



SARANAM

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

MONTHLY REPORT: APRIL 2026

A Sanctuary Of Healing

A BRIEF OVERVIEW OF APRIL

Consolidation & Growth

April 2026 marked a period of consolidation and growth for Saranam. In the second month of our operational partnership with **Kidwai Memorial Institute of Oncology**, we continued to refine our care delivery model -- building team rhythms, improving scheduling efficiency through zone-based clustering, deepening clinical coordination, refining SOPs, and increasing coverage across Greater Bangalore. With each home visit, we are not only responding to need but also deepening our understanding of how compassionate, consistent palliative care can be delivered more effectively within real-world constraints.

This month also saw the launch of the first session in our **'Death Literacy'** portfolio with a workshop attended by nearly 40 participants on Advance Medical Directives titled *"My Living Will"* – with Dr Rajani Bhat, Alok Prasanna, and Dr Vanshika Gupta. This marks an important step in Saranam's broader commitment to advancing death literacy — creating thoughtful, accessible spaces for to engage with conversations around death, dying, and end-of-life care. These dialogues are essential to shifting cultural narratives and enabling more informed, dignified choices at the end of life. We are aiming to create a rich portfolio of monthly conversations and dialogues, as we move ahead.

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saranam (शरणम्) – an initiative of The Sheltr Foundation, is a Sec 8, not-for-profit philanthropic institution.

Anish Ramachandran | Dr Tristha Ramamurthy | Vinita Kurup

In parallel, we have completed all preparatory work for the launch of the **Palliative Care Department at KC General Government Hospital, Bangalore**. This has been a significant phase of planning and collaboration with the Department of Health and Family Welfare, Government of Karnataka. We will be commencing operations shortly, marking another important milestone in expanding access to institutional palliative care within the public health system.

KEY STATISTICS & INSIGHTS

April at a Glance

65

HOME-CARE ENROLMENTS

YTD Total: 224

Steady increase as awareness of palliative home care grows.

63

HOME VISITS CONDUCTED

YTD Total: 89

~4 visits/day on average. Median time: 70 min/visit.

17

HOME-CARE DAYS

YTD Total: 29

As back-up teams are strengthened, this will increase monthly.

147

PATIENT CONSULTATIONS & ENGAGEMENTS

YTD Total: 240

Includes phone follow-ups and video consultations.

107

BEDSIDE CLINICAL PROCEDURES

YTD Total: 140

Nursing, physiotherapy, and occupational therapy.

1,163

KM COVERED

YTD Total: 1,869 km

Zone-based clustering improved scheduling efficiency significantly.

05

Deaths this month (YTD: 15)

Including 1 adolescent child, 2 adults, and 2 older adults — each life held with dignity and care until the very end.

On the ground, this month meant: A child from Odisha in a rented room in Bengaluru being held by an entire care team. An elderly woman who finally slept after weeks of pain. A family learning to ask the right questions. Three home visits in one day, each in a different kind of silence — all of them mattering.

THREE FRONTS OF PROGRESS

Where We're Moving

INSTITUTIONAL PARTNERSHIP

Kidwai Memorial Institute of Oncology

April was our **second full operational month** at Kidwai. On-ground learnings shaped how we schedule, coordinate, and structure the multi-disciplinary team.

- Zone-based visit clustering for greater efficiency
- Debrief meetings now a regular team fixture
- Working toward a **second home-care vehicle**
- Consistent MDT presence: physician, nurse, physio

PUBLIC HEALTH EXPANSION

KC General Government Hospital

All preparatory work for Saranam's **Palliative Care Department at KC General** is now complete — months of planning with the Govt. of Karnataka's Dept. of Health.

- OPD space fully set up and ready
- Team roles and protocols finalised
- Outpatient services launch imminent
- Gradual expansion into inpatient & home-based care to follow

DEATH LITERACY PORTFOLIO

Normalising Conversations about Dying

In April, Saranam launched the first session in its Death Literacy portfolio — a workshop on Advance Medical Directives titled **"My Living Will"**, held 19 April at MyBioTree, Koramangala.

