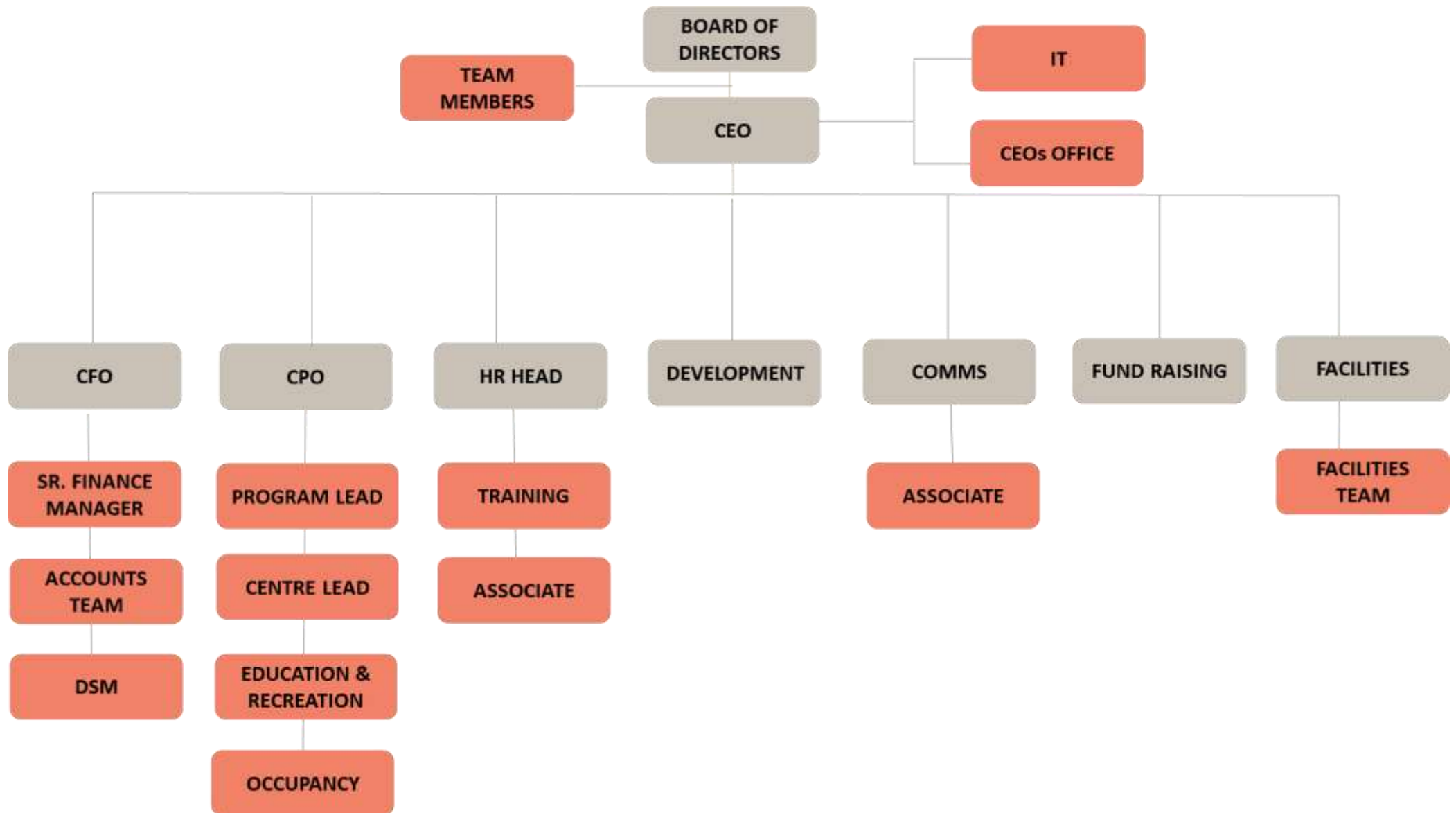
Well defined training programmes

- Judes believes in nurturing its manpower with effective training and capacity-building sessions across domains and functional areas of operation. Considering the nature of work, it ensures that the execution teams are adept at undertaking strategic decision-making for successful programme implementation.
- The HR department has been focusing on improving the learning and development experience for the organization's employees for a few years
- The department has created learning journeys for each employee level, beginning with the executive, managerial, leadership, and senior management levels. It involves three components: technical, behavioural, and organisational learnings.
- Technical training involves education, skill sets, courses, workshops, etc. organised by the department for the employees. It also includes financial and non-financial assistance to employees pursuing additional education. .
- The department also focuses on the competencies, and based on those, the department develops

	<p>the trainings or workshops. One such training was employee organizational training, which was about understanding the overall growth of the organization and what the expectations are from the employees.</p> <ul style="list-style-type: none"> • The Sekhar programme was organized by the department through an external trainer, mostly for senior managers who are now ready to take on leadership roles, and intervention also continued post-training for 8 to 9 months. • The department does the evaluation on the same day and even after the programme has ended, i.e., continuous evaluation. They use verbal feedback from the manager and informal discussions..
<p>Organisational structure</p>	<p>Elaborate organisational structure (organogram shared on page no. 21)</p> <ul style="list-style-type: none"> • St. Judes has an elaborate and multi-layered organisational structure with the required hierarchy. It has separate divisions each headed by senior team members having significant experience in their fields. They take charge of the ongoing projects as well day-to-day activities of the organisation.
<p>Staff composition</p>	<p>Experienced staff, high proportion of project specific staff</p> <ul style="list-style-type: none"> • As of 2022, St. Judes had a workforce base of 165 employees, both on-roll and off-roll, across India. A significant proportion of its employees have been working with St. Judes for over 5 years and have substantial experience in the development sector. Moreover, the VO's workforce comprises both on- and off-roll employees, along with external consultants for specific requirements. • On-roll employees account for 90% of the VO's workforce, while the remaining are appointed on a contractual basis, mainly deputed as counsellors, teachers, etc. • About 81% of the total staff belong to project-specific roles, as compared with head office staff, who comprise only 20% of the total staff strength. However, overall staff strength has increased compared to FY21. • The organisation does provide PF, gratuity, accidental, and medical insurance. • A classification of employees based on their departmental allocations shows that 85.4% of the employees are engaged in centre operations, which is inclusive of third circle and occupant staff. There are five employees in the Finance and Accounts departments, followed by four in the St. Jude's for Life program. HR, sponsors, and donors each have three employees, with the communication department having two. The development and IT departments are manned by one resource each..¹⁵

¹⁵ As per data shared by the St. Judes HR team

The organogram



The programme¹⁶

St. Jude India ChildCare Centres has been working towards providing clean and safe accommodation, which is essential for the recovery of cancer-stricken children undergoing treatment. It also provides allied services, such as nutrition, counselling, and educational sessions, in addition to accommodation. This helps in creating a positive environment essential for recuperating and timely recovery of the children. Along with children, the underprivileged families accompanying them are also provided free accommodation and psychological support, facilitating a “home away from home” and a security blanket in the face of such adversities.

The VO operates in nine cities through 37 centres. The states of operation include Maharashtra, West Bengal, Delhi, Andhra Pradesh, Telangana, Assam, Tamil Nadu, Uttar Pradesh and Rajasthan

Approach

St. Judes’ programmatic approach to achieving its objectives comprises identifying and segregating various operational aspects into three circles:



- **First circle**

This covers treatment and other medical requirements of the patients. Various aspects covered in this circle are taken care of by the hospitals.

- **Second circle**

This circle addresses the necessities of the patient’s family to sustain at the treatment location. This typically includes physical space and associated amenities. St. Judes provides each family with a unit comprising a bed, cupboard, and mattress. It also provides a starter pack to each family, which consists of the basic food requirements and a set of utensils. Each family receives ration on weekly basis consisting of rice, oil, dal, vegetables and fruits. Since the pandemic, and restriction of movements, the parents are also provided an additional booster kit with necessary food supplements such as dry fruits, ghee, eggs etc. The patient’s family is provided a common washing area and kitchen, as well as transportation services back and forth the hospital.

