



Snehaanchal

PALLIATIVE CARE FOR CANCER SUFFERERS

Where Love & Care Helps Transcend All Pain

Annual Report *2018-19*



ॐ असतो मा सद्गमय, तमसो मा त्योतिर्गमय
मृत्योर्मा अमृतं गमय, ॐ शान्तिः शान्तिः शान्तिः

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MISSION

To provide care and support to any person (including his/her loved ones) battling cancer, right from the day of diagnosis through treatment, remission, reoccurrence, end-of-life stage and bereavement. This shall be accomplished by providing free...

- a. Medical and nursing care of palliative nature.
- b. Psychological, social, emotional and spiritual support through counselling.

VISION - 2025

Snehaanchal visualizes that, within the area of Nagpur Urban & Nagpur Tehsil (Rural 160 villages),

- a. No person battling cancer suffers in pain and other distressing symptoms caused by the disease and lives a dignified life till his last breath.
- b. The loved ones of persons battling cancer do not suffer psychologically or emotionally for want of counselling support.

WE PROMISE TO

- a. Provide care and support to all cancer sufferers with utmost respect and dignity.
- b. Always remain worthy of the trust that patients and their loved ones place in us.
- c. Work diligently, honestly and ethically so as to recompense the faith and hope reposed in us by our donors, supporters and well-wishers.

Dear Friends,

"The wound is a crack from which light enters". Rumi

As I try to summarize the happenings of the last year (Apr-18 to Mar-19), I cannot help wondering why bad things happen to good people. In the journey of Snehaanchal we have met patients who never touched tobacco or alcohol, lived an upright and disciplined life, never harmed anybody and were very pious. Yet they were cancer sufferers. One also wonders if there is a God and if He really is, why does He let bad things happen to good people?

To a negative and closed mind, suffering appears as a punishment, a result of karmic function. To a positive and open mind, suffering appears as the Will of God, to be endured without question. But to an evolved and sublime mind, suffering is a gift of God, bestowed on him for the sole purpose of accelerating his inner growth, for raising his spirit from the ordinary to the sublime. The history of Saints is replete with examples of many who have not only welcomed physical and mental suffering but have gone beyond to express that they cherished it and would have been unhappy if the gift of suffering was denied to them.

All of us carry a psychological and emotional baggage. But most patients coming to Snehaanchal also bring along a huge baggage of negativity. Few come with an open and a positive approach towards all that is happening to them. A very miniscule few come with an evolved and sublime thinking. Snehaanchal thus, represents the microcosm of the larger society we live in wherein few people are open and positive towards all that happens in their life and a miniscule few who have achieved sublimity of spirit.

A man's journey from negativity to positivity and onward to sublimity, is a long and arduous one. It can take many life-times. But suffering has the potential to accelerate this journey. But man can benefit from this potential only when he becomes aware of the potential inherent in suffering. Only when man drops all forms of resistance towards whatever is happening to him, only when he gracefully accepts all the good and bad occurring in his life, only then he becomes aware of the value of suffering. And once such abiding awareness is present, suffering ceases to feel like 'suffering'.

While addressing physical symptoms like pain, fungating tumor, breathlessness, bleeding, nausea, constipation etc. is our first priority, lessening the baggage of negativity by working on psycho-social and emotional issues is our next important priority. We work on resolving Total Pain which comprises of physical, social, mental, emotional and spiritual pain. Our aim is not to cure but to heal. A healing which leads to complete acceptance of what-is and a total surrender to the divine process of living and dying. Our goal is to help every patient move from the 'negative' to the 'sublime'

During the year Snehaanchal had the opportunity to care for 494 patients in its Hospice of which 158 patients were repeat patients. Thus, 336 new patients received care in Hospice. Further, of the 336 new admissions, 155 of them were in the age band of 40 - 60 years. It appears that middle age is most susceptible to this disease, as it appears from the composition of patients whom we served. Again, of the 336 newly admitted patients 196 patients suffered from head and neck cancer thus indicating the ominous impact of tobacco on human health. The number of patients cared for during the year in our Home Care programme was 219.

As we progress in the current year trying to reach and serve more patients, we express our immense gratitude to all the donors who have helped us in cash and kind. Our special thanks go to donors who have been filling the Neki ka Petara, unknown to all.

