

Impact Assessment of Smiles for Life - Cleft Surgeries Programme (FY 23-24)

Colgate Palmolive India Limited



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01

Overview of the Cleft

Orofacial cleft, a prevalent congenital deformity affecting approximately 1 in 700 newborns in India, requires continuous treatment from birth to adulthood, with an estimated 25,000 to 33,000 cases annually. A cleft lip or cleft palate (CLP) is the condition where the two sides of the lip in an unborn baby fail to fully join, resulting in various impacts on the child's weight, speech, and chewing patterns.

This condition also causes issues like irregular teeth alignment, improper jaw alignment, and aesthetic facial concerns due to which individuals often face significant challenges in education, with many either never attending schools or dropping out due to rejection from teachers and peers. This experience can lead to behavioural issues, depression, and low self-esteem. Multiple studies have revealed that children with clefts are more likely to demonstrate learning problems and to score below average on reading measures relative to test norms. Parents of children with cleft lips and palate are often unprepared, dealing with emotions like shock, sadness and anxiety while learning essential tasks like feeding and seeking long term care information.

Overview of cleft in India

India with its vast population of around 1.4 billion people, witnesses approximately 35,000 cleft patients being born every year. Despite these numbers, there is notable absence of an organized infrastructure and optimal care provision for cleft patients, leading to the significant cumulative burden of care

The Indian Constitution recognizes the right to health under Article 21 and the government has prioritized enhancing the healthcare sector. The total expenditure on health has been increased from ₹79,221 crore in 2023-24 to ₹90,171 crore in 2024-25. Additionally, the National Health policy of India (2017) aims to elevate public healthcare spending from 1.15 % of GDP to 2.5% by 2025.

Patients with cleft lip and palate typically require ongoing medical care for at least 18 years, impacting various aspects of their lives. The size and complexity of clefts vary greatly, influencing how a case is managed and its outcomes. Girls often face more stigma due to visible clefts, potentially affecting their perceived attractiveness and making aspects like job opportunities, reputation building, and finding a partner more challenging. Surgery is recommended to improve quality of life if the patient's expectations are reasonable but psychiatric counselling may be advised if surgery alone cannot meet their desires.

Psychological therapy is crucial for these children, addressing familial adjustment, self-esteem, social interaction, emotional well-being, and cognitive performance. Surgical intervention timing is a key concern, and children with clefts commonly experience reading difficulties, academic struggles, and a higher prevalence of learning disabilities compared to the general population.

Although the budgetary allocations are increasing, there is a lack of an organized setup and optimal care for patients with CLP in India. This has resulted in a cumulative burden of care for these patients, which is substantial. Comparatively, underserved communities in India face more difficulties related to cleft defects. Many families in these communities cannot afford the cost of surgery, which can be as high as Rs. 50,000 (\$680) or more. The underserved community often does not have access to specialized cleft care centres and the challenges of accessing treatment are compounded by a lack of awareness regarding available resources and inadequate healthcare infrastructure.

While not explicitly addressing CLP, the policy focuses on oral health issues and urges state government to aid individuals needing Orofacial cleft deformity surgeries. Many state governments are supporting these individuals, yet challenges persist, hindering access to treatment for many affected children. Some of the states which are providing support for cleft surgery is listed below:

1. Government of Tamil Nadu - Chief Minister's Comprehensive Health Insurance Scheme
2. Government of Maharashtra - Jeevandayee Arogya Yojana
3. Government of Andhra Pradesh - NTR Aarogyaseva
4. Government of Telangana - Aarogyasri
5. Government of Karnataka - Vajpayee Arogyashree Scheme
6. Government of Gujarat - Mukhyamantri Amrutam Yojana
7. Government of Odisha - Biju Swasthya Kalyan Yojana
8. Government of West Bengal - Swasthya Sathi

9. Government of Kerala - Karunya Benevolent Fund Scheme

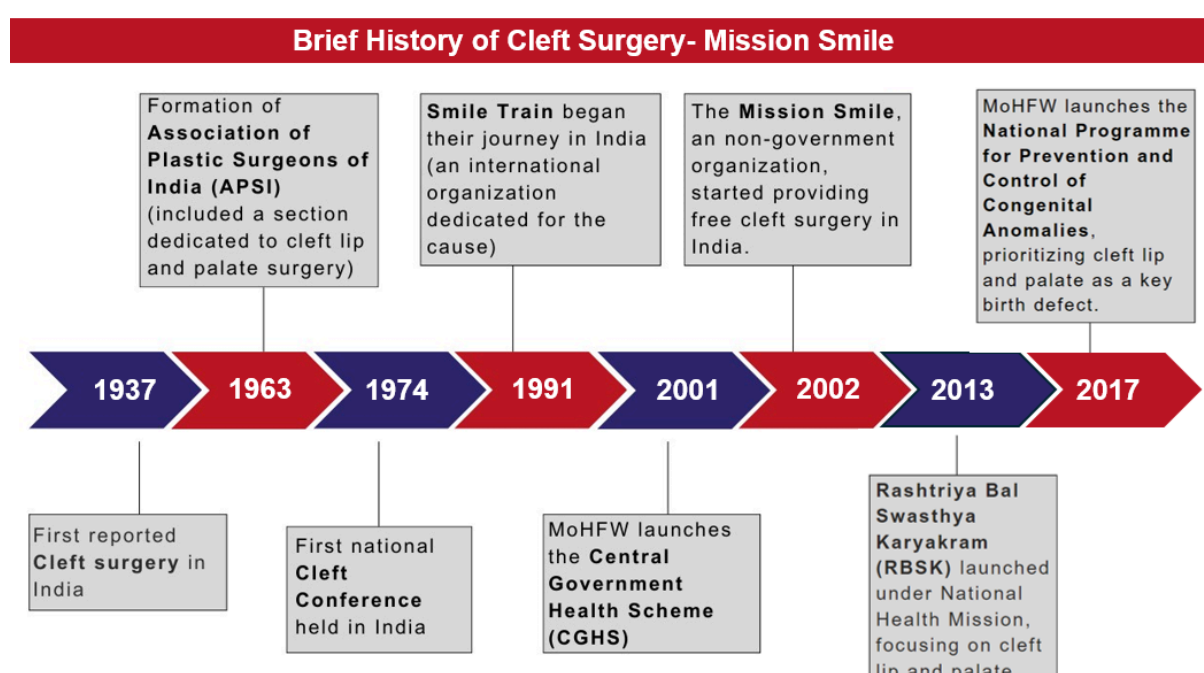
Challenges in accessing medical care for cleft

Despite increasing budget allocations, India lacks an organized system for optimal care of CLP patients, leading to a significant burden of care. Underserved communities, in particular, struggle more with cleft defects due to financial constraints.

Some of the challenges in accessing quality cleft lip and palate (CLP) care in India include:

- **Limited access to care:** Many areas in India do not have access to specialized care for CLP due to the lack of facilities and trained professionals.
- **Inadequate funding:** CLP care requires significant resources, including equipment, medications, and trained personnel. However, many hospitals and clinics in India do not have sufficient funding to provide adequate care.
- **Lack of standardized protocols:** There is no standardized protocol for the management of CLP in India, which can lead to variability in the quality of care provided.
- **Limited awareness among the public:** Many people in India are not aware of the causes and treatment options for CLP, which can result in delayed diagnosis and treatment.
- **Social stigma:** Some families in India may feel ashamed or embarrassed about having a child with CLP, which can prevent them from seeking medical care.
- **Language barriers:** India has a diverse population with many different languages spoken. This can create communication barriers between patients and healthcare providers, which can lead to misunderstandings and inadequate care.
- **Limited research:** There is a lack of comprehensive data on the prevalence and outcomes of CLP in India, which makes it difficult to develop effective treatment guidelines and policies.

However, despite the various government initiatives to support patients and their families with CLP issues, economically disadvantaged communities still face challenges in accessing government benefits. CSR Foundations play a critical role in addressing CLP deformities. The provision of comprehensive care demands a dedicated team of multi-specialist experts committed to supporting affected children. Continual outreach to communities and the provision of no-cost treatment to families lacking awareness of cleft issues or unable to afford treatment require sustained efforts. A holistic approach encompassing pre-surgery, surgery, and post-surgery therapies ensures that children can lead normal lives with confidence. Colgate Palmolive's Smiles for Life - Cleft Surgeries Program initiative collaborated with Mission Smile to implement this comprehensive project, which provides no-cost surgery, and follow-up care and empowers beneficiaries for life.



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Overview of Smiles for Life - Cleft Surgeries Program

Before

About Colgate Palmolive India Limited

Colgate Palmolive CSR has launched the 'Smiles for Life' project to improve the future of children born with cleft lip, cleft palate, and other facial deformities. The program provides assistance to its beneficiaries through surgical interventions, as well as offering care before and after the surgery takes place. Additionally, the program conducts follow-ups for each patient after a designated period to monitor their progress. The intervention includes a holistic approach that supports parents through counselling and knowledge sharing, trains medical staff, and generates awareness in the community.

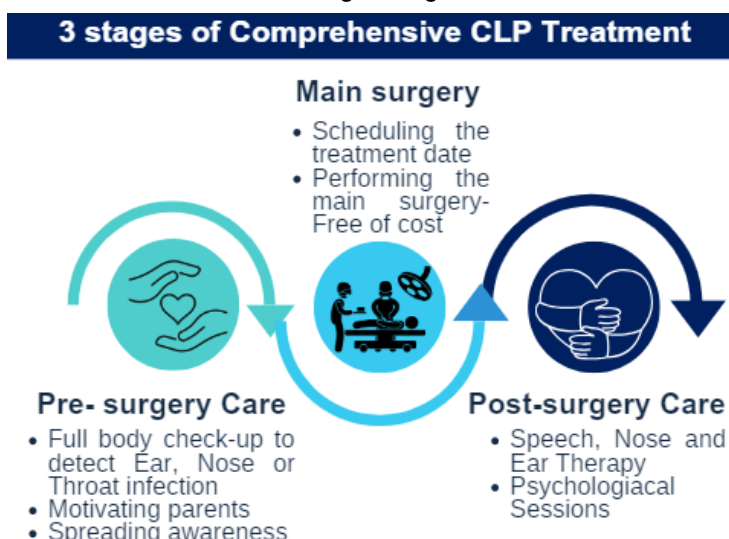
Smiles for Life - Cleft Surgeries Program Project

Colgate Keep India Smiling (KIS) has initiated the 'Smiles for Life' project to enhance the future prospects of children born with cleft lip, cleft palate, and other facial deformities. This program offers financial support that covers the cost of surgery as well as pre- and post-surgery care. It also includes follow-up evaluations for each patient after a specified period to monitor their progress. The intervention adopts a holistic approach, providing counseling and knowledge sharing for parents, training for medical staff, and raising awareness within the community.

