

# ANNUAL REPORT 2021-22

The title 'ANNUAL REPORT 2021-22' is rendered in a large, bold, green sans-serif font. The word 'REPORT' is uniquely styled, with the letters 'R', 'E', 'P', 'O', 'R', and 'T' acting as frames for a photograph. This photograph shows a pair of hands, one larger and one smaller, being gently held and comforted. The same photograph is also integrated into the '2021' portion of the year, appearing within the '2', '0', '2', and '1'. The year '-22' is in solid green. The overall design is clean and evokes a sense of care and support.

 PALLIUM  
INDIA

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## CHAIRMAN'S MESSAGE



Pallium India has a mission to relieve the serious health-related suffering of a million people in India and their families. We know we cannot do it alone. As the Covid clouds appeared to be getting less dense, we believe Pallium India has had a good year, strengthening our team and at the same time collaborating with like-minded institutions and working with central and state governments. And we believe the progress made in 2021-22 will empower us to move faster in the coming years.

For one thing, we strengthened our management capabilities. We now have a CEO, Mr. Raj Kalady and a CFO, Mr. Cyriac Jacob, both bringing with them a wealth of diverse experience and expertise. The teams working under seven divisions focus on alleviating serious health-related suffering of people in every part of India using our three-pronged strategy – demonstrate, educate and facilitate.

At Trivandrum Institute of Palliative Sciences, a WHO Collaborating Centre for Training and Policy on Access to Pain Relief, we demonstrated the delivery of quality palliative care. We set realistic objectives and kept trying to identify gaps in care and fill them. Balancing quality and coverage was not easy. We ensured some minimum standards of care delivery while trying to improve coverage without compromising those standards. I am glad that with the threat of Covid receding, we are seeing an increased involvement of volunteers.

Concurrently, we tried to reach out with our educational efforts to the whole country. The numbers in this report will show how we touched almost every state of our country. At the same time, we also kept planning for more for the coming year. Much of these educational activities had been virtual. That is the way we see the future unfolding – a foundation of virtual education supported by a sprinkling of in-person training. Though the majority of trainees have been mainstream healthcare professionals, we did have a substantial number of others, particularly people with lived experiences in their own families as well as school and college students.

The third arm of our work – facilitation – had been the important activity of working with central and state governments (including National Health Mission offices of states) as well as with institutions, organisations and individuals. We had one person in Delhi liaising with the



government of India and its bodies as well as with national non-government organisations. We also had a whole 'state facilitation division' with a project coordinator each in different zones of the country. As you will see in this report, they have been moving around a lot, working with existing collaborators and continuing to make new contacts.

But in the current era of globalization, no country could stand disconnected from the rest of the world. The sad state of serious health-related suffering in this country is shared by 85% of the global population – the low-and-middle-income countries (LMICs). Unfortunately, this 85% is relatively disempowered. Global strategies and guidelines are dependent on the data and experiences shared by 15% of the world – the Euro-American countries. While drawing from the experience of that 15%, we had to work towards getting together with as much of the other 85% as possible. We participated in three guideline development committees of WHO. Our participation in a Lancet Commission on the Value of Death resulted in a landmark publication in January 2022, helping us to give visibility to the positives and negatives in LMICs. We also worked closely with the WHO South-East Asia Regional Office.

Through print and visual media and through social media platforms, we have been able to make a substantial impact on public awareness which we believe is an essential step for any healthcare activity.

We have travelled far - farther than we had covered in any previous year. But we have much farther to go; we have about 10 million lives to touch in all parts of India. And we have to go faster.

I thank all the institutional and individual donors without whose large heartedness we would not have been able to do any of the activities.

Thank you, everyone, for your unstinted support with your goodwill, time and money. Thank you for being part of this very worthwhile journey.

**Dr. M.R. Rajagopal**

## OBITUARY



**Mr. Keshav Desiraju**

Pallium India is deeply grieved by the death of Mr. Keshav Desiraju, former Principal Secretary of the Government of India, grandson of the first vice-president of India Dr. S. Radhakrishnan and a trustee of Pallium India. He died following a heart attack, on September 5, 2021. May his soul rest in peace. Our thoughts and prayers are with his friends and family.

### In Memoriam:

We pay homage to Sarojini Amma, Sreekumary, Shanti Singh, Lalitha, Surendran, Vijayan, Vasudevan Pillai and Johnson – close relatives of our dear team members. Each of them will be sorely missed.

## VISION

An India in which palliative care is integrated into all health care so that every person has access to adequate pain relief and quality palliative care along with disease-specific treatment across the continuum of care.

## MISSION

To catalyze the development of effective pain relief and quality palliative care services and their integration into health care across India through the delivery of services, education, building capacities, policy, research, advocacy and information.



## CORE VALUES

The patient is the most important consideration. Commitment to Pallium India will be secondary to a commitment to the patient and family.

- Care is the right of the patient and family and we stand committed to giving it to them. Care is not a charity that we give them. By allowing us to care for them, they are enriching our lives.
- Compassionate and competent care valuing human dignity is at the heart of what we do and why we exist. We shall endeavour to do the right thing for the right reason as best as we can
- We recognise the strength of the social capital and shall engage in a partnership with the community enlisting the support of volunteers and other community entities, creating the capacity to meet community needs. Each of us shall treat everyone else with respect, remembering that every individual is superior to each of us in some way.
- We shall embrace the ethical principles of autonomy, beneficence, non-maleficence and justice, exercising them in the best interest of those we care for.