Snehaanchal remains grateful to the Sisters of SMMI, its entire staff and the volunteers for their utmost dedication to the care and support of those traversing the most difficult phase of their life's journey

On behalf of Team Snehaanchal,

Jimmy Rana

Mng. Trustee

Snehaanchal is a profound thought. It's a thought of providing an 'Aanchal' of care and love, to those who are facing life-limiting disease like Cancer, irrespective of their caste, religious beliefs and socio-economic status. The journey from detection of the disease, through its treatment, remission, re-occurrence, re-treatment, end-of-life stage and finally death...all of it is full of physical, psychological, emotional and spiritual struggle. The goal of Snehaanchal is to ensure that nobody suffers in pain for want of money or because of apathy, neglect or inability of family members.

The work of Snehaanchal rests on three fundamental premises i.e. (1) There can be a limit to the medical knowledge and possible treatments, but there can be no limit to Care (2) While it may not be possible to add days to the life of a patient but one can certainly add life to the remaining days (3) There may be many ways to worship God but our way goes through the patients that we serve.

The ultimate goal of our Hospice is to ensure that every patient exits from this world peacefully without regret, without anxiety and in complete surrender to his Creator, as per his/her perception of the Creator.

It is pertinent to mention that all services provided by Snehaanchal are completely free of cost.

The main activities that Snehaanchal is involved in are as follows:

1) Hospice Based Palliative Care Program:

Snehaanchal is a 15 bedded not for profit initiative started with the main objective of providing palliative care, which is a supportive medical, psychological, emotional and spiritual care, to advance stage cancer sufferers.

Caring for advance stage cancer sufferers cannot be a single person's work. It needs a multi-disciplinary approach. The team at Snehaanchal comprises of (1) Doctors who are trained in palliative medicine (2) Nurses who are trained for palliative nursing & (3) Counsellors trained in counselling advance stage cancer sufferers. In spite of the fact that challenges presented by every patient are unique and different, the team functions in a well-coordinated and synchronized manner, providing best possible care to all.

When a patient is brought to Snehaanchal, the very first task is to relieve him of all his physiological stresses that include pain, nausea, difficulty in having food, difficulty in passing urine or stool, bleeding, stench arising out of a fungating tumor along with maggots, difficulty in breathing, lack of sleep and poor general conditions. These may vary according to the type and location of the cancer.

After addressing the physiological symptoms of the patient, the next step is to work towards addressing the psycho-social and emotional issues of the sufferer. Social issues can include reduced physical contact with the patient or it could show up by way of physical isolation of the patient in a separate room. Sometimes it could manifest in the form of patient being abandoned completely by his spouse & even by his own family.

The psychological issues that usually haunt patients are related to the loneliness, anxiousness about one's own future and that of the loved ones, worry related to the education and marriage of children, the fear and pain of being separated from the loved ones and above all is the fear of death.

Emotional distress generally arises out of patient's inter-personal relationship with spouse, children, siblings and parents. This distress gets expressed as anger, hatred, and guilt, lack of love and deep seated feeling of hurt caused by loved ones.

Spiritual distress begins when existential questions and those related to transcendence begin troubling the mind of the sufferer. They may also develop anxiety/fear related to after-life. Questions related to definition of God, His existence or non-existence and whether He is a loving or a punishing entity also haunt some patients.

Our job is to address all the above mentioned stresses in a holistic manner so that the patient is able to live distress-free until his last breath.

Case Study

A 54-year old Raju (name changed), diagnosed with Buccal Mucosa, got admitted to Snehaanchal at an advanced stage when his curative treatment was almost complete. He was accompanied by his wife and 3 kids. With a huge progressive wound, Raju was admitted for severe pain and other physical distresses that are common with the head and neck cancer patients.

Everyone would remember his first day at Snehaanchal; Reason being his non-cooperative attitude and rude behavior with the team. The very first day our nursing team had to call the psychologist for managing his irritable and short-tempered nature. With his behaviour it was evident that he had a rigid, head-strong and a dominating personality. So the psychologist deciphered that establishing a good rapport was going to be tough. He was in a huge denial of the bad prognosis and was becoming aggressive day by day. His anger did not spare his young son who was 24 years of age. Time passed by and along with the nursing team's consistent love and care; supported by the skill and counselling strategies of the psychologist, we were able to bring down his aggressiveness and rigidity on most matters. His trust in the Snehaanchal team grew stronger by the day and there came a time when Raju expressed his desire to stay at Snehaanchal forever.