The program provided a comprehensive cleft care package, which included surgery as well as pre-and post-surgery care such as Speech Therapy, Dental Treatment, ENT Treatment, Nutrition Counselling, Child life support, and follow-up check-ups to 1346 beneficiaries. The follow-up check-ups, which were tailored to the specific needs of the beneficiaries, were provided free of cost. The program also covered the transportation, accommodation, and food expenses of patients and their attendants at no cost. This was especially important for families who could not afford to travel or stay in a hospital for extended periods.

The Smiles for Life - Cleft Surgeries Program exemplifies a successful public-private partnership dedicated to providing comprehensive care to marginalized communities. Through collaboration with local government bodies and engagement with various stakeholders, the program has effectively reached those in need, offering them a brighter future.

The program's extensive outreach efforts included organizing awareness and screening camps in remote areas. The project team worked with National Health Mission (NHM) officials at various block levels to identify patients and surgeries. The program through three delivery modes: Mission Mode, Outreach Mode, and the Comprehensive Care Centre.



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Study Methodology

The study adopts a concurrent mixed-method design, in which quantitative and qualitative data is collected through the key programme stakeholders. This approach allows for a comprehensive assessment of initiatives by capturing quantitative feedback backed by qualitative exposure.

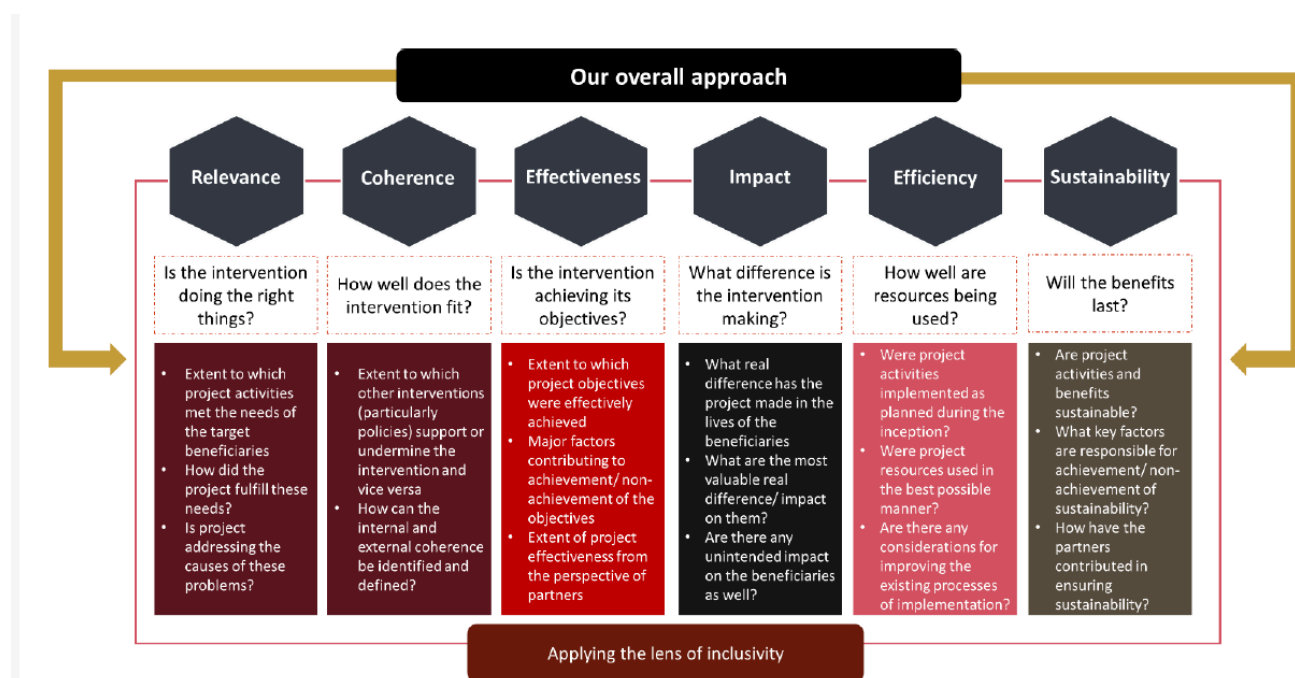
This evaluation study seeks to present a systematically, rigorously, and strategically conducted quantitative and qualitative study, which is flexible and contextual, to answer the proposed objectives of the study. Our evaluation framework is built around our approach of using a participatory and collaborative process that involves stakeholders at different phases, working together at various stages of the engagement. This will ensure higher convergence of inputs and ideas, which will further facilitate the incorporation of critical insights in our final report. The assessment of the cleft surgery programs would involve taking beneficiaries from each of the segments (age, state, gender).

The quantitative data will be collected through a **semi-structured survey questionnaire** administered to direct beneficiaries. The survey focuses on the impact of the program on physical and mental well-being, access to quality healthcare, and overall health.

The qualitative data, on the other hand, was collected through **key informant interviews (KIIs)** with relevant stakeholders. The qualitative data focused on the experiences and perceptions of the participants regarding the program's impact.

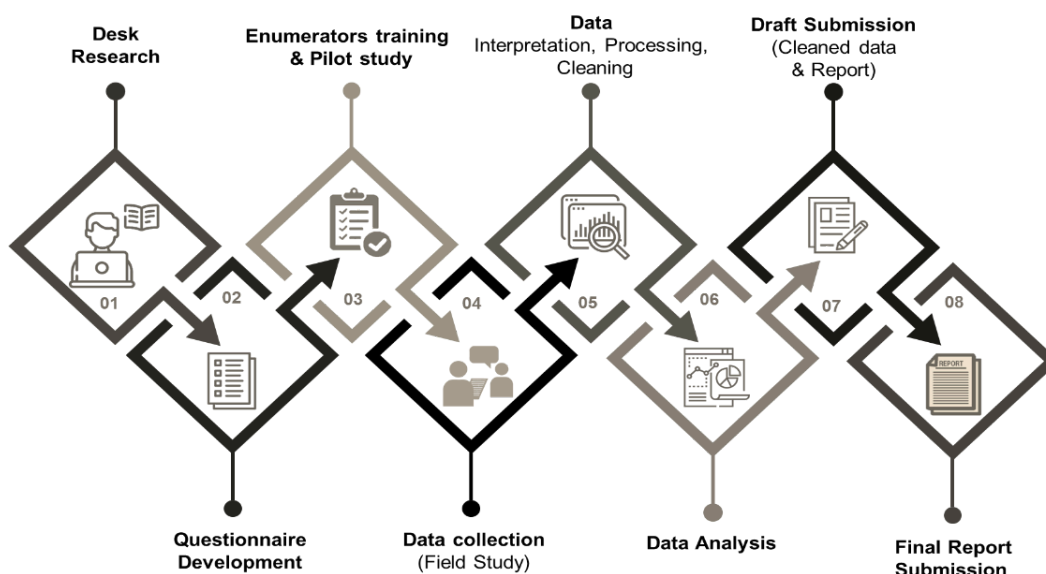
The findings from the quantitative and qualitative data are integrated to provide a comprehensive assessment of the impact of the interventions in the subsequent section. The integration involved comparing the findings from the two data sources to identify any converging or diverging evidence.

The evaluation also maps the impact of the program with the OECD DAC framework to determine the merit of an intervention based on six defined evaluation criteria – relevance, coherence, effectiveness, efficiency, impact and sustainability. We have also aligned the impact of the program with the SDG goals and the contribution of the intervention in global efforts.



Evaluation Methodology

The methodology adopted for this mix-approach research study focuses on collection and analysis of both primary and secondary data. CRISIL team understands that adequate planning, training, and preparation are vital to successfully completing data collection. CRISIL team hence will be adopting following detailed stepwise approach to ensure a smooth data collection process and fulfilment of study objectives.



A crucial part of the evaluation study would be to understand the demographic nature of the beneficiaries of the program through thorough assessment of the available secondary. Secondary analysis shall include review of various documents, reports, research studies related to the scope of the study.

Financial evaluation

The financial evaluation will undertake a meticulous assessment of the effective utilization of funds contributed to the initiative, with a specific focus on reviewing the implementing partner's financial management system. This exhaustive examination will entail a thorough examination of the following documents:

- Utilization certificate - serves as proof that project funds were utilized in accordance with agreed-upon guidelines.
- Financial statements - Identifying areas of inefficiency, mismanagement, or potential fraud
- Random expense verification - Select random receipts from the expense records and verify the legitimacy and alignment of these expenses with the project's goals.
- Supporting documents and bills – To be verified during the CA visit will scrutinize documents and all expenses incurred during the project period

The evaluation will also consider the Key Performance Indicators (KPIs) and agreed-upon commitments and budgets. A checklist-based review and discussions with stakeholders will be conducted to ensure the financial management system is robust and effective.

A comprehensive framework outlining the financial evaluation process will be shared at a later stage, pending receipt of all necessary documents from the implementation partner.

Sampling

The stakeholder mapping forms a crucial part for the effective evaluation of the program. The Smiles for Life - Cleft Surgeries Program program to support OFC patients and their parents has been developed to ensure that patients belonging to economically weaker section receive treatment through this program at free of cost. Because of the unique nature of the assignment, it is important that the mapping of beneficiaries (the key stakeholders) contains

The key stakeholders hence include:

- The beneficiaries (patients) of the program (across states, gender, age)
- The parents/family members of the beneficiaries
- Medical staffs associated with the program
- Representatives from Mission Smile associated with the implementation of the program
- Colgate CSR team

this diversity.

