



Annual Report of Accounts & Activities
(2012 - 13)

Change for Childhood Cancer in India

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Message from Board of Governors

Dear CanKids' Friend, Supporter or General Reader,

2012 saw Cankids became an Independent NGO

In 2004, Cankids...KidsCan was set up under the umbrella of Indian Cancer Society (ICS), Delhi Branch, as their childhood cancer unit. The vision was to provide a full spectrum of assistance to children with cancer and their families anywhere in India, and to ensure no child suffered for want of treatment due to lack of finance.

Today, CanKids is a national Society. Nine years from inception, we have eighteen support services subsumed under our core Medical, Educational, Psycho-emotional and Awareness Programs, and as of year-end were working in twenty-nine pediatric cancer units across the country which handle some 14,000 new cases of childhood cancer a year. We have regional offices in Delhi (HQ), Mumbai, Kolkata and Chennai and an additional presence in Madurai, Trivandrum, Nagpur, Pondicherry, Ahmedabad, Shimla, Rohtak, Lucknow and Patna.

We have established two Home-Away-from-Homes (HAHs), in Delhi and Trivandrum; opened the country's first Pediatric Palliative Care Daycare and Transition Home in Delhi; and begun the country's first special school for children with cancer - or Canshala - in a public-private partnership with the Mumbai municipal authorities. We have launched Awareness, Advocacy and Patient Support projects as focused interventions on specific childhood cancers namely Retinoblastoma, Wilms Tumor and Osteosarcoma as well as promoting Pediatric Stem Cell Transplants and Pediatric Palliative Care, with the support, guidance and involvement of our medical advisory from India and overseas.

In December 2011, due to our country-wide expansion and through mutual agreement with ICS it was agreed that CanKids would set up its own Society. In 2012-13 we worked hard to complete this process as smoothly as possible, while ensuring our real work of providing services to children and families continued seamlessly. ICS generously transferred to us most of the fund balances held under the account 'Indian Cancer Society: A/c CanKids' to enable programs and activities to continue without disruption.

We are pleased to inform you that on June 13 2012, we received our Registration as a separate National Society, CanKids...KidsCan, and we are happy to bring you this, our first Annual Report, for 2012-13.

The report reflects the period from April 2012 to September 2012 when we continued to be a unit of ICS, Delhi Branch, and June 13, 2012 to end-March 2013, as an independent CanKids...KidsCan. The financials for the period June 13, 2012 to March 2013 have been duly audited by our Statutory Auditors.

We are most grateful to Indian Cancer Society, Delhi Branch, for their support, encouragement and confidence in CanKids over the years as our parent organization. We acknowledge Indian Cancer Society as the pioneer NGO working on cancer care in India and are privileged to have been part of that organization for eight years.

Specific Developments 2012-13

In 2012-13, we completed the process of demerging and related set-up formalities. We restructured and strengthened the CanKids team, including Board of Governors, Senior



Board of Governors

Management, Medical and Management Advisors and CanKids' Ambassadors. We are pleased to have managed this process while remaining committed to our beneficiaries - the children and their families - and increasing and improving support offered.

In 2012-13 we inaugurated a Home-Away-from-Home in Trivandrum, a Pediatric Palliative Day Care & Transition Home in Delhi and a Canshala (school for children with cancer) - Taklu Takli ki Pathsala - in Mumbai. We also delineated a whole new program area – Quality Care, Research and Impact (QCRI) – for research into and qualitative assessment and improvement of patient care.

CanKids' Mission

CanKids' vision is to enable global standards of survival, between 70-95%, for childhood cancer in India. CanKids' programs, projects, activities, support and advocacy are aimed at enabling best possible treatment, care and support. As a **grass-roots** organization of over 225 people (volunteers and employees), working in and together with Pediatric Cancer Units of Cancer Hospitals, Pediatrics Departments of Medical Colleges, RCCs and Trust or Private Hospitals, we are first and foremost **Patient Navigators and Patient Advocates for children with cancer and their families**. We identify and bridge gaps – to ensure best possible treatment, care and support.

Our purpose - to make a **Change for Childhood Cancer in India** - has been made possible by:

- working with, supporting and advocating to pediatric oncology professionals, Pediatric Cancer Units and hospital administrations
- involving volunteers, parents, survivors and the community
- partnering, for example, with Jiv Daya Foundation, IACA, St Baldricks in the USA and Pallium India, Karunakare, Pratyasha, and Ekam Foundation in India
- working and networking with professionals and organizations in India & abroad, as advisors and supporters
- a strong and committed donor community including scores of individual donors, corporate organizations, associations, trusts and foundations – often under our Adopt-a-Child for treatment, Adopt-a-Unit and capacity building and general donation programs. We express heartfelt thanks to all our donors.

We are committed to continue working with honesty and transparency and to ensuring that the maximum possible portion of funds raised is utilized to support children and their families. We assure you of our resolve to create a strong, sustainable organization that will work professionally whilst keeping administrative costs to the minimum. **Most importantly, we resolve to work with passion and dedication to keep children with cancer and their families as the central focus.**

On behalf of the Board:



Poonam Bagai
Chairman



Vision, Mission and Values

CanKids' Mission: Change for Childhood Cancer in India

Who we are

CanKids is a family support group for children with cancer and their families working as patient navigators and patient advocates, aiming to provide a full spectrum of childhood cancer support services. We are committed to Change for Childhood Cancer in India.

Set up in Jan 2004, under the umbrella of Indian Cancer Society, today we are a separate Society, 'CanKids KidsCan'. We are members of ICCCP – the International Confederation of Childhood Cancer Parents' Organizations and have incorporated the guidelines of SIOP – the International Association of Pediatric Oncologists – into the formulation of our Mission Statement.

CanKids' Vision

We seek to ensure that children with cancer in India enjoy the highest attainable standards of treatment, care and support – in accordance with the Article 24 of the UN Convention on the Rights of the Child. This involves:

- seeking to ensure that best international survival rates for children with cancer apply in India. Worldwide 75-90% of such children can be cured but in India the great majority of children affected still die of the disease
- seeking to ensure no child suffers for want of treatment due to lack of finance
- seeking to provide an entire spectrum of support services to any child with cancer and their families anywhere in the country - from diagnosis through treatment and survivorship, or palliative care for the terminally ill child and bereavement support for related families
- contributing to the creation of child-friendly, comfortable and pain free environments for children under treatment

CanKids' Mission Statement

Children with Cancer and their families in India deserve the best possible –

- treatment and care
- social and economic support
- emotional support
- reintegration into society
- continuity of care

In addition, children with cancer -

- deserve a chance to be happy
- should enjoy themselves and have fun
- should be cosseted and spoiled
- should be able to celebrate life

Change for Childhood Cancer in India; Alignment with the World Cancer Declaration

Our mission statement also incorporates key principles set out in the World Cancer Declaration which seeks to make a qualitative and quantitative change in the childhood cancer scenario:



Board of Governors

- to enable access to quality pediatric cancer treatment, care and support anywhere in the country; to work with Pediatric Cancer Units and provide services and financial assistance (WCD -7); and to develop and implement best practice including sustainable and low cost models in all areas of treatment
- to support pediatric cancer services with an emphasis on assessing and evaluating need and measuring impact (WCD 2)
- to build and support a cadre of trained people for pediatric oncology support services, including social workers, counsellors, dieticians, teachers, volunteers, parents and survivors (WCD – 9)
- to create awareness that CHILDHOOD CANCER IS CURABLE and to advocate for better treatment and care (WCD 5)

CanKids' Daily Values

We are committed to:

- Low-cost sustainable models and programs involving parents, survivors and the community
- Working with honesty and transparency
- Ensuring that the maximum possible portion of funds raised is utilized directly to support the children and their families
- Professional working practices that ensure efficiency and accountability
- Creating a strong, stable organization to sustain the change for childhood cancer over time
- Collaboration and partnerships
- Working with a passion and dedication to keep the children and their families as the central focus



Board of Governors

CanKids' Board of Governors like all Boards of Trustees of not-for-profit organisations is charged with reviewing its mission statement and goals; identifying means and primary constituents served; supporting and evaluating the management team; monitoring and strengthening programs and services; ensuring regulatory compliance and maintaining ethical integrity; and ensuring a suitable balance between securing resources and fulfilling goals. As the First Board of CanKids, it has been also responsible for ensuring CanKids' transition from a unit of Indian Cancer Society Delhi branch to a separate National Society. CanKids' Board comprises:

Name	Role/Committee member	Background
Poonam Bagai	Chairman, Chair: Strategic Planning Committee Member – Finance	Class 1 Officer - Government of India IRAS 1984 Colon cancer Survivor, 2000 Vice Chairman Pallium India Trust Member PARTAKE Board Member ICCPO
Mukul Marwah	Vice-Chairman; Chair: HR, Governance, Admin Member: Strategic Planning	Class I Officer, Government of India, IRTS 1982
Neena Manchanda	Treasurer Member: Finance Member: Medical	Social Worker with CanKids
Dr. Amita Mahajan	Secretary Chair: Medical Advisory	Sr. Consultant in Pediatric Hematology & Oncology, Apollo Hospital, New Delhi
Priti Dhall	Joint Secretary & Regional Director Eastern Region Member: HR, Governance & Admin	Social Worker with CanKids
Chandramowli (Srini) Srinivasan	Executive Member Member: Strategic Planning Member: Resource Mobilization	Managing Director, Arthur D. Little India Pvt. Ltd
Mohit Agarwal	Executive Member & Regional Director Eastern Region Member: Resource Mobilization	Director, Asian Tea Exports
Sonia Sekhri	Executive Member	Director Poem Bags Parent Support Group Member (lost son to cancer)
Avneesh Raghuvanshi	Executive Member Member: Strategic Planning Member: Resource Mobilization	Client Partner & Country Manager, India, Pedersen & Partners Parent Support Group Member (Survivor son)
Percival Billimoria	Executive Member Member: Finance, Legal & Compliance Member: Resource Mobilization	Sr. Partner, AZB & Partners

CanKids Advisory Committees: The Board of Governors has created Board Advisory Committees, on a voluntary basis, to involve required expertise, participate in planning and assist management implement and monitor goals.

CanKids Ambassadors: CanKids has a number of Ambassadors charged with building awareness of the organisation and its mission in India and abroad.



PART 1: **REPORT ON ACTIVITIES**

(2012 – 2013)



What We Do

Overview

CanKids fulfills its mission to achieve Change for Childhood Cancer in India through the development and delivery of support programs to affected children and their families. The chart on page 8 shows how CanKids' various activities work together to achieve this end.

To begin with, there are four major support programs – Medical, Psycho-Social, Educational and Awareness (with eighteen specific support mechanisms subsumed under these broad headings). In addition, there is a recently added Quality Care, Research and Impact Program (QCRI) which seeks to ensure best practice in treatment and support through research.

These programs are delivered through CanKids' Support Units (CSUs) sited usually within government hospitals across the country. Delivery of support is managed by region (North, West, East and South India) and conceived and administered through the National Outreach Program which conducts feasibility studies in cooperation with hospitals, defines how best CanKids can fill gaps in the provision of support in each case locally and is responsible for implementing and running support units.

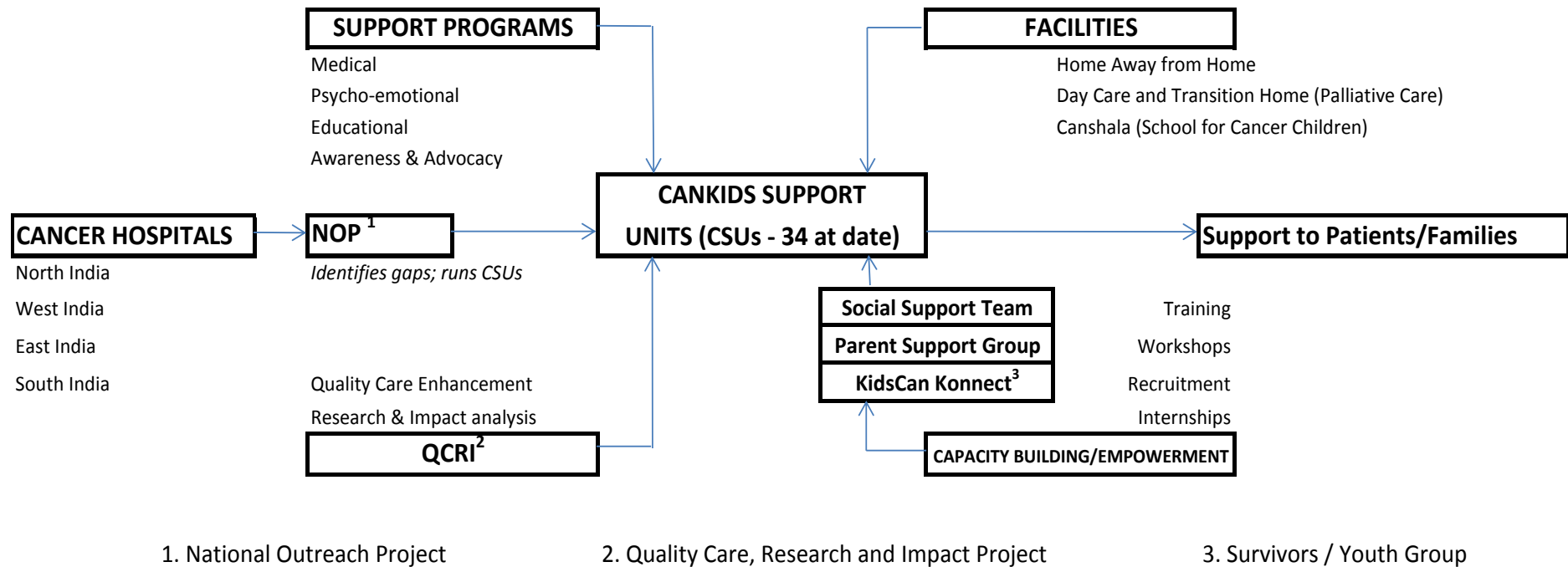
Certain Facilities underpin these efforts including Homes Away from Home (which seek to deliver stable, low cost accommodation to families which would often otherwise be homeless during treatment); palliative care support (treating pain and making lives more comfortable through treatment and, where necessary, terminal illness); and schooling for children with cancer ('Canshala').

Driving the implementation of the programs through CSUs are members of the Social Support Teams (including social workers, data managers, counselors and teachers), the Parents Support Group (PSG) which acts to comfort, inform and guide families of newly diagnosed children, and CanKids' survivors youth wing, KidsCan Konnect (KCK). Growing these resources, that is Capacity Building in the field of childhood cancer, is a key facet of CanKids' activities.

Working in tandem, these various components seek to deliver appropriate and good quality care and support on an increasingly nationwide basis.



What Support does CanKids Deliver and How?



Description of Programs

1. Medical Support & Hospital Program

Under Director Medical (Honorary), Neena Manchanda, Medical Support constitutes the largest portion of CanKids' activities and expenditure and principally consists of the following services.

1. **Medical Assistance** consists of drugs, diagnostics, procedures and surgery-related spending through the Adopt-a-Child (AAC) for Treatment Program and the general Medical Assistance Fund (MAF). Arrangements are made through chemists and pharmaceutical companies, diagnostic centers and partnering hospitals and doctors to make this support available. Treatment support may consist of one-offer or partial assistance to full treatment cost.
2. **Physical Rehabilitation** consists, for example, of the provision of artificial eyes and limbs, implants required as part of cancer surgeries, and such items as wheel chairs, walking sticks and other orthopedic support
3. **'After Cancer Treatment'**. Medical assistance follow-up may be required for up to five years after initial treatment
4. **Bone Marrow Transplant Program** for auto and allo-sibling transplants
5. **Focused Disease Interventions** offering special information and assistance to those suffering from retinoblastoma (eye), Wilms tumor (kidney) and bone cancers
6. **Facilitation** of Government Funding for patients is also handled by the medical team through the so-called Sugamikaran System. Here, CanKids provides patients with information, assists in documentation and its submission to decision-making authorities, tracks applications and generally assists families obtain whatever support exists from the State.