With every IPD visit, our psychologist would probe into his psycho social issues and it was discovered that patient was having extreme spiritual pain in the form of anger towards God. Along with this anger there was a feeling of being punished by Him. Through counselling we were able to reduce his anger towards God but the psychologist wasn't able to understand why and from where this strong belief of being punished has come. Sessions after sessions happened. And one fine morning the nursing team gave an input which led to complete understanding of Raju's life story. Now everything was crystal clear to the psychologist. She probed into the matter deeper and finally it was discovered that the patient was in a relationship outside his marriage. Though, he had been handling this relationship in full knowledge of his legally wedded wife, but at this terminal stage he was experiencing Shame and Guilt, both strong unhealthy negative emotions at a time. Hence, he was psychologically disturbed. The techniques of psychotherapy helped him to cope with these emotions. He was then feeling better and thanked the team. We helped the patient to apologise to his wife and family and also counselled the family to forgive him. After this with due permission from the wife, we tried to connect him with his second love on video calls. This provided him immense peace and a realisation of his unconditional acceptance by all. All this happened in a span of 3 months approximately.

Towards his end-of-life stage, we realized that Raju was again struggling for a peaceful death. He was unable to communicate verbally because the cancer wound had grown extensively, taking away his ability to speak. The team again wondered 'what is that which is still undone'. This 'What' question was haunting the team. Suddenly his wife said to the psychologist “उनको..... उससे मिलना है। मिलेंगे तो ही शाँती से जा पायेंगे।” The psychologist was speechless. But with all courage, the team arranged for their meeting. The lady came early morning. Patient was in gasping stage with SPO2 as low as 56. They both spent 4 hours together. Head resting on her lap, with all family members around, he took his last breath.



Wound dressing done by the nursing staff at the Hospice



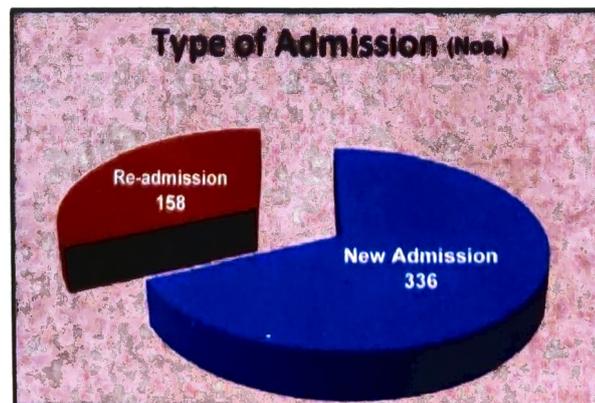
Counseling Session with the psycho-oncologist at the Hospice

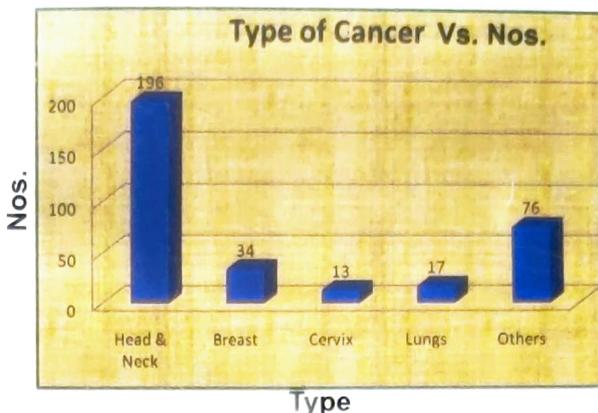
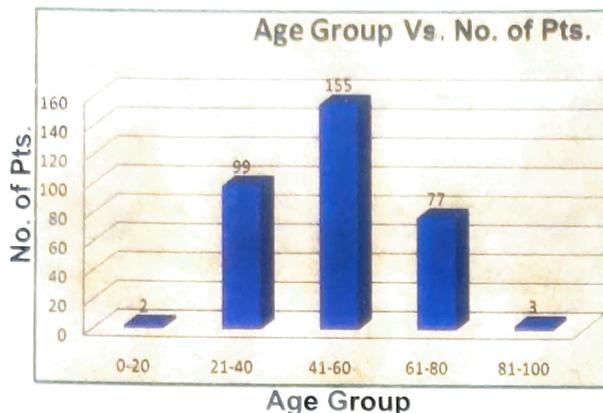
Graphical Description of the Hospice Based Services:

From April 2018 till March 2019, new admissions at the Hospice were 336 and re-admissions of previously admitted patients were 158. Total number of patients cared for at the hospice during the year was 494.