Based on the above mapping of the stakeholders, the total sampling of all the stakeholders for the impact assessment study is the following:

Stakeholders	Sample	Data Collection Tool
Direct beneficiaries	25	Semi Structured Interview
Parents of beneficiaries	25	Semi Structured Interview
Doctors/Health professionals	4	In-depth Interview
Mission Smile team members	2	In-depth Interview
Colgate Palmolive CSR Team	1	In-depth Interview

Stratified Sample

Age Group	State	Sample	Male	Female
20 years and above (Direct Beneficiaries)	Andhra Pradesh	3	2	1
	Assam	0	0	0
	Karnataka	0	0	0
	Maharashtra	0	0	0
	Odisha	0	0	0
	Tamil Nadu	3	2	1
	West Bengal	4	2	2
Total		10	6	4
12 - 20 years (Direct Beneficiaries)	Andhra Pradesh	4	2	2
	Assam	1	1	0
	Karnataka	3	1	2
	Maharashtra	2	1	1

	Odisha	2	1	1
	Tamil Nadu	2	1	1
	West Bengal	2	1	1
Total		15	8	7
0 - 12 years (Parents of direct beneficiaries)	Andhra Pradesh	6	3	3
	Assam	8	4	4
	Karnataka	2	1	1
	Maharashtra	2	1	1
	Odisha	3	2	1
	Tamil Nadu	2	1	1
	West Bengal	2	1	1
Total		25	13	12

04

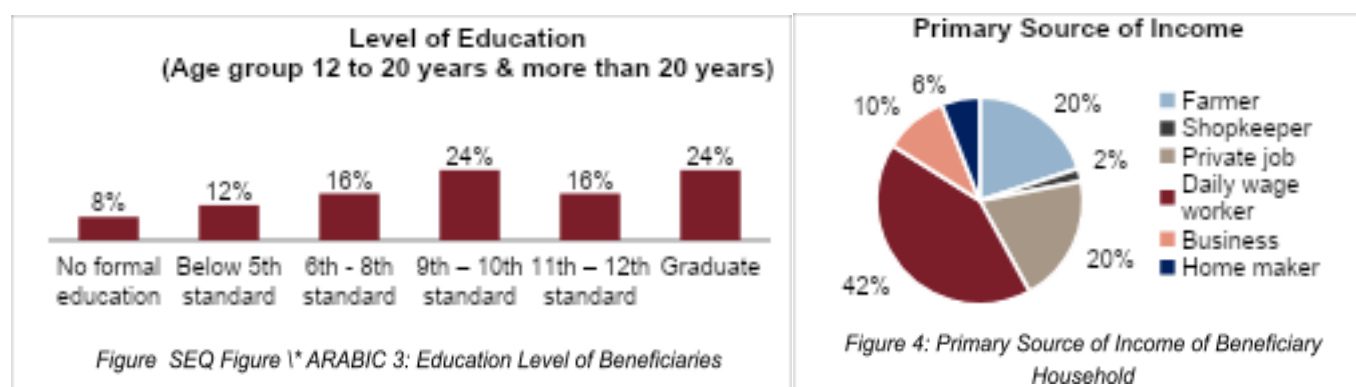
Study Findings

Demographic Details

The study was conducted with 50 beneficiaries across India. Out of 50 beneficiaries covered under this study, 25 of the respondents were from age group of 0-12 years, 15 of them belonged to age group of 12-20 years and 10 belonged to age group of more than 20 years.

The social background revealed that most of the participants were from marginalized group, with 28% were from Scheduled Caste (SC), 26% belonged to Other Backward Caste (OBC) and 16% were from Scheduled Tribe (ST). The general category proportion was 16%. The data indicates the inclusive coverage of program, providing support to the vulnerable and marginalized communities.

In terms of literacy and education the data indicates varied levels of education. 8% have had no formal education indicating the lack of education which in-turns create barriers in accessing healthcare.



The family size varied with average 4 members in a family with two members engaged in earning for the household. The primary source of income for 42% of the respondents were from daily wage work, highlighting the significant reliance on unstable and low-income work. The socio-economic status of households cannot be mapped without understanding the housing the individual lives in, as it is the primary indicator of standard of living. Around 76% of the respondents own their house, of which 40% had pucca house, 34% had hut and 24% had semi pucca house. This highlights the disparities in housing conditions, with a considerable portion of the population still living in less secure structure.

The household also consists of multiple amenities such as LPG stove, ceiling fan, two-wheeler vehicle, colour TV, and other appliances. They are also a significant indicator for mapping the socio-economic status of the household. Within our sample, 28% had at least two appliances, 18% had owned three appliances, 14% had four appliances among which 84% of the respondents owned ceiling fan and 80% had electricity connection in their houses.

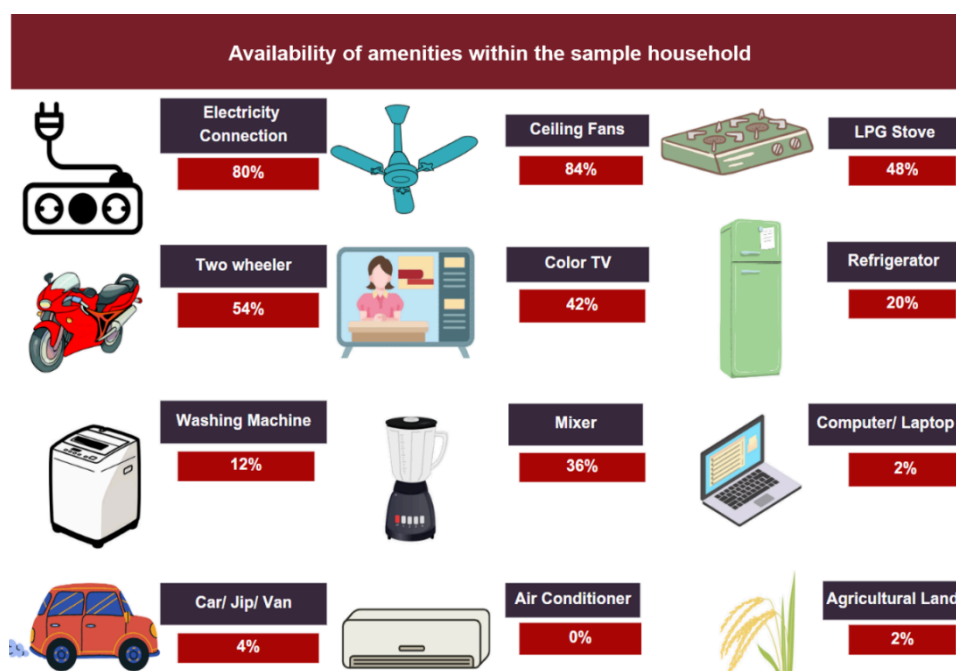


Figure 5: Asset Ownership among Beneficiaries

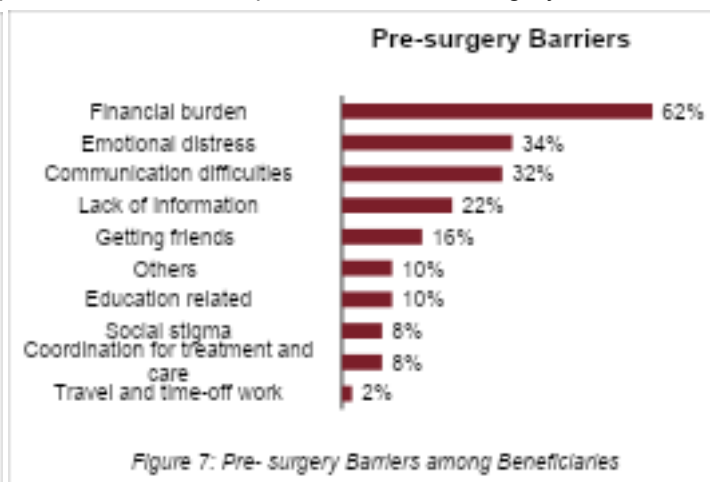
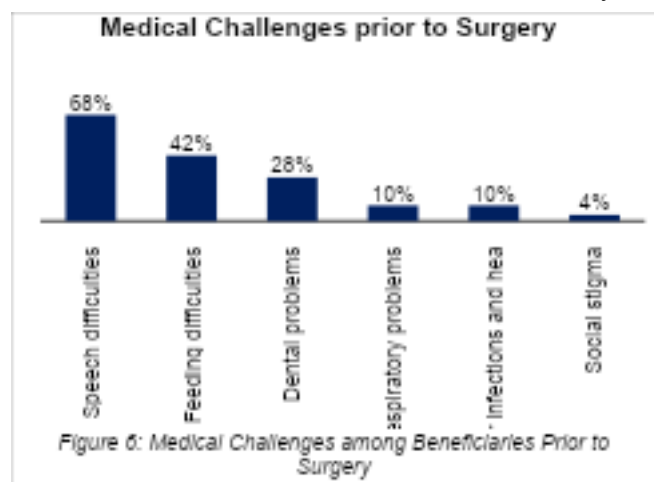
Awareness and support provided

In the study of age group of 0 to 12 years, 52% of the children were female and 48% were male. It was observed that children were diagnosed with orofacial cleft (OFC) at the average age of 2 years, and the surgery was typically performed by the age of 6. This indicates a gap of 4 years between diagnosis and the surgery. Whereas in case of age group of 12 to 20 years, it was observed that, on an average, respondents were diagnosed with OFC at the age of 6, with surgery performed around the age of 11 years old, resulting in a 5-year gap between diagnosis and surgery. The long gap between the diagnosis and surgery is primarily due to lack finance and access to quality healthcare for cleft.



Medical challenges faced and corresponding impact

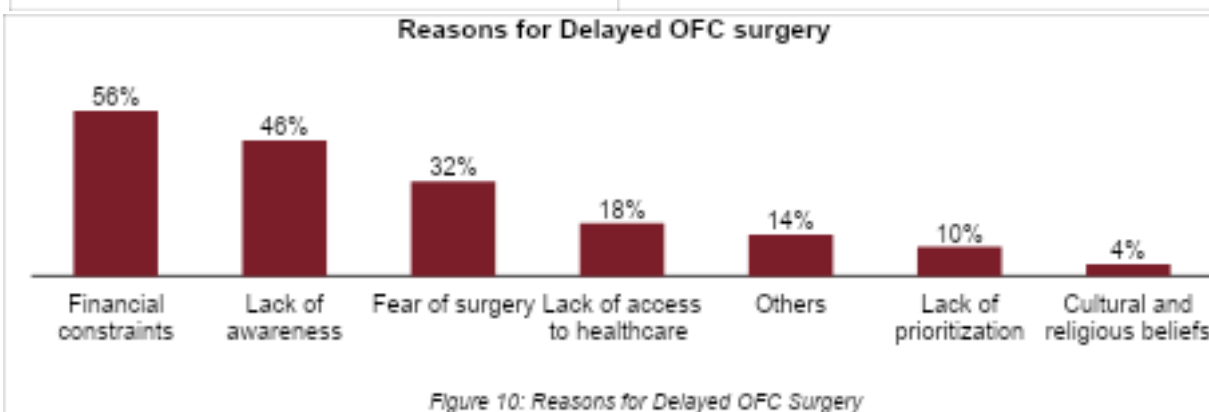
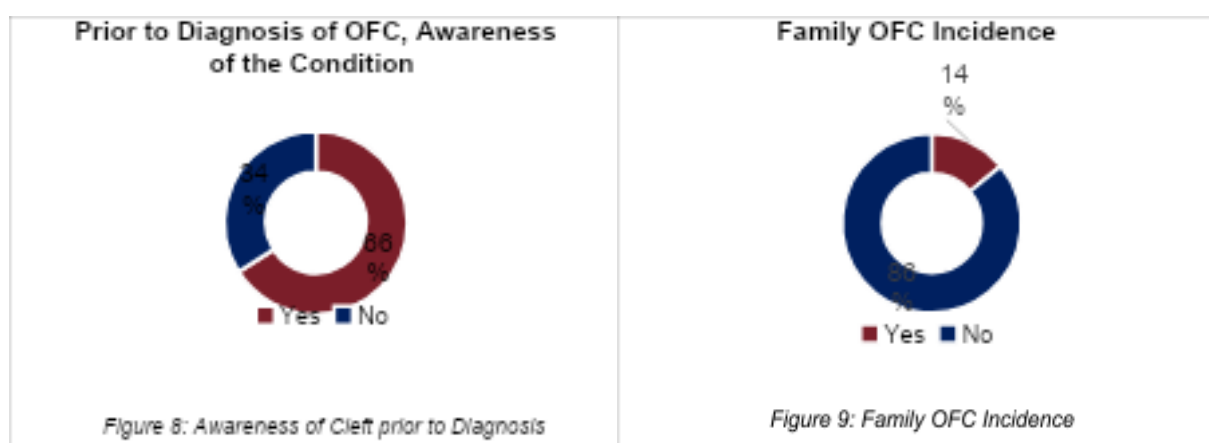
Before undergoing surgery, respondents faced several medical challenges, with the majority experiencing significant difficulties in speech (68%) and feeding (42%) and dental problems (28%). These issues are common in individuals with orofacial clefts and can severely impact the decision to proceed with the surgery. There were



various barriers that prevented the families from accessing quality healthcare. 62% of the respondents faced financial burden while 34% reported emotional distress and 32% experienced communication difficulties with medical healthcare providers and 22% lacked information about the surgery. These challenges highlight the need for better medical and healthcare facilities as well as awareness of the issues and financial supports available for cleft surgeries such as various national and state-level medical schemes and policies that cover the cost of surgery and other treatment.