## IMPACT



### Demonstration

- Total no. of patients reached - 3945
- Total patient contacts - 35666
- No. home visits- 10045
- New Registrations - 2003
- Telehealth contacts - 1595
- No. of patients admitted in IP - 235
- No. of beneficiaries provided psychosocial support - 1643
- No. of children provided education support- 491
- No. of provided physical aids & assistive devices- 300
- No. of beneficiaries provided food assistance- 180

### Education & Skill Building

#### (Virtual)

- No. of health professionals trained - 1647
- No. of other stakeholders trained - 515

#### (In-person at TIPS)

- No. of doctors trained - 26
- No. of other nurses trained - 16
- No. of patients seen- 52,000\*

### Facilitation

- Faculty Development Programme - 6
- Palliative Care Centres Catalysed - 19
- Hands-on Training Sites - 40
- NHMs /State Governments /State Drug Controllers - 25 states & 3 Uts
- Opioid Availability Workshops with the State Drug Controllers - 4
- PC Catalysed (Govt) - 4
- PC Catalyzed (Non-Govt) - 10
- Community Outreach Projects - 2
- Patients reached - 2377

## YEAR IN REVIEW

April 2021- March 2022



### ACHIEVEMENTS IN 18 YEARS

What an amazing 18 years Pallium India has travelled! The journey from infancy to adolescence has by no means been easy. But early in our work, we had learnt to ask ourselves, "Why does it have to be easy?". So here's looking back on 18 years of our work. Thank you, everyone, for making all this possible.

## International

### World Health Organisation Technical Report of Assessing the Development of Palliative Care Worldwide

Only about 12% of palliative care needs are being met globally for patients and families living with life-threatening and life-limiting illness.

Just ahead of the World Hospice and Palliative Care Day 2022, the World Health Organization (WHO) released a new technical report titled: **Assessing the development of palliative care worldwide: a set of actionable indicators**

This is a long-awaited set of 18 palliative care indicators that may be used at the national level to measure the development of palliative care in the country. Palliative care providers worldwide are encouraged to promote these indicators to governments, and to report them to the WHO to improve the monitoring of palliative care delivery and its inclusion in Universal Health Coverage.





The report was developed jointly with the research team of ATLANTES palliative care observatory at the University of Navarra, Spain. Experts were gathered from all WHO regions to generate consensus around a globally applicable and robust set of palliative care indicators to be used by Member States to assess and monitor the provision of palliative care services in countries worldwide.

Pallium India's Chairman Dr. M. R. Rajagopal, and Head of Policy & Strategic Partnerships, Smriti Rana, were part of this group of experts representing LMICs.

Accompanying this report is a technical brief on **Quality Health Services and Palliative Care: practical approaches and resources to support policy, strategy and practice**. This resource is relevant to all those working in palliative care – from policymakers to the facility level – and provides tangible steps that can be adapted and adopted by countries to expand access to quality palliative care for those who need it.

These publications are part of the global commitment made in 2014, with the adoption by the **World Health Assembly resolution on strengthening of palliative care**, with the aim to complement a **series of operational guides** published over the past years to facilitate the integration of palliative care services across disease groups.

## Lancet Commission on the Value of Death

The very thought of death scares us. Fear robs us of reason. The result is that we incarcerate our dying loved ones in intensive care units which, for all practical purposes, act as torture chambers. This has to stop. The dying should have a farewell with dignity, compassion and love, and remain a part of the family and community to the very end. Can we make this sea change happen? In all, 27 experts from various fields around the world, including Pallium India's Chairman Dr. M.R. Rajagopal, got together – both virtually as well as through physical meetings in the UK and Italy, for three and a half years – to work on the evaluation of how people die in the modern world. They examined how the transformation from a 'tamed death' to the 'forbidden death' of modern times has caused suffering. The Commission's report published on February 1, 2022 calls on healthcare systems, governments, and civil society organisations to confront the current status of end-of-life care and return it to community involvement.

The Commission report can be accessed at <https://www.thelancet.com/commissions/value-of-death>

## Cervical Cancer Roundtable organized by the WHO

Pallium India participated in the **Cervical Cancer Roundtable organized by the WHO**. This was part of a larger initiative on estimating and responding to the suffering of women with cervical cancer, and stimulating overdue action. This roundtable brought together care providers, civil society activists and survivors and covered aspects ranging from research, identification of gaps and the essential care package which includes palliative care.

**Representation of Civil Society from Low and Middle-Income Countries at the Vienna NGO Committee (VNGOC) on Drugs, a subsidiary of the United Nations Office on Drugs and Crime (UNODC)**



Pallium India's Head of Policy and Strategic Partnerships, Smriti Rana represented the **civil society perspective at an event hosted by the Vienna NGO Committee (VNGOC) on Drugs, a subsidiary of the United Nations Office on Drugs and Crime (UNODC)**, to mark the launch of the 2021 World Drug Report.

In a webinar jointly organized by UNODC Civil Society Unit (CSU) and the **Vienna NGO Committee on Drugs (VNGOC)**, experts from UNODC and civil society presented '**UNODCs Global Program on Access to Controlled Medicines** and best practices in overcoming barriers to access. They highlighted the need for cooperation across all sectors, international organizations, governments, civil society, caregivers, and patients. Smriti Rana shared how Pallium India works in Kerala, India to improve patient care through training and community engagement. Dr. Katherine Pettus from the International Association of Hospice and Palliative Care summarised the presentations by stressing the importance of strong cooperation between governments and civil society.