Over the years we have observed that the maximum number of patients admitted to Snehaanchal belong to the age group of 40-60 years of age. This year too, the number of patients between this age group is the highest i.e. 155 patients between the age of 40-60 have been cared for at the Hospice.

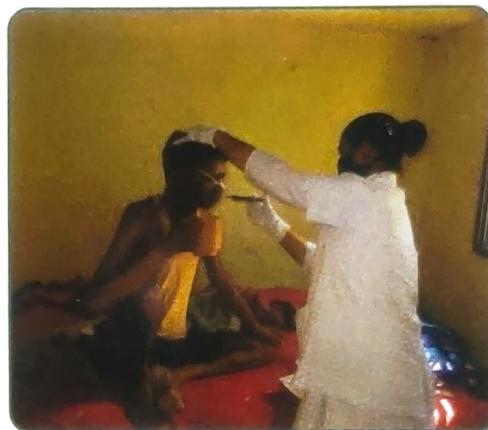
It has also been observed that majority of our patients suffer from head & neck cancer. In the given period 196 patients were found to be suffering from this disease.





2) Home Based Palliative Care Program:

Snehaanchal provides home based palliative care service to cancer sufferers who are undergoing active curative treatment and also to those patients who are in the advanced stage of the disease. Home based care is most suitable for patients not needing round the clock care. One of significant aspects in this regard is that many a times the patient is reluctant to leave home and go to the hospital setting. This aspect makes the Home Care Service very important. If the sufferer cannot come to us, then we reach out to him/her and provide relief from the pain.



Dressing of the wound done at the patient's home

The Home Based Care team comprises of a Doctor, a Counsellor and a GNM (Nursing Staff). This team approaches the patient with the aim of providing holistic relief that ranges from medical to nursing to psycho social and emotional support as well. The emotional upheavals in the lives of patients and their families also need to be addressed and this is best done by our Counsellors. It is not just the patient who needs support; it is also the family members who need hand holding through these difficult times.

The patients for home care are usually referred by the Snehaanchal Volunteers /Social Workers at the Government Medical College or Tukdoji Regional Cancer Centre, Nagpur. But some of the patients do come directly as they are advised by friends or relatives to approach Snehaanchal for support. With the growing awareness about the services being provided by Snehaanchal, some of the patients from out stations also come here.

From April 2018 till March 2019, the total number of patients cared for at home were 219 that included 103 males and 116 female patients.

Case Study Home-Care

A 65 year old widow, named Vaishnavi (name changed), was diagnosed with Grade III Breast Cancer. She was also a known case of Hypertension and Diabetes. Contrary to doctor's advice, she avoided surgery and took only three Cycles of Chemotherapy.

With a highly progressive wound on her left breast, she was then referred to Snehaanchal for pain management and wound care. Vaishnavi visited Snehaanchal for consultation along with her daughter Mansi who was her only care giver and main pillar of support.

Our palliative physician, after examining her and after going through her clinical investigations and treatment history, put her on pain management medicines and got her wound dressing done. She was then advised to come to Snehaanchal for wound care and symptom management on OPD basis. Our Admin Head then explained the nature of Snehaanchal's Home-Care(HC) Services. Mother & daughter expressed much gratitude towards the team and mentioned that she had never experienced such a level of empathy and care at any hospital. Mansi took a breath of relief for having a support system in this crucial and difficult time. According to Mansi, her mother had smiled after a long time.

During the HC visits, the team(Counsellor & Palliative Nurse) provided training to their private nurse for effective wound dressing and managing profuse bleeding. The team checked if the prescribed medicines were taken as directed. The team also advised her on diet and nutrition. During these visits our Social Counsellor felt that Vaishnavi had a lot of Anxiety and Fear. These psychological issues were discussed with our doctor and psychologist. The team planned the next HC visit with the psychologist.

