



SARANAM

ENABLING ACCESS TO PALLIATIVE AND END OF LIFE CARE IN PUBLIC HEALTH SPACES

MONTHLY REPORT: MAY 2026

A Sanctuary Of Healing

A BRIEF OVERVIEW OF MAY

Consolidation & Growth

May 2026 has been a month of movement, momentum, and meaningful milestones for all of us at Saranam.

What stands out most is not just the pace of activity, but the widening circle of care and conversation around palliative care. Each step this month has been a step towards our vision where compassionate, holistic care is not an exception, but an integral part of our public health system.

We operationalised our second home care vehicle at Kidwai Memorial Institute of Oncology. This was a crucial addition to our service portfolio – and this addition has already begun to transform our ability to reach patients—accelerating access, expanding coverage, and ensuring that care travels more swiftly to those who need it most. In palliative care, timeliness is not a metric; it is dignity in action.

Another particularly significant milestone was the formal inauguration of our **second major public health systems partnership**. This time with the KC General Hospital, under

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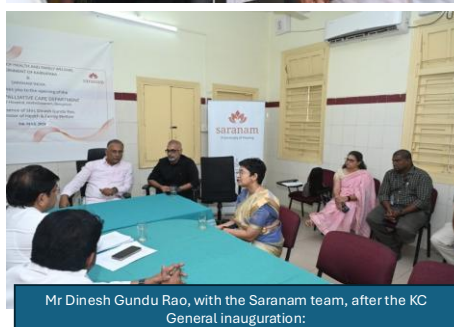
Anish Ramachandran | Dr Tristha Ramamurthy | Vinita Kurup

the Department of Health and Family Welfare, Government of Karnataka. We were honoured to have Shri Dinesh Gundu Rao, the Hon'ble Minister of Health, Govt of Karnataka inaugurate our work there. Establishing a dedicated Palliative Care Department within a major public hospital in Greater Bangalore area is a step toward systemic integration—where palliative care is not peripheral, but embedded within standard care pathways. This collaboration reflects a growing institutional recognition that quality of life must remain central, even when cure is no longer possible.

Our commitment to building a more knowledgeable, informed and compassionate society also took shape via our **Death Literacy** portfolio of programs. Over two immersive days, we hosted a workshop on Death, Dying, and End-of-Life Care, led by Dr. Abhijit Dam and Shri Avtar Singh Cheema. The conversations were honest, layered, and deeply human—reminding us that when we create spaces to speak about death, we ultimately learn how to live, care, and connect more meaningfully.

The month culminated in a powerful gathering on the 23rd of May, where corporate leaders, philanthropists, and policymakers – along with friends and well-wishers - came together to engage with the vision of palliative care integration. The evening was not just about awareness—it was about alignment. It reaffirmed that the future of palliative care lies in collective will, cross-sector collaboration, and a shared commitment to equity in care.

As we reflect on May, we are reminded that progress in palliative care is both structural and deeply personal. It is built through systems, partnerships, and policies—but sustained through empathy, dialogue, and community. We move forward with renewed energy, grateful for every partnership and every conversation that brings us closer to a more compassionate healthcare system.



KEY STATISTICS AND INSIGHTS

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May at a Glance

19

HOME-CARE REGISTRATIONS
YTD Total: 201

Steady increase in enrolments, highlighting growing need as understanding of palliative home-care grows.

95

HOME VISITS CONDUCTED
YTD Total: 191

2nd vehicle operationalised mid-month. Median time per visit ~70 min. Coverage has increased significantly.

21

HOME-CARE DAYS
YTD Total: 50

Maximum home-care days recorded in a single month to date. Will increase with two vehicles.

245

PATIENT CONSULTATIONS & ENGAGEMENTS
YTD Total: 487

Includes phone follow-ups and video consultations to monitor patient health and prognosis.

24

BEDSIDE CLINICAL PROCEDURES
YTD Total: 164

Nursing, physiotherapy, occupational therapy, and psycho-social & bereavement counselling.

1,501

KM COVERED
YTD Total: 3,370 km

Distance covered by both home-care vehicles across Bengaluru and surrounding areas.

32

Deaths (Cumulative YTD)

Including 4 Children, 13 Adults, and 15 Older Adults — each life held with dignity and care until the very end.

STRENGTHENING DEATH LITERACY

In continuation of our focus on strengthening Death Literacy and having a strong monthly portfolio of programs on themes and topics related to death literacy, in June - we are excited to bring an important conversation:




In Transit

A Reflective Circle on Life, Care, Loss, and What Matters

Conversations about death, dying and end-of-life care are not a niche interest; they are essential public conversations that need engaging, supportive platforms where people can ask questions, share stories and plan with compassion.