**Created a video for the WHO anniversary event for the Elimination of Cervical Cancer**, in partnership with several organizations and individuals across India. The video highlighting the role of palliative care was played at the Cervical Cancer Day of Action on November 21, 2021 in Geneva.

Pallium India's Head of Policy and Strategic

Partnerships, Smriti Rana delivered the **Keynote address at the Canadian Undergraduate Conference on Healthcare (CUCHO)**, a student-run weekend conference held annually at Queen's University in Kingston, Ontario. The annual course exposes undergraduate students to a wide array of professions in the healthcare industry through inspiring keynotes, collaborative case challenges, hands-on workshops and a research competition that showcases the multidisciplinary nature of healthcare. The theme for this year's conference was 'Navigating the Moral Compass around the Globe'.

**Pallium India representatives were faculty at 2 sessions of the Global Palliative Care and Pain Relief Research Hub**, a collaboration between Memorial Sloan Kettering Cancer Center, the Sylvester Comprehensive Cancer Centre, part of the University of Miami Health System, the University of Miami Institute for Advanced Study of the Americas and the International Association for Hospice & Palliative Care. This is a continuous education 5-part series bringing together a global audience to learn about various aspects of palliative care delivery worldwide, with a special focus on inequitable access.



## Serious health-related suffering and palliative care in South Asian Countries

Pallium India Fellow Ashwin Nambiar, Head of Policy and Strategic Partnerships, Smriti Rana and Chairman Dr. M. R. Rajagopal point out in the Current Opinion in Supportive and Palliative Care:



- 9.9 million people are in unrelieved Serious Health-related Suffering (SHS) in South Asian Countries due to lack of access to pain relief and palliative care, inappropriate End of Life Care (EOLC) and catastrophic health expenditure.
- Most South Asian countries do not have palliative care included in their health systems.
- In countries in which palliative care has been included as part of healthcare, implementation gaps impede access.
- Effective policies, programs and implementation, demonstration of successful initiatives, encouraging community and civil society participation and awareness, opioid access, palliative care education, the institution of end-of-life care policies and need-based research, together can relieve SHS at a low cost.



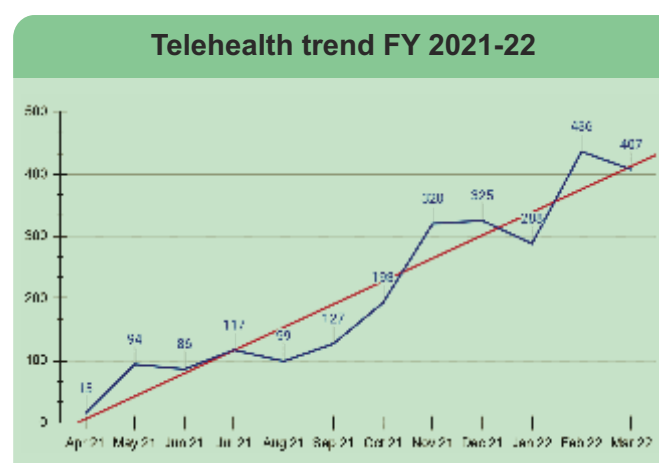
## National Level

### Telehealth

This new initiative was started on January 2021 with an aim to provide;

- Healthcare advice to patients and families anywhere during the COVID crisis in an easily accessible way
- Healthcare professionals seeking advice/opinion regarding palliative care/pain management.

Currently, our services are available in English, Hindi, Malayalam and Tamil across India.



## Palliative Care at Health and Wellness Centres

We have crossed an important milestone in the development of palliative care in the Government system in India. The National Health Policy of 2017 of the Government of India included palliative care. The National Health Systems Resource Centre (NHSRC), a society owned by the Government of India, under the leadership of Dr Flt Lt M A Balasubramanya, successfully launched a nationwide education program for healthcare workers of all state (and union territory) governments. National and state level trainers were trained for all categories of healthcare providers.

**Please see the guidelines** published by the Ministry of Health and Family Welfare of the Government of India. Pallium India is pleased to have the opportunity to contribute to this process.



**The National Health System Resource Centre (NHSRC)** of the Government of India, in a massive fast-paced effort, has created training materials to reach 50,000 family wellness centres at the national level. According to the plan, at least three professional healthcare providers from each of these centres will be trained to result in a massive empowerment programme for 150,000 of them. In addition to these training manuals, the docket also includes educational videos, each of an average of five minutes duration.

### Integrating Palliative Care in Undergraduate Medical Education in India

Pallium India conducted a workshop on 'Integrating Palliative Care in Undergraduate Medical Education in India' at Thiruvananthapuram on the 7th, 8th and 9th of January, 2022.

In all, 20 modules were developed as part of the program for possible integration into Undergraduate Medical Education for implementation of the 2017 curriculum in India. A total of 17 faculty members from various parts of India, including palliative care and medical education experts, attended the workshop.





## Opioid Availability Workshops in Sikkim

The least populous state with 658,019 inhabitants (according to 2021 estimates), has four districts – East, North, South and West Sikkim. The population-based cancer registry of Sikkim (2008) indicates that approx. 2211 people get diagnosed with cancer each year. Reports also indicate that approximately 5000 people are currently living with cancer in Sikkim; of which at least 3000 are in need of opioids to manage their severe pain. Access to morphine is currently scanty in the State. The government of Sikkim has laid the highest priority on health and strives to provide quality care at every level. However, challenges remain in access to pain relief and palliative care.