This was our 4th visit during which our psychologist met Vaishnavi Ma'am for the first time. The moment our team entered her room, Vaishnavi became emotional and thanked them saying “तुम्ही देवा सारखे आलात. आज खूप ब्लीडिंग झालं तार्ई”. Our psychologist listened empathetically to all her concerns. After a long conversation her observations were as follows...

1) Vaishnavi was a kind-hearted lady, highly sensitive towards the sufferings of other patients in the hospital. She was also a very religious person practising her daily rituals of doing Pooja before starting her day.

2) Mansi was the only Significant Care-giver. Like the mother, she was equally a soft spoken, Kind-hearted and sensitive girl. She lacked confidence and was highly indecisive and submissive. She was equally anxious like her Mother. Vaishnavi was badly distressed with the feeling of being a burden on daughter.

3) Vaishnavi had severe Hospital Anxiety. With no apparent strong decision maker in the family, her inability to stabilize her emotional state and face her own suffering and of others as well, Vaishnavi had decided not to enter the hospital, ever. This was the major reason why she never opted for surgery and withdrew from Chemotherapy.

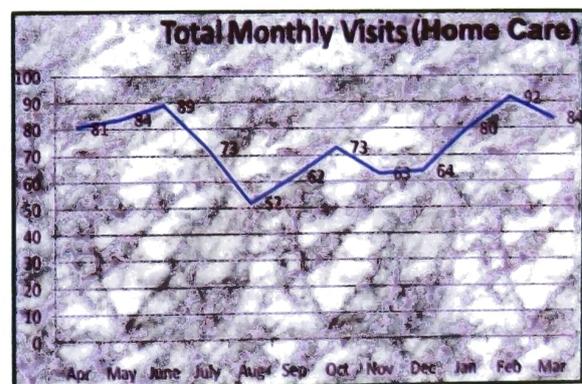
4) At this stage of her disease, Vaishnavi couldn't bear to see her own blood flowing, creating a deep spiritual injury towards God saying “Why God is giving me this kind of pain? When will He take me away? He should not give such sufferings to people. This was a strong Spiritual Injury. To help Vaishnavi cope with her psychological, emotional and spiritual distresses, counselling sessions were started. Rational Emotive Behavioural Techniques were applied by our psychologist to reduce her feeling of being a burden. For Spiritual Pain, psychotherapy methods based on the concepts of Existential Therapy were used. The psychologist helped Vaishnavi discover her own innate philosophical wisdom and understanding of life and death which helped Vaishnavi to accept the inevitable as God's will and to surrender fully to the divine process.

Visit after visit the bond between Vaishnavi, Mansi and our team became stronger. Care-Giver counselling was also done. This counselling transformed Mansi into an emotionally stronger and confident person. Timely support and motivation empowered her to face the challenges.

The next challenge for the psychologist was to tackle the severe hospital anxiety. This psychological problem was very important to be dealt with because with the progressing disease hospice care seemed imperative. Vaishnavi was never ready to stay in any hospital, be it a home-like hospice like Snehaanchal. So our psychologist, who had now won over Vaishnavi's confidence, decided to use the **Desensitization Technique** to reduce her Anxiety further. For this Vaishnavi was counselled to stay at Snehaanchal for a day so that her Hospital Anxiety could be addressed. The second objective was to provide a day's respite to Mansi.