When we don't talk about dying, **the people who pay the highest price are families at the bedside** of someone they love. These workshops create safe, thoughtful spaces to plan with dignity.

- **APRIL 2026 ✓**
My Living Will
Advance Medical Directives · 19 April · Koramangala
- **MAY 2026 · UPCOMING**
Death, Dying & End of Life Care
15–16 May · Dr Abhijit Dam, International Death Doula Foundation · MyBioTree, Koramangala
- **JUNE 2026**
Threshold Conversations
Between Life and Legacy · Details to be announced

STRENGTHENING DEATH LITERACY

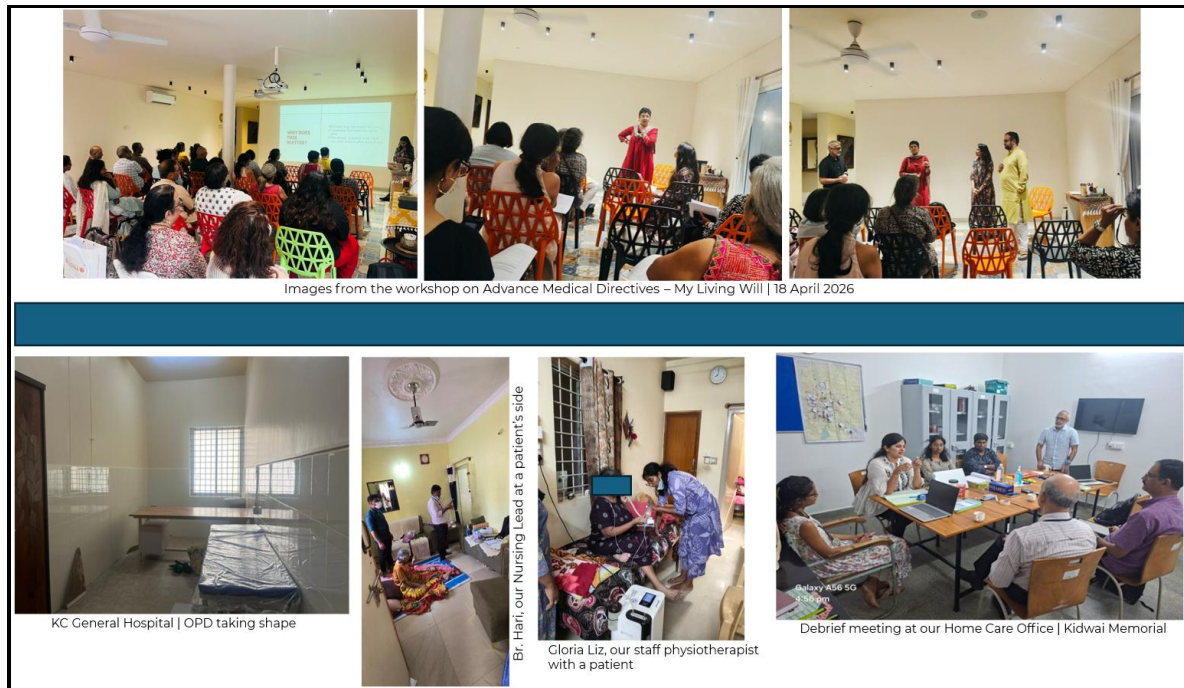
Conversations about death, dying and end-of-life care are not a niche interest; they are essential public conversations that need engaging, supportive platforms where people can ask questions, share stories and plan with compassion.

And, when we don't talk about dying, the people who pay the highest price are often families sitting at the bedside of someone they love. If we accept that death is both universal and deeply personal, then we also have to accept that our current patchwork of information, whispered advice and crisis-driven care is not enough.

In a world that often pretends death is distant or optional, creating such spaces is an urgent act of system change.

In May - we are excited that saranam will be collaborating with The International Death Doula Foundation's Dr [Abhijit Dam](#) and [Avtar Singh Cheema](#) who will co-lead and hold together a workshop on 'Death, Dying, and End-of-Life Care'.