St. Judes also caters to the hygiene needs of the patients and their families. An infection control manual has also been put together, which contains all the ground rules that have to be followed to maintain a clean and safe environment. Surprise visits are conducted to check whether the manual is followed across centres

The VO also conducts counselling sessions twice a week for both, patients and their families

- **Third circle**

¹⁶ As per data shared by the St. Judes team

While medical treatment is reinforced by an infection-free environment, to be fully effective, it must also be supported by a cheerful milieu, wherein the family receives intellectual stimulation, emotional support, and fulfilment. Daily sessions are conducted by teachers to keep the children in touch with their studies. The children are divided into two groups - bawadi and primary - based on their age. They receive theme-based education training, art and craft sessions, and other activities.

This circle also looks after the vocational training of the parents who might lose their jobs due to the extended stay of the families with their children. Activities for mothers include basket making and yoga sessions. Fathers are taught skills such as repairing of motor vehicles and mobile phones. The key focus of the third circle is to keep the patients and their families engaged and provide them with a stress-free environment

Programme details¹⁷

St. Jude's has five programmatic focus areas:

- Safe and clean accommodation facilities
- Nutritional support
- Transportation services
- Educational services
- Support services
- Skill development initiatives

Accommodation facility

Recovery from cancer is a long process, which not only involves rigorous medical treatment, but also adequate care, nutrition, and hygiene. Hospitals specialising in treating cancer are few and concentrated in urban centres. While undergoing treatment in these hospitals, accommodation is a challenge for patients belonging to remote areas. Economically weaker patients are unable to afford hygienic residential facilities. Many of them end up staying on footpaths. Cancer-afflicted children face a serious risk of poor recovery due to secondary infection from unhygienic living conditions and inadequate care. St. Jude's provides safe, secure, and hygienic accommodation, i.e., centres with family units for such children and their parents.

The VO has tie-ups with the treating hospitals and doctors. These collaborations help St. Jude's identify patients requiring accommodation facility and ensure successful completion of the treatment. St. Jude's has collaborated with the following hospitals:

Mumbai:

- Tata Memorial Centre, Mumbai
- Bai Jerbai Wadia Hospital for Children, Mumbai
- King Edward Memorial Hospital, Mumbai
- Lokmanya Tilak Municipal General Hospital, Mumbai
- Advanced Centre for Treatment, Research & Education in Cancer, Mumbai
- S L Raheja Hospital, Mumbai

Kolkata

- Saroj Gupta Cancer Centre & Research Institute, Kolkata
- Tata Medical Centre, Kolkata
- Chittaranjan National Cancer Institute, Kolkata
- R G Kar Medical College & Hospital, Kolkata

¹⁷ Details provided by the St. Jude team

Jaipur:

- Abhishek Hospital
- Apex Hospital
- Bhagwan Mahavir Cancer Hospital & Research Centre, Jaipur
- Sawai Man Singh Hospital, Jaipur
- JK Lone Mother and Child Hospital, Jaipur

Delhi:

- All India Institute of Medical Sciences (AIIMS), New Delhi

Hyderabad:

- Mehdi Nawaz Jung Institute of Oncology, Hyderabad
- Basavatarakam Indo American Cancer Hospital & Research Institute, Hyderabad
- Nizam's Institute of Medical Sciences, Hyderabad
- Rainbow Children Hospital, Hyderabad

Vellore:

- The Christian Medical College, Vellore

Guwahati:

- Dr Bhubaneswar Borooah Cancer Institute, Guwahati
- Marwari Maternity
- Guwahati Medical College and Hospital (GMCH)

Chennai:

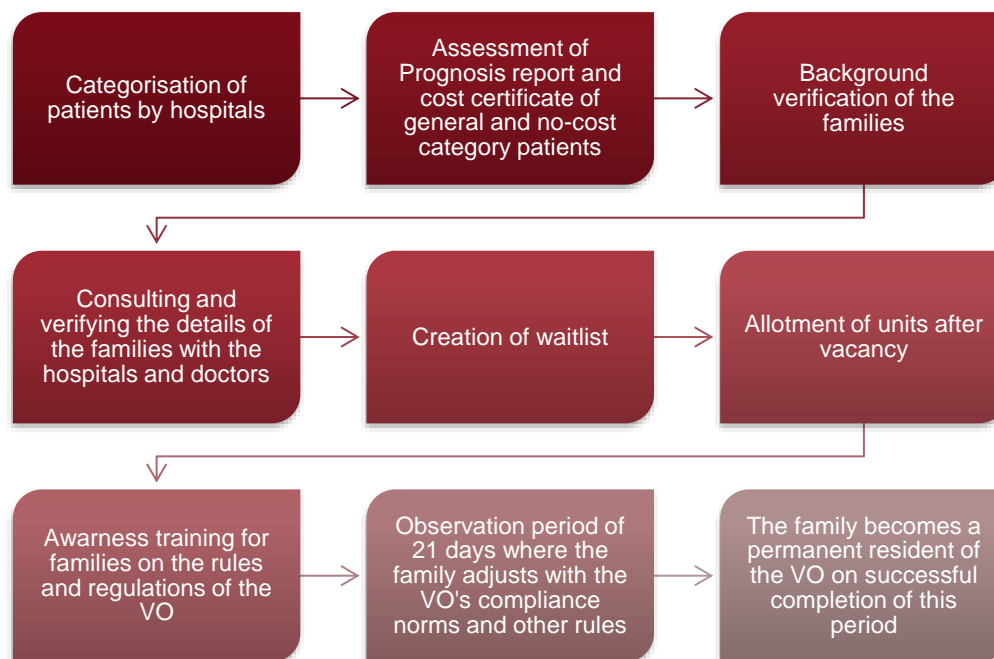
- Apollo Speciality Cancer Hospital, Chennai
- Sri Ramchandra Hospital, Chennai
- Cancer Institute (WIA), Adyar, Chennai
- Shankar Nethralaya, Chennai

Varanasi:

- Homi Bhabha Cancer Hospital (HBCH)
- Heritage Hospital, Varanasi

The VO's has a three-member occupancy team based out of Maharashtra. They handle the new admissions, returnees and feedback systems. The team tracks the occupancy sheet filled by each centre daily at 11am to monitor

the patients in the waitlist and to be discharged list. This allows the occupancy team to plan in advance the admission of new children. The children are selected based on specific criteria's set by the organisation.



Team members in outstation coordinate with the occupancy team and occupancy manager. They help identify and select the families. Families are educated on how a safe and clean environment is a pre-requisite for the child's recovery and trained from the time of admission itself.

Apart from residential units, families are provided with a common washing and drying area, and cooking facility, which need to be kept clean by the families and staff.

Nutritional support and transport services

- To provide holistic care, each family is given basic food, utensils, and nutritional supplements on a weekly basis. Since the pandemic, the families are also provided an additional booster kits with necessary food supplements such as dry fruits, ghee, eggs etc. once a month.
- Buses and cars are available at each location to take the children and their families to hospitals. These buses shuttle between the centre and hospital at pre-decided timings.

Education and other activities

- For education and recreational activities, a consultant plans the curriculum and trains the staff as well
- Daily lessons are planned according to this curriculum
- The VO focusses on concept-based education
- Teachers assist the children in reading and writing
- Theme-based study for a month helps the children learn a concept across all age groups according to their grasping level.
- A pilot project on personality development was also conducted for these children with the help of 'Head Held High.'

- For the parents, programs on financial literacy is conducted.
- St. Judes also organises various recreational activities, such as tile painting, planting and caring for plants, organising birthday parties, and celebrating festivals.

Support services

Cancer takes a toll on people's lives, and they generally find it difficult to cope on their own. St. Judes plays a pivotal role by providing both emotional and financial support. The VO organises counselling sessions for both the patients and the families to help them overcome emotional/psychological concerns.