Decisions on how best to support a family are taken by the CanKids' Medical Committee, with guidance from its Medical Advisory Committee comprising experts from India and overseas.

Methods of Delivery: Support from the Medical Program is usually enabled by CanKids' 'Chatai Clinics' or Ward Programs at Hospitals. At these, CanKids' team first meets families of children recently diagnosed with cancer. Families come directly for support or are referred by their doctors. Requests for support may also be received via email, phone or post. The '**Chatai Clinic**' (chatai is a flat woven mat) is a unique concept which serves as the means to deliver support services on the ground in each hospital with a CSU. Here, children and other family members sit on chatais in an open area located just outside Outpatients Departments (OPDs). The Chatai Clinic has six aspects:

- The YANA (You are Not Alone) Desk manned by a Parent Support Group (PSG) member and/or social worker
- The PSG Desk where PSG members provide emotional support and navigation information
- Medical Support Desk where the medical team meets families in need of financial support
- Education and activity area where children are engaged in in-formal learning and play under the supervision of trained teachers



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- Treatment Support Desk where nutritional supplements, hygiene kits, blood cards and files for patient information are distributed and information sessions conducted
- Psychological & Counseling Desk where the YANA Program is conducted and psychological help, as appropriate, may be offered and special interventions arranged.

The **Ward Program** comprises ward and bedside visits by the CanKids' social support team - PSG, social workers, counselors, teachers – to meet patients and their families who have already been admitted to hospital. Essentially the same support services offered at Chatai Clinics are available, namely the medical, emotional, informational and counseling support, and guidance on treatment support, hygiene and nutrition. The ward program also promotes strong working relationships between the CanKids' team and nurses and doctors in individual hospitals.

Co-operation and Assistance at the OPD



CanKids maintains a series of initiatives that seek to promote improvements in pediatric oncology wards with the objective of making them more child-friendly. Painting walls brightly, encouraging children to play together and providing a toy and book library are examples.

Over 2012-13 full year, Medical Assistance spending rose 10% compared to the previous year. The number of patients registered with CanKids similarly went up by 11%. CanKids is especially grateful to and would like to acknowledge its Medical Vendors - in particular Impex Pharmacy and Helpline Pharmacy in New Delhi, and Apollo Pharmacy in Chennai - for extending credit in the amount of several lakhs of rupees during the year 2012-13, thereby enabling medical support to continue until CanKids received FCRA clearances enabling pledged foreign funding support to be received. CanKids is also deeply grateful to the Medical Advisory Committee for their expert input.

Plans: The medical programs can be expected to expand in line with CanKids' National Outreach Program detailed later in this report.



Features of the Medical and Hospital Program 2012-13

Medical & Hospital Program 2012-13						
S No	Performance Indicator	North Zone	South Zone	East Zone	West Zone	Total
1	New cases Registered	1194	365	87	970	2616
2	Medical Assistance transactions.*	6036	426	644	37	7143
3	BMT supported-New	6	1	0	0	7
5	SDP Kits	366	13	45	0	424
6	Blood Units	137	2	0	44	183
7	Diagnostics and Testing	109	245	0	12	366
8	Physical Rehabilitation	27	2	0	1	30
9	No. of Chattai Clinics	584	68	0	149	801
10	No. of ward Visits	1428	531	490	1221	3670
11	Children attendances During ward visits/activity Clinics*	18089	2221	610	4987	25907
12	Children Facilitated by Cankids	115	70	10	411	606

**Same child may be repeated*

1.a Treatment Support Program

The Treatment Support Program at CanKids includes health, hygiene, diet and nutrition and hematological support, vital to ensure that cancer treatment itself works, but areas of often considerable difficulty in the Indian context.

The TSP team is headed by an Honorary Mentor Coordinator and a Program Officer. The Parent Support group is involved in the delivery of the program and college interns have helped put together some of its aspects.

TSP Activities

- **Nutrition:** CanKids provides a 'dry and wet nutritional supplement' program which includes fruit juice, biscuits and sweets at all Chatai Clinics and at HAHs; and offers information on nutrition to parents at cancer centers
- **Hygiene:** CanKids provides hygiene kits which are distributed in all its support units. In 2012-13 period, 1069 kits were distributed in total. We thank donor Impex India for providing significant support for this program
- **Hematological Support:** CanKids organized a blood donation camp in Delhi and Varansi and three camps at GMCH Nagpur; it supported 95 families with blood donor cards and arranged over 50 blood and platelet donors. 165 SDP Kits (vital in blood processing) were provided to patients at AIIMS IRCH, Delhi
- **Documentation:** Files for parents to keep their reports, test results and related materials are provided when a child is first diagnosed



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- **Accommodation:** CanKids' Homes Away from Home (low cost, sustainable accommodation, provided with parent and community participation) are overseen through the TSP program (and are described in more detail in a later section).

Plans: In response to requests from several treating doctors, Pediasure (a nutritional supplement) is now being funded. In the coming year, CanKids aims to work closely with the SIOP PODC Nutrition Group to develop guidelines and an improved program for nutritional support. A project is also under way for Immunization Guidelines for children under treatment. CanKids expects to steadily improve the implementation and monitoring of TSP programs.

Summary of Nutritional Support by year

Sl. No.	Units	New units added this year	Horlicks powder (pkts)		Biscuits (cartons)		Juice (pkts)	
	Northern Region		11-12	12-13	11-12	12-13	11-12	12-13
1	AIIMS, Delhi		2010	2215	108	115	10800	11360
2	IRCH, Delhi		4000	4643	120	252	12000	19210
3	RP Centre, Delhi		523	622	3	20	2400	1920
4	Safdurjung, Delhi		1000	200	4	10	3600	960
5	KSCH, Delhi		96	220	2	9	210	270
6	RGCI, Delhi		0	240	0	9	0	120
7	GTB, Delhi		500	0	2	0	200	0
8	HAH, Delhi		40	96	0	1	0	240
9	Palliative Centre, Delhi	✓	0	0	0	12	0	480
10	Office Receptions, Delhi		0	0	0	9	0	450
11	Celebrations, Delhi		0	0	0	5	0	780
12	PGIMS, Rohtak		120	0	7	1	448	450
13	KGMU, Lucknow		840	192	12	8	450	0
14	MCS, Patna		600	336	5	10	450	120
Eastern Region								
15	Thakurpukur, MCK- Kolkata		900	456	9	5	80	0
Western Region								
16	Wadia, SION, TATA-Mumbai		2350	240	15	0	140	140
17	GCRI, Ahmedabad		0	192	0	2	0	0
18	GMCH, Nagpur	✓	0	48	0	2	0	0
Southern Region								
19	ICH, SRMS, KKCT- Chennai		2160	360	26	6	0	1800
20	MMH, Madurai	✓	0	144	0	3	0	0
21	JIPMER, Pondicherry	✓	0	96	0	2	0	0
22	RCC, Trivandrum		240	72	3	1	0	150
Total			15379	10372	316	544	30778	36360



2. Education & Reintegration

CanKids offers educational assistance during treatment and afterwards.

During treatment, CanKids' objective is to keep children learning despite protracted periods away from formal schooling, enabling them to return to school, college and into society as straight-forwardly as possible when they are well. Throughout, the aim is that the child, even during treatment, remains involved and connected to learning, playfulness, socialization, crafts and fun-loving activities, as they would in a normal school environment. The educational programs also encompass taking the children for outings, picnics and educational excursions. The education team is responsible for overseeing the celebration of festivals at clinics in hospitals so children remain close to their culture.

Educational activities during treatment take place in four main contexts: Learning Activity Clinics (non-formal education); Ward/bedside Learning (non-formal education); school in the HAH/Hospital (semi-formal); and Canshala (formal school for cancer children) which seeks to offer activities and outcomes based on the national curriculum.

Learning Activity Clinics provide learning opportunities at Chatai Clinics to children who may otherwise simply queue for hours awaiting appointments at Outpatients. The clinics involve reading stories, group maths or language exercises, playing games, drawing and painting. The objective is keep children interested, amused and uplifted despite an alien hospital environment. The groups also practice relaxation therapies and motivational exercises which can also serve to distract children from the discomfort associated with cancer detection and treatment. Such clinics can benefit a significant number of children over time. For example, in 2012-13 at AIIMs, 223 clinics occurred with 1,451 children participating; at IRCH there were 155 clinics with 1,617 children involved.

Ward and Bedside learning. A similar approach is taken here to Learning Activity Clinics. Children are engaged in informal programs to keep them interested, alert and distracted from the hospital context. Groups tend to be smaller or activity is one-to-one based and tailored to a child's stage of treatment and energy levels.

HAH/Hospital Schools. A similar semi-formal but psychologically important educational intervention occurs in the school rooms at hospitals (which are strongly advocated by CanKids with hospital authorities but often remain absent) and within CanKids Homes Away from Home (HAH). The total number of classes conducted in the Delhi HAH, for example, was 109 and the total number of children involved 151. Education excursions done by the HAH included a picnic at India Gate, a trip to the Doll Museum and the Zoo, and a Sports Day for cancer children celebrated by Max Healthcare at the Commonwealth Games Village.

Canshala: This relatively recent but important innovation, which aims to provide a more formal and conventional educational experience, but one adjusted for the needs of the childhood cancer patient, is explained in a later section of this report.

Getting them back to school. After treatment, CanKids sometimes provides financial assistance (sponsorship) for ongoing education where a child demonstrates high aptitude as demonstrated in school reports and references. Such help covers the cost of tuition, books and uniforms.



National Scholarship Program: CanKids also runs an annual Scholarship Program which rewards exceptional achievement by children affected by cancer. The Fifth Annual Scholarship program was held in September 2012. Applications were received from all over India through CSUs and totaled some 523. The winners were given cash awards, a citation and trophy and were supported financially to attend the program's ceremony. The scholarship presentation was attended by some 430 children and parents from Delhi CSUs, plus donors, guests and staff members. The Chief Guest for the year was Ms. Shabnam Singh (mother of Yuvraj Singh, the cricketer and cancer survivor now conducting his own admirable work for awareness) who did a wonderful job of interacting with the children. More than seventy children participated directly in the program of events, including dancing and singing. CanKids' teachers, PSG and KCK members contributed to organising the event.

Colourful Home Away from Home, Kotla, New Delhi



2.a KidsCan Konnect

KidsCan Konnect (KCK) is CanKids' teenage and young adult wing. KCK is a group of young and empowered childhood cancer survivors and peers helping themselves and others like them, to live through the cancer journey and reintegrate back into the society. Most importantly, they are **Ambassadors of Childhood Cancer**, in that they are living examples of the fact that Childhood Cancer is Curable. The KCK has its own management body, logo, website and motto. Their work is divided into two areas.

- Survivors Support Program – helping themselves and others like them to handle the cancer journey and reintegrate into society. In 2012-13, several programs were conducted including Educational Career Counseling, home visits, festival and surprise birthday celebrations at survivors' homes, help in admission procedures in University and physiology sessions.
- Awareness and Advocacy – as Childhood Cancer Ambassadors, KCK members participated in several programs including the ICS Walk, PHOCON in Mumbai and Cancer Sahyog Survivor Day. KCK continued to create, direct and perform Nukkad Nataks (theme-based plays) on cancer-related issues such as survivorship, palliative care and cancer awareness. KCK member, Sonu Narayan (ALL survivor) has been responsible for several films displaying the purposes of CanKids, its Palliative Care Center and about KCK itself. In May 2012, KCK Survivors, Sonu Kumar and Aditya Kumar, represented Indian childhood cancer survivors and travelled to Italy under

What We Do

the Hope Ambassador Project sponsored and organized by CanKids' NGO Partner Soletterre Strategie.

Plans: In the coming year, KCK expects to broaden its activities across India; a KCK Leadership Program has also been launched which aims to train and empower KCK members for future social leadership roles.

3. Psychological Support, Counseling & Emotional Support (PSCE)

CanKids' PSCE Program aims to support children and families with the emotional and psychological challenges arising from a diagnosis of cancer, its treatment and sometimes longer term consequences, including bereavement. Cancer can have traumatic and psychologically disruptive effects not only on an affected child but an entire family including siblings. Fear, denial, anger, an inability to cope, depression, a desire to flee, including the removal of a child from treatment, as well as other effects such as severe disruption of family finances, can make this a time of extreme stress.

Generally speaking, India lacks the extensive psychological and emotional support services available to cancer patients in the West and one of CanKids' important objectives has been to develop a group of skilled counseling practitioners and support teams to help fill this gap. This includes fully trained psychotherapists, counselors with a psychology or similar background and, for example, PSG members who more recently have undergone successful in-house training from CanKids' own experts, to provide effective emotional support. Teachers are also trained in group therapies – such as story-telling and relaxation techniques.

Components to the PSCE program

- The You are Not Alone (YANA) Desk at the Chatai Clinics serves to meet initially diagnosed children and families, provide immediate reassurance and guidance and is typically manned by PSG members
- The YANA 'Hold My Hand' scheme which enables each new family to be assigned a Patient Navigator, typically a PSG member
- Special psychological intervention clinics - for individual one-on-one counseling in cases of particular trauma or a person's evident inability to cope
- Sharing and Caring Sessions where families and CanKids staff can in group sessions discuss their experiences, unburden themselves and receive support
- Palliative care interventions to assist with the mitigation of pain and other symptoms; and bereavement support for families whose children do not survive
- CanKids' Child Life Project under which the rights of children to enjoy their young lives are advocated – this includes individual counseling, the creation of child-friendly wards, and the hospital dolls project (described in a later section of this report)
- Research and development of written guidelines and tools

Team: PSCE is led by a qualified Deputy General Manager PSCE, Psychologist, Huma Anis, who with her five years' experience at CanKids qualifies her as a leading pediatric psycho-oncologist in the country. During 2012-2013, PSCE Support expanded to four new units across India hiring and training counselors at Trivandrum, Chennai, Mumbai and Rohtak.



Developments over 2012-13

With the help of the Music Therapy Trust India, the PSCE was able to provide **music therapy** to patients at Homes Away From Home and CanKids' Day Care & Transition Home in Delhi with considerable observable improvement in children's experiences.

At Medanta Hospital, Gurgaon the PSCE Program both collaborated with Medanta Hospital to provide psychological support, counseling services and Child Life Interventions, but also launched CanKids' **Hospital Doll Project** on the occasion of International Childhood Cancer Day in February. The doll can serve as a friend and companion to the child and help the child understand their condition and treatment through the effects on a similarly 'sick' doll.

The PSCE developed a two month pilot project to train and **empower PSG members** to provide initial emotional support by using the so-called 'Patient Information Sheet' (designed to assess a patient's psycho-social status and to convey CanKids' central message "You Are not Alone" in an effective way). Four core PSG members were chosen for the pilot which was found to be very effective; each PSG member was successfully trained to use the tool on their own whereas earlier this was done by solely by project officers and social workers. This approach will be rolled out more widely over time.

During the year, four Sharing and Caring sessions were conducted in Delhi and Mumbai and attended by PSG members, teachers and other staff members; and nine Laughter Therapy and Group Relaxation sessions were conducted at the Day Care & Transition Home, Delhi attended by patients, their parents and selected staff members.

This **Child Life Project** was launched to include Children's Individual Counseling, the Hospital Doll project and Child Life Interventions and Group therapies. This also included the **Child Friendly Ward Project**. This program advocates the rights of a child to a childhood even when in hospital. Based on a detailed survey, CanKids is drawing up plans with a view toward systematic ward improvements going forward.

Capacity Building: During the year considerable in house training occurred to enable high quality counseling skills to be disseminated through the organisation. This included four training sessions on the YANA Program for the CanKids' Delhi and NOP teams; five training sessions on aspects of psycho-oncology for nurses working in CanKids' Day Care & Transition Home; four training sessions for the social workers, data managers and other supportive staff in Mumbai and Chennai (attended by 46 participants from 12 hospitals); three training sessions on relaxation therapy attended by CanKids teachers and PSG members; two training sessions on YANA and the Patient Information Sheet, attended by social workers and other staff members; and ten training sessions were done on YANA & Patient Information Sheet, attended by PSG members from the YANA Pilot Project. In addition, nine psychology interns were given training under CanKids' PSCE Program from several reputed Colleges of Delhi University.