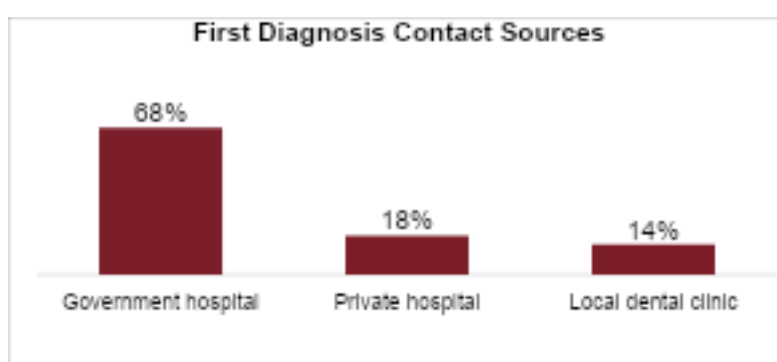
Information And Awareness about OFCs

Before the diagnosis of orofacial cleft (OFC), 66% of the respondents were already aware of their condition. This signifies prior awareness and knowledge which prevents misinformation and wrong treatment. However, only 14% of respondents confirmed a family history of OFC, implying that most cases are not hereditary or genetic.



When inquired about the primary reason for not getting OFC surgeries in early childhood, 56% of the respondents confirmed that they were facing financial constraints, 46% lacked awareness, 32% had a fear of surgery and 18% agreed that they face limited access to healthcare due to geographic constraints. The data highlights the need of awareness and access to quality healthcare in remote and rural regions for timely care and treatment.

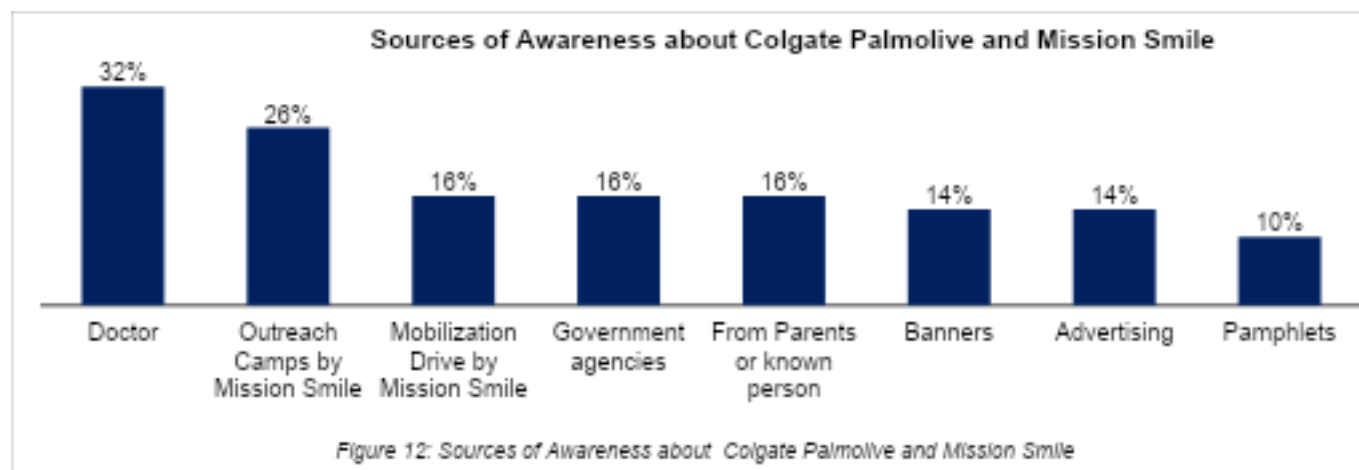
For the initial diagnosis, 68% of the respondents seek care at government hospitals due to financial constraints. This indicates that due to affordability and accessibility, the majority of the respondents rely on government hospitals. The smaller percentage visiting private hospital (18%) was due to higher costs and only 14% go to the local dental clinic. Overall, it highlights a reliance on public healthcare for initial diagnosis and need to improve the quality of oral healthcare in government hospitals. When asked about coordinating with multiple healthcare providers, 26% of the respondents confirmed they had to co-ordinate and faced no challenges during the



coordination process, noting that people were helpful throughout.

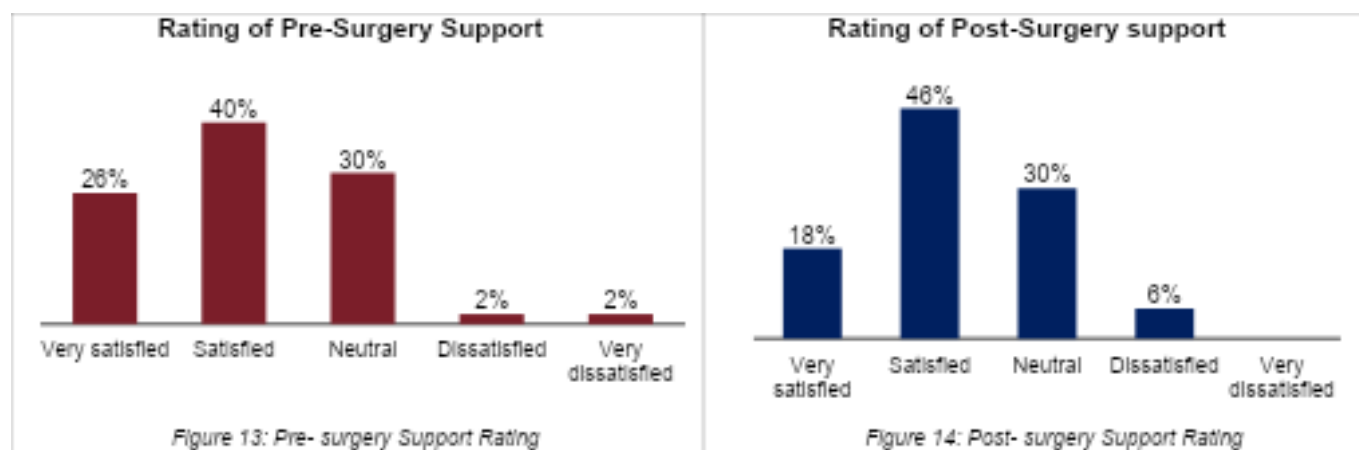
Awareness About Colgate Palmolive and Mission Smile Intervention

Many of the respondents (32%) got to know about the Colgate Palmolive and Mission Smile intervention through doctor (32%) whereas 26% found out about the cleft surgery support through outreach camps by Mission Smile. The outreach of mobilization drives by Mission Smile is very less, 16%, indicating the need to increase awareness campaigns.



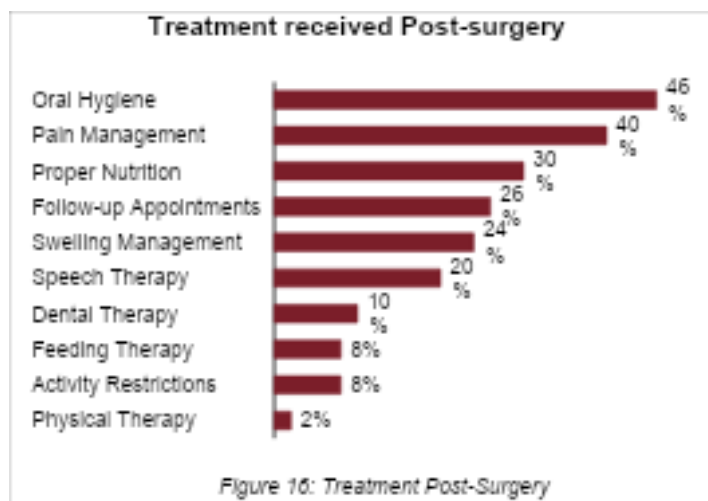
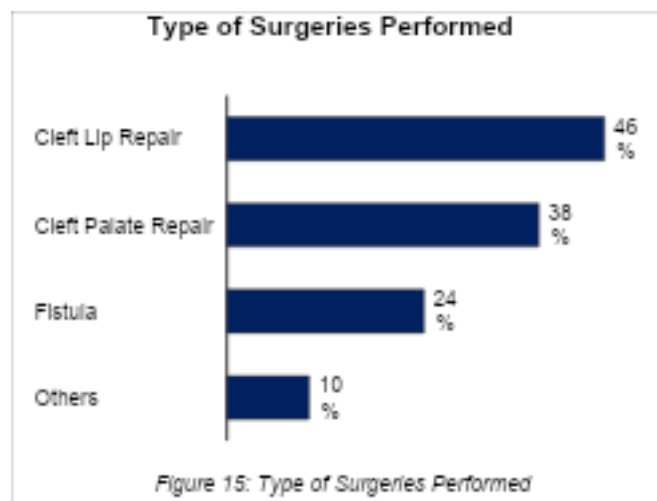
Pre-Surgery Guidance and Support

The intervention not only provided surgery support but also focused on providing pre-surgery and post-surgery care to ensure holistic care is provided. 96% of the respondents confirmed that they were provided with a clear understanding of the surgery and its post-operative aspects and they found the guidance to be helpful, indicating that the pre-surgery support was both comprehensive and effective in preparing them for the procedure. The data suggests that majority of the respondents were satisfied with the pre-surgery support and care provided. The slight dissatisfaction highlights the need for regular feedback from beneficiaries to ensure they are well aware of the pre-surgery support and care for successful surgery and recovery.