The VO organises bi-weekly meetings to discuss the various issues faced by the families and tries to guide them accordingly. Various other stress-relieving activities are conducted, such as basket weaving for the mothers, to help take their minds off their impending issues for a while, and give them a chance to socialise with other mothers

Access to current affairs is an important tool for social development and in this regard SJICC has started interventions with the mothers and fathers separately called "Chai-pe-Charcha" (Discussions over a cup of tea). This includes reading news topics and discussions over social issues like gender equality, social development, requirement of upskilling among others. This is primarily conducted over the observations made by SJICC that states that parents with their child being a female and a cancer patient often feel reluctant or comparatively less enthusiastic about their recovery and care in respect to male child/children.

Art-based therapy sessions and music, dance, drama, and reiki sessions are also provided to children and their families.

Skill development initiatives

The VO analyses the socio-economic condition of the parents which according to the VO, gets stunted because of the prolonged time spent outside their hometowns in respect to the treatment of their children. In this respect, they have introduced skill development initiatives for the parents understanding the gender-based skills required in low-income group families in the country. For the females, they have introduced tailoring and bag making courses and beautician courses. For the fathers of the children, they have initiated mobile repair training and automobile motor repair training (only for Chennai location).

The mothers are provided the raw materials and during their time of exit from SJICC, they carry the craft that they have made and were also provided raw materials to continue at home. For the beautician courses all raw materials are provided by SJICC. The VO implements this training through trainers provided by an external not-for-profit like Pratham Trust.

Bone marrow transplant (BMT)

- One out of the four centres at Kharghar comprises five units which have been specifically designed for infection-prone patients undergoing BMT.
- They are more prone to infection and require a cleaner and hygienic environment.
- A separate area is allocated for these patients due to their critical condition.
- No visitors are allowed in this unit.
- The BMT centre is located in a relatively quiet and isolated area and has more space compared with the rest of the units.

St. Judes for Life

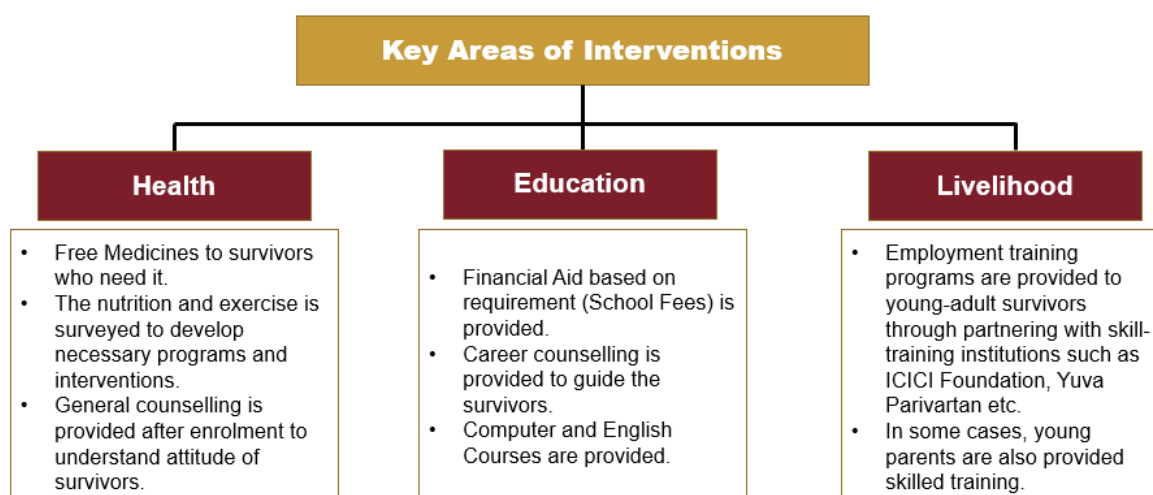
The St. Judes for Life programme was formally launched in 2020. It is designed to ensure that the children who have won battle against cancer are able to fulfil their potential and aspirations. The program was planned after realization that the children from underprivileged background, even after being successfully treated of cancer, suffer several challenges to become self-reliant and independent. The motto for the program is 'Once a St. Judes child is always a St. Judes child'. The program has well defined vision and mission statements.

Program Vision: St. Judes believes that the children, who have been nurtured at their centres to recover from cancer, are exceptionally brave and special and have a lifelong bond with the organization. As a result, St. Judes will always be available to provide support and guidance throughout their lives, to help them reach their potential and fulfil their aspirations.

Program Mission: To ensure that timely and appropriate assistance is available to St. Judes alumni to complete their education, maintain good health and lead successful lives. From the time of their enrolment on completing five years since diagnosis of cancer, till they are independent and self-sufficient, St. Judes for Life will be available to provide appropriate intervention, directly or through experienced partners, to support, mentor and enable them to become upright contributing members of society.

Program Beneficiaries: The St. Judes' alumni who have completed five years from the date of diagnosis and have recovered after treatment, are eligible to be enrolled in the program. Their ages range from six years to the mid-20s. These alumni are termed as survivors. The St. Jude's team approaches the survivors after 5 years; and enrolls them into the program if they are interested. The children and their parents are surveyed to fill out the enrollment form probing on their goals, aspirations and current status in addition to demographic details. This is followed by filling up of an induction counselling form to understand their areas of concern, if any past psychiatry illnesses, etc.

Program Interventions: The program caters to primarily teenagers and young adults, and provides customized supports as required. The major areas of interventions are as follows,



The coordination team of St. Judes calls and identifies the support required by survivors and divides them among the relevant teams.

Program Monitoring: The program has a well- planned theory of change and long-term goals, based on which the monitoring system is designed. The team has partnered with Data-O-Gram to collect data on each survivor in a

systematic manner. All the survivors are provided unique IDs on which their personal details and services availed by them are tracked. This mechanism is expected to create a database for each survivor, to track the benefits they have received from the programs they are enrolled in.

Human Resources and Finance: The program has 7 people working along with 2 external counsellors. The counsellors individually handle general and career counselling each. While the 2 managers handle different areas of partnership and survivor engagement. The rest of the staff is majorly engaged in coordination exercises. The team engages into weekly, monthly and quarterly meetings with the senior members, as per requirements. The finance is handled by the centralized finance team of St. Judes which allocates yearly budget to the program.

Future plans: The St.Judes for life program is new, and is setting up its standard operating procedures for both finances and operations. They are in the midst of developing the processes. Alternatively, these are the following areas where they are working as of now,

- Developing a structure to streamline enrolment by March to make program easily trackable.
- Plan to conduct a review meeting year-on- year but majorly after 3 years, to decide on the utility of the program to the beneficiaries.
- To hire man-force in the area of coordination and social media management to improve efficiency and communication.
- To develop plans for raising funds on project-by-project basis.

St. Jude India ChildCare Centres' COVID-19 response¹⁸

The COVID-19 pandemic is considered the most crucial global health calamity of the century and one of the greatest challenges faced by mankind. St. Judes decided to act quickly on developing a robust action plan focussing on medium and long terms impact of the pandemic on the VO. Some of the key interventions include:

- ***Streamlining operations through development of Covid-19 specific SoPs and manuals***
 - Developed COVID-19 specific SoPs and manuals, such as: operation manual on COVID-19 systems and protocol focusing on safety measures to be followed by all staff available in the centres, guidelines for remote monitoring, policy and guidelines for new admissions, protocol to be followed when family tests positive for COVID-19, guidelines for returnee admissions, guidelines for usage of common areas, etc. Sub-manuals have also been prepared to cater to each of the critical requirements.
 - Detailed FAQs were also prepared and circulated among the centre staff as well as residents for ease of understanding.
- ***Campus care***
 - Facilitated telephonic consultations of patients with the doctors
 - Facilitated Tata Memorial Centres (TMC) to operate outpatient department (OPD) at centres to reduce travel and exposure to hospitals.
 - Restricted new admissions to ensure safety of existing residents. The occupancy was reduced to half in lieu of social distancing norms.
 - Ensuring the construction of open air yet shaded waiting places for the new admissions.
- ***Stocking up on essentials***
 - Included provision of eggs, fresh fruits and vegetables to the patients and their families in addition to weekly

¹⁸ As per data shared by the St. Judes team

ration.