The State Tertiary Care Hospital 'Sir Thutob Namgyal Memorial (STNM)' based in Gangtok (East Sikkim) is the only hospital that provides basic Palliative Care services including home care services. The State Palliative Care Unit has been established at the STNM Super Speciality Hospital. Other district hospitals are yet to get provision for complete palliative care services.

In September 2021, Pallium India conducted a virtual sensitization session for different stakeholders from the State to improve opioid availability. Stakeholders included doctors, pharmacists, drug inspectors, and senior medical store personnel among many others from the State. An approx. 20 volunteers from Namchi District (South) recently completed a volunteer training program at Pallium India.

Chairman of Pallium India, Dr M.R Rajagopal explained access to opioids for pain relief and the importance of concurrent education programs to train doctors, nurses and other officials & staff. Ms Tripti Tandon, a lawyer from the Supreme Court explained the opioid availability for medical use under the NDPS Amendment of 2014. Ms Smriti Rana talked about the Principle of Balance of opioids and how to prevent the diversion of illicit use and the availability for medical and scientific purposes. The drug controllers and other officials were sensitised to the amendment. Pallium India also offered to support in creating awareness sessions and developing palliative care units in each government hospital.

## Arunachal Pradesh

In 2021, Papumpare district in Arunachal Pradesh recorded the highest cancer incidence rate among females in India. The state is witnessing an increase in life-limiting and life-threatening diseases. Arunachal Pradesh's first palliative care unit was established at Tomo Riba Institute of Health and Medical Sciences (TRIHMS), a tertiary cancer centre, in 2018. The government of Arunachal Pradesh accords the highest preference for the quality of life of citizens. However, due to resource constraints, access to palliative care in the state is limited to TRIHMS.

Pallium India reached out to the state health secretary, NHM officials, state drug controller and palliative care physicians at TRIHMS to extend their support to improving access to palliative care services in the state. A meeting was arranged between Pallium India and Arunachal Pradesh stakeholders on 12th October 2021. The meeting was attended by Mr Parthiban, State Health Secretary Arunachal Pradesh, Senior Drug Inspectors, State NCD Nodal Officer, State Palliative Care Consultant and other dignitaries.

Dr M.R Rajagopal, Chairman of Pallium India explained the 2014 NDPS amendment of Narcotic Drugs and

Psychotropic Substances on access to Essential Narcotic Drugs. The drug controllers were sensitised to the amendment and agreed to issue a Recognised Medical Institution Certificate to applicants as per the amendment. Pallium India also discussed palliative care training of doctors and nurses at the district level. The health secretary advised the state palliative care officer to work with Pallium India to draft an MoU between Pallium India and NHM Arunachal Pradesh to implement palliative care services in the state.

## Jammu and Kashmir

During the last couple of years, Pallium India has taken several steps to improve access to pain relief and palliative care in India. In Jammu and Kashmir, we have been working with the government and private sector to improve access to palliative care. Pallium India has conducted a sensitization session in palliative care for doctors and nurses in 2019 at the Regional Institute of Health and Family Welfare Dhoiwan, Kashmir. The session was attended by representatives of the

Directorate of Health Services and the drug controller. We also facilitated the development of a palliative care unit at Sher E Kashmir Institute of Medical Sciences Srinagar.

The latest data suggest that 80 out of every 1 lakh population in Jammu and Kashmir report a fresh case of cancer every year. It is very likely that they suffer from serious health-related suffering. Pain is the commonest problem associated with many diseases including cancer. Excruciating pain cannot be effectively treated without palliative care including access to essential opioid medicines like morphine.

With support from Dr. Yousuf Tak, a renowned palliative care physician in the state, Pallium India organized a virtual workshop on access to essential pain medication in Jammu and Kashmir on October 11, 2021. The meeting was attended by State Drug Controller Ms Lotika Khajuria, palliative care doctors and nurses from the state and civil society organisation Palcare Foundation.

## Meeting on National Program for Palliative Care (NPPC) in Uttarakhand

A virtual meeting on the implementation of the National Program for Palliative Care (NPPC) was organized jointly by NHM Uttarakhand and Pallium India, on January 21, 2022.

Mr. Neeraj (District Drug Inspector, Dehradun) attended the meeting. Dr. Meetu Shah (Additional Director, Medical Care, DG Health Dehradun), Team of State Palliative Care Cell, NHM Uttarakhand, Dr. A.K. Dewan (Ganga Prem Hospice, Rishikesh), Ms. Shalini A.J. (Head State Facilitation, Pallium India) and Mr. Rajendra Dutt Bijalwan (Regional Coordinator, Pallium India) were present in the meeting.

Palliative Care Champions from AIIMS Rishikesh,

Government Medical College, Dehradun, Shrinagar and Haldwani were also part of the workshop.

The agenda included discussions on developing a Palliative Care Policy at the State Level and the Government of India (GOI)'s guidelines, establishing palliative care facilities in every district of the state, training doctors and staff nurses for pain management under palliative care, and procurement, storage & distribution of opioids drugs for palliative care.