In February 2013, at the IAPCON Conference Bangalore, a Poster Presentation was conducted on '*Quality Of Life Study: Evaluating quality of life in children with cancer using children's self-reports and parent-proxy reports*' by CanKids DGM PSCE & Psychologist Huma Anis.

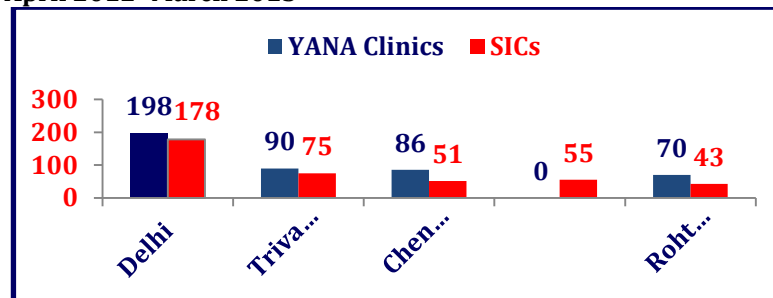
Plans: Whilst a wide spectrum of PSCE services is largely rolled out in Delhi and increasingly in the Northern region, the objective is to steadily expand activities throughout CanKids'



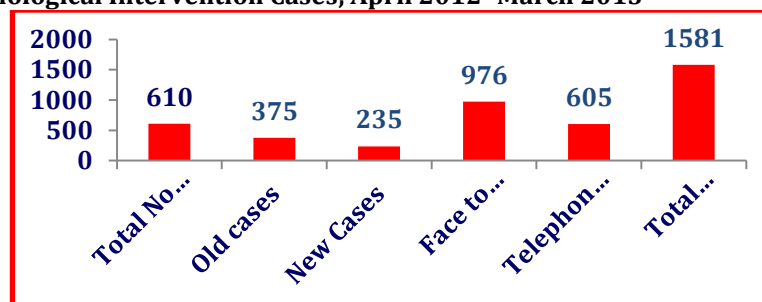
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support units elsewhere in the country. In the coming year, guidelines on Special Intervention Clinics (SICs) and counseling for initial diagnosis, relapse, BMT, and pediatric palliative care will also be documented.

YANA & SICs April 2012- March 2013



Special Psychological Intervention Cases, April 2012- March 2013



*(Delhi, Trivandrum, Mumbai, Rohtak, Chennai)

3.a Parents Support Group (PSG)

Under CanKids co-Founder and Director (Honorary) Sonal Sharma, CanKids encourages parents of children faced with cancer to come together as part of the PSG to support each other and empower and build the capacities of families. The PSG includes parents of survivor children, those who have lost children during or after treatment, those undergoing treatment and companions of parents or other family members.

The specific objectives of the Parent Support Group are:

- To share information and experience with freshly diagnosed families
- To empower parents of children faced with cancer
- To give confidence to families and reduce treatment abandonment rates
- To provide bereavement counseling and support
- To help provide families with means of livelihood and reintegration
- To strengthen parents as a tool for generating awareness and advocacy
- To motivate other parents to join the PSG network

The PSG performs the following key roles:

- Emotional support to families, notably through the Chatai Clinics and ward visits
- Patient Navigation: PSG members have considerable knowledge of the process of diagnosis, treatment and follow-up and can guide families new to the often complex and traumatic experience. This is accomplished in the first instance through the YANA and YANA Hold My Hand Programs
- Patient Care and Support, including facilitation. PSG members 'know the ropes' and help to get waivers, discounts and appointments. They reinforce awareness on good



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nutrition and hygiene, organize blood donation camps, run the Homes away from Home, and help to organize and volunteer for outings and celebrations

- Awareness and Advocacy: PSG is a powerful voice to share key messages particularly through PSG forums. Moreover, parents are the best advocates for the rights of their child and constitute a powerful voice for improving treatment and care in hospital services
- Reintegration and livelihood goals: Members of the PSG, often from the poorest of backgrounds, are provided with reimbursements to cover the costs of the services they help deliver; through their work they also become more experienced, worldly, and literate enabling them to progress in other aspects of their lives.

Chatai Clinic



Activities: Outreach and growth of PSG pan India: The PSG Core Team has been trained and empowered over the last nine years and in the period under review was restructured with the aim of providing a clearer allocation of responsibilities and reporting lines. The group's strategy is to steadily grow its presence throughout CanKids' regional operations. PSG teams are yet to become active in most NOP units and an increasing effort to sensitize and acquaint parents with the role of the PSG and the benefits of becoming members is underway. PSG Membership increased from 23 core team members in Delhi (some of whom were founder members since CanKids activities started in 2004) to 47. In 2012-13, this reflected PSG Forums at -

- KGMU Hospital, Lucknow, attended by 35 people
- GCRI hospital, Ahmedabad, attended by 325 people
- SGCC & RI Thakurpukur Hospitals, Kolkata
- Medanta Hospital, Gurgaon, attended by 153 parents, 144 patients and 50 siblings
- Kalawati Saran, RGCI & SFJ hospitals in Delhi

Emotional and Navigation Support: The Delhi PSG Core Team provided emotional support through 370 Chatai Clinics and 655 ward visits over the year. In addition, four trained PSG members now operate the emotional support services of the You are Not Alone Program. 157 families were supported under this program in Delhi.

Patient Care & Support: PSG members helped organize 21 festivals and outings during the year for children and families, coordinating registration, attendance, coupons, food and gift



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distribution, bus and chaperone duties, and submitting beautifully written and decorated reports. A Diwali Utsav was celebrated which 908 families attended. The theme was 'Carnival'. The sale of children's 'wish cards' funded the purchase of small gifts pre-selected by each child. Siblings also received gifts and parents received Diwali sweet boxes. PSG coordinators assigned to the TSP program distributed hygiene kits, Horlicks, juice and biscuits, and undertook lollipop distribution to wards and procedure rooms under the Handy Candy Program. The PSG organised four blood donation camps.

Awareness & Advocacy: seven Parent Forums were conducted at AIIMS Outpatients Department and KSCH in Delhi, GCRI Ahmedabad, KGMU Lucknow, SGCC Kolkata during the year. At these, panelists included treating doctors, psychologists and nurses. Topics covered ranged from treatment, side effects, nutrition, hygiene, late effects, relapse, emotional and psycho-social support.

Plans: A Parent Support Group Empowerment and Livelihood Project was launched in May 2013 to promote the skills and employability of PSG members and Coffee Morning fund raisers have begun on a regular basis to help increase resources available for women's empowerment and children's education. It is intended that a new PSG leaflet, newsletter and video documentary will be developed to promote the PSG's mission more widely. The PSG is looking into how cost effective life insurance for survivors might be sourced. The creation of a training kit to streamline the process by which new PSG members are inducted is also underway.

Informal Learning at the Chatai Clinic



4. Awareness & Advocacy

The objectives of CanKids' Awareness Program include the dissemination of information on the following: the fact that Childhood Cancer is Curable if detected early enough and treated at a proper cancer centre; types of treatment and possible side effects; patient support and logistics information; information about emotional issues and support systems; and developments around the world that may be relevant or useful in India.

The target audience is typically children suffering from cancer and their families; hospitals and medical professionals; society at large; donors, partners and other potential funding



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sources; and the media which may spread the message yet more widely. In regard to advocating for patient interests and rights, CanKids seeks to liaise closely with hospitals and treatment facilities; the pharmaceutical industry where possible; other actual or potential support organizations, childhood cancer bodies in India and overseas, and the Government.

Activities: During the last quarter of the year, Cankids set up a separate department to focus on awareness and advocacy for Childhood Cancer. As a strategic decision it was determined to engage two cancer survivors with relevant background, Kapil Chawla, Hodgkins Lymphoma Survivor and Ritu Bhalla, two times cancer survivor, as Awareness & Advocacy officers.

Focused awareness campaigns: Two successful campaigns were created. 'Early Detection Saves Lives' during the month long International Childhood Cancer Day celebrations in February 2013; and a Retinoblastoma Campaign 'Save Life, Save Vision' was created during Retinoblastoma Awareness Week in May 2013.

Exposure Events: International Childhood Cancer Day events were held in 31 hospitals across India during February 2013 attended by some 2,735 people and 984 children. Awareness was created through a set of Early Detection, Symptoms and Survivors Posters, 'Childhood Cancer is Curable' message banners and an Awareness Movie. CanKids' Doll Project was launched at four Hospitals. Medanta Hospital in Gurgaon, gave cancer survivors an opportunity to do four Flash Mobs in its foyer area. Considerable awareness was created as a result. A Taklu-Takli Drawing Competition was organized at various cancer units across India. As a result, there was extensive print, radio and social media coverage including a two hour program on National Radio on Childhood Cancer.

A large contingent of childhood cancer families and survivors participated in the Indian Cancer Society Awareness Walk on National Cancer Day on November 7, 2012, drawing attention to childhood cancer. A vivacious group of KidsCan Konnect Survivors participated with YouWeCan and Yuvraj Singh on World Cancer Day on February 4 2013. Cankids' involvement at a Girl Child Event at Fortis Hospital and Women's day event at Citibank on Women's Day in March 2013 led to a 'Girl Child with Cancer Project' later in the year.

Media Coverage: A more systematic program of media coverage online during the year saw, for example, *CanKids' Chatai Therapy* story picked up by sixty websites (including CNN-IBN and Online Media), and the Early Detections Saves Lives campaign picked up by 40 websites. The story on "*Delayed Detection bane of kids with cancer*" was extensively covered by print and online media.

Plans: CanKids' Awareness Team is currently working steadily to improve CanKids' Website, further develop relationships with the media sector and maximize its impact through modern media including CanKids' presence on Facebook and Twitter. It also intends to contribute to the development of a regular CanKids' Newsletter for donors and others.



Celebrations are held regularly



CanKids' Facilities

A. Homes Away from Home (HAH): A "Bridge" Between Hospital and Home

The HAH concept emerges from the following needs and pressures -

- A child does best in the atmosphere of a home – with time to play, study, socialize and eat the kind of food they like. The HAH is a holistic environment both for the child and family during often long and painful treatment, which provide both privacy but also the strength of a community brought together by their children's illness
- During the course of treatment a child and family sometimes have to travel far from their homes to be near a cancer center
- Depending on the type of cancer, treatment can take from five months in the case of Wilms Tumor to as long as three years for Acute Lymphocytic Leukemia
- A large part of the treatment is on an outpatient basis. In the absence of an HAH, in many hospitals, children have to stay in the ward for the entire course of the initial treatment, sometimes as long as six months. This limits the capacity of the cancer center to take on more patients
- Families need to stay close to the hospital, in hygienic and infection free circumstances. For economically disadvantaged families, the cost of treatment limits their access to such accommodation

CanKids' HAH seeks to tackle these problems without substantial investment and with low running and maintenance costs. It aims to integrate an HAH into the treatment, care and support systems of the adjoining cancer centers. It involves parent and community participation, empowering the local PSG to set up, manage and run the home and provide them employment opportunities.

The PSG sets a low daily rate for families to pay and a waiver mechanism exists for families that are unable to do so. Families are provided with a kitchen kit, room kit and school kit for their children. They are encouraged to prepare home-cooked meals and there are also



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celebration meals. Rations are provided which are raised through local donations. There is a school room in the HAH and multi-functional areas for entertainment, parent forums, celebrations and therapeutic activities. To date, CanKids has established two intensively utilized HAHs in Delhi and Trivandrum in Southern India. It is actively exploring methods of creating others in Kolkata, Lucknow, Chennai and Ahmedabad.

HAH Kotla, Delhi

This HAH provides accommodation for outstation patients during their treatment in Delhi and has been operating successfully since 2007. The HAH is built over two floors of some 1450 square feet each and has 11 cubicles, which can accommodate 22 families at a time, a school room, kitchen and multi-functional areas. It links primarily to AIIMS and Safdurjung Hospitals and occasionally to other cancer centers like Apollo and GTB.

Team: The HAH has an Honorary Mentor Coordinator and staffing includes an HAH Supervisor and Teacher and a daily cleaner. A dhobi (laundry) visit two times a week and three PSG members visit regularly to provide emotional and psychological support and distribute rations. A nurse-cum-counselor visits once a week.

Beneficiaries: Over 2012-13, there was seldom an occasion when there were less than 18 families and the HAH was running at full occupancy most of the time with, often, a waiting list of 5-6 families (as a result of which, the possibility of a second Delhi HAH is under consideration). The total number of families who stayed at the HAH was 484. Within these, 70 families were new to the facility. The average number of people per family was three. Hence, some 1400 people were accommodated over the period.

School Room: A teacher has been appointed in the HAH school room. The school day runs to a time-table, the children are provided school bags and teaching (non-formal education); games, reading and writing and painting materials and toys are available. The school room runs from 10am in the morning to 5pm in the evening. During the year, the school ran on 109 days recording a total attendance of 151 children.

Celebrations, Outings & Meetings: On the last Friday of every month, birthday celebrations are conducted at the HAH and those having birthdays in the month are given gifts. Important days are also celebrated. For example, Dussehra, Diwali, Raksha Bandhan, Krishna Janmashtami, Christmas, New Year and Holi were celebrated. There were several outings over the year being a Metro train trip, visits to India Gate, the Zoo and the Doll Museum, a drawing competition in Noida, and the Max Healthcare Sports day at Commonwealth Village.

A Forum of Female Cancer Survivors was conducted in May 2012, with pediatric oncologist Dr Rachna Seth and Psychologist Dr Savita Sapra from AIIMS POD, and beauty consultant Blossom Kochar and team, attended by seventeen girl patients and survivors. During the last week of September 2012, the HAH was renovated including bathroom doors, kitchen tiles and cupboards in rooms and the kitchen.

Plans: The fact that rooms are consistently full suggests the need for another HAH in Delhi as demand from families in need is high. This is under active consideration.



Home Away from Home Celebrations



HAH Trivandrum

“Sukritham” - the HAH in Trivandrum, Kerala was inaugurated in April 2012, in a house at Chempazhathy, Trivandrum, in response to and after a needs assessment by the Regional Cancer Center Pediatric Oncology Department headed by Dr Kusumakumari. The RCC sees some six hundred new cases a year of children with cancer from the region, including many from considerable distances, hence the pressing need for suitable accommodation. The two story house has seven cubicles which can house 14 families, a school room, kitchen and multi-functional areas and a front and kitchen garden. Children have bunk beds and parents are given mats to rest on. Each family has a cupboard for personal belongings. Apart from lodging and kitchen facilities, transport to and from hospital is provided.

Team: The HAH is volunteer-based with active parent and community participation. The Mentor for the HAH is Dr Kusumakumari herself. In addition there is a Project Officer, a supervisor, HAH teacher, counselor, dietitian and a cleaner. The counselor and dietitian provide support to all families at the RCC and the HAH. The teacher runs the school room and visits the RCC.

Beneficiaries: The HAH can accommodate up to 14 child patients each of whom can be accompanied by up to two attendants. The HAH inaugurated with three families in April 2012, which went up to 7 families by mid-year and 11 families in March 2013, as the team learnt to manage the HAH. There were 273 total inhabitants over the year with children originating from throughout Kerala as well as adjacent districts of Tamil Nadu. Free rations to all families are provided with the assistance of Prathyasha and local donors, including rice, atta, oil, sugar, spices and tea. There is a play area and volunteers organize leisure activities.

School Room: The school room was started in May 2012, with the appointment of a teacher. The school day runs to a time-table. It includes teaching (non-formal education); games, reading, writing and painting materials and toys are available. The school room runs from 10am in the morning to 4pm in the afternoon. During the year, 34 children were registered.