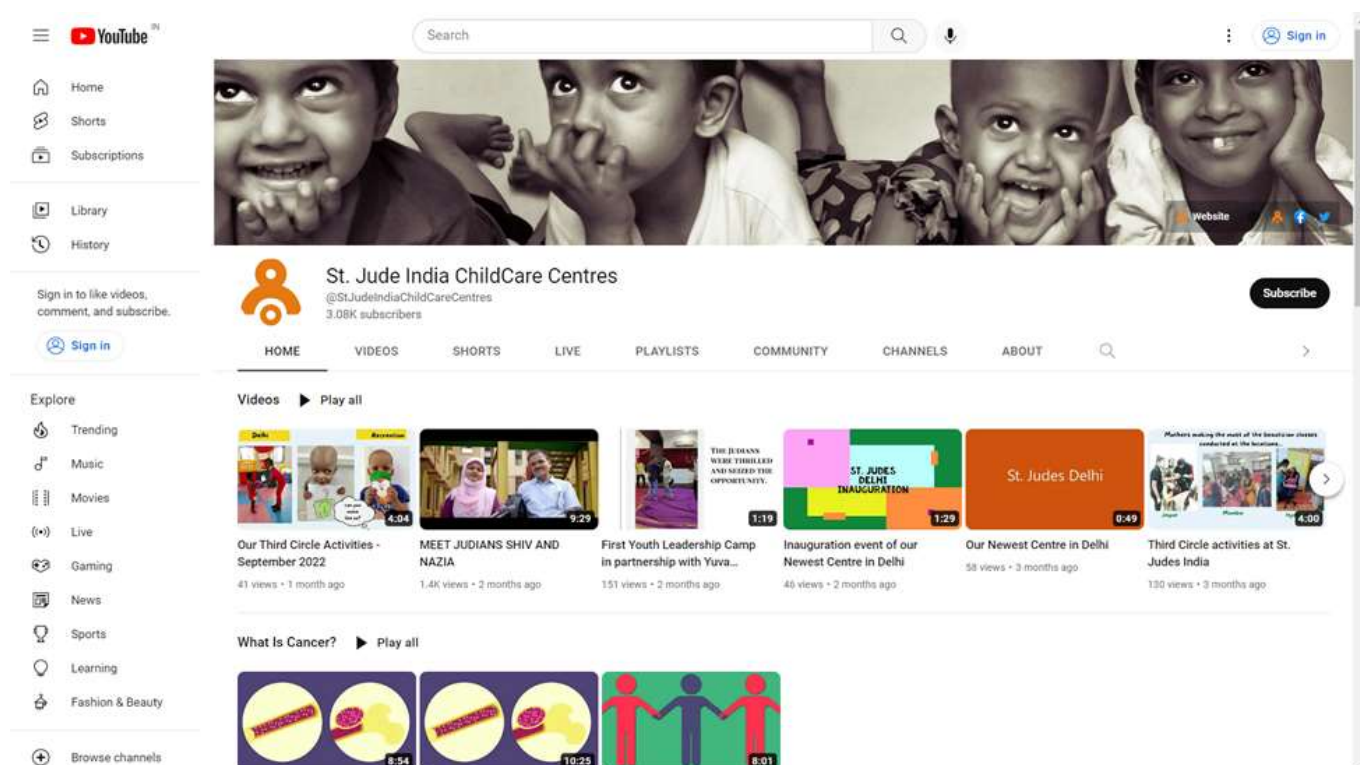
- Ensured stocking up of ration to avoid shortage.
- **Procuring and delivering medicines**
 - Supported dispatch of essential medicines to families in rural areas who didn't have access to the same.
- **Facilitating virtual activities in the form of**
 - Conducting education sessions for children on WhatsApp as well as online tutoring.
 - Supporting a virtual volunteering programme, which allows anyone willing to spend some time with the children remotely.
 - Conducting online counselling sessions for families.
- **Supporting staff welfare**
 - Facilitated special transport arrangements for centre staff, housekeeping team and security personnel to ensure their timely pick and drop to and from their homes to the centres.
- **Ensuring high standards of hygiene and safety at the centres**
 - Conducted awareness sessions on good hygiene practices and provision of essentials for personal care especially during pandemic.
 - Mandatory use of masks by all children, parents, and staff mandatory.
 - Ensured provision and regular use of sanitisers, personal protection equipment (PPE) suits, soaps, disinfectants.
- **Facilitating transport support to send families back**
 - Arranged for train tickets, travel permits and private vehicles to send some of the children and their families, back to their hometowns.
- **Ensuring accommodation of families who couldn't return home after treatment/check-up especially because of high number of COVID-19 cases in their hometowns**
- **In case of COVID-19 symptoms, an operating protocol has been created, as per which,**
 - All centres have to identify pathology labs for Covid-19 testing.
 - All families, staff and outsource staff should be checked for fever, cough and breathlessness thrice a day using no-contact thermometers. In case of absence of centre staff, the parents are appointed the duty while the staff updates the information in an online tracker.
 - In case any resident exhibits symptoms of COVID-19, the centre manager has to be informed, and the person concerned has to go into isolation.
- **In case of COVID-19 positivity detection,**
 - The families will have to live outside the centre until advised by the doctors. The families are requested to keep a bag of emergency prepared, just in case. These families are mostly accommodated in guest houses provided by St. Jude's itself.
- **New and Returnee Admissions**
 - A new guideline policy for admissions has been created, as per which new admissions will not be considered unless certain criteria are met.

- These new admissions must be housed outside the centres in guest houses or isolation centres for 14 days. Their induction process should be done online. Similar process shall also be followed for returnee families.

Communications through strategic social media engagements

One of the critical areas of development of the organisation in the recent past is the organization's strategies towards communications and fundraising as complementary to each other, which have provided maximum outreach for the organization. The organisation has not only increased its engagement in the public space but, over time, has evolved and diversified its interactions with the public platforms. The VO has presence in majority of the social media platforms namely – Facebook, Twitter, YouTube, Instagram as well as professional networking sites like LinkedIn.

In Facebook Instagram, LinkedIn and Twitter the VO conducts regular posts as part of their engagement strategy. The communications and individual fundraising initiatives including celebrities from the movie industry championing the cause of cancer care and contributing to raising funds for the cause of the VO. Based on an analysis of their social media engagements, the following are following themes of engagement



The YouTube interventions are primarily based on the organization's programs and specially in respect to their interventions and deliverables during the COVID-19 pandemic as well. One of the major components of the communication through YouTube platform for the organization is to bring the forefront the VO's engagement with the popular media coupled with the consistent stories of positivity and hope through parents which has added to the transparency component of the organizations. In respect to the social media's, it has been observed that St. Jude for Life has consistently being working towards increased digital outlays through improved social media engagements where every 3 to 4 days there are social media posts. The VO employs professional standards in all their post contents with the relevant creatives which is line with the VO's mission and vision.



