Saranam India: September 2026

Enabling Access to Palliative and End of Life Care in Public Health Spaces



EDITORIAL

Growing Together, Grounded in Purpose

September has been a month of turning beginnings into the everyday work of care.

Following the inauguration, in early September, of Saranam's latest collaboration to establish the **Pediatric Palliative Center at the Indira Gandhi Institute of Child Health (IGICH)**, much of our attention has been on building the core team and preparing to begin services. We are glad to share that the team has started to come together and that outpatient operations at IGICH are now underway.

An inauguration marks an important beginning. What follows is the sustained work of bringing people together, establishing ways of working, and translating a shared commitment into care for children and their families. It is deeply encouraging to see this collaboration take its first operational steps.

This month also took us to Chennai, where Saranam was invited to lead a pre-conference workshop on ***Palliative Care in Dementia*** at the 3rd International Annual Conference of the Dementia India Alliance, held on 17 September 2026. We were proud to contribute to this gathering and to a conversation that resonates strongly with our mission: keeping the person, their experience of suffering, and those who care for them at the centre of care.

Alongside these developments, we welcomed several new colleagues to Saranam. Their arrival reflects our growing collaboration with public health institutions across Karnataka

to integrate palliative care into protocols of care for people experiencing serious health-related suffering. As these partnerships grow, so does the team needed to give them substance, continuity, and purpose.

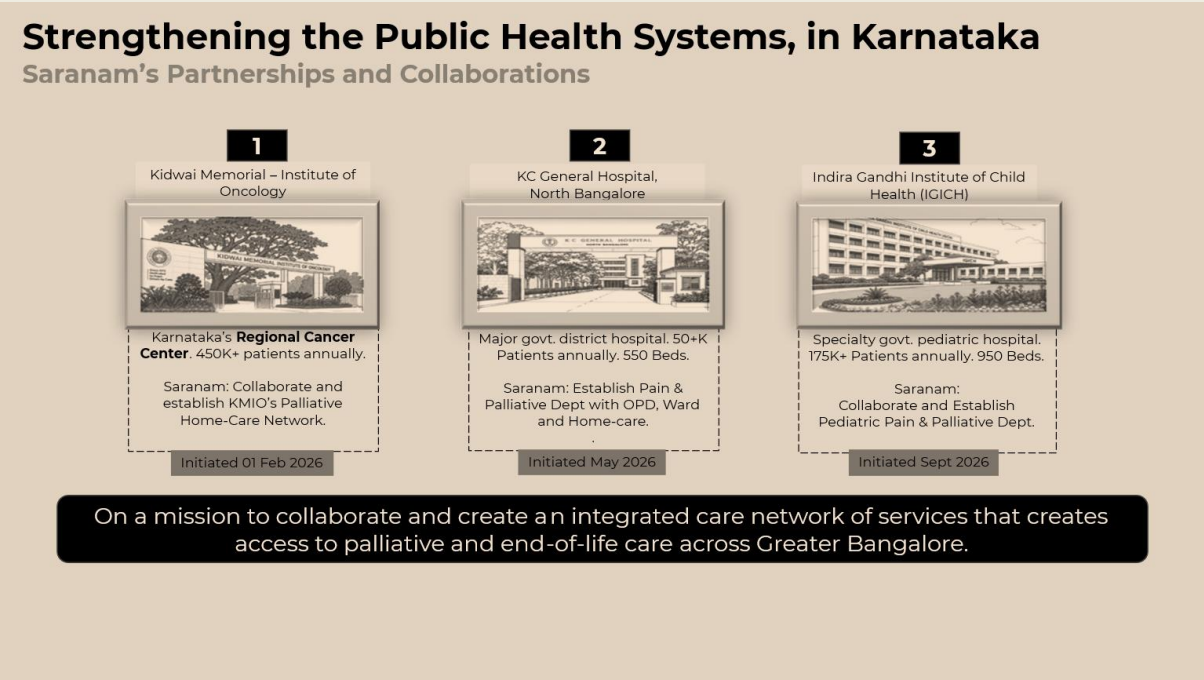
On 1 January 2026, we welcomed Saranam's first associate. This September, we onboarded our **thirtieth**. That milestone is meaningful not simply because of the number, but because of the people behind it.

I have been heartened—and deeply gratified—to meet talented people who bring enormous compassion, drive, and belief to palliative and end-of-life care. They find resonance in Saranam's mission and choose to bring their abilities and energies to it. Each new colleague adds something distinctive, while strengthening the shared commitment that holds our work together.