Surgery and Post-Surgery Guidance and Support

The beneficiaries received different procedures depending on their conditions. 46% of respondents underwent cleft lip repair whereas 38% received cleft palate repair, and 24% had treatment for fistula. 10% of the beneficiaries received other treatments related to cleft. The data suggests that while a majority of patients are receiving the crucial repairs for cleft lip and palate, there is also focus on managing fistulas, which are common complication surgery in cleft conditions.



The OFC issues seldom require more than 1 corrective surgeries given the sensitivity of the surgeries. In the sample, 30% of the respondents had undergone only one surgery while 38% of them required at least 2 surgeries so far. Following surgery, respondents received various forms of post operative treatment and support. The beneficiaries received varied post-surgery treatments highlighting the comprehensive post-surgery care aimed at addressing both immediate recovery needs and long-term functional improvements. The duration for post-surgery care and treatment varied from patient to patient, with 40% received care for 3 - 6 months post-surgery and 30% received the support for 6-9 months for impactful recovery. The data suggests that majority of the respondents were satisfied with the post-surgery support.



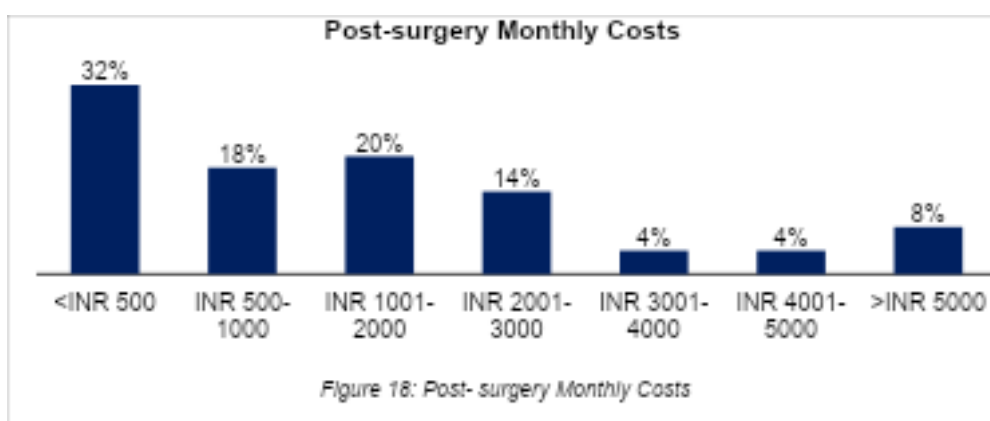
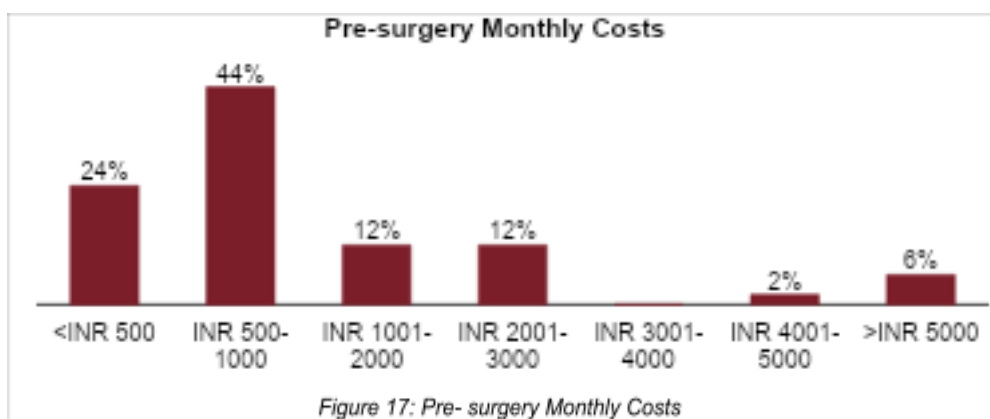
Evaluating The Financial Repercussions

Even though the surgeries were sponsored by the Mission Smile and Colgate, the beneficiaries and families had to bear some of the costs for pre and post surgery care which includes medical consultations, medications and travelling to hospital. For 44% of the respondents the pre-surgery care cost ranged from INR 500 to INR 1,000, whereas for 24% it was less than INR 500. In case of 10% of the households, these expenses lead to financial strain.

Due to the need for self-care or hospital visits, 82% of the respondents were required to take time off work, which significantly impacted their earning potential. This highlights the financial consequences were beyond the expenditures on accessing care.

Post-surgery patient care was critical to ensure the long-term impact of the treatment as well as preventing any infections and complications. The beneficiaries paid for post-surgery routine checkups, medications, and travel for follow-up appointments. The expense on post-surgery care was less than INR 500 for 32%, whereas for 20% the expenses ranged between INR 1,000 to INR 2,000.

When respondents were inquired about any costs incurred to undertake the surgery, only 2% reported having to cover travel expenses. This low percentage suggests that most patients did not face significant financial burdens for surgery.



Overall Impact

The burden of facial deformities extends beyond medical issues. Seldom the patients are discriminated in the social and cultural setting due to their conditions. The emotional and mental toll on the patients is much beyond what is understood. 16% of the respondents have encountered the misconceptions and myths associated with OFC. These myths had a demotivating effect on those affected, contributing to their emotional distress. Additionally, 8% of the respondents reported experiencing social isolation, with the absence of friendships being the key factor. The presence of myths and social exclusion highlights the deep-rooted challenges faced by individuals with OFC,

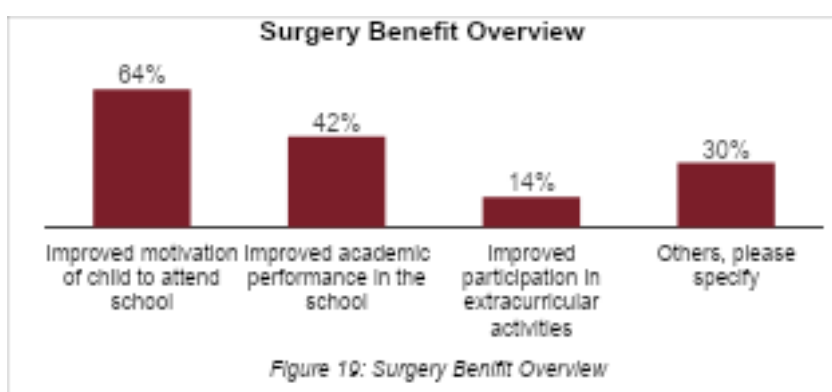
emphasizing the need for larger targeted awareness and support systems to address the stigma and emotional impact within the community.

Impact on Education

The OFC and ongoing medical treatment not only impacted the health of the patients but also impacted their access to education. It was found that only 12% faced difficulties in gaining school admission due to their deformity. Additionally, 18% of the respondents had to miss school for medical appointments related to OFC, although this did not significantly affect their academic performance.

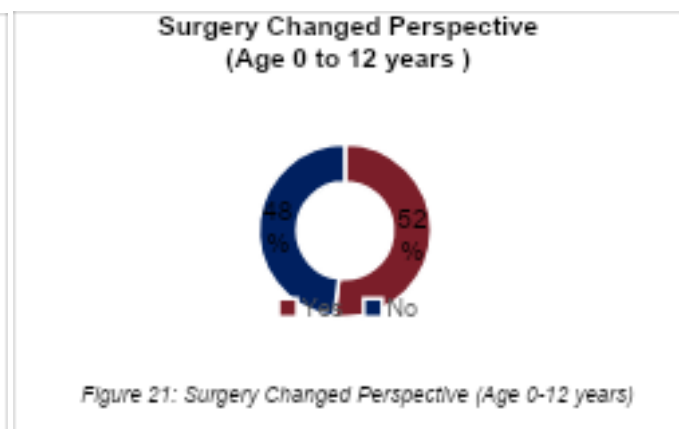
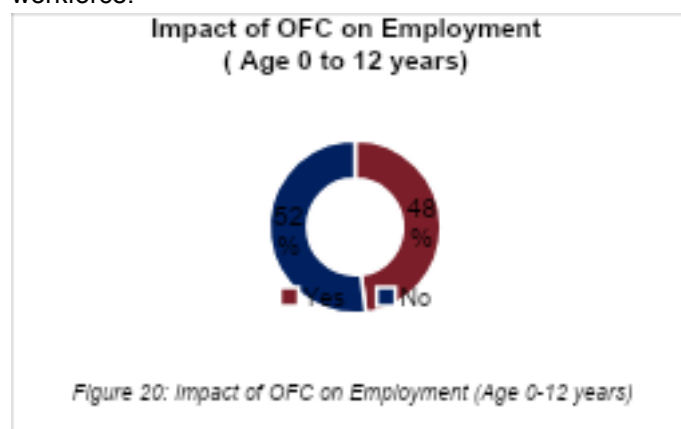
A more concerning issue faced by children with OFC was bullying, 22% of respondents shared that they were targeted, leading to further social isolation within the school community. This suggests that while the academic impact may have been minimal, the emotional and social consequences of having OFC in a school environment were more profound. This highlights the need for better awareness and support systems in school to mitigate the social stigma and bullying that OFC affected students face.

When asked about the impact of surgery, 64% of respondents reported that it boosted their motivation, while 42% said that it positively influenced their academic performance. Additionally, 14% mentioned that the surgery helped them become more involved in extra-curricular activities at school. This suggests that beyond the physical benefits, the surgery played a significant role in enhancing their overall confidence and engagement in school life.

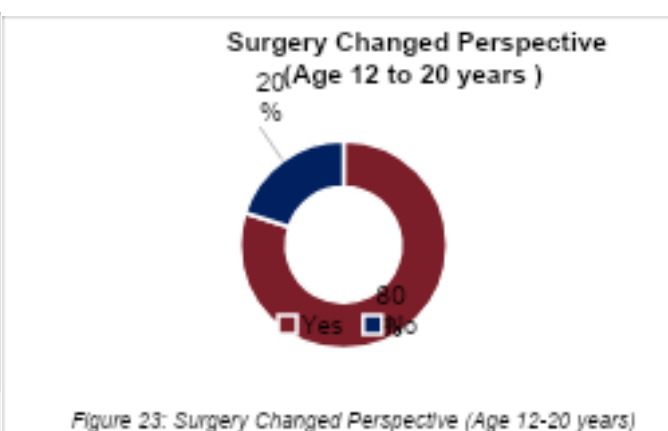
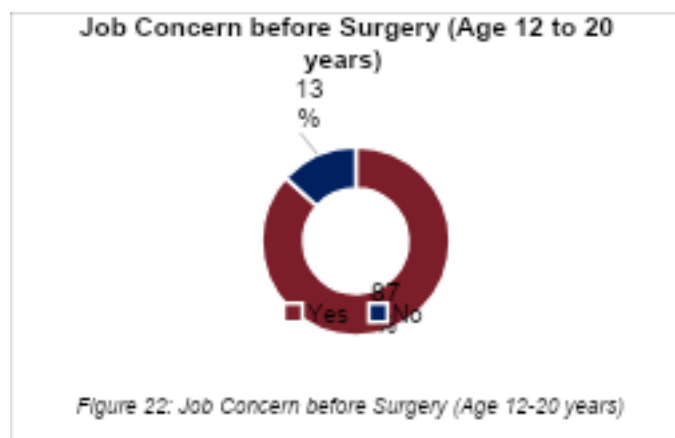


Impact on Employment Prospects

The data for the age group of 0 to 12 years suggest that nearly half (48%) of the parents believed that their child's OFC deformity would negatively impact future employment prospects if left uncorrected. They expressed concerns that communication difficulties would limit career opportunities and reduce confidence, further hindering professional growth. However, 52% of the respondents stated that surgery has been instrumental in shifting this perception, as their child's improved condition has alleviated these concerns, increasing optimism about the future opportunities. Overall, while OFC initially posed challenges in terms of communication and confidence, which are crucial for career development, surgery has played a pivotal role in improving these aspects. This not only enhances the individual's employability but also helps shift perceptions around their potential for success in the workforce.