Programme¹⁹

<p>Niche programme</p>	<p>Unique programmatic approach</p> <ul style="list-style-type: none"> • The VO provides accommodation and nutritional support to grieving families of cancer-stricken children as they face difficulty in affording clean and safe accommodation when they travel to distant cities for treatment. • The VO functions on a unique model of facilitating holistic care through its three-cycle implementation process. • The VO also has a program to provide guidance and support in the areas of health, education and livelihood to children who have recovered from cancer.
<p>Geographical coverage</p>	<p>Widespread</p> <ul style="list-style-type: none"> • St. Judes has strategically set up centres near regional cancer-treating hospitals. These cancer hospitals have patients coming in from various states, which lack adequate cancer-treating facilities. This has led to a comprehensive geographical coverage of the VO. • The strategic positioning of the St. Judes' centres have played a crucial role in catering to the regional diversity in terms of footfall. Each city caters to patients coming from bordering states and beyond. • The VO has inaugurated a new centre in Varanasi, Uttar Pradesh and New Delhi extending their coverage in two state in the last one year.
<p>Technical expertise</p>	<p>Robust and high quality</p> <ul style="list-style-type: none"> • St. Judes works in close co-ordination with its team of volunteers who facilitate essential technical guidance to the VO in all possible ways. A technical specialist / volunteer acts as a thematic anchor responsible for knowledge management, advising project teams and evaluating programme quality. • The specialist brings on board the critical component of innovation within the programmes to make them more sustainable. The volunteers also help in assessing the viability and scalability of the VO's working in a particular city, along with the programme and management team of St. Judes. • The VO has a retired nurse as the infection control superintendent to oversee cleanliness and hygiene at the centres. She conducts random visits to assess adherence to cleanliness norms. In addition to this, she undertakes training in infection control for employees. An infection control manual has also been developed by her as a ready reference for the employees and management of the organisation. • The VO has a team of counsellors to help families and employees. This not only helps them cope with the situation by understanding the criticalities of the disease and its corresponding treatment, but also facilitates an environment to reflect on their emotional state and prepare them for providing a safe atmosphere for their children and help them in their recovery journey. The counselling services are extended free of cost to all employees as well since the last one year.

¹⁹ As per data shared by the St. Judes team

<p>Operations implementation and monitoring</p>	<p>Decentralised, with regular reporting to HO</p> <ul style="list-style-type: none"> • The VO operates through 39 centres in nine cities, which are headed by centre leads. Each centre lead is assisted by one or two centre officers or supervisors as per the total number of units in the centre. • In addition to the centre staff, there is a team of support staff comprising counsellors, activity teachers for mothers' and fathers' activities, teachers for children, part-time yoga instructors, music instructors, etc. Housekeeping, drivers, laundry, security personnel are outsourced to vendors. • The implementation framework is guided by the three circles: medical treatment, physical space and emotional space, each of which is led by a team member or a group of team members who work with the staff team on work in that area. <p>Proper monitoring process</p> <ul style="list-style-type: none"> • The centre leads play a critical role in monitoring day-to-day activities, such as ensuring proper implementation of activities as planned, compliance of hygiene and safety norms, and patient's wellbeing. Each centre manager is responsible for updating the MIS, and daily and monthly reports. • The infection control superintendent conducts surprise visits to gauge adherence to the cleanliness and hygiene norms laid down by the organisation. • The senior management conducts periodic visits to the centres to evaluate the activities and work of the staff. • Overall project progress is tracked on monthly, quarterly, half-yearly and annual basis. • The VO has developed occupancy and patient management system to automate, track and collect data for management and monitoring purposes. The VO has also initiated process on QR code-based monitoring of third circle activities and inventory management. • In case of the St. Judes for life program, the VO has a well-placed monitoring system. It has partnered with Data-O-Gram, an online data collection portal to acquire data in a systematic manner. It provides unique id to each beneficiary to track them and monitor the program progress. However, as the number of beneficiary's increase, the VO would require an automated mechanism for data collection. • The VO has strengthened the monitoring system by bringing automation in various aspects of functioning. However, it should keep monitoring the efficiency of the changes and the quality of data collected to ensure dynamic developments and changes as per needs.
<p>Advocacy with stakeholders</p>	<p>Comprehensive and impactful</p> <ul style="list-style-type: none"> • The VO has now started engaging in advocacy with government organizations where they were part of parliamentary committees of Rajya Sabha that was working on Cancer Care Plan & Management: Prevention, Diagnosis, Research & Affordability of Cancer Treatment. • The VO also works with various government hospitals including the All India Institute of Medical Science (AIIMS), which cater to paediatric cancer patients. St. Judes has been able to establish good rapport with these hospitals over the years. Moreover, the VO is also reaching out to public sector undertakings (PSUs) for mobilising funds for programmes.

	<ul style="list-style-type: none"> CRISIL opines that advocacy is important for bringing about a systemic change and creating long-term sustainable impact.
Social impact	<p>Scope for improvement in third party impact assessment</p> <ul style="list-style-type: none"> Even though the VO has established a niche and been able to reach out to a significant beneficiary base, it has undertaken limited assessment studies that could highlight particular aspects of the programme being implemented. Currently, it is able to track its outreach, but an assessment of the larger impact of the programme on various aspects of the patients' and their families' lives has yet to be undertaken. CRISIL opines that undertaking a third-party impact assessment study is critical to proving the efficacy of the model and presenting evidence of programmatic impact to stakeholders, including donors.

Stakeholder relations

Stakeholder	Particulars
Donors / funders / volunteers	<ul style="list-style-type: none"> Over the years, the VO has established credibility amongst its funders with its transparent and process-oriented project execution. It has developed a niche with its unique model, leading to funding from various larger, reputed agencies. Donors receive quarterly project-wise progress reports detailing grants sanctioned and utilised. Various other outreach reports and newsletters are sent to the donors The donors have been provided due respect and credibility by mentioning their names across the centres. This includes mentions in marbles across floors as well as operational areas where they have mentioned the names of the respective funders/donors against it. As an impact of COVID 19, all newsletters, reports, annual yearbook are sent in soft copy versions.
Government/ corporate	<ul style="list-style-type: none"> The VO has fostered strong relationships with hospitals such as Tata Memorial and the All India Institute of Medical Sciences (AIIMS) in its areas of operation. The VO is currently reaching out to public sector undertakings (PSUs) to mobilise funds. Various companies and institutions provide funds to the VO as part of their CSR activities. The VO has now started engaging in advocacy with government organizations where they were part of parliamentary committees of Rajya Sabha that was working on Cancer Care Plan & Management: Prevention, Diagnosis, Research & Affordability of Cancer Treatment.
Beneficiaries	<ul style="list-style-type: none"> St. Judes, through its intervention, has been able to actively engage with patients and their families by providing free accommodation and holistic care to children suffering from cancer, along with their families. It even provides guidance to these families after the family has returned home. In keeping with its belief of "Once a St. Judes Child, always a St. Judes child", the VO has

Stakeholder	Particulars
	<p>launched St. Judes for Life to provide lifelong support to children diagnosed with and treated for cancer five years ago or more.</p> <ul style="list-style-type: none"> • The VO aims to cater to the child’s educational, vocational training, jobs/employment, medical support, insurance needs, etc., under this initiative. As a first step, the VO has provided smart phones to children whose families are unable to afford phones/ tablets/ computers for online schooling during the pandemic.
Employees	<ul style="list-style-type: none"> • The VO provides benefits such as pension and provident fund to its on-roll employees. • The organization does provide PF, gratuity, accidental & medical insurance. Gratuity & insurance are not included CTC and this over & above expenses incurred for the employees. • The organization also provides non-monetary benefits such rewards and recognitions through monthly & annually through gifts, vouchers, awards etc • During COVID-19, lot of employee engagement activities to keep the employees and motivated in the difficult times. There was no pay cut happened and instead the organization gave special COVID bonus to the employees to support their families. • The restructuring at the project level ensured that the employees are recognized and appreciated for their efforts since so many years. The VO also facilitated regular training and capacity building sessions for the employees to enhance their levels of engagement and also help them improve their technical and functional skill sets. It has introduced learning journey for each employee grade starting from the executive level, managerial, leadership and senior management employees. It involves three components – technical, behavioural and organizational learnings. • The Sekhar programme was organised by the department through an external trainer, mostly for senior managers who are now ready to take on leadership roles, and intervention also continued post-training for 8 to 9 months.