Celebrations, outings and meetings: The HAH conducts monthly meetings with the RCC medical director, other office bearers and local well-wishers and donors. Almost all decisions related to the activities and planning for the Sukritham are taken in these meetings, the aim being to make the HAH as self-governing and self-sustaining as possible.

Plans: These include a children’s playground in front of the HAH, a class room with a computer, library and wooden furniture and a bio-gas plant and waste management system. Much of the related funding is expected to be raised locally.



B. Pediatric Palliative Care Center ('Day Care and Transition Home')

Concept: Pediatric palliative care is an active and total approach to care, embracing physical, emotional, social and spiritual elements. It focuses on enhancing quality of life and includes the management of distressing symptoms and provision of respite and care from diagnosis through treatment and, where necessary, into death and bereavement support. At most hospitals even if they have Pediatric Cancer Units, with the large burden of patients and scarce resources, there is limited if no emphasis on symptom or pain management or counseling support. The gap becomes even more acute when a child becomes terminally ill and there is no further cure. Sometimes there may be a Pain and Palliative Care Center (PPCC), but there may be the absence of team coordination between the PCU, the PPCC, the Emergency Center or the Hospice. The child's transition back home and even into death may be painful and traumatic and, for the family, a lonely and bitter struggle.

The need for a Pediatric Palliative Care Centre (PPCC) was identified as an integral part of CanKids objective to improve the quality of life for cancer children and their families in India and to provide Continuity of Care. In July 2012, therefore, the first of its kind PPCC was started in Gautam Nagar, New Delhi, to provide proper palliative care and to supplement patient support at hospitals for children with cancer and their families in Northern India. Rather than 'Hospice' (a term with negative connotations in India), the unit is called a Day Care & Transition Home. This is also relevant, however, since symptom and pain control do not affect solely those in a terminal phase of illness.

Facilities and features: The PPCC has two wards with a total of 10 beds, including eight cubicles, an end stage room, a recreation-cum-therapy room, counselor's room, nursing station, and an OPD waiting area. On the terrace there is a kitchen cafeteria. College students enthusiastically painted attractive murals on the walls to create a child-friendly environment. Important authorisations obtained during the year included permission from the MCD for running a health-care facility; Fire Safety Clearance; contract for bio-waste disposal; Air, Water and Noise Pollution and Sewage and Bio-waste Disposal Certificates; and Registration with Nursing Home Cell of the Directorate of Health Services, Delhi. An Operating Procedures Manual has been formulated.

Team: During the year, necessary staff were appointed including a doctor, three nurses and two nursing aides (on permanent rotation), patient support officer, housekeeper, psychologist, physiotherapist, caretaker, security guard and cook.

Beneficiaries: Since inception, total admissions amounted to 197. Most patients are admitted for short durations while they undergo chemotherapy (curative or palliative), await investigations or surgeries or need respite care. Patients staying for longer periods tend to be from far flung corners of India or have symptoms that are not easy to manage at home.

Most patients fall in the 10 to 19 year old bracket. CanKids has made it a policy to keep 10% of beds for adults who require support, given capacity availability features and a high level of demand. It is a harsh reality that the needs of the female child with cancer in India are neglected even at the end of life and girls thus constituted less than a third of total admissions. All except one patient have had a form of cancer. The preponderance of osteogenic (bone) sarcoma patients (32% of the total) reflects not least the availability of excellent physiotherapy support. The next largest group was leukemias at 21%.



Plans: CanKids expects to further train PSG members to assist with bereavement support; the development of a home care initiative to bring skilled, practical palliative care into the home environment is likely (home care works in partnership with parents and families and provides hands-on expert nursing care, on up to a 24-hour basis, along with other elements of palliative care); a Morphine License will be applied for if there is a requirement for it; and a CanKids' Memorial Day will be instituted to mark solidarity with parents whose children have passed away during the preceding year.

C. Canshala - Taklu Takli ki Pathshala - School for children with Cancer

Canshala, the first school of its kind in India, started in November 2012 as a public–private partnership with local State Government, MCGM, Mumbai to serve children with cancer coming to TMH, BJ Wadia Hospital, LTMG-Sion Hospitals and other centres in Mumbai. This exciting adaptation of the 'School in the Hospital' concept combines the school service in the cancer hospital and local schooling adapted to the child's cancer treatment.

"School in the Hospital" aims to ensure -

- That a child is registered at the local school - Canshala
- Base line testing and educational and psycho-social evaluations are done
- An Individualized Education Program (IEP) is developed for the child
- The child attends the school when able. Learning is appropriate to health and attendance is not compulsory. Learning is through non-formal approaches and focus is on drama/art/music, skills, self-esteem, vocabulary, life-skills, and the basic '3Rs'
- If the child is older and can cope with regular learning, tutorial schooling is provided
- Creative adjustments are made for handling the workload, especially to cater to side effects, late side-effects and learning difficulties resulting from treatment
- "Homebound schooling" is provided to the largest extent possible for the times when the child is too sick to attend the school. This may be provided in the ward. Teachers from the Canshala will visit and provide support
- The local school/school in the hospital keeps the child's school in his home town apprised of the child's treatment and educational progress

Features and Facilities: CanKids Canshala is an integral part of the Jagannath Bhatankar Municipal School Parel. It is housed in four rooms – which include two class rooms, one health and therapy room, and one Principal's/Staff room and Computer Center (and CanKids' Regional office) and shares the playground, auditorium and other facilities of the school. CanKids also began a school bus service to pick up children from various hospitals and dharamshalas and bring them to school, and later drop them back.

PPP: The BMC provides school premises and related utilities, four dedicated rooms, two dedicated teachers, much appreciated help from staff within the municipality and at the school, and the 27 articles under its Mid-Day Meal Scheme including the meal and school books. The BMC has agreed to the running of Canshala during normal school vacations to accommodate children with cancer year round.

Team: The administrative structure of the school incorporates the Local Management Committee of the MCGM, Additional Commissioner (City), Chairman, Education Committee, Education Officer, Administrative Officer (F/S), BMC, Mumbai and Head Mistress of school. Canshala's specialized working team consists of a mentor, consultant-director, two senior teachers provided by the MCGM, two special educators, a social worker, health worker, counselor and volunteers who teach dance, yoga sessions and other therapeutic



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interventions. In addition, the sports department and other faculty of the Main School as well as the Headmistress are on hand to provide support. Social Support Teams at the cancer centers and Canshala team pre-register children undergoing treatment for Canshala on the recommendation of the treating doctors.

Beneficiaries: Since its inception, in five short months, Canshala registered 73 children with cancer and their siblings. An outcomes based curriculum is in place, children are placed in Class 1 to 7, with all the younger children in 1 classroom and older children in another. A regular timetable is followed from 10.30am to 2.30pm with prayer, breakfast, lunch, health and hygiene checkup, two learning sessions and one activity session. **Celebrations, outings and forums:** Canshala celebrated Christmas and Sankranti festivals with the children and their parents; it marked International Childhood Cancer Day in February 2013, with the Sports Department of the school helping to organize Sports Day; workshops on health and hygiene, yoga classes and parents counselling are also regular features.

Plans: The school continues to work on intermeshing its activities with those of regular schools, for example in terms of school registration, inspection and issuance of official certificates and report cards. An important objective is to ensure the children's smooth reintegration back into their home school. This requires a monitoring and school liaison process currently being put into place, along with the mentioned issuance of performance reports. CanKids will seek to ensure the maximum possible number of children benefit from the school, which means publicizing its existence and activities across various cancer centres, the St Jude's child care centers and dharamshalas in Mumbai. CanKids aims to continue to offer schooling support at hospitals and at dharamshalas for children who are unable to attend school. The success of this first of its kind school should enable CanKids to execute similar projects in other States, and work at the central government level to mandate schooling for children with cancer during treatment.

Prayers in Canshala



CanKids Support Units & National Outreach Project (NOP)

The main goals of CanKids' NOP are to:

- Grow a network of CanKids Support Units (CSUs) in hospitals across the country
- Promote and enable access to quality pediatric cancer care to children anywhere in India
- Channel CanKids' support services to children across the nation
- Develop and implement best practice and low cost models in treatment and support

Methods: Under Director NOP (Honorary), Gini Gulati, the NOP collaborates with cancer centers and medical professionals to provide quality pediatric cancer treatment, care and support. This is done by setting up and running CSUs at centers where children are treated for cancer. These fill gaps in provision by seeking to deliver CanKids' support services (medical, emotional, educational and awareness) to families as required.

The NOP also aims to build capacity and skills in support services for pediatric cancer care, through training and resourcing programs - for social workers, database managers and teachers, for example – and, through the accumulation and dissemination of knowledge, to promote best practice. The latter includes setting up focused projects on specific childhood cancers in regard to diagnostics, treatment and care. Throughout its operations the NOP advocates for quality care, research and impact assessment and seeks to create baselines to allow the monitoring, evaluation and improvement of treatment, care and support at the cancer center and in its own activities.

Delivery: The NOP develops CSUs in cancer hospitals in order to channel support services to children and their families. This is done through close cooperation with doctors and hospital administrations, often in partnership with Jiv Daya Foundation of the US, with a view to promoting an ideal Pediatric Cancer Unit (PCU). The NOP identifies gaps in care and support and seeks to fill them which involves site visits, assessments and the preparation of feasibility reports and budgets. Subsequent to a signed MOU with a hospital, the NOP will proceed to build a quality Social Support Team in the PCU, including social workers, counselors, teachers, data managers, nutritionists, parent and survivor members and other volunteers. Year on year it will review requirements and suggest and support improvements at the cancer center.

Awareness Event in Rohtak



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Team: In addition to the Director NOP, there is a DGM, Regional Project Officers in Delhi, Kolkata, Chennai and Mumbai, a Project Officer in Trivandrum and a Capacity Building & HR Manager. All are actively supported by Core Program Directors in the Head Office.

Network of Cankids Support Units Pan-India

1	IRCH AIIMS , Delhi	N 1
2	AIIMS Pediatric Oncology Division, Delhi	N 2
3	RP Eye Center AIIMS, Delhi	N 3
4	Indraprastha Apollo Hospitals – Delhi	N 4
5	Guru Teg Bahadur Hospital- GTB Delhi	N 5
6	Safdarjung Hospital, Delhi	N 6
7	Rajiv Gandhi Cancer Institute – RGCI, Delhi	N 7
8	Kalawati Saran Children’s Hospital KSCH Delhi	N 8
9	Medanta – the Medicity , Delhi	N 9
10	Max Hospitals and Max India Foundation, Delhi	N 10
11	PGIMS Rohtak	N 11
12	KGMU Lucknow	N 12
13	MCS Patna	N 13
14	IGMC Shimla	N 14
15	Tata Medical Hospital, Mumbai	W 1
16	LMT Sion Hospital , Mumbai	W 2
17	BJ Wadia Hospital, Mumbai	W 3
18	Gujarat Cancer Research Institute, GCRI Gujarat	W 4
19	Govt Medical College Nagpur	W 5
20	Saroj Gupta CWH (Thakurpokore), Kolkata	E 1
21	Institute of Hematology, Medical College Kolkata	E 2
22	SSKM Kolkata	E 3
23	NRS Kolkata	E 4
24	ICH Hematology Chennai	S 1
25	ICH Ped Surgery Chennai	S 2
26	KKCTH Chennai	S 3
27	SRCM Chennai	S 4
28	Apollo Chennai	S 5
29	Meenakshi Mission Madurai	S 6
30	RCC Trivandrum	S 8
31	JIPMER Pondicherry	S 9

Developments in 2012-13: CanKids expanded the number of CSUs to 31 in 2012-13, including new units at GMC Nagpur IGMCI Shimla, Meenakshi Mission Madurai, JIPMER Pondicherry, NRS Kolkata, Max Hospitals and Max India Foundations and Medanta, Gurgaon. Two capacity building workshops were held, one in south India and one in the western region; the first Tamil Nadu Pediatric Oncology Forum was organized; partnerships were initiated with Venu Eye Hospitals, Delhi and LV Prasad in Hyderabad to promote superior treatment for retinoblastoma and the provision of quality artificial eyes at reasonable cost; and a Girl Child Project was begun in acknowledgement of particular challenges facing



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female children in completing cancer treatment. During the year revised feasibility, reporting and budgeting processes and templates were introduced with a view to streamlining and enhancing CSU decision making and controls.

Plans: The NOP expects to continue to broaden the national impact of CanKids going forward. In 2013-14, this is likely to include the opening of additional CSUs in various parts of the country likely to include Birla Cancer Center – SMS Jaipur, SGMS Jammu, Tata Medical Center Kolkata, Adyar Cancer Center Chennai, Center for Sight Hyderabad and Delhi and LVPEI Hyderabad.

NORTHERN REGION

CanKids works in 14 locations in Northern Region: In Delhi at All India Institute of Medical Sciences (AIIMS) – Pediatric Oncology Division, Dr. Bra Institute Rotary Cancer Hospital (IRCH), Dr. Rajender Prasad Centre for Ophthalmic Sciences, Rajiv Gandhi Cancer Institute & Research Centre, Indraprastha Apollo Hospital, Guru Teg Bahadur Hospital, Safdarjung Hospital and Kalawati Saran Children's Hospital; in Haryana at Pandi Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, Rohtak and Medanta Medcity (Gurgaon); in Uttar Pradesh at King George's Medical University/Chhatrapati Shahuji Maharaj Medical University; and in Bihar at Mahavir Centre Sansthan and Research Centre.

Team: The Region is looked after by the Head Office Medical & Hospital Team headed by VP Medical & Hospitals and the NOP Team, headed by Director NOP. CanKids as a unit of Indian Cancer Society began its operations at AIIMS in 2004. The CSUs at AIIMS POD, IRCH, RGCI and Apollo are the hospitals where CanKids developed its range of programs and services. These units continue to be supervised by the Head Office Medical team. All other CSUs have been set up and are managed by the NOP team. It has been decided to set up a separate management team for the Northern Region.

Highlights: Partnerships were initiated in Max Hospitals (May 2012), IGMC Shimla (Jan 2013) and Medcity (Feb 2013). Over 2013-14, CanKids expects to strengthen the provision of support services to these hospitals, especially the more recently established ones, notably in the education and psycho-emotional fields to supplement existing medical assistance. Improving hygiene and infection control and a better outcome for girl children are, in particular, common themes. On the planning agenda for 2013-14 are SGMC Jammu and Birla Cancer Center – SMS Jaipur.

Activities: The CSUs vary considerably by case load thus breadth and age thus maturity. Here, for purposes of brevity, we describe in some detail the larger units, but only summarise support provided in smaller operations. It should be borne in mind that the smaller units may have access to the broader range of CanKids' support services.

CSU @ Dr. BRA IRCH - AIIMS

All India Institute of Medical Sciences is a medical college and research public university based in New Delhi. Established in 1956 it operates autonomously under the Ministry of Health and Family Welfare. Its Dr. BRA IRCH (Indian Rotary Cancer Institute) division was set up in 1983. The Pediatric Oncology program in the department of Medical Oncology at IRCH, AIIMS, over a span of nine years has become one of the largest referral centers for pediatric cancers in India, with more than 1,000 new pediatric cancer cases being registered per year. At IRCH eight out of 32 beds in the ward and two out of eight in the BMT department are for pediatric cancer.



What We Do

CanKids CSU @ IRCH has operated since 2004. In 2012-13 the medical program assisted some 1,000 children to obtain drugs, diagnostics and surgeries. CanKids also supported 55 special diagnostics such as donor screening and cytogenetic testing and five Bone Marrow Transplants (BMT). 222 SDP kits for needy patients for blood transfusions were provided. CanKids also supported 20 osteosarcoma surgeries, 12 orthopedic implants and 15 wheel chairs and arranged artificial limbs as appropriate.