SARANAM'S TEAM: SCENES FROM THE GROUND



IMPORTANT ADDITIONS TO SARANAM'S TEAM



[Meet Varalakshmi and Sanimol. Vara is a trained psycho-oncologist and Sani is an experienced critical care nurse who join saranam's multi-disciplinary team]

MINI PALLIATIVE CARE CASE-LET SERIES:

A BORROWED HOME, AN UNBORROWED LOVE

Prayag is five years old. He has an Atypical Teratoid/Rhabdoid Tumor (AT/RT) — a name too brutal for a child so small. His parents, Ramesh and Savitri, left everything in Odisha and came to Bengaluru chasing the sliver of possibility that Kidwai Memorial Institute of Oncology represented. The hospital corridors became their world. Its smells became almost comforting.

When the medical team raised the possibility of discharge — not to Odisha, but to a rented room nearby — Ramesh went very still. *"But who will watch him at night?"* It was not really a question about monitoring. It was the terror of being severed from the only place that still felt like hope.

This is where the Kidwai palliative care team and Saranam Foundation's palliative home care team stepped in — together. They sat with the family. They answered the same questions patiently, more than once. They said what needed to be said: *We will not abandon you. The care continues — it just moves with you.*

The team understood very well that continuity of care is never only clinical — it is relational. The palliative home care visits started. Philanthropic support was mobilized. Waterbed. Diapers. Other essentials. Processes were eased so they could access essential narcotic drugs for pain management.

Ramesh still asks the question no one can answer: *Why my boy?* The team doesn't try to answer it. What they offer instead is presence — unhurried, consistent, familiar. And gently, visit by visit, they redirect his hope: not toward cure, but toward today. Toward Prayag being comfortable. Toward one good afternoon. Toward even a semblance of rest for the family.

The prognosis has not changed. But something else has. In a rented room in Bengaluru, a child from Odisha is being supported by an entire team. His pain is being managed. His parents feel held. And when the hardest moments come, there is a number they can call. A face they recognize at the door.

(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.)

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>

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FIELD DIARIES:

STORY FROM THE FIELD · DR ANVITHA SHETTY, PHYSICIAN & PROGRAM LEAD

Three patients. Three lives. Three rooms.

Today felt ordinary at first. The kind of day that blends into the many others we spend moving from one home to the next. But by evening, I knew I needed to write it down — because some days stay with you not for what they contain, but for what they quietly reveal about *love, exhaustion, and the weight people carry in silence.*

01

An Elderly Woman with Breast Cancer

ADVANCED · OUTSKIRTS OF BENGALURU · ~20 KM FROM BASE

Her son had given up his job four years ago to care for her. After examination, the cause of her distress was a distended bladder and severe constipation. After catheterisation and stool evacuation, her body softened. She drifted into sleep — quiet and relieved. The room changed almost at once.

02

A Four-Year-Old Child in a Coma

NEUROLOGICAL CANCER · HOME DISCHARGE AFTER HOSPITAL STAY

The family had agreed to discharge only on the assurance of our visits. Parents and grandmother sat around the bed — the same hush, the same fear, the same effort to hold themselves together. Before leaving, we heard the question that stays: *"When will you come again?"*

03

A Man with Hypopharyngeal Cancer

DIFFICULT FAMILY ENVIRONMENT · ISOLATED

His 60-year-old mother still worked to support the family. His teenage son remained distant. What he carried was not only a terminal diagnosis — it was profound loneliness. We showed up. Sometimes, showing up is the most honest thing that can be given.

Three patients. Three lives. Three rooms. All filled with different kinds of suffering, and yet one shared need — to be seen, heard, and cared for with steadiness and tenderness.

"On days like this, I am reminded that palliative care is not only about symptoms or treatment plans. It is about standing beside people when life becomes too heavy to carry alone."

— Dr Anvitha Shetty, Physician & Program Lead, Saranam

Read the full story at: <https://tinyurl.com/DrAnvithaShetty>