Process²⁰

Documentation

<p>Policy framework</p>	<p>Defined and structured</p> <ul style="list-style-type: none"> • St. Judes has developed and implemented various operational, programmatic and financial policies to ensure accountability and measure variance from its mission. St. Judes has developed these policies after having taken into consideration the nature of intervention and the heightened need for the establishment of principles to strengthen the implementation mechanism, along with early identification and resolution of critical risks/ unnecessary limitations. The policy framework has been able to address the challenges associated with the erstwhile-decentralised structure of the organisation. • The VO has well-defined policies and standard operating procedures (SOPs) for all major functional areas. All the employees across centres adhere to laid-down policies. • All the operational, programmatic and financial processes are covered under the policy framework of the VO. This not only ensures HO-level control, but also allocation of accountability to various team members and internal stakeholders. • SOPs have enabled the VO to develop a healthy work culture and facilitate decision-making to reduce turnaround times. • Policy manuals are circulated, and training is provided to make employees aware of these policies. Moreover, employees are made aware of any changes or updates in the policies through internal circulars, mails and video sessions.
<p>Key policies</p>	<p>The VO maintains a record of operational policies and manuals. The key policies are as follows:</p> <ul style="list-style-type: none"> • Human Resource (HR) policy • Purchase policy • Inventory policy • Prevention of sexual harassment policy • Exit policy • Discharge policy • Admission policy • Information Technology (IT) policy
<p>Key manuals</p>	<p>The VO maintains the following manuals to document its SOPs for easy dissemination amongst employees and other stakeholders:</p> <ul style="list-style-type: none"> • Infection control manual • Operation manual for BMT units • Operations manual • HR manual • Safety manual • Finance and accounts manual • Volunteer Policy Manual • Social Media Policy

²⁰ As per data shared by St. Judes Team

	<ul style="list-style-type: none"> • Infection Control Manual
<p>Registers and documents</p>	<p>All the documentation and maintenance of reports and registers is done on a daily and monthly basis, depending upon the nature and requirements of the work.</p> <ul style="list-style-type: none"> • They are categorised as follows: • Registers: Maintained on both daily and monthly basis. A few key registers are listed below: <div style="background-color: #800000; color: white; padding: 2px;">Daily registers (Offline)</div> <ul style="list-style-type: none"> • Infection Control Checklist • Daily Report (Tracking child’s health, height, weight) • Gas book • Admission and Discharge forms • Copies of original receipts, invoices and vouchers <div style="background-color: #800000; color: white; padding: 2px;">Daily registers (Online)</div> <ul style="list-style-type: none"> • Donor Record on google sheets • Staff Attendance through biometric system • Visitor Record through QR code • Petty Cash on google sheets • Third Circle Activities on google sheets • Transportation Register through vehicle management app • Maintenance Management through Crytos app <div style="background-color: #800000; color: white; padding: 2px;">Weekly Registers</div> <ul style="list-style-type: none"> • Ration Register • Laundry Register <div style="background-color: #800000; color: white; padding: 2px;">Monthly Register</div> <ul style="list-style-type: none"> • Monthly Ration Register • Inventory Register • Stock Management Register
<p>Project / Outreach reports</p>	<p>The following project-specific reports are generally shared with donors as per the frequency specified in the agreement:</p> <ul style="list-style-type: none"> ○ Donor-wise project narrative reports ○ Fund utilisation certificates ○ Project-monitoring reports • The VO communicates the impact of its programmes through its annual reports. It also publishes a quarterly newsletter highlighting stories of children it has helped and offering an overview of the organisation and activities undertaken during the period. • Bi-monthly newsletters are also published and circulated amongst donors, sponsors, volunteers, and directors. • The VO regularly publishes its intervention success stories on its website. These are also

adequately covered by local print media.

Systems and processes²¹

<p>Budgeting and financial planning</p>	<p>Comprehensive with periodic review</p> <ul style="list-style-type: none"> • St. Judes has appropriate budgeting mechanisms and procedures to report its fund requirements. • The fund requirements for various centres and projects are consolidated at the HO level in the VO's annual plan. • The annual plan is updated to incorporate any changes in funding requirements that may arise due to additional expenditures or unforeseen events. The budget is broadly divided into the following components: <ul style="list-style-type: none"> – Operational budget – Resource development budget – Capital budget – Administration budget • The VO has now update itself with Tally Prime to track financial transactions. The VO has connected all the centres and the HO via software. It is also in the process of adapting 15 new enhancements for accounting inclusive of new version of tally software and modules by third party sellers.
<p>Fund management</p>	<ul style="list-style-type: none"> • St. Judes has formulated well-defined processes for fund management that lay down the procedures for budget utilisation, project advances, and handling of centre expenses. Various procedures related to banking and investments are governed by these processes. • Fundraising and expenditure sanctions are centralised at the HO. The VO pays for ration and other centre expenses through online payment systems. The centres use petty cash only in case of certain emergencies, and these transactions are recorded in google sheets. • The accounts department at the HO makes payments for rentals, utility bills, and employees through net banking. Money for miscellaneous expenses at the branches is transferred to their respective bank accounts. • The HO finance team, under the guidance of the CFO (Chief Finance Officer) undertakes decisions regarding long-term and short-term investments, based on project and centre fund requirements. Other procedures with regard to banking and investments are governed by policies and processes already laid down.
<p>Internal controls and monitoring</p>	<p>Detailed, with scope for improvement</p> <p>The VO has detailed internal controls and monitoring processes in place that not only focus on financial processes but also programmes and operations.</p> <p>Internal audit team</p> <p>The VO currently has a four-member internal audit team that:</p> <ul style="list-style-type: none"> • Undertakes annual internal audits of various projects • Shares internal audit reports with the respective departments and seeks compliance reports <p>Statutory audit</p> <ul style="list-style-type: none"> • The VO undertakes annual statutory audit of its financial statements. • CRISIL opines that, considering the VO is expanding its operations (both in terms of sector and geography), an enhanced rigour in internal audits may support the management in ensuring

²¹ As per data shared by St. Judes Team

	<p>process compliance and adherence to various strategic initiatives by project teams. This will be a support in the case of time-bound deliverables, where tracking and course correction measures can be integrated at the right time, if required.</p> <ul style="list-style-type: none"> • Also, CRISIL believes that increasing the scope and frequency of internal audits will facilitate improved turnaround (audit) time for the projects being undertaken by the VO.
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IT systems²²

Departments enabled by IT systems	<p>Adequate use of software packages</p> <ul style="list-style-type: none"> • St. Jude’s uses various software packages to facilitate the smooth functioning of various verticals. Its IT infrastructure includes: <ul style="list-style-type: none"> ➢ Accounts and finance: ERP Tally Prime ➢ HRMS (payroll processing, related benefits and leave management): Spine HR ➢ ERP/ MIS: Patient Management and Occupancy Management (Implemented) ➢ Biometric attendance: Smart Office ➢ Programme monitoring and evaluation: OneDrive and Sharepoint portal ➢ Geographical Information System: Fleetx, vehicle management system ➢ Facility Management System: Piqotech and Cryotos – Complaint Management System ➢ Video conferencing- Zoom Pro and Microsoft Teams ➢ Cloud Server: Provoke IT Solution ➢ Communication design: Canva ➢ QR code-based scanner: Inventory and third-circle activity management (under development) ➢ Data-O-Gram: Survey management software for St. Jude’s for Life • Security camera: managed by desktop computer and online recoding systems • The VO has an in-house IT/systems manager who looks after all the IT requirements and updates all the systems and reports. • Until recently, the VO used an online MIS for data collection. However, it has now implemented an occupancy and patient management system. Every child is assigned a unique identification code. The VO keeps track of patients across all the centres through this software. The occupancy management system primarily maintains the data on existing or empty units, while the patient management system tracks the journey of the child from admission to health care and counselling.
Data security and backup	<p>The VO has a written policy on IT data backup providing guidelines for:</p> <ul style="list-style-type: none"> • Defining back up schedules for server groups. • Restoration of archived information in case of natural disaster, equipment failure or accidental loss of files. • The goals of the policy are to safeguard the information assets, prevent loss of data and timely restoration of information and business processes. • The VO stores its MIS, Website, Biometric information on its own cloud servers for HRMS, Payrolls, Vehicle Management and Facility Management, it uses third-party IT solution. • The data backup happens everyday basis and also weekly, monthly & annually.