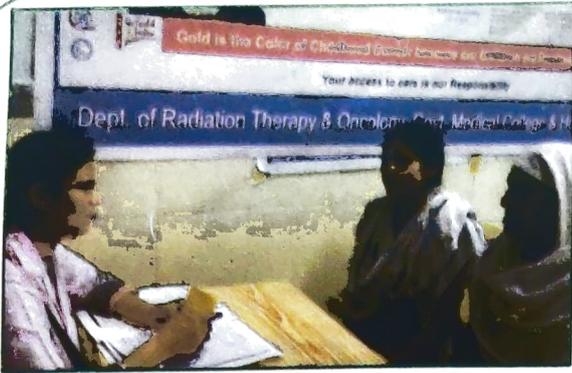
Days passed by and her progressive disease created further complications. She visited Snehaanchal regularly for Day-care. HC visits were increased. Often our nursing team handled her profuse bleeding and insulin problems. Now she was no longer anxious about her suffering, rather she was more concerned and empathetic towards others. In one of her Day-care stay, she expressed her wish to die at home. Our team prepared to take up the challenge of providing all necessary help in her end-of-life stage, as per her wish. Mansi and their private nurse were informed about all complications that might arise at home. Necessary medical guidelines & advice was given by our doctor. Vaishnavi and Mansi were assured of all help in the event of any difficulty arising at home. We encouraged Mansi to provide some mantra (chanting) to Vaishnavi or to softly play Mantra Chantings and Bhajans in the background so that a serene and peaceful environment is created for her exit. Soon, one fine morning, we got a call from Mansi saying “ताई, आई गेली”.

Mansi visited Snehaanchal after four months of her mother's demise to donate some amount in her memory. She ran short of words while expressing her gratitude to our team for being such a strong support in their difficult times and for providing a dignified exit to her beloved mother.



3) Counsellors at R.S.T. Cancer Hospital & Govt. Medical College:

Counsellors of Snehaanchal play a very significant role in the two hospitals named above. Their primary task is to be a friend to all patients coming in for treatment. Their main job implies the hand holding of the patients and their care givers who come to the said hospitals for treatment. They help the patients with the formalities and documentation and assist them to reach various departments as are required. Often patients are from rural **background and seem lost in** the hospital environment. Counsellors put them at ease and make them feel that they have someone to whom they can approach for any kind of help.



Counselling done by Counsellor at Govt. Medical College

Their next important task is to become a vital bridge between the treating doctor and the patient. Because of shortage of time, doctors usually use the services of our counsellors for providing a detailed explanation or to counsel the patient in the right way. Often our counsellors help patient in making informed choices for treatment when they feel that patient is confused and unable to take the most suitable call.

4) Advocacy & Awareness Program:

Under our Advocacy and Awareness Creation Program, our team arranges meetings and presentations at various places within the city of Nagpur. The key purpose of this initiative is to educate people about Palliative Care and how it plays an important part in the journey of any patient facing a life-limiting disease like cancer. Since April 2018 till March 2019, we have held 79 programs at various places in the city of Nagpur. Through the advocacy and awareness programs, we have been able to reach out to nearly 17,000 people in the above mentioned time period. We are striving to reach out to people from all walks of life and therefore, the programs are organized in different settings. In the given reporting period, we have been able to reach out students of school and colleges, the IT professionals, slum dwellers, teaching and non-teaching staff of the educational institutions, senior citizen forums etc. The whole idea is to reach out to the last man and sensitize him/her about our services.



School Children and Nursing Students being given information about palliative care at Snehaanchal.

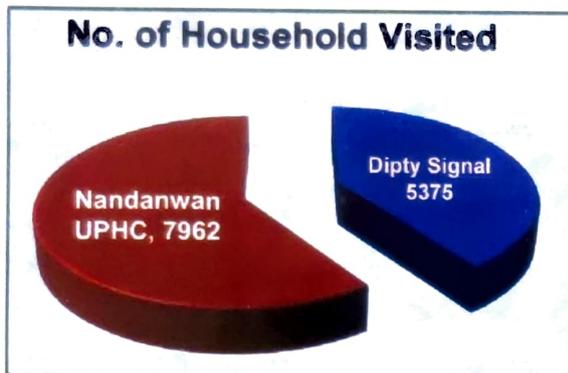
5) Slum Outreach Program:

Not all cancer sufferers opt for proper and complete treatment. There are a few who do not care to begin the treatment and there are quite a few who opt out of the treatment mid-way. Ignorance of the disease and its ramifications, Fear of treatment in terms of side effects of chemo and radiation therapy, Lack of adequate financial resources for treatment and Non-availability of care provider in the family are the four key reasons why patients desist from taking or continuing treatment.

So the idea behind the outreach programme is to

- ❖ Identify people who have desisted or discontinued treatment.
- ❖ Counsel and lead them to the treating hospitals so that they can be treated.
- ❖ Educate them about the financial support available via Govt. Schemes.
- ❖ In case they are in advanced stage of the disease, lead them to opt for palliative care either through IPD, OPD or Home Care Programmes of Snehaanchal.
- ❖ Create awareness regarding availability of Palliative Care in Nagpur.