## New Courses

- Initiated the first **Refresher Course in Palliative Medicine** with faculty support from Iowa University, Iowa, USA. An impressive 42 palliative care physicians from India, UK and Spain completed this programme.
- This financial year we commenced the **Pain Management Education Program for Oncologists** to enable them in the practical management of pain and related communication. Around 56 Oncologists participated in the programme.
- Essentials of Palliative Medicine for Pulmonologists** attended by 48 pulmonologists across India.
- Essentials of Palliative Care for Physiotherapists** attended by 48 physiotherapists





## State Level

### Model Panchayath

The Model Palliative care Panchayat is a flagship project of Pallium India. It was envisioned from the standpoint of the institution's decades - long experience in providing services in the community setting. Kerala was the first state to pass a comprehensive Pain and Palliative Care Policy in 2008. Owing to the decentralized health care system of the state, the services are provided through Primary Health Care in the community. However, the focus was on bed-bound patients. Even after the policy was revised in 2019, based on the WHO 2018 definition of supportive health care that aims at relieving and/or preventing the suffering of patients and families with life-threatening illnesses, the same has not been reflected in the service provision. Presently, palliative care in Kerala mobilized through the Panchayats, is still being provided only to bed-bound patients and not the patients who are mobile but have serious health-related suffering. Service provision is also restricted to physical aids and medicines. Mental health issues, non-health aspects of suffering like loneliness, social stigma, optimal hygiene and sanitation, livelihood support for the families, and other social inequities are not taken into consideration though the services are provisioned through the government under various government-funded programs. Basically, creating a facilitator environment for patients' well-being has been largely ignored. Through this project, based on SDG's 2, 3, 6 and 10, we aim to demonstrate a model of care mobilised by the community through community participation utilising the already available services/schemes present in the Panchayat. Each Panchayat has its own strengths and weaknesses in terms of political will, community participation, and facilitation of resources. In this ambitious project, we plan to work with two Panchayats, namely Venganoor and Pangod, that come under the service provision area of Pallium India.



### The project work began in December 2021 with the following key activities

Activities	Description
Setting up functional committees	<ul style="list-style-type: none"> <li>Steering committee</li> <li>Ward level committees (20 wards)</li> </ul>
Training ward level committees	<ul style="list-style-type: none"> <li>Principles of home-based palliative care</li> <li>Training program for health/allied health workers</li> </ul>
Palliative needs assessment (PNA)	<ul style="list-style-type: none"> <li>Ward level committees to do house-to-house surveys and registration of patients per ward</li> <li>Data entry (electronic database)</li> </ul>
Services / Interventions	<ul style="list-style-type: none"> <li>Pain &amp; other symptom management</li> <li>Counselling, tele-consultation &amp; other community interventions for mental health</li> <li>Connecting patients in-need of food with PDS system &amp; ensuring access to food</li> <li>Liaison with Govt. programs for income generation, hygiene &amp; sanitation through Govt. programs and engaging PVT sectors</li> <li>Neighborhood support system</li> </ul>
Measuring Impacts	<ul style="list-style-type: none"> <li>Documenting patient benefits</li> <li>End line assessment</li> </ul>

### College students come to the aid of dialysis patients

NSS unit students of the College of Engineering, Thiruvananthapuram, who are part of the Student Initiative in Palliative Care (SIP) units, in association with the APJ Abdul Kalam Technological University (KTU) launched Prathyasha 2.0, an initiative that provides financial help to dialysis patients in distress.

The concept was originally launched in 2019 by Babu Abraham, senior advocacy manager and Abubaker Siddique, community organiser of charitable trust Pallium India.

### Community Physiotherapy

As Pallium India looks after all patients with SHS, we have various patients suffering from cancer, stroke, paraplegia, muscular dystrophies, frailty etc. In some of these conditions, physiotherapy can help the patient come to the mainstream by improving the mobility and social function of the patient. However, these patients typically find physiotherapy unaffordable and end up with more complications and succumb to death. Pallium India makes provision for physiotherapy services to such patients at their homes and thereby improves their quality of life. The Community Physiotherapy (CPT)

program was started by a community physiotherapist in Poovar link centre, doing 5 sessions per day for 3 days a week. CPT was started in mid-November and 254 sessions were completed.

### Covid Vaccination Centre

Most of our patients are vulnerable and with restricted mobility. Since they are unable to go out for COVID vaccination, we started a vaccination program for our beneficiaries on 06/08/2021. We gave 1102 doses to our patients, out of which 558 were home vaccinated and 544 got vaccinated at the TIPS Centre.





## Key Events

### World Hospice and Palliative Care Day



The Pallium India family celebrated 'World Hospice and Palliative Care Day' on October 9, 2021, with a get-together of patients, caregivers, family members, volunteers, staff and well-wishers. During the pre-covid years, we used to conduct these annual events at a beautiful location such as the beach or lakeside. The pandemic put an end to that luxury. However, we did not want to let go of an opportunity to meet virtually and have some fun and laughter. In 2020, we connected through Zoom and had a blast.

Film Director Mr Blessy, and actor Ms Seema G Nair were the chief guests. Pallium India Chairman Dr M. R. Rajagopal delivered the keynote address. Mr Manoj G.S., CEO of Pallium India welcomed everyone to the event. Dr Sunil Kumar M. M., Additional Director of Trivandrum Institute of Palliative Sciences (TIPS) announced the winners of the scholarships instituted by Mr P.M. Kuriakose and Mrs Annamma Kuriakose. Cine Artist Mr Vinu Mohan also participated in the event.