²² As per data shared by St. Judes’ Team

	<ul style="list-style-type: none"> The data recovery process testing will be conducted and post that the VO will start implementing it and 6 monthly data restoration will take place.
Donor management	<ul style="list-style-type: none"> The VO is working towards developing a robust IT-enabled Donor Management System to analyse utilisation of funds, in addition to collection, tracking and management of funds contributed by donors and maintenance of systematic donor information. This system forms a part of the occupancy and patient management system being developed. Meanwhile, the VO continues to use MS-Excel to maintain a database of donors, ensuring effective servicing of clients till completion of the transition.

Transparency and compliance²³

Registrations	<p>St. Judes is registered under the Foreign Contribution Regulation Act (FCRA), 12(A) and 80-G</p> <ul style="list-style-type: none"> FCRA: 084040012 IT 12A: Registered under Section 12A of the IT Act, 1961 Section 80G: DIT(E)/MC/80G/2988/2008/2008-09 PAN: AAKCS1062K TAN: MUMS53369B <p>Management has confirmed that filing for these dues, as well as Employees' Provident Fund (EPF) and Employees State Insurance Corporation (ESIC), is regular and timely.</p>
Financial transparency	<ul style="list-style-type: none"> The VO has a four-member internal audit team that undertakes a periodic internal audit of its accounts and programmes to ensure process adherence and transparency. The audit report is shared with the respective teams, and a compliance report sought. The VO undertakes an annual statutory audit of its accounts, along with the relevant notes and accounting policies, including income recognition and cost allocation. The audited income and expenditure accounts clearly highlight the costs incurred in implementing programmes, general administration and personnel management.
Disclosure of operational data	<p>Publishing of annual reports and quarterly newsletters</p> <ul style="list-style-type: none"> The VO publishes an annual report with project details, along with audited financial statements. The annual report is uploaded on the website and disseminated among stakeholders. The annual report focuses on the key activities that occurred in the year; performance highlights of each of the centres and discloses the list of the board of directors of St. Judes. The VO uploads details about the utilisation of grants and donations and quarterly FCRA declarations on its website. It disseminates a quarterly newsletter with a detailed overview of activities / interventions undertaken in respective quarters. In addition to these, the VO also publishes the latest happenings, stories of hope, news articles on St. Judes, and awards and recognition received by the VO on its website. The VO has a dedicated resource section on its website to equip parents as well as patients with a knowledge and understanding of cancer. The resource section consists of videos and booklets

²³ As per data shared by St. Judes Team

	<p>in languages including English, Hindi, Marathi and Bengali to cater to a larger audience.</p> <ul style="list-style-type: none"> St. Jude's developed and published a booklet on "A Parent's Guide to Childhood Cancer" to help parents understand the various aspects of the disease and the necessary treatment. The booklet focuses on diagnosis of cancer, day to day concerns, treatment and its side-effects, dietary recommendations, etc., that prepare the family to better understand the disease and face the numerous challenges to be encountered both during the course of treatment and post-treatment. <p>Regular project report submissions to donors</p> <ul style="list-style-type: none"> Once the projects are completed, the VO submits its project reports to donors. The VO submits fund utilisation certificates to donors at a mutually agreed frequency, usually varying between quarterly, bi-annual and annual submissions.
<p>Redressal mechanisms</p>	<p>Above average</p> <ul style="list-style-type: none"> The VO has formulated a prevention of sexual harassment policy for the protection of its employees from sexual harassment at the workplace. It is followed across all the centres of St. Jude's. The policy is part of the HR manual, which is accessible to all employees. The residents, including parents and children, are also made aware of these policies through counselling sessions, role-plays, etc. The VO has developed a formal mechanism to capture the feedback and grievances of beneficiaries through exit discussions and interviews. These discussions are documented and analysed for the scope of improvements. Additionally, the counsellors play a critical role in addressing the grievances; however, the discussions are confidential in nature. CRISIL's interactions with the beneficiaries indicate that they are satisfied with the VO's services. However, a system must be developed to track the beneficiaries' feedback and grievances formally midway in the treatment process.

Financial proficiency²⁴

Resource profile

<p>Diverse resource mix</p>	<p>Adequately diversified resource profile; scope to broaden the base of retail donors</p> <ul style="list-style-type: none"> The VO's income from donations accounted for ~80% of total annual income during fiscal 2022; a similar trend was observed in the past. The organisation is tapping multiple channels, such as corporates, individuals, other trusts and charitable organisations to diversify its resource base for fundraising. <p>The VO has a diversified resource profile in comparison with other domestic VOs. Key highlights are:</p> <ul style="list-style-type: none"> Grants from domestic sources accounted for ~56% of overall funds mobilised in fiscal 2022 in comparison to fiscal 2021 with ~62%. The VO's focus remains on mobilizing higher domestic funds in the coming years Total corporate funding contribution (domestic and foreign) amounts to ~30% of the annual funds raised in FY 2020-22. Funds received from local NGOs within domestic funding accounted for 14% of the overall resources mobilised in FY 2020-22. With respect to individual donors including Hindu Undivided Family (HUF), 11% of the overall resources were mobilized during the same year. FCRA funds accounted for ~44% of the overall funds raised in fiscal 2022, a small increase from the 38% observed in fiscal 2021. These include grants from corporates and other institutional donors, including international charities (aid agencies) Top three donors accounted for ~20% of total funds raised in FY 2022-22 while top ten donors accounted for ~32% of total funds raised during same period.
<p>Liquidity</p>	<ul style="list-style-type: none"> As on March 31, 2022, the VO had 52% of its total assets held as cash and bank balances, consistent in comparison with March 31, 2021.
<p>Expenditure analysis</p>	<ul style="list-style-type: none"> Allocation towards programme expenses as a share of total annual expenses during fiscal 2022 was around 56%, a decrease of 3 percentage compared with fiscal 2021 Spend on employee costs decreased from 37% in fiscal 2021 to 34% in fiscal 2021. Cost incurred for administrative activities was 9% in fiscal 2022 as compared to 7% in fiscal 2021. The increase in programmatic costs was a result of higher employee salaries (compensation, benefits and payments to contract employees including field staff under its project offices) and allied operating expenses accounted under programme costs. The VO registered a surplus of Rs 65.58 lakh for fiscal 2022 against surplus of Rs 854.59 lakh in fiscal 2021, RS1257.77.86 in fiscal 2020, and Rs 1718.87 in fiscal 2019.
<p>Utilisation of investments²⁵</p>	<p>Substantial funds have been allocated by the VO under investment category within the total assets. The future plans include the following:</p> <p><i>To cover the cost escalation of Kharghar Centre</i></p>

²⁴ As per data shared by St. Judes Team

²⁵ As per discussion with St. Judes Finance Team

- The VO has already started taking the necessary steps to cover the cost escalation of the ongoing Kharghar Centre. The construction was delayed due to the pandemic and then by government officials due to a large amount of paperwork. A 20% to 25% cost escalation is expected due to the delay in the construction.
 - The NGO had signed a MoU with Tata Memorial Centre (ACTREC) to construct a 17-storey building at Kharghar. The building will house up to 25 centres (220 units) along with bone marrow transplant (BMT) units. The land for construction has been provided by ACTREC. St. Jude will bear the construction and setup costs, which are estimated to be in the range of RS 50-60 crore. The VO has received approval from CIDCO and is waiting for the necessary environmental clearances. The construction of the infrastructure shall be initiated in the month of January 2022, with due consideration for COVID-19.
- ***To cover the cost incurred for the new interventions i.e. “St Judes for Life” planned for St. Judes Alumni:***
- The VO has come out with a one of a kind support programme for St. Judes Alumni “St Judes for Life” to provide lifelong support to the children who have been diagnosed and treated with cancer. These are the children who had been admitted with St. Jude in the past (five years ago or more). The key focus areas for the intervention include education, scholarships, counselling, vocational trainings, medical support, insurance coverages etc. Currently, St. Jude has provided mobile phones to more than 30 children for accessing online tutorials and classes.
- ***Liquidity reserve maintained to tackle the unforeseen circumstances, keeping in view the treatment cycle of acute leukemia:***
- Considering the critical nature of the disease and the duration of treatment cycle for cancer patients, the VO made a conscious decision to facilitate 3-year donations from donors/ funders to facilitate the stay of family. The VO has also received upfront operational expenditure contribution for sustaining a family for the period of 1/2/3 years.