The discussions with beneficiaries from the age group of 12 to 20 years, highlighted that before surgery, 87% of respondents expressed concern about their job prospects due to their OFC. However, after undergoing surgery, 80% confirmed that it significantly changed their outlook, helping to alleviate their worries about employment. This



shift highlights the positive impact surgery can have not only on physical appearance but also self-perception and confidence, which are critical factors in securing and maintaining employment.

For the age group of 20 years and elder beneficiaries, it was found that the impact of OFC on the employment prospects of respondents were generally minimal, with 70% of them actively engaged in job opportunities. Of these, 43% worked as daily wage labourers, 29% were involved in business, 14% held private sector jobs, and another 14% worked in government roles. Only 10% reported difficulties in securing employment due to their OFC condition and also faced social isolation at work. Regarding the effects of surgery, 60% of respondents stated improvement in communication, 40% said it increased their motivation, 20% found it easier to engage with coworkers, and 10% were given more responsibility.

For those involved in business, the surgery was particularly beneficial, helping them overcome communication barriers, boosting their confidence, and improving their overall personality. This highlights while OFC did present some challenges, particularly in communication and social integration at work, it did not significantly hinder employment opportunities for most respondents.

Impact on Marriage Prospects

For the beneficiaries in the age group of 0 to 12 years, it was found that 60% of the parents expressed their concern about their child's ability to marry due to the deformity. However, after the surgery, 60% of the respondents stated that the procedure had greatly shifted their perception. Post-surgery, they observed that their child could speak clearly, and socialize more effectively, which greatly improved their confidence and allowing the children to engage more freely in social circles and increasing their chances of finding a suitable partner in future.

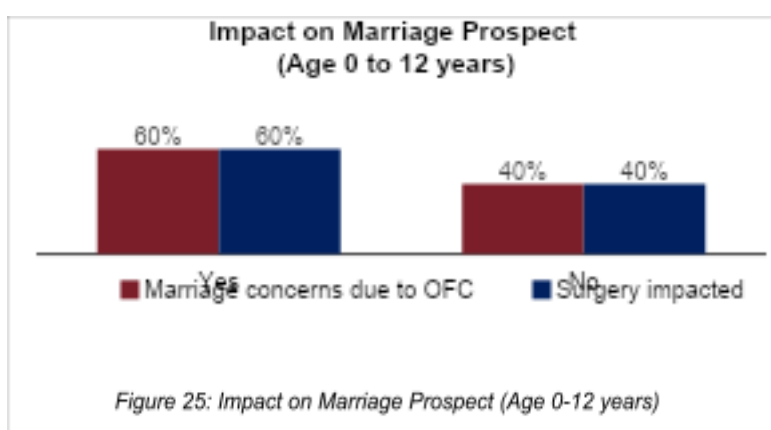
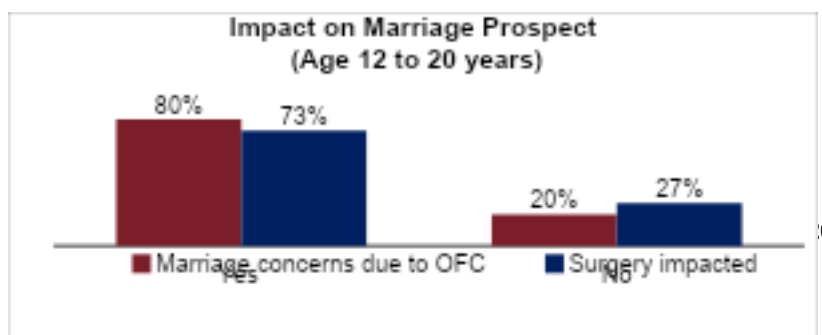


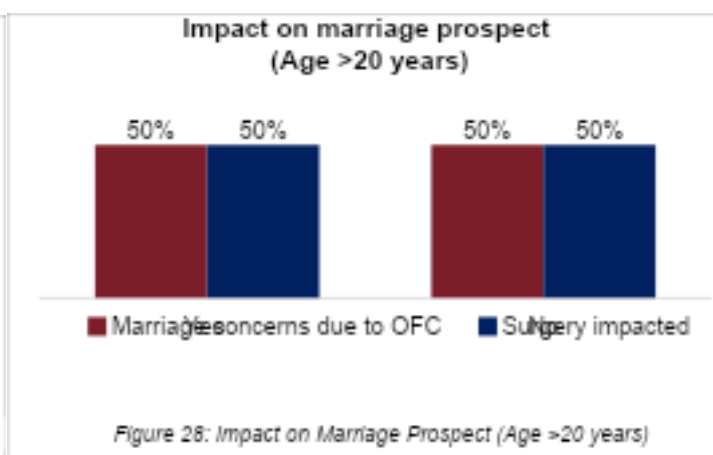
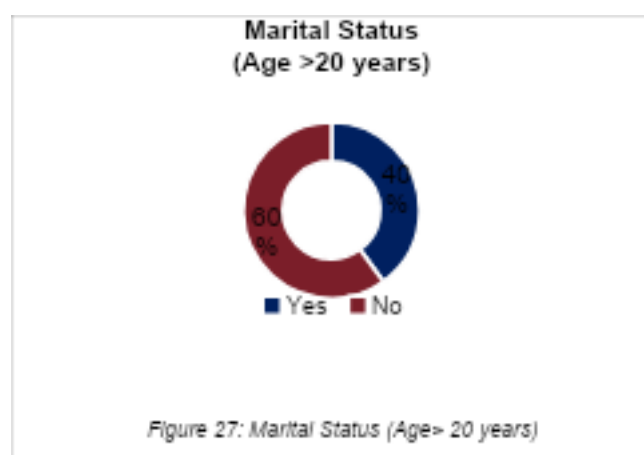
Figure 24: Surgery Benefit Overview (Age> 20 years)

In case of the age group of 12 to 20 years, 80% of the respondents expressed their concern about their ability to find a partner due to their deformity. However, after undergoing surgery, 73% of respondents



reported a positive shift in their perception. This highlights the profound role surgery plays in enhancing not only physical appearance but also social interaction and communication, which are essential in forming personal relationships.

In case of the age group of 20 years and above, it was observed that 40% of the respondents were married. Among those, 50% reported facing difficulties due to their condition, as many were judged by their appearance, which resulted in fewer marriage proposals. Additionally, 20% of respondents mentioned they were rejected by potential partners because of OFC, and 10% acknowledged experiencing challenges in their relationships related to the deformity. All unmarried respondents expressed concern about their future marriage prospects due to OFC. However, 50% agreed that surgery significantly changed perceptions, as they felt more confident and appeared more “normal” which improved their overall prospects for marriage.



The findings suggest that overall, the beneficiaries and their families were highly satisfied with the support and care provided under the initiative. The discussions with doctors also highlighted how the initiative has transformed the lives of the patients. The following table represents the responses of the patients to know their experiences with Colgate Cleft program. The responses are based on a Likert scale, with options ranging from "Disagree" to "Agree".

Statement	Disagree	Neutral	Agree
The initiative has increased my knowledge about cleft surgery and its benefits	18%	20%	62%
The initiative has helped me access cleft surgery	16%	30%	54%
The initiative has improved the quality of care provided to me during cleft surgery	22%	16%	62%
The initiative has positively impacted my overall health and well-being	18%	22%	60%
The initiative has improved my self-esteem and confidence	16%	22%	62%
The initiative has helped me and my family to not look at cleft issue negatively or as a taboo	28%	14%	58%
The initiative has improved my family's financial situation by providing affordable cleft surgery services	24%	12%	64%
The initiative has facilitated the communication between (local) healthcare professionals and my family regarding cleft surgery services	22%	20%	58%
The initiative has provided my family with necessary post-surgery support for effective recovery.	22%	14%	64%
The initiative has been able to create better awareness within the community regarding cleft surgery services	22%	22%	56%



Financial Proficiency

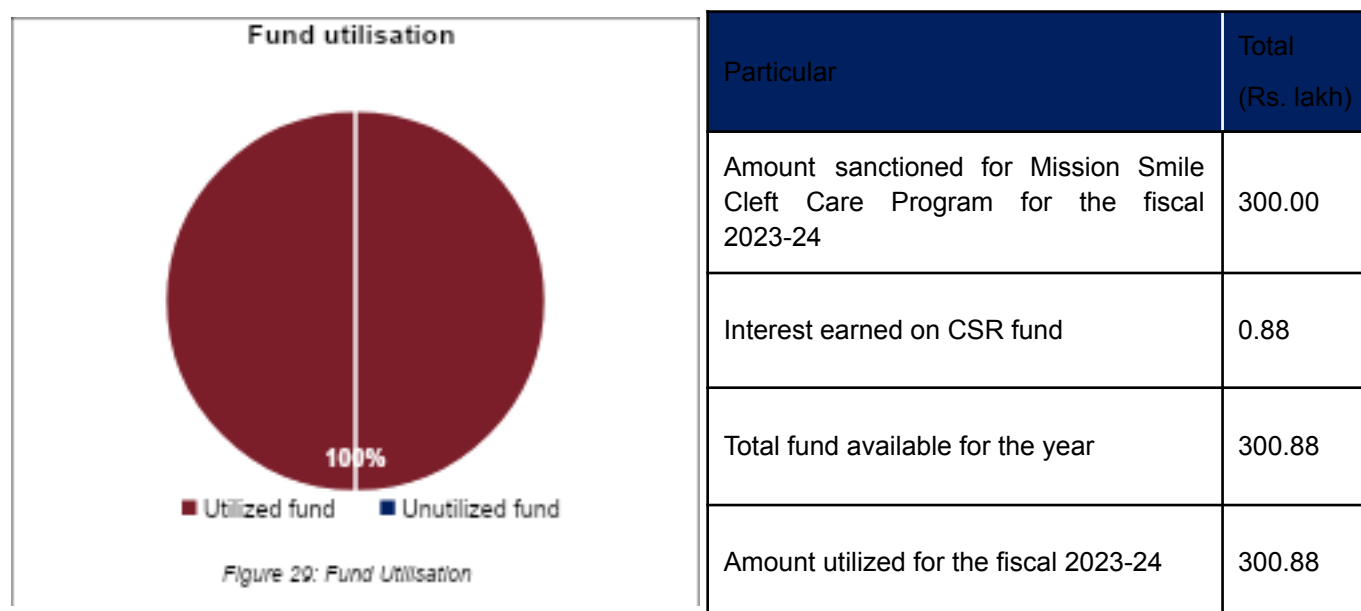
The comprehensive financial evaluation was undertaken to examine the allocation and utilization of the financial resources contributed to the initiative, with a specific focus on reviewing the implementing partner's financial management system robustness, including its internal controls, budgeting processes, and expenditure tracking mechanisms, in order to ensure transparency, accountability, and optimal use of funds.