This was followed by a cultural program by the family members of palliative care recipients. Mr Babu Abraham, Head-Social Engagement thanked everyone for participating enthusiastically and for being a part of the Pallium India family.

On October 2, 2021, Pallium India and Students' Initiative in Palliative Care (SIPC) Trivandrum Coordination Committee of the University of Kerala NSS Cell, hosted an online Annual Conference of SIPC, in association with Loyola College of Social Sciences Trivandrum & Kerala Association Professional Social Workers (KAPS) Trivandrum Chapter.

Paper and Poster Presentations were made on the topic 'Leave No One behind; Equity in Access to Palliative Care' – the theme of this year's World Hospice and Palliative Care Day (October 9).

Baby John Memorial Government College Chavara, Kollam was announced as the winner of the Best Educational Institution for Social Commitment award. October 2 was declared as SIPC day to be observed annually.

### Nirvana by Shankar Mahadevan Academy



One thing that is constant in this world is the power of music. Music is therapy. Music moves people. It connects people in ways that no other medium can. It pulls heartstrings. It acts as medicine.

Shankar Mahadevan Academy introduced a free musical entertainment program called Nirvana. The 60-minute musical bonanza was an initiative to have musicians perform for people who battle life alone – living with a serious illness or coping with sheer loneliness. The event brought out many hidden talents among patients and caregivers in the Pallium India family.

A musical extravaganza 'Sangam' was performed by the talented students and teachers of Shankar Mahadevan Academy. Pallium India was blessed to be part of this event. Sangam successfully portrayed that music is a confluence of heart, mind and soul. A bunch of talented artists came together to present their own compositions sung by budding artists. Age was just a number that was re-emphasised by the participants of the event.

The highlight of the program was the musical fusion by the children from the SMA's 'Inspire India Project', where children from economically backward societies are given free music classes. Team Nirvana conducted monthly programmes for our beneficiaries and staff.

### 18 years of relieving suffering: Pallium India's journey so far



True to its mission of partnership with the community, care recipients, family members, volunteers and staff came together to celebrate Pallium India's 18th anniversary with a zoom event, live-streamed on Facebook on the 15th of December, 2021.

In his inaugural speech, Shankar Mahadevan said he was glad that Pallium India was going beyond hospitals to give psychological and social support to our patients. He was happy that his troupe **SMA Nirvana** was associated with Pallium India to bring smile to the faces of the suffering.

Kerala's nightingale Dr K.S. Chithra officially launched 'Karananjali', a joint cultural forum of patients, families and palliative care workers. Everyone sat enthralled as she sang 'Lokam muzhuvan sukham pakaraanaayi, sneha deepamae mizhi thurakku'.

### There were a few important reminders from the participants

**Shri Vijayanand IAS**, Trustee - Pallium India and former Chief Secretary of Kerala: While being proud of our achievements including framing of Kerala's palliative care policy, we need to look ahead and scale up to ensure that 'no one is left behind.'

**Dr M R Rajagopal**, Chairman - Pallium India: Starting with Ms Gilly Burn and Dr Robert Twycross, a lot of people from around the world held our hands and helped us reach where we are. If we could reach about 100,000 needy people so far, we should dream big and reach 10 million in 10 years. "Collaboration is the key."

**Ms Poonam Bagai**, Vice Chair - Pallium India: The achievements place a big responsibility on us. We have far to go.

**Kishore Nair**, interim CEO: Let us plan ahead for the next ten years. By demonstrating, educating and facilitating, we can achieve our mission of life with dignity for ten million people.

**Manoj GS**, Executive Director, Trivandrum Institute of Palliative Sciences (TIPS): Today we launched a special program to identify and ensure equitable care to people who are vulnerable physically, socially or emotionally.

**Dr Sunil Kumar**, Additional Director, TIPS: We will concentrate on the quality of care for everyone who needs it.

**Smriti Rana**, Head of Programmes & Strategic Partnerships: Today is the 18th anniversary of a place that is not just the epicentre that shapes, crafts and fuels the way I see the world and my place and purpose in it, but also my North Star and the place where light is always left on for me to find my way home.

**Shalini AJ**, Head of State Facilitation: Kuchh adhure hum hain / Kuchh adhure tum ho / Chalo mil jayen aur poora karen kuchh toh ("I am incomplete in one way / You are incomplete in another / Let's come together to create something complete & beautiful.")

**Pallium Indias new theme song** was released and was sung by a few team members.

This was followed by a vote of thanks by Babu Abraham (Head, Social Engagement) and cultural program by care recipients, family members, volunteers and staff.



### Dr. Shashi Tharoor releases Dr. Rajagopal's memoir



Dr Shashi Tharoor, MP for Thiruvananthapuram, released the memoir of Pallium India Chairman Dr M. R. Rajagopal on February 22, 2022. The launch event of 'Walk with the weary: Lessons in humanity in health care' was attended by Sharada Muradeedharan IAS, Secretary, Local Self Government, Government of Kerala, and Premachandra Kurup IAS, a Pallium India beneficiary Preetha Thonnakkal and others.