164 *Chatai Clinics* were operated over the year along with 200 ward visits by the PSG and teachers offering emotional support, patient navigation, and learning activities. Under the Treatment Support Program, 60 nutrition and hygiene clinics were conducted offering information, nutritional supplements and hygiene kits. Accommodation for 65 families was made available at the Kotla, Delhi Home Away from Home. One PSG Forum was held and attended by 350 people (affected families and general public) and emotional support and patient navigation was provided in 500 cases. 32 celebrations at the Chatai Clinics were held and 12 outings for the families were jointly conducted by the PSG and teachers. The Handy Candy Program for psycho-social support in Outpatients and procedure rooms was provided and the launch of the Taklu Takli Hospital Dolls Project in February 2013 enhanced this service. The latter is a part of CK's *Child Life Project*. Eighty five special psychological interventions on an individual basis were provided.

Regarding education support, one hundred and forty *Learning Activity Clinics* through Chatai Clinics were held and, including ward visits also, total child contact points amounted to 5,228 (the same child often being involved more than once). Education assistance was provided to one hundred and fourteen children. Awareness and Advocacy Programs included ICCD events attended by 150 families.

Plans: Services at IRCH are broad-based, but 2013-14 can be expected to see a focus on more effective tracking of patients after treatment; efforts to further reduce treatment abandonment (not least among girl children) along with infection rates among families. The possibility of another HAH in Delhi is under review due to demand.

CSU @ AIIMS POD

AIIMS Pediatric Oncology Division is under the Department of Pediatrics. It sees around 250-275 new cases of all types of childhood cancer (excluding brain) per year. There are four dedicated in-patient beds, though 4-8 children with cancer are admitted at all times; Daycare which runs 7 days a week caters to 40-50 children every day and the OPD runs four times a week, including a Survivor Clinic every Thursday. CanKids CSU @ AIIMS POD has sought to provide continuity in medical and social support for children with cancer since its program started in January 2004 as a unit of Indian Cancer Society. In the earlier years a joint clinic was run at IRCH for both AIIMS and IRCH OPDs, but from September 2009 onwards a separate CSU has been set up and is present all year round at OPDs on Mondays, Wednesdays, Thursdays and Saturdays in the courtyard under the peepal tree outside the Children's OPD building. Work in this CSU has been important in the evolution of CanKids' programs overall.

In 2012-13, medical assistance was given to 319 registered children encompassing drugs and diagnostics (including 16 cytogenetic tests through Ganga Ram Hospital). CanKids facilitated 122 patients to get financial assistance from other sources, including government. 197 Chatai Clinics and 197 ward visits were conducted, administering the "You are Not Alone" program and a similar number of ward visits by the Parent Support Group and teachers



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occurred. The Treatment Support Program ran 50 nutrition and hygiene clinics offering information, nutritional supplements and hygiene kits.

The Kotla, New Delhi, Home Away from Home (HAH) provided 40 outstation families with accommodation during treatment. Four PSG members were available at Outpatients four times a week and four quarterly PSG Forums were organized, attended by 350 people. Thirty four celebrations were held at the Chatai Clinics and 14 outings for the families were conducted by PSG and teachers. In 135 clinics, the Handy Candy Program, in Outpatients and in the procedure rooms, provided lollipops to children to distract from the discomfort of treatment and 85 special psychological interventions were carried out.

In terms of educational support, 197 Learning Activity Clinics occurred, with total attendance of 1,451 children; education assistance was provided to 50 children; and sixteen received awards under CanKids' National Scholarship Program. Awareness and Advocacy Programs included a Model Chatai Clinic at Jawahar Lal Nehru Auditorium run by the PSG members in collaboration with the Pediatric Department, and included banners, posters and a painting competition; a similar exercise occurred to recognize ICCD, attended by 150 families. Pediatric Palliative Care support and advice was provided to 695 children and families (including those from other units in Delhi) including pain and symptom management, counseling, terminal care and bereavement support, some through the Daycare and Transition Home (DCTH) in Gautam Nagar, which was launched in August 2012.

Plans: Services at AIIMs are broad-based, but 2013-14 can be expected to see a focus on more effective tracking of patients after treatment; efforts to further reduce treatment abandonment (not least among girl children) along with infection rates among families. The possibility of another HAH in Delhi is under review given demand.

CSU @ Rajiv Gandhi Cancer Institute and Research Centre

Rajiv Gandhi is a Super Speciality Cancer Hospital set up by Indraprastha Cancer Society. It is a semi-Private Hospital with mostly paid facilities. Presently, it has 302 beds, with state of the art facilities for the diagnosis and treatment of cancer. CanKids' activities in RGCI Hospital commenced in 2004. CanKids provides medical support to poorer families. In 2012-13, eight new families registered with CanKids for medical and other support. The mentor coordinator of the CSU is a parent support group member. A social worker visited bi-weekly and a teacher visited weekly for non-formal education. Families were invited to awareness and celebratory events, with many taking part.

Plans: The education and psychosocial support programs are expected to be implemented. A school in the hospital is being set up with CanKids looking to provide the teacher.

CSU @ Indraprastha Apollo Hospitals - Delhi

Apollo Delhi is a private multi-specialty acute care hospital with some 700 beds. The pediatric oncology department sees about 100 new cases of childhood cancer each year. CanKids' started supporting patients in Apollo Hospital from March 2005. Though Apollo is a private hospital, it co-operates with CanKids in the provision of high quality treatment and care for a number of poorer patients. Over 2012-13, twenty five families registered with CanKids for medical and other support with twenty four eventually receiving some form of support over the year. Families were invited to awareness and celebratory events, with many taking part. CanKids is grateful to Senior Consultant Pediatric Oncologist at Apollo Dr Amita Mahajan who is a CanKids' BOG member and the Chairman of CanKids' Medical Advisory which provides guidance and expertise on a weekly basis.



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Plans: It is planned to enter into a more formal partnership which allows for involvement of the parents body and for co-operation in studies and research.

CSU @ MCS Patna

Bihar and Jharkhand comprise a major part of the Hindi speaking region of India. With a population of over 100 million, the two states have a burden of 250,000 cancer patients at any given time, out of which 3-4% patients are children up to 18 years of age. CanKids CSU in Mahavir Cancer Sansthan (MCS) Hospital commenced in 2008 as its first NOP unit. The hospital has 20 beds dedicated for childhood cancer patients with an annual new case load of about 146. CanKids supported 53 children over 2012-13. The number of Chatai Clinics held was 247 and ward visits 287. Families benefited from regular nutritional and hygiene interventions and were invited to awareness and celebratory events, with many taking part.

Plans: Expansion of CanKids education and emotional support programs is under consideration, notably the appointment of a dedicated teacher and counselor; a ward decoration program is likely to be implemented shortly. Efforts to further reduce treatment abandonment (not least among girl children) along with infection rates will continue.

CSU @ CSMMU/KGMU Lucknow

The hospitals attached to the King George's Medical University are called the Gandhi Memorial & Associated Hospitals. This hospital complex is spread over an area of 88,000 square meters with a conglomeration of buildings housing various departments and their respective wards. Pediatric oncology services are provided through a weekly cancer clinic and 28 dedicated beds. CanKids activities in King George Medical Hospital commenced in 2010. Over 2012-13, CanKids registered 266 new cases and supported 48 cases with medical and other assistance. Families benefited from regular nutritional and hygiene interventions and were invited to awareness and celebratory events, with many taking part.

Plans: CanKids expects to expand the regularity of its Chatai Clinics; further educational support is required as is therefore the recruitment of a teacher; and work towards making the wards more attractive and child friendly can also be expected.

CSU @ PGIMS Rohtak

Pt. B. D. Sharma, PGIMS, Rohtak is situated at a distance of about 240 km from Chandigarh and about 70km from Delhi. It is the only major Institution for Medical Education and Research in Haryana and a tertiary care centre for provision of specialized health care services not only to the people of that State but also to those from Punjab, Rajasthan, Delhi and western Uttar Pradesh. CanKids' activities in PGIMS commenced in 2009 with the medical support program. In 2012-13, new cases registered with CanKids were 39, the same as the number CanKids supported. There were 242 ward visits by CanKids team members over the year. Families benefited from regular and extensive nutritional and hygiene interventions and were invited to awareness and celebratory events, with many taking part.

Plans: CanKids hopes to promote improved hygiene among families to reduce infection rates. This process will be enhanced to that extent that a PSG can be created and regular awareness and support activities begun. It is hoped that a lack of adequate recreational items, including a television, books and toys, can also be resolved.

CSU @ Safdarjung Hospital, Delhi

Safdarjung Hospital started as an American Army Base Hospital during the World War II. It was taken over by the Central Government in 1954 and renamed. Until the inception of the



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All India Institute of Medical Sciences in 1956, Safdarjung Hospital was the only tertiary care hospital in South Delhi. Today it has 1531 beds. CanKids' activities in Safdarjung Hospital commenced in 2008, though the full Chatai Clinic was established more recently in early 2013. The hospital has eight beds dedicated for pediatric cancer patients and has an average of forty or so children admitted per year. During 2012-13, CanKids expanded the medical support program providing additional financial support and improved the amount of funding facilitated from government sources. Over the year, CanKids supported some fifty cases for medical and diagnostic support.

Plans: To improve educational support, it is hoped that a full-fledged class room in the ward will be opened in 2013-14. Work will continue to minimize treatment abandonment; advocacy and awareness will continue to highlight the psycho-social needs of cancer patients and survivors, especially girl children; and further work will be done to make wards more attractive and child friendly.

CSU @ Dr. Rajendra Prasad Centre for Ophthalmic Sciences (AIIMS), Delhi

Dr. R.P. Centre has emerged as an apex center for providing ophthalmic health care services (preventive and curative) in India, recognized by the Government of India under the National Program for the Control of Blindness. CanKids' activities in this specialist eye centre which handles retinoblastoma cases, commenced in 2009. In 2012-13, 57 new families registered with CanKids for medical and other support and 196 were provided medical and diagnostic support in total. CanKids' social workers facilitated significant government funding. 63 MRI tests were provided free of cost through CanKids' agreement with Sir Ganga Ram Hospital, Delhi plus other diagnostic tests at discounted rates were enabled from elsewhere. Families were invited to AIIMS awareness and celebratory events, with many taking part.

Plans: Under RB Project goals, awareness, advocacy and patient support at the Center will continue as priority. The artificial eye program will receive special attention.

CSU @ Guru Teg Bahadur Hospital

Guru Tegh Bahadur Hospital (or GTBH) is Delhi Government's first tertiary care hospital in the East Delhi/Trans Yamuna area catering also to patients from the adjacent state of Uttar Pradesh. It is a 1500-bed hospital and is affiliated to and acts as the teaching hospital of University College of Medical Sciences. CanKids' activities commenced in 2009. In 2012-13, work of the CSU was limited as the children's wards were moved and by the absence of a dedicated social worker. Even so, eight families were registered for medical and other support. Families were invited to awareness and celebratory events, with many taking part.

Plans: A new pediatric oncology ward has been started in the Mother & Child department. The NOP and Medical team plan to do a needs assessment and feasibility study to revisit requirements.

CSU @ Kalawati Saran Children's Hospital

Located in Connaught Place, New Delhi, Kalawati Saran Children's Hospital (KSCH) is one of the largest children's hospitals in Asia. The hospital was started in 1916 with 80 beds for the departments of Medicine, Obstetrics and Gynaecology. There are now 370 beds with 10 dedicated to pediatric cancer. CanKids' activities were strengthened through the signing of a new MOU in 2011 and the appointment of a dedicated social worker in May 2012. Over the year there were some 40 new cases registered with CanKids and 46 children actually



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received support overall. Families benefited from regular nutritional and hygiene interventions and were invited to awareness and celebratory events, with many taking part.

Plans: Expansion of CanKids education and psychological support programs is under consideration; a ward decoration program is likely to be implemented.

CSU @ Max Hospitals, Delhi

CanKids is partnering with Max Hospitals and Max India Foundation. MIF contributes to the funding of medical assistance for poor children, whilst Max Hospital supports partial treatment of poor children. Dr Ramandeep Arora, Consultant Oncologist at Max Hospitals is Honorary Head of the CanKids' 'Quality Care, Research and Impact Program'.

Plans: CanKids expects to develop psycho-emotional and parent support programs in co-operation with Max Hospital.

CSU @ Medanta Hospital, Gurgaon

Medanta is a private multi-specialty tertiary acute care hospital with 1250 beds and over 350 critical care beds. It has 45 operating theatres catering to over 20 specialties. CanKids' activities at Medanta Hospital, Gurgaon, commenced in February 2013. The hospital hosted International Childhood Cancer day celebrations attended by 455 children, parents and families from various hospitals across the National Capital Region. As part of this celebration, CanKids' survivors performed four flash mobs to raise awareness and funding for children's cancer treatment. The partnership, yet to be formalized in an MOU, provides for free diagnostics and tests for poor patients, free or subsidized treatment for a percentage of the children on the one hand and, on the other, CanKids' expertise in providing a school in the hospital, child life, emotional and psycho-social support and a year round calendar of activities for patients, survivors and parents.

Plans: A detailed MOU is expected to be finalized.

WESTERN REGION

CanKids started activities in Western India in 2009. As of today, CanKids works in six locations – four in Mumbai (CanShala-Parel, Tata Memorial Hospital, Parel, Wadia Hospital, Parel and LTMC Hospital, Sion), one in Gujarat (Cancer Research Institute (GCRI) Hospital) and one in Ahmedabad (Government Medical College, Nagpur).

Regional Office Team: The CanKids Management team is led by Priti Dhall, Regional Director (Honorary) and Surabhi Kakar, Mentor, CanShala (Honorary). There is a Regional Project Officer, Accountant, Administration Officer and a PSG Co-ordinator.

Highlights: Over the year, the first of its kind school in India for children affected with cancer - CanShala - was opened in November. CanShala is a public private partnership between Brihanmumbai Municipal Corporation (BMC) and CanKids (see separate discussion earlier); there was an increase in number of regional volunteers and donors - due partly to a strong response to the CanShala project; and, owing to the wonderful school premises, CanKids' Western Region got a regional office set-up at Parel, Mumbai.

Activities

CSU @ Tata Memorial Hospital, Parel, Mumbai

Tata Memorial Hospital is an arm of Tata Memorial Centre Mumbai, the other being the Cancer Research Institute. The pediatric oncology department sees some 50 inpatients at a



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given time. In 2012-13, CanKids contributed funding for some 20 patients a month as general medical assistance; and special support to children with Retinoblastoma under its RB Project. A total of 354 children were supported in the year with medical and other support. Various celebrations were held, including six birthday parties, Diwali and International Childhood Cancer Day at Sophia College; and three Parent Support Group forums occurred, including discussions of hygiene awareness, palliative care and retinoblastoma awareness.

CSU @ Jerbai Wadia Hospital, Parel Mumbai

The department of Pediatric Haematology and Oncology at Bai Jerbai Wadia Hospital (BJWH) is a specialty unit treating children with blood diseases and cancer at this children's hospital in Mumbai. Cankids started its operations in 2010 and provides a range of services, with support also coming from Jiv Daya Foundation. In 2012-2013, 83 new children were provided medical, emotional and psychological support; 334 children (including follow-up patients) were counseled and facilitated for medical assistance; 101 Chattai Clinics were conducted; Diwali, Christmas and six birthday parties were celebrated; three PSG forums were held along with awareness programs on hygiene, palliative care and retinoblastoma awareness; two outings were arranged for the children at Sophia College and children were taken for a movie; and a successful Wadia-CanKids fund raiser was held.

Drawing in the Chatai Clinic



CSU @ Lokmanya Tilak Municipal Hospital, Sion

Lokmanya Tilak Municipal and General Hospital is one of the oldest hospitals in Mumbai serving underprivileged sections of society. The pediatric haematology/oncology department was initiated in 1976; CanKids started its operations at the hospital in 2010. During the year, CanKids provided 77 newly diagnosed children with varying emotional and psychological support, medical assistance and facilitation; regular patient and family counseling was done on a 1:1 basis by volunteer psychologists; 80 Chattai Clinics were conducted by volunteers, JDF staff and psychologists; and celebrations including three birthday parties and one PSG forum were held. A CanKids capacity building workshop was also held.