A few days ago, we were able to bring everyone together for an entire day of conversations and discussions. We made time to reflect on what drives our mission and, on the cornerstones, we must build and sustain as we move forward. Amid the demands of starting services and developing partnerships, it was valuable to pause, reflect on how far we have come, and consider not only what we hope to accomplish, but how we want to work together.

For me, this is the responsibility that accompanies growth: to ensure that our purpose remains clear, our relationships remain thoughtful, and compassion continues to shape both the care we offer and the organisation we are building.

Finally, I am really delighted to bring to all of you an **interview with a person I deeply admire, Dr Anuradha Ganigara, Professor of Paediatric Anaesthesia**, and a very close partner. You cannot come away without being inspired by her.



AT DEMCON' 2026

"While You Care": Palliative Care in Dementia

Saranam was glad to partner with Dementia India Alliance to offer "While You Care," a pre-conference workshop on palliative care in dementia at DEMCON 2026, the 3rd International Annual Conference of the Dementia India Alliance, held in Chennai on 17 September 2026.

Through lectures, case discussions, and interactive simulation stations, the workshop brought together learning and reflection on the experiences of people living with dementia and those who care for them.
The partnership resonated with Dementia India Alliance's mission to connect, support, and empower individuals and organisations to enhance the well-being of people living with dementia and their families.

Looking beyond the diagnosis
At the heart of "While You Care" was an invitation to look beyond a diagnosis and consider the person's journey: their experiences, their changing needs, and the everyday realities of those supporting them. The interactive simulation stations added an experiential dimension to the workshop. They invited participants to reflect on what it might mean to navigate the world while living with a severe neurodegenerative condition—and to consider how that experience might reshape our understanding of care.

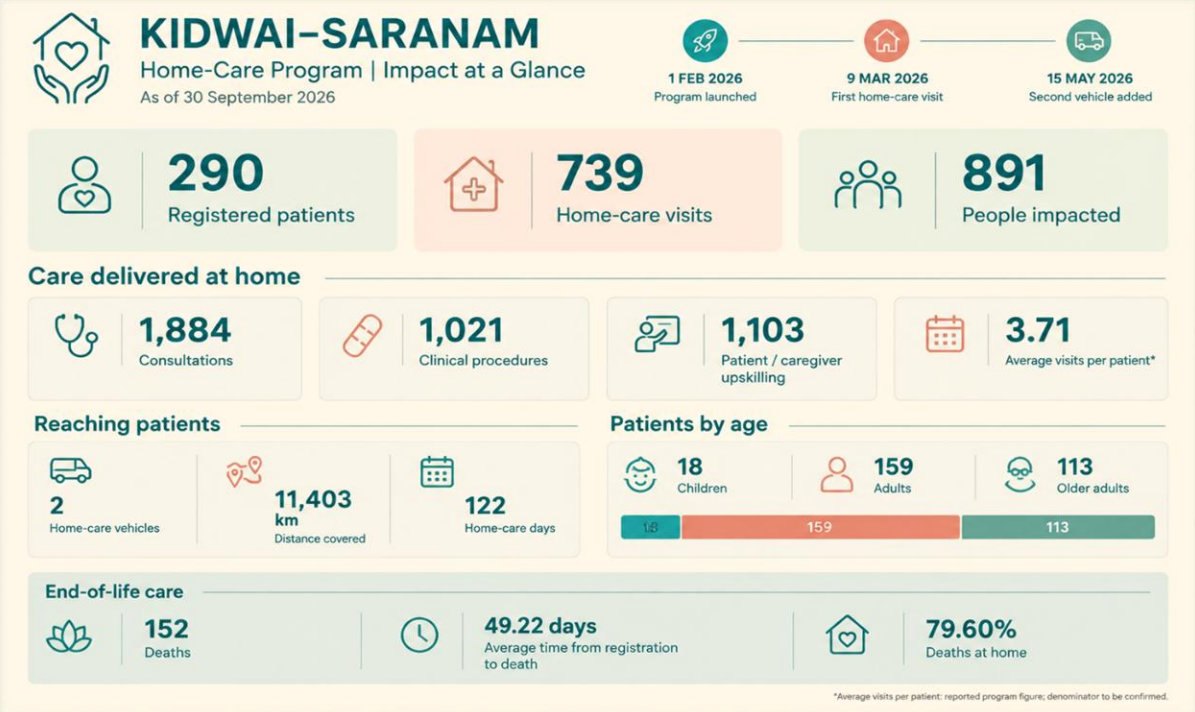
For Saranam, the workshop was a meaningful opportunity to bring palliative care into a wider conversation about dementia. It reflected our commitment to care that recognises suffering, honours the person behind the illness, and remains attentive to families.