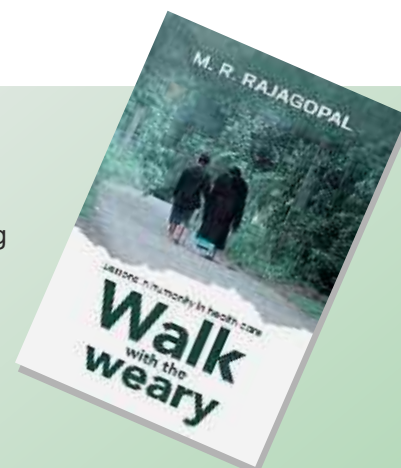
The event, organized at the Pallium India headquarters, was streamed live via ZOOM as well as on **Pallium India Facebook page**, and was attended by more than 300 people from across the globe.



### 'Walk with the Weary'

is a compilation of shared experiences from Dr. Rajagopal's decades-long palliative care journey, walking with people suffering from life-limiting illnesses, and lessons learned on how to befriend life until the very end, with compassionate care on one's side.

The book is dedicated to all those who generously shared their life stories with the author. All proceeds from the sale of the book go towards providing palliative care to people who desperately need it but have no access to it.

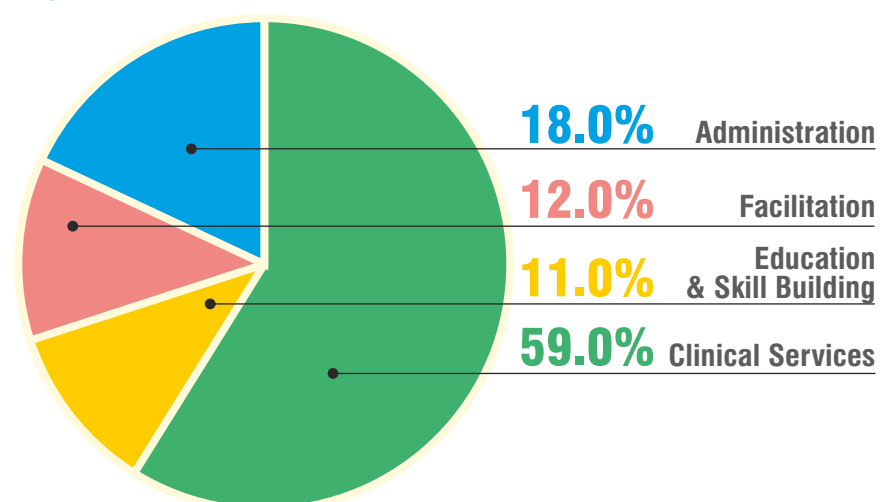


## Financials

INCOME (IN LACS)	FY'22	FY'21
Donations	162.44	167.96
Grants	349.84	532.95
Other Income	40.12	22.84
<b>Total</b>	<b>552.40</b>	<b>723.76</b>

EXPENDITURE (IN LACS)	FY'22	FY'21
Hospital & patient aid	194.60	175.63
Training & Advocacy	15.33	12.82
Project Expenses	458.43	398.1
Other Expenses (Admin)	48.3	37.83
Depreciation	13.18	11.37
<b>Total</b>	<b>729.84</b>	<b>635.77</b>

### How we put your donation to work



## Testimonials

About our courses

"It is a useful program catering to in-depth knowledge of the pathophysiology of pain, psycho-social, pharmacological and clinical aspects of pain. Resource persons were knowledgeable and discussions were good. Strict adherence to the time limit was followed. On the whole, a well-organized training program"

### SENIOR RESIDENT

Department of Surgical Oncology,  
Sri Aurobindo Institute of Medical Science,  
Indore



"This entire program and the sessions were great, very informative and concise. They have immensely helped in improving the day-to-day practice in cancer OPD, especially the communication skills and understanding the importance of the holistic approach in cancer patients."

### SENIOR RESIDENT

Government Medical College and Hospital,  
Patiala

A very well-structured programme, conducted by dedicated professionals, who through their efforts of spreading awareness and educating the medical fraternity about palliative care are making sure that the true beneficiaries are the much deserving patients of that care.

### CONSULTANT ANESTHESIOLOGIST

Health City, Cayman Islands

At the end of this program, my knowledge of communication, wound care, and management of pain improved for the better. I was glad to be part, please organize as many as possible.

### COMMUNITY HEALTH CARE NURSE

Kabale Christian Care, Uganda



Before the course, I had a broad idea about palliative care being caring during the terminal stage of disease mostly cancer and I thought it was revolving more around pain control by the use of opioids. After completion of the course, my release there is a whole lot more management that the patients need other than pain control and that is good overall symptom control with a lot of emphasis on psychosocial support and non-pharmacological interventions. I also understand that these core palliative principles can be incorporated into my daily practice. I do deal with critical care patients in my practice and I did not have any approach to how to go about terminal-stage disease patients and how to go about in managing a dying patient on a ventilator and on high inotropic support. I usually leave them to die on the ventilator even sometimes when the patient's relatives ask me if they can take them home. I did not know the concept of the futility of treatment, withdrawal and withholding of treatment and their ethical and legal repercussions. Now I am a bit more confident and will try to apply it in my critical care practice.

#### SPECIALIST ANESTHETIST

Ganesh Das Maternal and Child Health Hospital  
Shillong, Meghalaya, India

"The course program and teachers are excellent. In addition, it is designed so that students can actively participate and resolve their doubts with world authorities in palliative care. With so much love and technical excellence shared, I felt renewed and strengthened my mission as a palliative care professional."

#### PSYCHOLOGIST

Integra Brasil, Parana, Brazil

The programme was very useful in breaking the ideology of palliative care is reserved for only cancer patients. It was basically an eye-opener in various aspects of palliative care. Some statements by the esteemed faculty will be etched in our minds forever. Thank you for creating this concept to enlighten people that will ultimately help in better patient care.