CSU @ Gujarat Cancer Research Institute, Ahmedabad

GCRI is a regional cancer centre which is jointly managed by the Gujarat Government and Gujarat Cancer Society. Cankids started its operations in 2011. In 2012-13, regular 1:1



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counseling was provided for all patients by a counselor and a teacher; various assistance such as handy candy and Horlicks distribution was provided under the Treatment Support Program; regular daily Chatai Clinic and learning activity clinics were held by the CanKids' teacher (where the children with their families are also given lessons on hygiene and cancer awareness); and celebrations such as monthly birthday parties were conducted.

CSU @ Nagpur Government Medical College Hospital, Nagpur

Nagpur Government Hospital is run under the supervision of Maharashtra State Government. CanKids started its operations here in May 2012. In 2012-13 Chatai Clinics were held regularly in the unit; under the Treatment Support Program Horlicks and biscuits were distributed to patients; monthly birthday parties were held and Diwali and International Childhood Cancer Day were celebrated; one PSG forum was held and one children's outing was conducted by the unit.

EASTERN REGION

Cankids started its activities in Eastern India in June 2011 and the operation is in a developing phase. By the end of 2012-13 year, Cankids worked in four cancer hospitals in Kolkata – SGCCRI, MCK IHTM, SSKM Paediatric Surgery and NRS Haematology and Paediatric Haematology.

The Regional Office Team includes Mohit Aggarwal, (Honorary) Regional Director and Regional Medical Advisor, Dr. Sankha Mitra. There is a Regional Project Officer, Counsellor and Teacher.

Highlights of 2012-13: These included the appointment of BOG member, Mohit Agarwal (a business person with strong local connections and exceptional existing commitment to the CanKids cause) to the role of Regional Director (Honorary); the induction of Dr Sankha Mitra of 'WeWithYou' as Regional Medical Advisor; the opening of a new CSU at SSKM Pediatric Surgery; the regional expansion of CanKids' medical programs to fill significant treatment gaps and a counselling service to reduce significant treatment abandonment rates; educational steps forward with the hiring a teacher for SGCCRI and the use of a part-time teacher in three other government hospitals; the initiation of the Treatment Support Program (nutrition, hygiene, blood support); and the formation of a Parents Support Group initially at SGCCRI which included a forum held to discuss emotional trauma.

CSU @ SGCCRI Kolkata

Cancer Centre Welfare Home and Research Institute was set up under the leadership of Dr. Saroj Gupta in 1973 at Thakurpukur on a donated piece of land initially to provide help to distressed cancer patients who came to the city for treatment at different hospitals. In the course of three decades, the small 'Home' with 25 beds has emerged as a full-fledged modern Cancer Hospital with 282 beds now known as the Saroj Gupta Cancer Centre and Research Institute (SGCCRI). Children are admitted in two wards which together have 42 beds. 45 children are seen in the OPD on a daily basis.

Cankids' operations commenced in 2011. Medical support under the supervision of a social worker was introduced. More recently, CanKids strengthened the unit's facilitation program plus its advocacy and awareness role, educational program and promotion of hygiene and nutrition. An allocation of funds to assist with palliative care has also been made. SGCCI saw some 30 new childhood cancer cases registered with CanKids over the year with the total number of children supported by CanKids rising to 42. Over the year, there were two major awareness events in February and March 2012, related to International Childhood Cancer



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Day. In addition, two general awareness briefings were held and the hygiene kit was launched.

The introduction of CanKids' activities has correlated with a fall in treatment abandonment rates. With the introduction of a steadily broader range of programs it is hoped this pattern will be reinforced. CanKids' presence in the hospital since 2011 has strengthened relationships with doctors and others and confidence in support offered has been achieved.

CSU @ Medical College Kolkata, IHTM

Medical College, Kolkata is the oldest medical college in Asia, founded in 1835. The institute was established by the Government of West Bengal in October 2002 to serve as a centre for research & training in Haematology & Transfusion Medicine. Total beds in the male and female wards are 35. CanKids' activities and support at IHTM started early in 2012 with Medical Support administered by a Social Worker. Subsequently, nutritional, educational and diagnostics support have been introduced and, more recently, counseling, facilitation and awareness and advocacy steps forward have occurred and, for example, improvements in patient record keeping have been achieved.

The number of new cases registered with CanKids was 30 over the year, with the number actively supported being 16. The majority of patients come from weak financial and educational backgrounds. CanKids intervention has correlated with a significant reduction in treatment abandonment thus enhanced survival rates. 70% of children are now believed to complete treatment. In keeping with CanKids' mission of improving the well-being of children during treatment, various events have been celebrated in the ward some of which also contribute to awareness. ICCD was celebrated (with 150 participants) with a movie shown to the children and the distribution of gifts and chocolates. A tour of Science City was also organized for 40 children and their parents. Christmas was celebrated with 44 participants with toys, clothes, cakes and chocolates distributed to patients and their parents.

Going forward, CanKids' objectives include advocating for pain free procedures in the children's cancer unit; improving financial support for certain higher cost diagnostics; and creating a play-cum-activity room to better implement psychological and educational support programs.

CSU @ SSKM Pediatric Surgery

Institute of Post-Graduate Medical Education and Research and Seth Sukhlal Karnani Memorial Hospital, colloquially known as PG Hospital (Presidency General Hospital) or SSKM Hospital, is a tertiary referral government hospital for the state of West Bengal. The Pediatric Surgery ward has 37 beds for all children including those with solid tumors. The Department of Pediatric Medicine has 60 beds.

CanKids' activities at SSKM started in February 2013 in the Pediatric Surgery department with medical support overseen by a Social Worker supported by Jiv Daya Foundation. In addition, nutritional support and hygiene promotion programs have commenced. Over the year CanKids registered 27 new cases of childhood cancer and supported 10 of those. The majority of patients are from long distances and also from weak financial and educational backgrounds. CanKids' intervention has correlated with a reduction in treatment abandonment rates thus promoting rates of survival.

CanKids also provided financial assistance to children as part of its After Cancer Treatment (ACT) program. Ten children were supported under this program last year, considerably



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fewer than those applying. Primarily for educational assistance, funds were used for tuition fees, books and uniforms.

CSU @ NRS Hospital Haematology Department

Nil Ratan Sircar Medical College and Hospital is one of four government medical colleges in Kolkata. Its Haematology department treats both adult and child cancer patients for blood cancers. There is a 20 bedded ward supplemented by an 8 bedded ward in Pediatric Hematology for child cancer patients. CanKids completed the feasibility and needs assessment together with Jiv Daya Foundation in February 2013 and started CSU activities in May 2013 with the appointment of a social worker supported by JDF.

Plans: CanKids' activities have only recently begun in east India. Steady progress has been made with the introduction of social workers and the medical program in particular with an observable positive impact on treatment abandonment rates. Some progress has been made on basic issues such as family hygiene and infection control, but more work remains to be done. In addition, the broadening of CanKids' support programs is now required across the spectrum of assistance, notably the provision of counseling, education and awareness measures. Significant demand from all three Government Hospitals is for an HAH. Needs assessment has been completed and the team is actively working on an HAH project.

Good nutrition is a must



SOUTHERN REGION

CanKids started its activities in South India in 2011 and currently works in eight locations. Five are in Chennai (ICH Haematology Department, the ICH Surgical Department, KKCT Hospital, SRMC Hospital and Apollo Chennai), the others being JIPMER Hospital in Pondicherry, MMH in Madurai in Tamil Nadu and RCC in Trivandrum, Kerala.

The Regional Team includes: Regional Medical Advisor, Dr Julius Scott (KKTCH & SRCM) and BMT Project Advisor, Dr Revathy Raja, Regional Project Officer, Counsellor and Project Officer Trivandrum. There is a key local Partnership with Ekam Foundation.

Highlights: Since their relatively recent inception, CanKids' southern region activities have taken on a methodical pattern of expansion. Key developments have been the forging of systematic and strong partnerships with treating doctors and hospitals in order to set up eight CSUs; the setting up of CanKids' highly successful Home Away from Home in Trivandrum; partnering with Jiv Daya Foundation to provide social workers and data managers and Ekam Foundation to build grass roots activity; running capacity building workshops for social support teams (in 2012 this was attended by 23 social workers,



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counselors and data managers from all CSUs and other hospitals in the region); and the completion of the mapping of Tamil Nadu in regard to longer term likely requirements for CanKids' support (which included the organization of a Pediatric Oncology Forum chaired by Dr. Jayabose of MMM Hospital Madurai and coordinated by Dr. Julius Scott and CanKids' RPO).

Home Away from Home, Trivandrum



Activities

CSU @ ICH Hematology Chennai

The Department of Hematology ICH & HC unusually combines clinical and laboratory faculty working together under one roof. It provides clinical facilities for out- and in-patients. During the year, CanKids provided monthly support for medicines and laboratory support for the haematology ward; 148 children were supported in this unit with a range of medical services as well as nutrition and hygiene support and counseling and awareness sessions for their families; various events were held in the ward such as birthday parties, Diwali, Christmas and Pongal celebrations; four quarterly parent forums were held focusing on hygiene, nutrition, childhood cancer information and emotional support; a counselor conducted 1-1 special intervention clinics for parents and children and group Sharing Caring sessions; an awareness program occurred on International Childhood Cancer Day; and outings were arranged for the children.

CSU@ ICH Surgical Chennai

The department of Pediatric Surgery of the ICH & HC is vibrant and provides all kinds of surgery for children below the age of 12 with a variety of cancers. During the year, CanKids provided monthly support for medical assistance and lab support; 112 patients and their families were supported under various programs (treatment support, nutrition and counseling support for parents); events were organised such as birthday parties, Diwali, Christmas and Pongal celebrations as well as outings under the Child Life Project; and an Awareness Program occurred on International Childhood Cancer Day.

CSU @ MMMH Madurai

The Department of haemeto-oncology was begun in 2002 at Madurai Meenakshi Mission Hospital and the related Camila Cancer Children Center NGO was set up by the department's head Dr. Jeyabose along with the MMH administration to raise funds for treatment of the poor. Clinical and laboratory faculty work together under one roof. It provides clinical facilities for out- and in-patients. Over the year, CanKids support for this unit included 27 children supported for medical assistance, lab, nutrition and hygiene needs; parents



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meetings, Children's Day celebrations, PSG meetings, awareness raising and the ICCD program under the Child Life and Awareness Programs were arranged; and a special awareness session on childhood cancer and a children's outings program were organised.

CSU @ JIPMER Pondicherry

Though JIPMER is located at Pondicherry, 60% of patients come from outside including Villupuram, Thanjavur and even Chennai. Treatment is largely free for poor children and Chief Minister Insurance is also made available in the hospital. CanKids started operations in 2012. Over the year, CanKids support for this unit included eight children from poor families for medical assistance and two children for laboratory support; under the Treatment Support Program, Horlicks for nutrition support and hygiene kits were provided; events such as Children's Day, New Year and Pongal were celebrated; emotional and social support from the PSG was arranged; and awareness events during the ICCD were arranged.

CSU@ (KKTCH) Chennai

Kanchi Kamoti Children's Hospital (KKTCH) in Chennai saw CanKids provide support over the year including funding for eight children including medical assistance; treatment support, including delivery of Horlicks for nutrition support; awareness activities during ICCD; the organising of events for birthday parties, Children's Day, Diwali and Christmas under the Child Life Project; and family counseling.

CSU @ Sri Ramchandra Mission Hospital (SRM), Chennai

SRM in Chennai saw CanKids support over the year comprise of medical assistance for four children; treatment support program support involving the delivery of Horlicks for nutrition purposes; awareness activities during the ICCD; and organising events for birthday parties, Children's Day, Diwali and Christmas under our Child Life Project; and family counselling.

CSU @ Apollo Hospital, Chennai

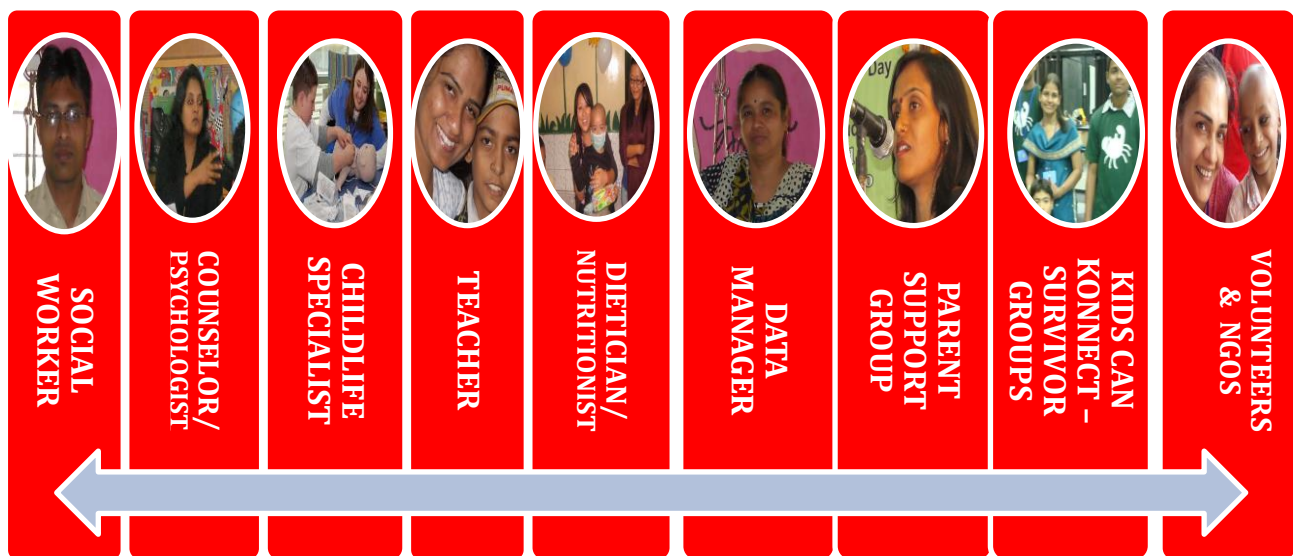
Apollo specialty hospital is a private sector medical centre providing various cancer treatments for children and adults. It offers facilities for poorer patients, however, which CanKids seeks to assist in a targeted manner. Some CanKids services such as information and awareness are made available to all. CanKids provided monthly medical assistance from September 2012 through an MOU with the hospital pharmacy which agreed to provide drugs at discounted prices; under CanKids' Adopt-a-Child for treatment Program 14 children from poor families were supported for BMT and other medical assistance.

Plans: In South India, CanKids' educational programs will be steadily implemented by each CSU team in the Chatai Clinics and a School in the Hospital is expected to be developed in ICH Hematology or ICH Surgery; a Home Away from Home in Chennai is likely to enter the planning stage in 2014; and, meanwhile, new CSUs are in a preliminary planning stage for Adyar Cancer Institute Chennai, Sangra Nethralaya Chennai, Aravinda Eyecare Hospital Madurai, Tanjore Cancer Center Thanjuvar, GVN Trichy Cancer Hospital Trichy and CMC Vellore. Supported by CanKids, a Tamil Nadu Pediatric Oncology Forum (TNPO) has been developed to involve all relevant treating doctors in order to pool resources and expertise, discuss common problems, extend support to each other, establish uniform protocols and practices, and provide support to poor patients.



Empowerment and Capacity Building

CanKids is committed to building and supporting a cadre of trained people for pediatric oncology support services including social workers, data managers, dietitians, counsellors, teachers, volunteers, parents and survivors. This team of people forms the basis of the CanKids Support Units (CSUs) that operate within hospitals and serve as channels for CanKids' support programs. CanKids aims to build and empower Social Support Teams in each of its CSUs. Below is shown a profile of such a team. CanKids partners with Jiv Daya Foundation, in particular, which provides salary support for social workers and data managers in large measure, and occasionally a dietitian/nutritionist.