From Team Saranam - Dr Vanshika Gupta, Dr Shreya Gudi, Varalakshmi Shankar, and Dr Anvitha Shetty

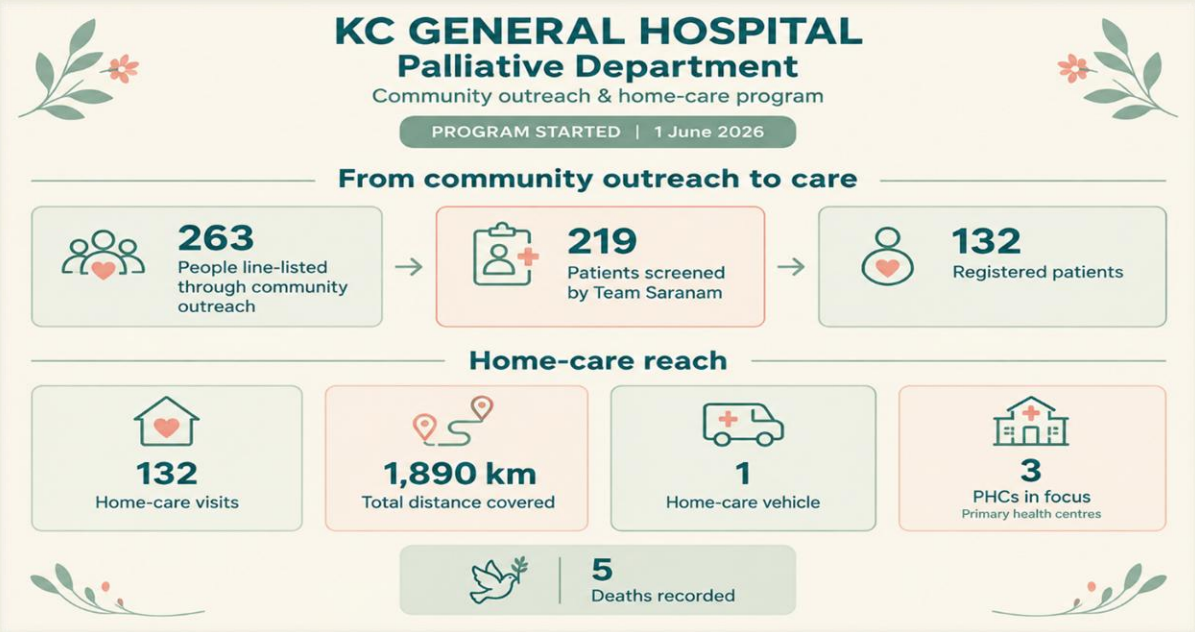
PROGRAM SUMMARY – BY NUMBERS

Partnership with Kidwai Memorial Institute of Oncology



The Kidwai Memorial Institute of Oncology (KMIO) program is focused on exclusively providing palliative home-care services to oncology patients of Kidwai.

Partnership with KC General Hospital, Bangalore.



This program is chartered with establishing a full-fledged palliative care department at this District Hospital. Currently the program is focused on establishing an Out-Patient Department, and on a community-based outreach and home-care program.

Saranam's Work: Scenes from the Ground

A BABY SHOWER FOR DR ASHWINI



We wished Dr Ashwini Anu, our Clinical Lead for Palliative Medicine the very best with a brief baby shower ceremony as she started her maternity leave this month. Dr Ashwini has been amongst our very first associates who came into the program, and she carries with her all our best wishes.

CONTINUING PROFESSIONAL DEVELOPMENT: FOLEY'S CATHETERIZATION TRAINING

Sis. Roshini of Kidwai Memorial conducted a Foley's Catheterization training for our Nursing team as part of our continuing professional development series.





SARANAM IN THE NEWS

It is always nice when the work we have been doing and the partnerships we are working with receive a wider coverage in the press. Featured below is the press coverage we have received in the recent past about the various collaborations in integrating Palliative care with Karnataka's public health system.



A GROWING TEAM

We are thrilled to welcome several new members to Team Saranam.