#### JUNIOR RESIDENT

Respiratory medicine, J.L.N hospital and research center, Chhattisgarh, India

## Board of Trustees



#### Dr. M. R. Rajagopal, Chairman

Dr. M.R. Rajagopal is also the director of Trivandrum Institute of Palliative Sciences, the flagship of Pallium India. He founded Pallium India in 2003, with a mission to catalyse and facilitate the integration of palliative care with healthcare in India. In 2018, the Indian Government honoured Dr M. R. Rajagopal with the Padma Shri award.



#### Poonam Bagai, Vice-Chairman

An ex-bureaucrat, Ms. Poonam Bagai is a cancer survivor. Her fight with cancer left her with the determination to do something about it and she founded "Cankids...Kidscan", a very successful Non-Government organisation that provides comprehensive cancer care to children in many parts of India. She is also a joint secretary of the Indian Cancer Society. In 2011, the American Cancer Society chose her to be a "Global Cancer Ambassador". She is based in New Delhi.



#### Dr. C. Mohanan

An Anaesthesiologist by training and till recently a member of the teaching faculty at a Medical College, he was volunteering as Senior Administrator of Trivandrum Institute of Palliative Sciences since its inception. He has been associated with Pallium India activities since 2006.



#### Ashla Rani

Ashla Rani had come to Pallium India as a care receiver in 2014, and became a full-time volunteer and a care provider. She works with people with disabilities and also acts as a counsellor for children whose families have been devastated by serious illnesses.

She won Kerala Government's "youth icon" award in 2017. In the same award, she also won the state award for the most efficient employee in the non-government sector.



#### Dr. T.S. Guruprasad

A caregiver for his wife living with MS and his father who passed away due to Parkinsonism and Alzheimer's for many years, Dr Guruprasad is the Co-Founder Trustee of Swarga Foundation, an NGO based in Coimbatore, Tamil Nadu, that supports people with neurological diseases and disorders. He has a doctorate in Supply Chain Management and is an alumnus of IIM Kozhikode. He has 24 years of industry experience in Supply chain planning & Logistics and is the brain behind Sarathi, Tamilnadu's first transport facility for people with disabilities.



#### S.M. Vijayanand

Former secretary for Rural Development of Government of India and later Chief Secretary of the government of Kerala. Retired and based in Trivandrum. Enjoys a great reputation as a person with integrity, commitment and exceptional pragmatism. Has been active as an advisor to Pallium India for two years before becoming a trustee.



#### Binod Hariharan

Binod Hariharan is an engineering graduate and has over 18 years of experience in different capacities in the IT industry. He is currently the Chairman of the board of two companies; Astro-Vision Futuretech Pvt. Ltd. and Malayogam Pvt. Ltd. He has been involved with the activities of Pallium India since its inception and has been working more closely over the last year, providing consultancy on professionalizing the management of the organisation.

## Donors & Partners



## Team

The above-mentioned accomplishments would not have been possible without the dedication and hard work of the remarkable human beings who make up this organization.

Pallium India is fortunate enough to have a band of committed staff and volunteers behind it. Many of them have come to us through personal experiences: having helplessly watched loved ones endure unbearable suffering due to illnesses, searching frantically for answers, until finally (in some cases, too late) finding there was a solution all along called palliative care, that could have eased the suffering if only someone had told them about it. Others have had the benefit of experiencing it first-hand, and have remained steadfast to the mission of this organization. Some have joined



us without knowing anything about palliative care, only to become life-long advocates for the cause.

Our core group of volunteers has been the backbone of the organization, always taking the initiative in numerous activities, ensuring everything goes according to plan and seeing those through to the end. More often than not, they are also the link between the palliative care team and the beneficiaries we serve.

During this financial year, over 100 staff members and 200 volunteers have worked together as one to fulfil the vision of this organization.

We are grateful to each one of these incredible people who willingly and cheerfully sacrifice their own priorities to ensure that our beneficiaries are cared for.



# Contact & Donation Information

## DONATION DETAILS

### For Foreign Transfer

**Account Name:** Pallium India Trust

**Bank:** State Bank of India (code: 00691)

**Branch:** FCRA Cell, 4th Floor, State Bank of India, New Delhi Main Branch, 11, Sansad Marg, New Delhi 1100001

**Account No:** 40098265669

**IFSC Code:** SBIN0000691

**SWIFT Code:** SBININBB104

Pallium India is authorized by the Government of India to receive Foreign Donations under Foreign Contribution Regulation Act (FCRA).

### FOR DOMESTIC TRANSFER

**Bank:** State Bank of India

**Branch:** Pattom, Trivandrum

**Beneficiary:** Pallium India Trust

**Account No:** 30086491915

**IFSC Code:** SBIN0003355

**MICR No:** 695002007

**For online transfer:** <https://palliumindia.org/donate>

Pallium India is a charitable trust registered under the Societies Registration Act (no. 693/IV/2003). Contributions to Pallium India are exempted from income tax u/s 80G.

We have enrolled with the Ministry of Corporate Affairs on receiving CSR Funds with CSR Registration Number – CSR00003852



## CONTACT DETAILS

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**Email:** [donations@palliumindia.org](mailto:donations@palliumindia.org)

For any feedback and queries, write to us at [info@palliumindia.org](mailto:info@palliumindia.org)