In 2012-13, CanKids started providing a full/part time teacher and full/part time counselor on the basis of at least one in each city of operation and with the objective to build up to one in each CSU. In the absence of a 'Child Life' specialization in India, CanKids is also building capacity in its teachers to provide group therapy interventions – such as storytelling and relaxation, and every counselor is being trained to also work as a Child Life Coordinator. In 2013-14, providing nutritionists and hygienists will be the next focus in terms of build out.

CanKids recruits, trains, monitors and supervises its social support teams. In the last two years this has become a focused effort. With this in mind, workshops have been conducted and attended by social support team members at a national level and at a regional level. In 2012-13, two regional workshops were conducted one in December in Chennai, and the second in January in Mumbai. A palliative care workshop was also conducted. The workshops are supported by Jiv Daya Foundation under the CanKids' National Outreach Project.

The Parent Support Group (PSG): Building and empowering the Parent Support Group and Survivors under the banner of KidsCan Konnect is a strategic initiative to ensure the sustainability of Change for Childhood Cancer in India. As set out earlier in this report, parents of children faced with cancer come together to support each other, to empower and build the capacities of families. As a result of their experiences, they make excellent patient navigators, supporters and advocates. Parents are encouraged to join as volunteers and are trained to provide effective emotional support, patient navigation, family-focused care, parent forums and patient advocacy. Reimbursements are offered to enable them to volunteer without imposing a financial burden, and as they continue to engage over the



What We Do

years, this may also become a means of reintegration into the working environment and earning livelihoods. Today the Core Team of 22 PSG members has begun developing a Reintegration and Livelihoods Program working to ensure that each CSU builds a PSG of at least 3-5 members and numerous 'voice' members who spread the message that Childhood Cancer is Curable when detected early enough and treated at a proper cancer center.

Skills Development Sessions



Kidscan Konnect (KCK): Childhood Cancer Ambassadors. As also described earlier, KCK is a group of teenage and young adult childhood cancer survivors, patients, their siblings and friends who are committed to work as childhood cancer ambassadors to support each other; to create awareness about their cause; to advocate for better standards of treatment, care, support; to improve knowledge about late effects and issues of reintegration into society; and to collaborate with TYACON (Teen and Young Adult Cancers Organisation).

Survivors and their peers are encouraged to join as volunteers once they reach 13 years of age. Like the PSG they are given reimbursements to enable them to volunteer without imposing a financial burden. The KCK is encouraged to have its own management body and identity, under the umbrella of CanKids, and today has a steadily growing membership. The Core team of KCK has begun work on expanding and developing KCK across India and in all CSUs; and a two year KCK Leadership Program has been initiated to build childhood cancer ambassadors and to help them reintegrate into society as cancer survivor leaders.

Quality Care Research and Impact (QCRI)

In April 2013, study projects being carried out in CanKids were reconstituted under a separate program area - QCRI or 'Quality Care, Research and Impact' headed by Director QCRI (Honorary), Dr. Ramandeep Singh Arora, Consultant Pediatric Oncologist, Max Healthcare, New Delhi, recently returned from the UK where he was Registrar, Pediatric Oncology, Alder Hey Children's Hospital, Liverpool. Shivani Ahuja will be the Project Officer - Patient Navigation & Care Coordination (she is also CanKids' physiotherapist).

The strategy is to bring together under one umbrella all analytical projects being conducted with a view to providing quality patient navigation and care; evaluating service and assessing impact; and conducting and encouraging research in-house and in the pediatric oncology community at large. Some of the issues being worked upon are set out in the table below.



QCRI - Quality, Care, Research and Impact			
	Project	Progress	Comment
1	Sajeev CanKids Retinoblastoma Project for awareness, advocacy and patient support	i. RB Awareness Week May 2012 ii. rb.can-kidsindia.org; iii. Launch artificial eye project; iv. tie-up with Gangaram for 100 free MRIs; v. patient support delivered	Funded by Kanaka Sirpal in memory of her husband Sajeev Sirpal
2	Awareness, advocacy and patient support for Wilms Tumor	Questionnaire for WT to assess centres providing service	Involving Dr Sandeep Agarwala, CK WT advisor. Donors: Gini Gulti & Friends, Amitav Virmani, Ankur Jain
3	Awareness, advocacy and patient support for Pediatric BMT	i. Development of a. Guidelines for HSCT b. Standards for BMT centres; c. Questionnaire for centres ii. Patient support for BMTs at AIIMS-IRCH Delhi, Apollo Chennai, TMH Mumbai	Seek fund raising from committed donors to BMT Fund @ 1cr. pa. Donors for 2012 - Max India Foundation, Anuj Gupta and Alok Sharma
4	Awareness, advocacy and patient support for bone tumors	i. Half day capacity building workshop for CK team by CK advisor. ii. Development of Project Documents inc. questionnaire to assess centres providing service	Involving Dr Manish Agarwal, CK Advisor Bone Tumours
5	Quality of Life study: Evaluating quality of life using childrens' self reports and parent-proxy reports	Using Peds QOL Tool 3.0 in three CSUs @ AIIMS POD, LMT Sion and Apollo Cancer Institute	Presented as a Poster at IAPCON 2013 in Hyderabad
6	Patient-Based Decision Support Systems (PBDSS)	Web-based system to provide decision support in semi-structured environment by bringing together human judgement and rich information. Thus far: rb.can-kidsindia.org. wt.can-kidsindia.org and bmt.can-kidsindia.org planned for 2014	
7	CanKids Pediatric Oncology Support Systems (CPOSS)	Enhanced patient information processing, tracking, follow-up and analysis	
8	Girl Child Project - Rohtak	Develop and design study; Rohtak visits to conduct study; SIOP Hong Kong presentation planned	
9	Immunisation Project	Developing draft policy for immunisation of cancer children and those undergoing haematopoietic stem cell transplant; survey of doctors across India providing care to cancer children	
10	Patient navigation study - PANTRAAC - meera haat thamo	Liaising with SIOP PODC Abandonment WG; Development of draft algorithm and document; initial contact with potential centres	
11	Cost of illness study	Liaising with SIOP PODC Abandonment WG	Joined by Sara Lederman, Fulbright Scholar for 9 months effective July '13
12	Ayurvedic Clinical Trial - Dehrandun	Reviewed protocol - Rejected study	
13	Retinoblastoma intra-arterial chemotherapy study - TMH Mumbai	Discussed study - accepted study for funding	

ADMINISTRATION & HUMAN RESOURCES

As CanKids grows in size and expands across the country, with an increasing number of CSUs and Facilities, the administrative needs of the organization become more important. It is necessary to ensure that logistics, inventory, assets, vendor and facilities management are looked after, as much as punctuality, attendance, office discipline and a code of conduct are observed. Office procedures and systems are being put in place and standardized. Supervisors of the facilities - HAHs, Canshala and PPCC - as well as administrative assistants are being trained. It has been decided to separate the roles of Administration Manager and Head HR & Finance, to ensure that back office operations support the Core Programs and services of CanKids as effectively as possible.

CanKids' activities depend entirely on the hard work, expertise and dedication of volunteers and employed staff, and CanKids thanks them sincerely.



The year saw a number of developments on the HR side, not least arising from the separation from ICS. These included, for example, informing staff and other team members about the transition, the unchanged nature of their roles but altered employer information where appropriate; provident fund registration for the new CanKids; creating new, standardised salary structure templates incorporating basic and gross salary components as well as a cost-to-company formula for purposes of recruitment and clear communication within CanKids itself; a restructured staff and salary database; new standard templates for offer and appointment letters; and the revision of annual leave policy.

Recruitment procedures were also reviewed and new and more broad-based sources of potential recruits and expertise identified. Induction of newly arrived staff is also being more clearly standardised. The year saw a continuing flow of new recruits reflecting expansion underway as part of the National Outreach Program, but also a number of key hires including Deputy General Manager, Medical, for example. After the separation from ICS the net increase in staff employed was 11.

At end-March 2013, CanKids employed 78 full time staff and there were 126 volunteers; there were two interns and two part-time staff. Total team members thus stood at 208. Reflecting CanKids' Delhi origin, 146 of these were in the Northern region. In regard to capacity building, including the training and motivation of staff, CanKids operated three major workshops over the year which encompassed nineteen CSUs and 66 staff in total.

Plans: In the coming year the HR department expects to refine performance appraisal processes to improve timeliness and reinforce conformity with Policies and Procedures across CanKids. More opportunities for internal and external staff training are being explored. Reimbursement and leave policies are also expected to be reviewed and a new fully revised HR manual is expected to be introduced.

RESOURCE MOBILIZATION

Fundraising

Operations: Over the year Donation Management Systems were strengthened with a view to improved donor communication and analysis. A Grants Manager was appointed to manage larger donations from India and abroad on a one-to-one basis.

Analysis of Donations: Over the full year, donations to CanKids amounted to some INR29.5m including funds transferred during the year to CanKids from ICS both before and after separation. This was an increase on the previous year of some 10%. *We would like to take this opportunity to express sincere thanks to all donors for reaching out in support of children with cancer and their families.*

Origin of Funds: Indian donors made up some 85% of the total and foreign donors 15%; individuals contributed 50% and organisations 50%. The latter are almost entirely corporates and charitable trusts; CanKids does not receive money from government (though it does facilitate such funding for children and their families). In the year, there were some 535 individual donors and some 74 organisational ones; total donors thus amounted to 609.

All donations are carefully tracked and anonymous donations, including donation boxes, were below the 5% regulatory maximum. Within India the main regional contributors were Delhi (34%) and Mumbai (17%). It is CanKids' hope and expectation to geographically



diversify its funding sources within India over time, not least as the National Outreach Program lifts awareness in new regions of CanKids' work. Overseas donations (received in the year through ICS's FCRA account) came mainly from the United States (11% of all donations) and Italy (4%). It is CanKids' intention to build funding from abroad subject to the Ministry of Home Affairs' regulations that govern such funds.

Fundraising Initiatives: CanKids encourages donations in a variety of ways. The **Adopt-a-Child** (for cancer treatment) Program seeks to raise funds for diagnostics, medicines and medical procedures etc. on a child-specific basis. Similarly, the **Sponsor-a-Child's Education** Program exists where, again, a donation is provided for the education of a specific child undergoing or after cancer treatment. For larger donations, the **Adopt-a-Unit** Program allows a donor to fund part or all of an entire CanKids Support Unit (CSU) at a hospital, based on the unit's expected budget (which includes medical, educational, counseling and awareness components, for example).

At the same time, CanKids can also enable a donor to provide **Special Support Funding** for sections of a support program – for example, particular diagnostic or prosthetic equipment, or particular educational projects, such as a CanShala or Home Away from Home. Donors may consider, for example, funding such a school or HAH in their own region. Such approaches allow donors, if they wish, to build closer bonds with children or projects they are funding and/or to be better involved with CanKids' mission longer term.

A donor may also wish to provide funds on a regular basis (for example, agree a given amount for each of three years) or provide Corpus Funds invested to generate income to fund specific or general purposes over time. Such approaches are especially beneficial since they improve predictability of income and strengthen CanKids' long run stability.

Plans: Importantly, since year-end CanKids has been in the process of being granted a series of FCRA Prior Permissions from the Ministry of Home Affairs that enable it to raise funds internationally. In 2013-14, improving donor communication will continue to be a CanKids' priority. The recruitment of an additional donor manager is likely since the breadth of the donor base is increasing both within India and abroad. CanKids' fund raising strategy overall is to maintain well-diversified sources of funding, whilst encouraging regional communities to raise funds to sustain CanKids Support Units in their own area. CanKids hopes its Adopt-a-Child and Adopt-a-Unit programs, along with its general fund raising activities, will facilitate growth in its nationwide presence.

Events

A further aspect of fund raising as well as Awareness, are CanKids' Events. Events are held at regular intervals during the year and, for example, may be related to national or international celebrations ranging from Diwali to International Childhood Cancer Day (ICCD), or to specific CanKids' projects such as an individual CSU. At such events, fund raising aspects are often complemented by activities aimed to raise general awareness and/or to give children and their families a pleasant time or day out.

Examples of important events during 2012-13 were -

- CitiBank's pledge to contribute to CanKids Rs 2 lakh for every double century scored at the IPL, plus 2 lakh. Since four double centuries were scored, the event raised no less than Rs 10 lakhs. A wonderful idea, which also generated awareness; many thanks to Citibank!



- A successful fund raising event was organised for the CSU at Wadia Hospital Mumbai, which involved presentations on the hospital's and CanKids' activities to which potential local donors were invited
- CanKids celebration of ICCD with flashmobs, awareness activities and fund raising at Medanta Hospital, Gurgaon in February 2013, with Medanta CSU also inaugurated.

Volunteer Management Program

CanKids views volunteerism as an invaluable resource and recognizes the benefits of a comprehensive and structured program. A comprehensive volunteering program is a way for CanKids to differentiate itself among NGOs in the NCR, positioning itself as an attractive platform for motivated individuals to give back to the community. First-hand experience is an excellent way of sensitizing the community to the condition of cancer affected children in India. Volunteers who have a fulfilling, enjoyable stint with CanKids are also likely to help create and sustain a good reputation for the organization. Volunteers play a pivotal role in the completion of projects and, of course, help reduce the cost of operations.

CanKids' Volunteer Management Program works to ensure that volunteers maximize both their contribution to CanKids as well as their own learning and personal enrichment. It encompasses a set of guidelines and procedures to facilitate effective recruitment, task allocation, performance appraisal and recognition of volunteers. We seek volunteers from the following groups of individuals:

- School children in class 11 and 12. As these young adults prepare to move out into the world they begin to appreciate the value of meaningful community service. We leverage the fact that these youngsters are applying to colleges and can augment their application through recommendations and testimonials
- College students, who bring added maturity and genuineness to the table. Many undergraduates who are looking at studying further use volunteering as a way of adding to their graduate school applications
- Adult volunteers, who can be given more complex, leadership roles and can bring extensive experience and networks

In 2012-13 a number of adult volunteers joined in an Honorary capacity on the Board, Advisory committees and management. Several vacancies continue on the senior management team including Honorary Regional Directors in Northern and Southern regions and Program Heads for Awareness & Advocacy, Psychological Support and Education. CanKids is also looking for Honorary Mentor Coordinators for most of the CSUs and Facilities, and volunteers for its core program areas.

CanKids continues to get volunteers and interns through the year from schools and colleges. Volunteer participation certificates are given for 30 hours of service and Internship Recommendations for 120 volunteer hours on a focused project. CanKids conducted a very successful **Summer Internship Program** during the period of May-July 2012. A core team was constituted and the Project Handbook, detailing projects available to work on, advertised. Interns and volunteers were given specific deliverables for their various projects. Some fifty or so interns from various schools and colleges worked on over 30 summer projects at CanKids. The projects covered areas as diverse as psychological support, creation of IEC material, Pediatric Palliative Care, marketing and fundraising, a metro trip and summer outings.



Partnerships & Networking

Particularly significant relationships underpinning CanKids' activities are as follows.

International

Jiv Daya Foundation in the United States is a significant partner of the NOP all over India and a key donor, supporting through manpower, knowledge, hardware and training. Jiv Daya Foundation is a private not-for-profit, non-governmental foundation founded, in 2002, by Dr. Vinay Jain and his family. Simply stated, the mission of Jiv Daya Foundation is to provide the necessary infrastructure for quality cancer treatment for children. Jiv Daya Foundation seeks to address pediatric oncology health care issues in India by focusing on pediatric oncology treatment and support services, and training for physicians, nurses and social workers to treat and cure children with cancer.

Indo American Cancer Association (IACA) enables fundraising from the USA, through the CanKids India Patient Fund and actively supports the Adopt-a-Child for treatment Program.

Soleterre Strategie is a CanKids' partner for the HAH and Childhood Cancer Support Program in South India. Soleterre Strategie di Pace ONLUS is an Italian NGO in the field of holistic support of children affected by cancer, their families and the medical and paramedical staff in Paediatric Oncology.