Dr Nikhila Karanth joins us as our Clinical and Program Lead for the Pediatric Palliative Care Program. **Dr Sachin Sajjal, Joji Andrews, Umarani, and Neela** join as core members working with Dr Nikhila on this program. **Drs Arun Dev and Ganesh Choudhari** join as Unit Physicians for the KC General and Kidwai Memorial programs respectively. **Lakshmi Varma** joins us our Psycho-Oncologist within the Dept of Palliative Medicine, at Kidwai.



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A SARANAM NEWSLETTER FEATURE:

"EVERY CHILD DESERVES TO BE HEARD"

IN CONVERSATION WITH DR ANURADHA GANIGARA

Professor of Paediatric Anaesthesia, Indira Gandhi Institute of Child Health, and Clinical Director, Paediatric Palliative Care.

Saranam's Co-Founder and CEO, Anish Ramachandran had the recent opportunity to sit down with Dr Anuradha Ganigara, and have a conversation about the journey so far. The pediatric palliative care unit at IGICH began with Dr Anuradha's conviction that every child deserves care, comfort, and dignity, regardless of their circumstances. Her passion and belief inspired Saranam to partner and turn that vision into reality.

In this conversation, she reflects on what makes this work personal, her hopes for the hospital, and why simply listening to a child or parent can be at the heart of meaningful care.

A deeply personal conviction

Question: Your conviction helped turn the idea of this unit into a reality. What makes this work deeply personal to you, and what kept you committed when the path forward was uncertain?

Dr Anuradha Ganigara:
"I believe the world needs to be just. Just because someone is poor, or small, or unable to speak for themselves, it should not mean that they are denied care or access. A child should not have to earn the right to be cared for. That right should already be theirs. I have been an underdog myself, and perhaps that is why this feels so personal. I know what it means to be given a chance—to need someone to see possibility in you rather than only the circumstances you come from. That stays with you. It makes you more conscious of those who may be overlooked, and more determined that they should not have to struggle simply to be seen.



I often think about how most human qualities follow a bell curve. Most of us are somewhere within that broad 95%—not so very different from one another. So why should being poor, being small, or being born into difficult circumstances determine who gets a chance? Why should those circumstances decide whose suffering receives attention?

For me, this unit is a way of acting on that belief. It is about looking at a child and seeing a person whose comfort matters, whose life matters, and whose family should not feel alone. Even when we cannot change the course of an illness, I want us to ask: What can we still do for this child? What can we make gentler? What can we help this family carry?

A vision for the hospital

Question: When you imagine what this unit could become, what do you hope will be different for children and their families—and for the people caring for them?

Dr Anuradha Ganigara:
"When I imagine what this unit could become, I think first about how a child and their parents should feel when they enter our hospital. I want them to feel safe. I want them to know that someone will listen, that their worries will be taken seriously, and that their child will be cared for with tenderness and dignity. They may not know what lies ahead, but they should not have to wonder whether they will be left to face it alone.

That is what I kept returning to when the path forward was uncertain. The difficulty of creating something does not make the need for it any less real. Children and families cannot put their pain, their fear, or their need for support on hold until everything becomes easy for us. We have to begin with what we can do, while continuing to work towards what they deserve.



I do not think I stayed committed because I had every answer. I stayed committed because I could not reconcile myself to the idea that a child might go without care simply because their family had less money, less visibility, or less voice.

My hope is that the spirit of this unit will reach beyond the unit itself. I would want kindness and good communication to be part of every department, every ward, and every encounter at IGICH. A parent should feel able to ask a question without feeling that they are taking up someone's time. A child's distress should matter. Families should receive explanations they can understand.

For the people caring for them, I hope this creates space to pause, listen, and recognise what matters to each family. Sometimes it begins with acknowledging a parent's fear, noticing a child's discomfort, or simply staying present through a difficult conversation. I want that kind of care to be valued as part of our work, not treated as something extra.

The meaning of listening

Question: Years from now, what would a child or parent say about the care they received here that would make you feel, "This is why we started"?

Dr Anuradha Ganigara:
"Perhaps the thing that would mean the most to me is a parent saying, 'You listened to us.'