The conversation is being curated by Saranam along with Dr Shikha Soni, Dr Vanshika Gupta, and Varalakshmi. Dr Shikha is a Clinical Psychologist. Her doctoral thesis focused on Grief and Loss. Dr Vanshika is a Nuclear Medicine Specialist, and has worked extensively on Caregiving and what matters. Vara is a Psycho-Oncologist with Saranam and works closely with patients and family members.

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IMAGES FROM OUR DEATH LITERACY WORKSHOP IN MAY



Images from our workshop on Death, Dying and End of Life Care



SARANAM'S EVENT WITH WELL-WISHERS, FRIENDS, PHILANTHROPISTS AND POLICY MAKERS



Images from Saranam's event with Well-wishers, Philanthropists, and Policy makers | On Palliative Care and Public Health |

MINI PALLIATIVE CARE CASE-LET SERIES:

WHEN PAIN HAS NO WORDS: BHOOMIKA'S STORY

[AS SUMMARISED BY VARA, A PSYCHO-ONCOLOGIST ON SARANAM'S PALLIATIVE CARE TEAM]

Bhoomika is only 18. Rather her physical age is 18.
Mentally, her development is at 13 months.
And now her family has been asked to carry more than anyone should have to bear.

Her body has already carried a lifetime of illness. She lives with cerebral palsy, seizures, severe communication difficulties, and now a spreading ovarian cancer that has added a new kind of suffering to an already fragile life.

What makes her story especially heartbreaking is that pain has no clear language in her world. When she hurts, she cannot point to it or name it; instead, it appears as agitation, aggression, or sudden distress, leaving her mother to guess whether her child is angry, afraid, or silently in pain.

The burden is not hers alone. Bhoomika's father is on dialysis twice a week, partially blind, and unable to work, while her mother tries to keep the family afloat with a small beauty parlor and the constant care of her daughter, all within a very modest two-room unit away from the prying eyes of neighbors.

In their home, a constant fear lingers — of Bhoomika falling due to her uncoordinated limbs, her father stumbling from poor vision, or any sudden injury or decline. It shadows every moment of every day. This is a family bearing illness, uncertainty, and exhaustion all at once.

It is in that quiet strain that the palliative care team functions.

For the family – especially her mother - palliative care meant more than a medical service; it meant safety, and a team attentive to pain that could not be spoken. It meant being seen. They brought symptom relief, weekly ration support, help with dialysis, and—perhaps most importantly—an attentive, comforting presence that recognized pain even when it could not be spoken.

Despite all of this, there is the inevitable constant – mostly overwhelming – burden of care. “I am exhausted. I have been doing this for 18 years”. Says Bhoomika's mother.

Her mother's words held the weight of years: she had carried this load alone for 18 years. And in Bhoomika's story, palliative care offered something the illness had taken away—comfort, dignity, and the relief of not being left alone.

(This is what palliative home care looks like when it works: not a handoff, but a handhold. SARANAM documents real case stories from the ground to expand the emotional vocabulary and create a shared language for talking about dying, grief, and compassion.)

FIELD DIARIES:

STORY FROM THE FIELD · SARANAM

Fifteen Days After Prayag

A quiet reflection on grief, caregiving, and the way love stays behind in the smallest details.

01

A ROOM THAT REMEMBERS

In a one-room kitchen home, a large toy Jeep stands in the corner — too big for the space, yet somehow carrying the full weight of memory. There are no photographs of Prayag on the walls. The Jeep remains instead, silent and unmoving, as if it has taken on the task of remembering him.

02

A FATHER HOLDING ON

Ramesh speaks softly, repeating the same words as though he is trying to make them true: 'Life has to go on.' He and Savitri came to Bengaluru for their son's treatment when Prayag was just four. Now, after his death, even grief must share space with the practical demands of survival.

03

WHAT LOSS LEAVES BEHIND

This story is about more than death. It is about the people, objects, routines, and places that remain after a child is gone — a favourite toy, a familiar home, an unspoken silence. It is also about the quiet burden families carry long after treatment ends, and the need to meet them with steadiness and tenderness.

"Every day, I wish the earth would open up and take me in. But I have to remain strong — for others."

All names have been changed to protect identity. Prayag was cared for by Kidwai Memorial Institute of Oncology and Saranam's palliative home care team.

Read the full story at: <https://tinyurl.com/Anish-Ramachandran>

We are deeply grateful for your continued support and commitment to this vital program. Many of you have reached out, expressed your support, your solidarity and of course, your generosity allows us to continue in our journey of ensuring that access to Palliative and End of Life Care is a fundamental human right.

To donate – please go to: <https://www.saranamindia.org/donation>