This outreach programme is currently run with the help and support of Anganwadi Sevikas and the ASHA workers as they have access to almost all households in any given slum community. They are directly connected to Urban Primary Health Centre (UPHC) and hence give our work the much needed credibility. Till date we have been able to cover two slums namely Dipty Signal-Minimata Nagar and Nandanvan. Through this intervention we have been able to connect to 13,337 households.



Social Worker interacting with community members

Sr.No.	Heads	Dipty Signal	Nandanvan UPHC
1	No of Patients identified	42	94
2	No of ASHA Involved	16	9
3	No of Anganwadi Sevika Involved	32	36
4	No of patients admitted at Snehaa	5	5
5	No Of Patient lead to GMC	2	28
6	No. of patients lead to RST	3	24
7	Patients registered for Home Care	9	15
8	Other	18	22

6) Nursing Assistant Course:

Snehaanchal has also started a 9-month course for Nursing Assistant. This was started with the thought that the society needs good caring hands for people who are suffering from life limiting diseases like cancer, HIV-AIDS, stroke and paralysis etc. The course is also an extension of rehabilitation program of Snehaanchal wherein we try to help the bereaved families of the patients who have passed away. But there are many instances where the family is left without an earning member. Through the nursing program we are trying to open up avenues for such family members who want to attain a skill and become financially independent.

In this year we have had two batches of Nursing Assistants pass out with flying colors.

7) Psycho-oncology Desk:

The latest initiative by Snehaanchal has been to set up a psycho-oncology desk at RST Regional Cancer Hospital to identify the psycho-social distress in cancer patients and their family members. This department deals with these issues through regular distress screening and therapeutic counselling. Counselling deals with depression, suicidal ideations, anxiety, fears, body image issues etc.

8) Diversion Therapy:

Life at Snehaanchal can be pretty stressful at times for the patients, their care givers as well as the people who are serving them at the Hospice. They need some kind of stress busters once in a while and the diversion therapy does exactly that. We organize various types of cultural programs, visits of spiritual leaders to Snehaanchal, celebration of festivals, invite young college students group to come and spend time at the Hospice etc.

Changes that have been made at Snehaanchal:

In this last one year, there have been major infrastructural changes being made at Snehaanchal with the focus on providing greater comfort to the patient and the care givers.

- ❖ Layout of the ward has been changed. A 3-way space around the patient's bed has been provided for convenient and hassle free nursing care and also to make patient movement less cumbersome.
- ❖ An independent office block has been made with designated space for the employees
- ❖ Separate Family Counselling Room has been set up which is used for meetings with the patient's care givers and also for their counselling sessions.

Challenges Faced by Snehaanchal :

Social Stigma

A high degree of social stigma is associated with cancer and patient is the biggest sufferer of this stigma. Many erroneously believe that cancer is contagious and under this belief family members fear to go near or touch the patient. In extreme cases we have seen patients locked up in an isolated room or in an outhouse where pets or cattle are kept. Similarly, such stigma prevents families from going for proper treatment as they fear that society will come to know of it. Sometimes there is a fear that no one will be willing to marry into a family where someone has cancer. Often small children are prevented from coming in close contact with their mother or father in case of affliction. This disease brings about an unsaid social ostracism. In a very subtle way close relatives and friends avoid coming home and in the reverse way family of cancer patients avoids attending social functions for fear of silent ostracism.

Whenever you come across a cancer patient try to dispel the unscientific belief that cancer is contagious. This myth if dispelled will help the patient receive appropriate treatment and caring support of family members. Once this myth is broken, people will stop avoiding cancer patients and may turn more caring and protective towards them.

Unawareness about Palliative Care and of Services Provided by Snehaanchal

In spite of working in the field of Palliative Care for over a decade, very little is known about Palliative Care and the services provided by Snehaanchal. Even doctors have little

understanding about what Palliative Care can mean for their patients, particularly for those whose active treatment is over. We are sure that there are many patients suffering in pain and related symptoms unnecessarily simply because they do not know where to seek help.