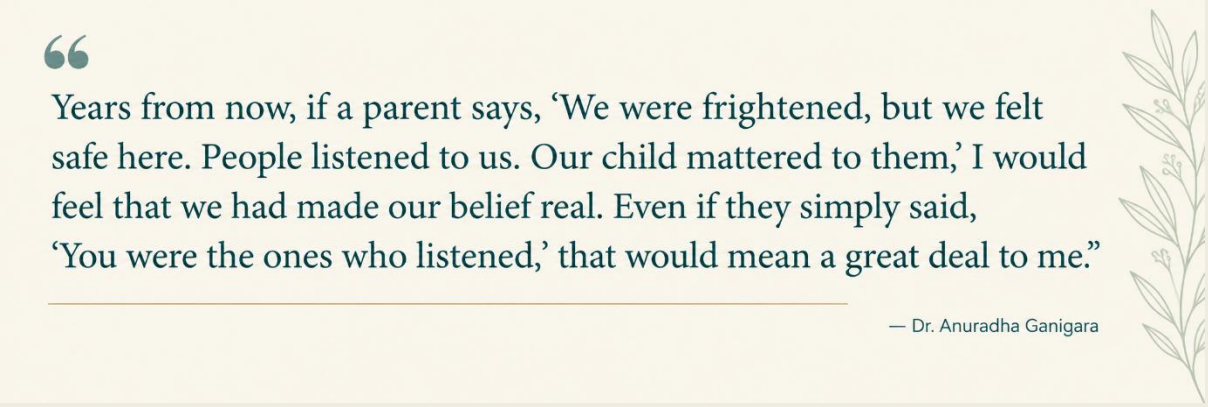
It sounds simple, but I have had many parents tell me that nobody even acknowledges what they go through during their child's illness. That has stayed with me. We may speak about the illness, the investigations, and the treatment, but do we always make room for

the parent to tell us what all of this has been like for them? Do we ask what they are frightened of, or give them the time to answer?

I would want a parent to remember that here, they did not have to struggle to be heard. That someone sat with them, listened without rushing, and recognised that what they were going through was difficult.

And for a child, perhaps it would be something even simpler: 'They listened when I said it hurt,' or 'I was scared, but they were kind to me.' I would want them to remember being spoken to, not only spoken about.

For me, it comes back to being a human being first, and then a doctor. That does not make our responsibility as doctors any less important. It reminds me of why that responsibility matters.

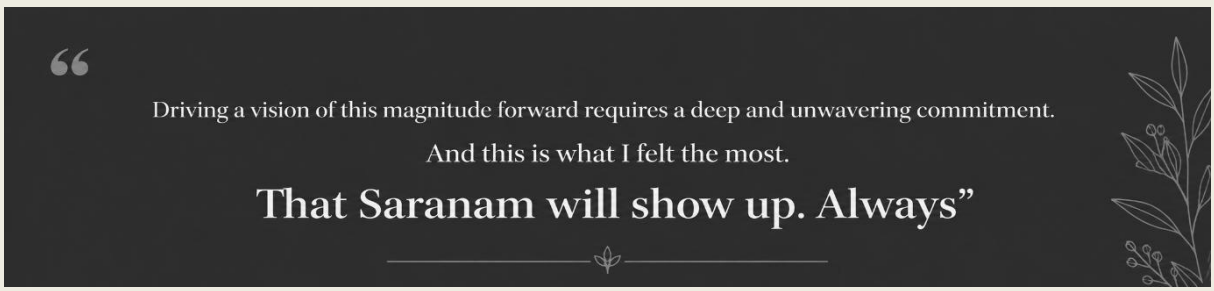


Building a shared vision

Question: Was there a moment when you felt that Saranam shared your vision—that this was no longer just your hope, but something you could build together?

Dr Anuradha Ganigara:
Absolutely.
Over dozens of conversations with Saranam, I was convinced that they believed in the same values that I deeply believed in and the values that mattered to us as an Institution.

There were many instances as we co-created this vision for the paediatric palliative care that spoke volumes about their own belief in the values of commitment, dignity of labour, respect for resources, and so much more.



Case diaries: Stories From The Field

A case story from our home-care team: about a life changed by illness. About listening beyond symptoms. By Dr Anvitha Shetty, Program and Medical Lead, Saranam India.



"And there we were: three women—a doctor, a nurse, and a physiotherapist—helping another woman, almost our mother's age, get cleaned, dressed, and comfortable.

For a moment, I wondered: where was the medicine? The cure? The treatment?
And, then it became clear."

What is palliative care? What services do you offer? Why do patients need palliative care? Is it only supportive care? Don't you cure cancer? Don't you only treat cancer patients? And if there is no cure, what is the point?
My colleagues and I, who work in palliative care, answer these questions almost every day.

But something happened today. And that prompted me to answer these questions through the lens of one of my patients.

Let us call her Vanajakshi".

Read the full essay at: https://tinyurl.com/y6hubadt
Names have been changed to protect privacy.

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