Financial performance

Income and expenditure statement

Audited financials for (Rs lakh)	FY20	FY21	FY22
Income			
Income from grants and / donations	2,643.62	2,271.07	2,215.81
Other income	646.33	605.24	561.94
Gross income	3,289.95	2,876.31	2,777.75
Expenditure			
Programme expenses	1,151.95	1,081.20	1,507.54
Employee benefit expenses	622.99	743.10	912.25
Administrative and other expenses	171.52	142.98	233.68
Depreciation and amortisation expenses	67.71	54.38	58.69
Finance charges	0.01	0.06	0.01
Total expenditure	2,014.18	2,021.72	2,712.17
Surplus/(deficit)	1,275.77	854.59	65.58

Notes:

- For the year ended March 31, 2022:
 - Donations included FCRA donations of INR 984.89.14 lakh and general donations of INR 1230.92 lakh. As a matter of accounting policy, the VO accounts for all programme donations / grants and expenses incurred out of the same through the income and expenditure account.
 - Other income comprised interest earned on fixed deposit receipts of INR 561.94.93 lakh, interest earned from banks of INR 220.529 lakh, interest received on non- current investment amounting to INR 336.26 lakhs and miscellaneous income of INR 1.13 lakh.
- For the year ended March 31, 2022 programme expenses of INR 2712.17.43 lakh comprises centre running expense of INR 1406.20 lakh, centre renovation expenses of INR 101.34 lakh and Other expenses amounting to INR 292.38. lakh. There has been an increase of almost 34% in the programme expense of FY 2020-22 as compared with FY 2019-21
- Employee benefit expenses for the year ended March 31, 2021, refers to salary and wages of INR 792.75 lakh, contribution to provident fund of INR 31.13 lakh, gratuity of INR 53.03 lakh and welfare expenses of INR 35.34 lakh.

Balance sheet

Audited financials (Rs lakh)	FY 2020	FY 2021	FY 2022
Liabilities			
Capital Fund	10201.35	11072.03	11137.70
Total Funds	10201.35	11072.03	11137.70
Loans and borrowings			
Long term debt	0.00	65.27	95.71
Short term debt	13.47	30.81	42.44
Current liabilities and provisions	154.54	124.35	219.77
Total Liabilities	10,369.36	11,292.46	11,495.62
Assets			
Non-current assets			
Net Fixed Assets	180.52	145.68	360.50
Inventory	0.20	0.07	0.03
Investments	4,650.00	750.00	500.00
Current assets			
Donation/ grants receivable	460.16	429.61	485.09
Cash and bank balances	4972.53	5350.19	5994.46
Other current assets	105.95	4,616.91	4,155.54
Total Assets	10,369.36	11,292.46	11,495.62

Notes

- General funds included accrual adjusted for funds created for specific purposes (such as sustainability fund, grant fund, and renovation fund).
- Short-term provisions as on March 31, 2022, comprised provisions for compensated absences.
- Current liabilities and provisions as on March 31, 2022, included trade payables (outstanding bills) of INR 45.10.lakh, statutory payables of INR 14.78 lakh, gratuity payable of INR 95.71 lakh and retention money payable of RS 10.48 lakh.
- Long-term loans and advances as on March 31, 2022, comprised security deposits (refers to deposits with Maharashtra State Electricity Board, and against lease) of INR 58.28 lakh, and tax deducted at source of INR 373.40 lakh.
- Other current assets on March 31, 2022, comprised fixed deposits of INR 3035.00 lakh, interest accrued but not due of INR 140.47 and other receivables INR 0.37 lakh.

Auditors

- Deloitte Haskins & Sells, Chartered Accountants
Tower 3, 27th – 32nd Floor, Indiabulls Finance Centre
Elphinstone Mill Compound, Senapati Bapat Marg
Elphinstone (West), Mumbai – 400 013, Maharashtra
- The auditors have not made any adverse comments in their audit report for the past three financial years

Significant accounting policies

(i) Basis of accounting

The financial statements have been prepared in accordance with the Generally Accepted Accounting Principles in India (Indian GAAP) to comply with the accounting standards notified under section 133 of the Companies Act, 2013, and the relevant provisions of the Companies Act, 2013. The financial statements have been prepared under the historical cost convention on an accrual basis.

(ii) Fixed assets

All Property Plant and Equipment are stated at their original cost of acquisition less accumulated depreciation. The cost of acquisition is inclusive of incidental expenses.

(iii) Depreciation

Depreciation on Property Plant and Equipment has been provided on the written down value (WDV) method and the rates of depreciation re calculated based on estimated useful life prescribed in schedule II of the Companies Act, 2013.

Intangible assets are amortised at 60% on WDV on their estimated useful life basis.

(iv) Revenue recognition

Donations received towards St. Judes are considered as income when received. Grants are recognised as income based on their contractual terms. Revenue is recognised when it is earned, and no significant uncertainty exists as to its realisation or collection.

(v) Corpus funds

Receipts in the form of voluntary contribution made with a specific direction are treated as corpus funds.

(vi) Investments

Long terms investments are stated at cost. Current investments are stated at the lower of cost and fair/ market value.

(vii) Expenditure

Expenses are accounted on accrual basis and provisions are made for all known expenses, losses, and liabilities.

(viii) Retirement and other employee benefits

- a. Short-term employee benefits: All employee benefits payable wholly within twelve months of rendering the service are classified as short-term employee benefits. Benefits such as salaries and ex-gratia, other compensations are recognised at the undiscounted amount in the Income and expenditure account in the period in which the employee renders the related service.
- b. Post-employment benefits:
 1. **Defined contribution plan:** Contribution to the provident fund is charged to accounts on accrual basis
 2. **Defined benefit plan:** The gratuity benefit is accrued on the basis of an actuarial valuation and is funded through a defined benefit plan. For this purpose, the company has obtained a qualifying insurance policy from Life Insurance Corporation of India
 3. **Compensated absence:** Compensated absences which are not expected to occur within 12 months after the end of the period in which the employee renders the related service are recognised as a liability

at the present value of the defined benefit obligation as at the balance sheet date less the fair value of the plan assets out of which the obligations are expected to be settled

Annexures²⁶

Governing body profile

Name	Age	Designation	No. of years on the board	Experience profile
Ms. Gargi Mashruwala	57	Chairman -Director	15	Freelance Accountant
Mr. Ashutosh Pednekar	56	Director	15	Partner with M.P.Chitale & Co,Chartered Accountants
Mr. Aditya Mangaldas	58	Director	1	Independent Architect
Mr. Jai Diwanji	49	Director	7	Solicitor/ Legal Consultant
Mr. Utpal Sengupta	72	Director	7	Consultant
Ms. Manisha Parthasarathy	48	Joint Vice Chairperson-Director	7	Social Worker
Ms. Mukeeta Jhaveri	57	Director	5	Consultant in Contemporary Indian Art

Senior management

Name	Designation	Experience with VO (in years)	Total experience (in years)
Mr. Anil Nair	Chief Executive Officer	3.5	22
Ms. Dia Teckchandi	Chief Finance Officer	1.4	14
Ms. Shirley Menon	Chief Operations Officer	6.2	32
Mr. Sandesh Nalawade	Program Head- Facilities	2.1	31
Ms. Arsala Sayed	Head- HR	4.2	12
Mr. Wasif Hani	Fundraising Manager	3.1	15
Ms. Malavika Sah	Communications Manager	3.6	12
Ms. Sasmita Sahani	Program lead – St. Jude for Life	1.5	14

²⁶ Based on data shared by St. Judes team

Snippets from the field



Zoom Call with Senior Manager

Shirley Menon, Chief Program Officer



Sasmita Sahani, Head-St.Judes for Life



Sandesh Nalawade, Facilities Manager



Mukesh Jain, IT Consultant



Mr Anil Nair, Chief Executive Officer



Yogita Malushte, Infection Control Consultant



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