In 2014, the collaboration between Mission Smile and Colgate Palmolive under the initiative called “Gifting Smile” began. As Colgate Palmolive has been a key funder of this initiative through “Gifting Smile” campaign, this study provides an in-depth analysis of financial management of the program.

The primary findings on financial evaluation of cleft surgeries are split into:

- Fund management
- Financial analysis
- Reporting mechanism and transparency
- Verification of beneficiary records
- Fund management

According to Memorandum of Agreement (MOA), the funds will be utilized to cover the comprehensive costs of cleft lip and palate surgeries for underprivileged patients.

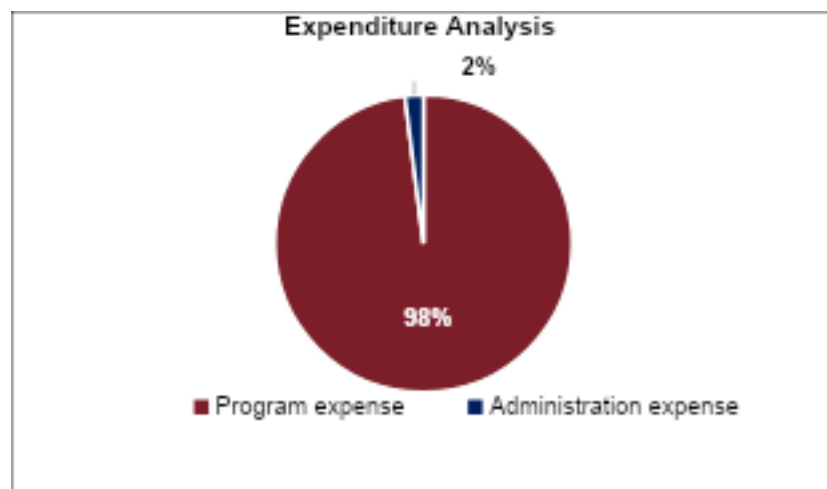


The expenses related pre-surgery assessments, surgical procedures, post operative care, and follow up treatment would be covered. Additionally, the funds would be utilized to cover the necessary surgical costs, medical supplies, and other related expenses needed for the successful treatment of the cleft patients. Beyond medical costs, some funds were used for patient outreach, awareness campaigns, and logistical support, such as travel and accommodation for the patients and their families during treatment. Furthermore, part of the funding was allocated to organizing medical camps in various locations, ensuring that children from remote and underserved areas could access surgical intervention.

The fund utilization rate was a notable 100% in fiscal 2023-24, marking a significant milestone. In absolute terms, Mission Smile Cleft Care Program efficiently utilised the entire allocated amount of Rs. 300.88 lakh, demonstrating effective resource management throughout the year. Furthermore, a thorough verification of expense vouchers revealed that all expenditures were legitimate and accurately accounted for, with no discrepancies or gaps identified.

Financial analysis

According to the income and expenditure statements for the 2023-24 fiscal year, Mission Smile Cleft Care Program received a total of Rs. 1014.16 lakh in receipts, supplemented by Rs. 16.79 lakh in interest income.



A detailed breakdown of expenditures for fiscal 2023-24 shows that 98% of the total outlay was dedicated to program related activities. This indicates that nearly all of the organization's spending was focused on advancing its core objectives and initiatives. The substantial allocation toward program expenses reflects the efficiency and effectiveness of the Mission Smile Cleft Care Program in utilizing its resources to fulfill its mission. This high proportion is a strong indicator of sound management and governance practices within the organization.

The liquidity profile stood at 5.55 times indicating strong liquidity position, which signifies that there were sufficient assets to cover the short-term liabilities. The cash to total asset at 0.78 times indicating that significant portion of assets are held in cash. Cash and bank balance of Rs. 237.05 lakh as on March 31, 2024. The current liabilities amounts to Rs. 42.67 lakh, which included sundry creditors of Rs.35.97 lakh, payables and provisions of Rs. 2.98 lakh, and duties and taxes of Rs. 3.71 lakh were due as on the same period.

Type of Transaction	Average Monthly Amount (Rs. In Lakh)
Credit Transactions	22.20
Debit Transactions	22.16

The bank statement reflected the record of transactions over the last nine months, covering the period from July 2023 to March 2024. The statement analysis revealed that majority funds were received and transferred through National Electronic Funds Transfer (NEFT) and Interbank Fund Transfer (IFT). It was observed that there was no cheque bounces, and no transaction was done using cash.

Reporting mechanism and transparency

The implementation of the program at the last mile is managed by Mission Smile which periodically reports on its platform and shares data with Colgate Palmolive through its dashboard. During the visits, the program's dashboard and the ledgers related to Colgate Palmolive program was demonstrated, thereby showcasing the existing process and reporting system. The data backup is managed through Google Drive, with access restricted to program employees and sharing rights granted only upon approvals. This approach enhances accountability while ensuring efficient monitoring and easy retrieval of information.

Verification of beneficiary records

The beneficiary selection process is comprehensive, involving the careful evaluation of candidates against the strict criteria set by Mission Smile and Colgate Palmolive. This thorough evaluation process guarantees that support is provided to most vulnerable and underserved individuals. Furthermore, the records of the beneficiaries are maintained and securely stored by the teams responsible for implementing the Cleft Care Program, ensuring transparency and accountability throughout the process.

In addition, the CRISIL team has conducted a review of the data and through random stratified sampling and in-depth discussions with the beneficiaries. This independent verification has further authenticated the beneficiary data, and the support provided to them.

06

Alignment with OECD framework

The OECD DAC framework provides guidelines to determine the worth of an intervention on which evaluations are made. Under its ambit, the study will analyse the key components of the overall programme.

Relevance

Relevance is defined as the extent to which the intervention responds to the beneficiaries, global, country and partner/institution needs, policies and priorities, and continues to do so if circumstances change. Evaluating relevance helps in understanding and assessing the alignment of the goals and implementation of the program with the needs and priorities of the beneficiaries and other stakeholders.

The intervention aimed to enhance the prospects of children born with cleft lip, cleft palate, and related facial deformities through comprehensive pre- and post-surgery care and free surgical procedures. This initiative aligns with the Sustainable Development Goals (SDGs) and complements governmental efforts to deliver affordable, high-quality healthcare to remote and underserved regions. Colgate Palmolive's CSR program offered financial aid to individuals with OFC deformities, recognizing the intricate nature of CLP treatment, requiring diverse medical expertise spanning nursing, plastic surgery, maxillofacial surgery, otolaryngology, speech therapy, audiology, counselling, psychology, genetics, orthodontics, and dentistry. Through its support to Mission Smile, Colgate Palmolive's CSR endeavours contribute to national and global initiatives promoting accessible, equitable, and quality healthcare for economically disadvantaged children. The intervention raised awareness about CLP and its treatments, provided essential financial and medical assistance to affected children and families, and alleviated the economic strain associated with CLP care.

Coherence

Coherence is defined as the compatibility of the intervention with other interventions in a country, sector, or institution. It assesses and connects the intervention with the global, national and state-level programs/policies, as well as institution-level policies, and tries to understand the impact that the intervention is creating in the lives of target beneficiaries. The alignment with global goals such as SDGs or national policies can also be considered coherence.

The program provides crucial backing to the National Program for Prevention and Control of Congenital Anomalies under India's Ministry of Health and Family Welfare, along with numerous state programs, to deliver comprehensive and free-of-cost care for CLP. Strategically planned and executed, the program strategically supports various Sustainable Development Goals (SDGs). Its core objectives are in harmony with SDG 3, emphasizing universal access to quality healthcare and overall well-being. CLP can significantly impact physical, mental, and social aspects of an individual, aligning with SDG 3's vision for comprehensive health and well-being. By ensuring access to healthcare services regardless of gender (SDG 5) and socio-economic status (SDG 10), the program contributes to reducing inequalities and promoting gender equality and empowerment. Collaborating with state governments, hospitals, and government institutions underscores the program's alignment with SDG 17, which emphasizes fostering global partnerships for sustainable development and enhancing cooperation among all stakeholders.

Efficiency

Efficiency is the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. It is an indicator to check whether an intervention's resources can be justified by its results.

The program is strategically designed to utilize the resources efficiently through effective partnerships and implementation plans. To create a larger impact by empowering the families of children suffering from OFC deformities and reducing the resources required, the implementing partner Mission Smile utilized the resources to support an existing initiative. The aim is to streamline the process for the effective and timely implementation of the program.

Effectiveness and Impact

Effectiveness indicates the extent to which the intervention has achieved, or is expected to achieve, its objectives and its results, including any differential results across groups. Whereas Impact is the extent to

which the intervention has generated or is expected to generate significant positive or negative, intended, or unintended, higher-level effects.

The effectiveness and impact are assessed based on the outcomes of the intervention, and if the intervention has created a difference in the lives of target beneficiaries or fulfilled their needs. Impacts are usually holistic and much broader than just the outcome indicators. It is important to understand the significance, inclusivity, and transformative holistic change the intervention has created along with the unintended outcomes and their consequences.

The program is focusing on improving dental care globally by offering comprehensive support and guidance both before and after the surgery. Its impact is being measured by comparing the outcomes before and after the procedures. The study shows that 66% of respondents were satisfied with the pre-surgery support, while 64% expressed satisfaction with the post-surgery outcomes. Prior to surgery, the impact on education, employment, and marriage prospects were not favourable, but after surgery, respondents experienced increased motivation, improved communication and greater social engagement. Thus, the program is effective in not only addressing the medical aspects but also significantly improving the emotional and social well-being of individuals.