Whenever you come across a cancer patient who is suffering physically, psychologically or emotionally, do remind them of Snehaanchal and of the services it can provide for the patient and their family which is in distress. We can be of help in all stages of the disease though the nature of help provided will be different at every stage.

Shortage of Doctors & Nurses Trained in Palliative Care :

It is rare to find a MBBS doctor or a Staff Nurse who has been trained in Palliative Care. In spite of paying at par with other hospitals we are unable to find a doctor or a staff nurse. This is impeding the pace of our work. While we want to reach out and be of help to all needy cancer patients we are unable to do so for lack of key resources.

In case you know of any MBBS/BAMS doctor, you may urge him/her to meet us to explore the possibility of working together.

Volunteering :

We have a handful of volunteers doing yeoman work at Govt. Medical College & Hospital and Sant Tukdoji Cancer Hospital. However, the number of patients needing help is so large that our volunteers are unable to provide help to all.

In case you come across any person willing to do something for others but not knowing what to do, then you may suggest that they consider volunteering for Snehaanchal. This would really help them in growing more as an empathetic and a sensitive human being.

General Support :

Expenditure on human resources is our largest head of expenditure. While many donors help us in kind by way of giving food & medicines, salaries need to be paid by the institution. You can support Snehaanchal by way of making individual donations or by supporting us through CSR initiatives of corporates.

Monthly donations are also accepted which can be directly given through the website of Snehaanchal.

Donations to Snehaanchal will be covered under section 80G of Income Tax and benefits provided therein will be available to donors. You can also contribute directly through our website www.snehaanchal.org wherein you will get the receipt instantly.

Donations can be made through Cheque/Draft drawn in favour of SNEHAANCHAL.

**Do not count the days,
make the days count!**



Awareness program at Panchgaon School



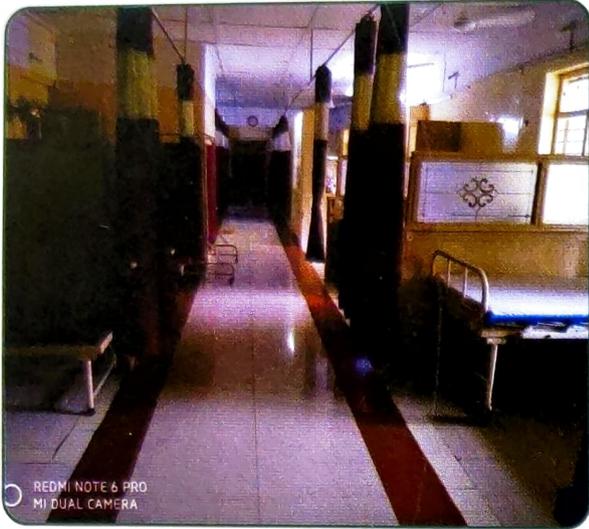
Awareness Program for Adolescent Girls and Women



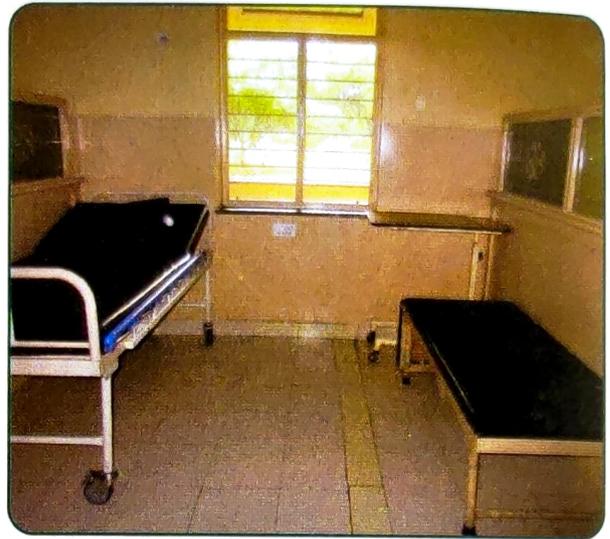
Visitor at Snehaanchal -
CEO of Global Cancer Concern India,
Dr. Bakshi With Mr. Deshpande



Screening camp at Surgaon



Snehaanchal's ward



Cubicle at Snehaanchal with the patient's and care givers bed



Snehaanchal's Kitchen



World Hospice & Palliative Care Day
2018 Program