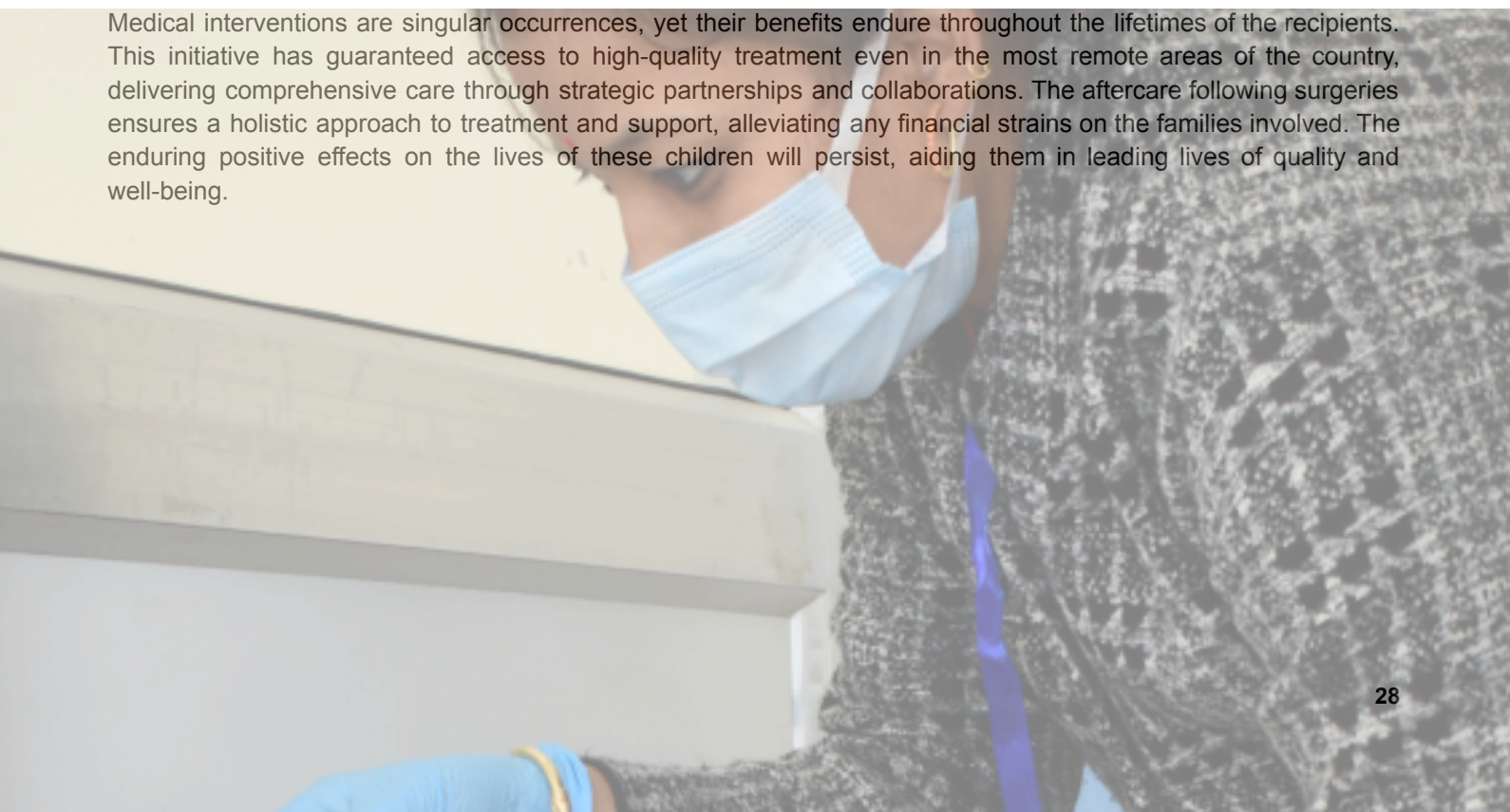
The intervention provided free surgery as well as pre-and post-surgery care to the beneficiaries. Nearly 60% of the respondents gave the highest rating of 5 on a scale of 1 to 5 indicating the positive impact of the intervention on their overall health and well-being and around 62% believe that the intervention has improved their self-esteem and confidence.

Sustainability

An intervention is said to be sustainable when the net benefits continue or will continue, even after the intervention has ended. The impact created by sustainable interventions continues and sometimes grows to provide benefits to the beneficiaries.

The program is structured not only to deliver surgical interventions but also guarantees complimentary post-operative therapies and monitoring for a period of six to twelve months. These follow-up sessions facilitate children in enhancing their communication abilities and eating and drinking skills, leading to sufficient nutritional intake that supports their physical growth and developmental milestones. Furthermore, it contributes to the holistic development of the child by boosting self-esteem and confidence, thus equipping them for success in various aspects of life. Additionally, the initiative has empowered parents through essential training, ensuring proficient care after the surgical procedures.

Medical interventions are singular occurrences, yet their benefits endure throughout the lifetimes of the recipients. This initiative has guaranteed access to high-quality treatment even in the most remote areas of the country, delivering comprehensive care through strategic partnerships and collaborations. The aftercare following surgeries ensures a holistic approach to treatment and support, alleviating any financial strains on the families involved. The enduring positive effects on the lives of these children will persist, aiding them in leading lives of quality and well-being.



07

Alignment with SDGs

The United Nations introduced the Sustainable Development Goals (SDGs) in 2015, with the purpose of promoting global peace, advancing human well-being, and protecting the environment. This universal framework for “social, economic, and environmental sustainability” was the result of a comprehensive consultation process involving national governments and millions of people worldwide. India, along with 193 other nations, ratified and signed the convention as a developing country, pledging to meet the SDG targets by 2030. Even before committing to the SDGs, India had already demonstrated leadership in social responsibility by being the first country to mandate CSR activities through the New Companies Act of 2013. In 2015, India’s long-standing tradition of social work and diversity reached a pivotal moment, introducing fresh directions and motivations for the government, corporations and civil society organizations. The alignment of social development efforts with the SDG goals created a supportive environment for new and innovative programs that prioritize sustainability in all activities.

Colgate Palmolive’s CSR initiatives are no exception. Over the past decades, the company has prioritized various SDGs, focusing on those with the greatest impact. The company implements its CSR programs in health, education, women’s empowerment, and reducing inequalities, all aligned with SDG goals, fostering a universal social impact.

The Smiles for Life - Cleft Surgeries Program initiative, which offers free comprehensive CLP treatment, including pre and post-surgery care and therapies, while raising societal awareness about CLP, aligns with multiple SDGs and targets. This intervention has successfully contributed to the following goals and their respective targets:



Good Health and Well-Being

Ensure healthy lives and promote well-being for all at all ages

Target 3.8:

“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”

A cleft palate is a rare congenital condition, often unrelated to family history, leading to numerous myths surrounding it. The genetic deformity can cause significant mental stress for parents, negatively impacting their health. The mission’s trained and experienced doctors provide therapy and motivational sessions for parents, offering support and guidance during this challenging time. This initiative represents a significant step toward achieving universal healthcare and reducing medical costs by addressing the treatment of a rare condition. By providing free surgeries along with pre- and post-operative care, the project advances this goal. It ensures high-quality treatment and a painless procedure, delivering efficient medical care. Consequently, the program also promotes the recognition and treatment of other rare diseases, especially for economically disadvantaged communities. It empowers families with limited resources to access quality healthcare and improve their quality of life.



Reduced Inequalities

Reduce inequality within and along countries

Target 10.2: “By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status”

Children with cleft lips and palate often face prejudice and social stigma, leading to unequal access to medical treatment, education, and other opportunities. This project provides free, comprehensive cleft care, ensuring that individuals from disadvantaged socioeconomic backgrounds receive high-quality treatment. It aids in their social acceptance and helps them pursue their ideal careers. Additionally, women with repaired facial abnormalities can overcome their marriage-related concerns.



Partnerships for the Goals

Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

Target 17.17: “Encourage and promote effective public, public-private, and civil society partnerships, building on the experience and resourcing strategies of partnerships”

Addressing cleft lip and palate involves collaboration among healthcare providers, policymakers, and other stakeholders. These partnerships are crucial for delivering comprehensive cleft care and raising awareness about the initiative. Through these collaborations, the program extends its reach and impact, ensuring that high-quality treatment is accessible to underserved communities. This approach not only enhances the program’s effectiveness but also fosters a broader network of support for addressing cleft lip and palate.



08

Conclusion and recommendation

In conclusion, the program has successfully achieved its intended goal of providing comprehensive care to children born with cleft lip and palate, a congenital anomaly that affects not only their physical appearance but also their overall well-being. The satisfaction levels of both parents and children before and after therapy have been overwhelmingly positive, demonstrating the program's effectiveness in improving the quality of life for these individuals.

It is essential to acknowledge that public health is a multifaceted field that requires a comprehensive approach to address the diverse needs of a population. India, in particular, has undergone a significant epidemiological shift from communicable to non-communicable diseases, which has led to a rise in chronic conditions such as diabetes, hypertension, and cardiovascular disease. However, in the midst of this shift, it is crucial not to overlook other rare diseases or conditions that exist in between, such as cleft lip and palate. These conditions may not receive the same level of attention as more prevalent diseases, but they still have a significant impact on the individuals affected and their families.

The initiative by Colgate, has taken a significant step towards addressing this gap in healthcare by focusing on a specific problem and working to address its causes, particularly in the absence of any personal or cultural beliefs. By increasing awareness and assisting the community in addressing this issue, the program has made a significant contribution to the pursuit of universal healthcare. The program's success is a testament to the power of targeted initiatives that can reach every social stratum and aid in the unification of government efforts towards creating a better world.

One of the key strengths of the initiative has been its ability to target economically underprivileged groups in society, providing them with the necessary tools and resources to ensure a better life and achieve their ambitions. The program's focus on marginalized communities is critical, as they often lack access to quality healthcare services and are more likely to be affected by rare conditions such as cleft lip and palate. The patient gets treatment through one of the delivery modes, depending on what mode is most suitable for their needs. This flexibility is critical in ensuring that the program is able to reach the maximum number of people and provide them with the necessary care and support.

However, despite the program's success, there are still challenges that need to be addressed. During the meetings with parents and caregivers, it was observed that many of them were still unaware of the specific causes of cleft lip and palate, with some believing that it was caused by supernatural forces or "Graham" during pregnancy. This lack of understanding highlights the need for continued education and awareness-raising efforts to help families comprehend the fundamental medical genetic defect that underlies this condition.

The outreach strategies have been effective in creating awareness about its services and reaching out to a larger audience. However, the organization faces challenges in identifying individuals in remote areas who may not have access to traditional or digital media. To overcome this challenge, the program relies on intermediaries such as ASHA workers, Anganwadi teachers, doctors, and nurses to help identify those in need of their services. These intermediaries play a critical role in connecting the program with hard-to-reach communities and ensuring that they receive the necessary care and support.

In conclusion, the program has made a significant impact in improving the lives of people born with cleft lip and palate. By targeting a specific problem and working to address its causes, the program has demonstrated the power of targeted initiatives in promoting universal healthcare. While there are still challenges that need to be addressed, the program's success is a testament to the importance of continued education, awareness-raising, and community engagement in promoting the health and well-being of individuals and communities.