National

Pallium India is a Partner & Advisor for Pain and Palliative Care Programs. Ms Poonam Bagai is the Vice Chairman of the Trust as well as Chairman, CanKids. Pallium India is a national registered charitable trust formed to fulfil the need for a stable organization working at the national level to fight for the needs of suffering millions in India who are in need of pain relief and palliative care. Most of the trustees are people who have done pioneering work in the field of palliative care in the country.

Regional

Ekam Foundation is CanKids' Partner for cancer care of underprivileged children in Tamil Nadu and Maharashtra, India. Ekam Foundation works for the healthcare of underprivileged children in India. The Foundation supports hospitalization of children (below 19 years) admitted in private hospitals. Additionally, Ekam maintains and sources equipment for government pediatric hospitals and rents ventilators and provides lab support and necessary medicines.

Local

Karuna Kare Foundation is CanKids' Partner for support of children and families at GCRI Ahmedabad. Karuna Kare Foundation was created in Ahmedabad, Gujarat, in October, 2004, by a cancer patient who himself had experienced the trauma of the disease. KKF was started with a simple idea of creating a voluntary support group to provide emotional support to cancer patients and their families/care givers. It has been formed with an aim to support cancer patients socially, emotionally and financially.

Pratyasha is CanKids' Partner for the HAH Project in Trivandrum, Kerala and in regard to empowerment of the Parents Support Group. 'Pratyasha' (a Malayalam word, which means 'Hope') is a support group for children with cancer. The aim of the Society is to extend a helping hand to pediatric cancer patients by identifying the needy and providing them with medicines, emotional support and helping in the rehabilitation of the cured.



PART 2: **FINANCIAL ACCOUNTS**

(13th June 2012 – 31st March 2013)



Financial Accounts

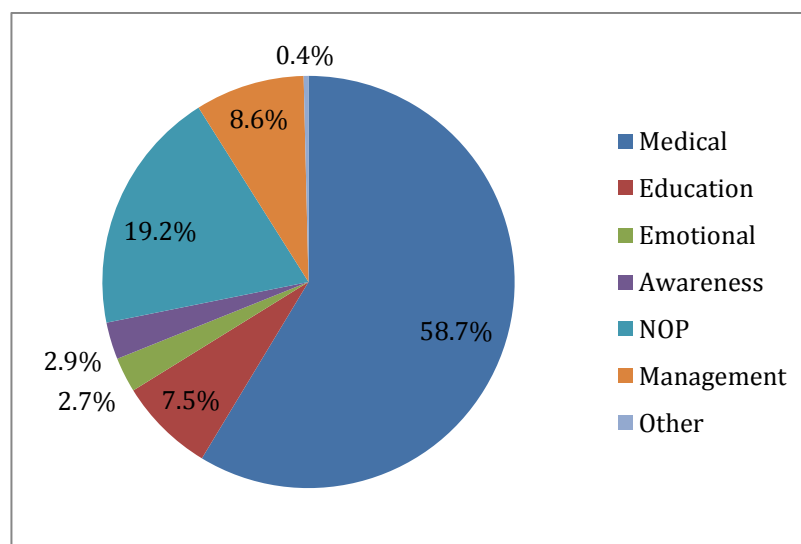
The Audited Accounts for CanKids as an independent society are shown below. Notes on the accounts and management remarks are also attached.

AUDIT AND ACCOUNTS

For the period under review, M/s NDR & Co, Chartered Accountants was appointed statutory auditor of the Society. Shri Kapish Jain of M/s Kapish Jain & Associates, Chartered Accountants, was appointed Internal Auditor.

ACCOUNTING SYSTEMS & CONTRACTS

CanKids has made all efforts to achieve high standards of accuracy and transparency in the recording of transactions and maintenance of accounts. Internal systems and procedures are continuously reviewed and refined to ensure accountability and good governance. CanKids is pleased to state that its administrative expenses constituted only 8.57% (9.64% with CanKids as a separate entity) of total expenditure during the period under review. This reflects strong operational efficiency relative to NGO norms. The percentage of expenditure on our major programs, meanwhile, is depicted pictorially below.





INDEPENDENT AUDITOR'S REPORT

To
The Managing Committee
CanKids...KidsCan
D-7/7, Vasant Vihar,
New Delhi

Report on the Financial Statements

We have audited the accompanying Financial Statements of CanKids...KidsCan, Delhi which comprise the Balance Sheet as at 31st March, 2013, the Income & Expenditure Statement and also the Receipt & Payment Statement for the year then ended and a summary of significant accounting policies and other explanatory information on that date annexed thereto.

Management's Responsibility for the Financial Statements

The Society Management is responsible for the preparation of these financial statements that give a true and fair view of the financial position, financial performance of the Society in accordance with the Accounting Standards issued by the Institute of Chartered Accountants of India. This Responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our Responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the standards on Auditing issued by the Institute of Chartered Accountants of India. Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial Statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Society preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of accounting policies



Flat No. 12, Gopala Chamber, 76-A, Ram Jhansi Road, New Delhi-110055
Phone : +91-11-23610202



used and reasonableness of the accounting estimates made by management, as well as evaluating the overall financial presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Opinion

In our opinion and to the best of our information and according to the explanations given to us, the Financial Statements give the information in the manner so required and give a true and fair view in conformity with the accounting principles generally accepted in India.

- i) in the case of the Balance Sheet, of the state of affairs of the Society as at 31st March, 2013, and,
- ii) In the case of the Income & Expenditure Statement, of the excess of expenditure over income of the Society for the year ended on that date.
- iii) In the case of the Receipt & Payment Statement, of the cash flow of the Society for the year ended on that date.

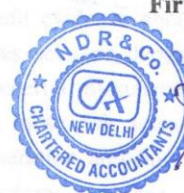
Report on Other Legal and Regulatory Requirements

Further, we report that:

- (a) We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of our audit;
- (b) In our opinion, proper books of account, as required by law have been kept by the Society so far, as appears from our examination of such books;
- (c) The Balance Sheet, Income & Expenditure Statement and Receipt & Payment Statement dealt with by this Report are in agreement with the books of account;

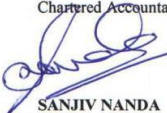



Place: New Delhi

Dated: September 2, 2013

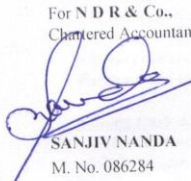
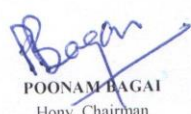
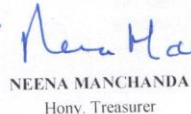



For NDR & Co.
Chartered Accountants
Firm Reg. No: 007396N

(Sanjiv Nanda)
Partner
M. No. 086284

CANKIDS...KIDSCAN			
BALANCE SHEET			
As at 31st March 2013			
	Notes	As at 31.03.2013	Amount in Rupees As at 31.03.2012
(I) SOURCE OF FUNDS			
Earmarked Corpus Fund	1	3,500,000	-
Project Fund	2	532,732	-
General Reserve	3	(3,101,538)	-
Fixed Assets Fund	4	1,882,230	-
		<u>2,813,424</u>	<u>-</u>
(II) APPLICATION OF FUNDS			
Fixed assets			
Gross Block	5	2,718,480	-
Less: Acc.Depreciation/Amortisation		<u>252,550</u>	<u>-</u>
		2,465,930	-
Current Assets, Loan & Advances			
Cash and Bank Balances	6	5,296,919	-
Loan & Advances	7	<u>311,925</u>	<u>-</u>
	(A)	5,608,844	-
Less :			
Current Liabilities & Provisions			
Current Liabilities	8	<u>5,261,350</u>	<u>-</u>
	(B)	5,261,350	-
Net Current Assets (A-B)		347,494	-
		<u>2,813,424</u>	<u>-</u>
Significant Accounting Policies & Notes to Accounts - Note-9			
The Accompanying Notes forms an integral part of these Financial Statement.			
This is the Balance Sheet referred to in our report of even date attached.			
For NDR & Co., Chartered Accountants		For CANKIDS...KIDSCAN	
			
SANJIV NANDA		POONAM BAGAI	NEENA MANCHANDA
M. No. 086284		Hony. Chairman	Hony. Treasurer
			DR. PRAVEER
			COO
Place : New Delhi			
Date : September 2, 2013			



CANKIDS...KIDSCAN		
INCOME & EXPENDITURE STATEMENT		
For the year ended on 31st March 2013		
Particulars	Year Ended 31.03.2013	Amount in Rupees Year Ended 31.03.2012
Income		
Donations	20,090,885	-
Donation Received		
Other Incomes	36,706	-
-Interest Recd from Banks	135,055	-
-Misc. Income (other than donation)		
(A)	20,262,646	-
Less:		
Expenditure		
Awareness and Advocacy Program	663,247	-
Medical Assistance to Children Program	13,360,404	-
Reintegration & Education Program	1,714,863	-
Management Support Program/Administrative Expenses	1,954,284	-
Emotional & Psychological Support Program	459,824	-
Dedicated Project Expenses	4,541,215	-
Derpreciation for the year	85,580	-
(B)	22,779,417	-
Excess/(Short) of Income over Expenditure for the year (A-B)	(2,516,771)	-
For NDR & Co., Chartered Accountants	For CANKIDS...KIDSCAN	
 SANJIV NANDA M. No. 086284	 POONAM BAGAI Hony. Chairman	 NEENA MANCHANDA Hony. Treasurer
		 DR. PRAVEER COO
Place : New Delhi		
Date : September 2, 2013		



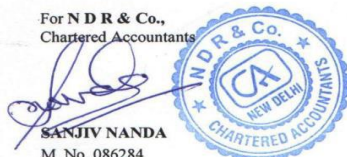
CANKIDS...KIDSCAN

RECEIPT & PAYMENT STATEMENT
For the year ended on 31st March 2013

Particulars	Amount in Rupees	
	Year Ended 31.03.2013	Year Ended 31.03.2012
RECEIPTS		
Opening Cash & Bank Balances		
- Cash in Hand	-	-
- Balance with Scheduled bank in Saving Account	-	-
Donations received during the year		
- General Donation	20,090,885	-
- Earmarked Donation	3,500,000	-
Other Incomes		
- Interest Recd from Banks	36,706	-
- Misc. Income (other than donation)	135,055	-
	23,762,646	-
PAYMENTS		
Operational expenses paid during the year		
- Medical & Hospital Program Expenses	9,383,868	-
- Reintegration & Education Program Expenses	1,634,586	-
- Emotional & Psychological Support Program Expenses	582,324	-
- Awareness and Advocacy Program Expenses	631,042	-
- National Outreach & Other Project Expenses	3,576,781	-
- Management Support Program/Administrative Expenses	1,707,721	-
Advances to Staff/Others	280,125	-
Purchase of Fixed Assets	669,280	-
Closing Cash & Bank Balances		
- Cash in Hand	250,238	-
- Balance with Scheduled bank in Saving Account	5,046,681	-
	23,762,646	-

Significant Accounting Policies & Notes to Accounts - Note-9
The Accompanying Notes forms an integral part of these Financial Statement.
This is the Balance Sheet referred to in our report of even date attached.

For NDR & Co.,
Chartered Accountants



SANJIV NANDA
M. No. 086284

Place : New Delhi
Date : September 2, 2013

For CANKIDS...KIDSCAN

Signature of Poonam Bagai
POONAM BAGAI
Hony. Chairman

Signature of Neena Manchanda
NEENA MANCHANDA
Hony. Treasurer

Signature of Dr. Praveer
DR. PRAVEER
COO



What We Do

CANKIDS...KIDSCAN

Note : 1

EARMARKED CORPUS FUND

Amount in Rupees

Particulars	Received during the year	Utilised during the year	As at 31.03.2013
ICS Cankids Scholarship Fund	1,000,000	-	1,000,000
Cankids HAH Corpus Fund	500,000	-	500,000
Sajeev Cankids Retinoblastoma Fund	2,000,000	-	2,000,000
	3,500,000	-	3,500,000

Note : 2

PROJECT FUND

Particulars	Received during the year	Utilised during the year	Adjusted/transferred during the year	As at 31.03.2013
<u>Long Term Project Fund</u>				
Wadia Project Fund	1,552,100	1,019,368	-	532,732
<u>Specific Project Fund</u>				
Soleterre Fund *	-	584,767	584,767	-
	1,552,100	1,604,135	584,767	532,732

Note : 3

GENERAL RESERVE

Particulars	As at 31.03.2013
Excess/(Short) of Income over Expenditure for the year	(2,516,771)
Less: Amount transferred to Specific Project Fund *	(584,767)
	(3,101,538)

* Excess amount spent for Soleterre Project has now been adjusted from General Reserve during the year and will be re-transferred to General Reserve as and when FCRA permission and funds are received.

Note : 4

FIXED ASSETS FUND

Particulars	Received during the year	Amortised during the year	As at 31.03.2013
Assets Received from other Society (taken at value of certificate by Independent Valuer)	2,048,903	166,970	1,881,933
Assets Received in Donation (taken at Rs.1/- per unit of assets)	297	-	-297
	2,049,200	166,970	1,882,230

For NDR & Co.,
Chartered Accountants



SANJIV NANDA
M. No. 086284

Place : New Delhi
Date : September 2, 2013

For CANKIDS...KIDSCAN

POONAM BAGAI
Hony. Chairman

NEENA MANCHANDA
Hony. Treasurer

DR. PRAVEER
COO



What We Do

CANKIDS...KIDSCAN

Note : 1

EARMARKED CORPUS FUND

Amount in Rupees

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For NDR & Co.,
Chartered Accountants



SANJIV NANDA
M. No. 086284

Place : New Delhi
Date : September 2, 2013

For CANKIDS...KIDSCAN

POONAM BAGAI
Hony. Chairman

NEENA MANCHANDA
Hony. Treasurer

DR. PRAVEER
COO



CANKIDS...KIDSCAN

Note : 5
FIXED ASSETS

DESCRIPTION OF ASSETS	RATE %	AS AT 13-06-12	ADDITIONS DURING THE YEAR	Gross Block SOLD DURING THE YEAR	AS AT 31-03-13	Depreciation/Amortisation FOR THE YEAR 2012-13	AS AT 31-03-13	Net Block AS AT 31-03-13
ASSETS PURCHASED								
Furniture & Fixture	10%	-	301,405	-	301,405	15,070	15,070	286,335
Office Equipment	15%	-	143,464	-	143,464	10,760	10,760	132,704
Plant & Machinery	15%	-	33,661	-	33,661	2,525	2,525	31,136
Computers	60%	-	170,000	-	170,000	51,000	51,000	119,000
Software	60%	-	20,750	-	20,750	6,225	6,225	14,525
		-	669,280	-	669,280	85,580	85,580	583,700
ASSETS RECEIVED FROM OTHER SOCIETY								
Furniture & Fixture	10%	-	1,220,212	-	1,220,212	61,011	61,011	1,159,201
Office Equipment	15%	-	171,914	-	171,914	12,894	12,894	159,020
Electrical Installation	10%	-	33,729	-	33,729	1,687	1,687	32,042
Plant & Machinery	15%	-	419,613	-	419,613	31,471	31,471	388,142
Vehicles	15%	-	4,995	-	4,995	375	375	4,620
Computers	60%	-	98,067	-	98,067	29,420	29,420	68,647
Software	60%	-	100,373	-	100,373	30,112	30,112	70,261
		-	2,048,903	-	2,048,903	166,970	166,970	1,881,933
ASSETS RECEIVED IN DONATION								
Fixed Assets	NIL	-	297	-	297	-	-	297
		-	297	-	297	-	-	297
GRAND TOTAL		-	2,718,480	-	2,718,480	252,550	252,550	2,465,930

For NDR & Co.,
Chartered Accountants



SANJIV NANDA
M. No. 086284

Place : New Delhi
Date : September 2, 2013

For CANKIDS...KIDSCAN

Pooja
POONAM BHAGAT
Hony. Chairman

Neena Manchanda
NEENA MANCHANDA
Hony. Treasurer

Dr. Praveer
DR. PRAVEER
COO

CANKIDS...KIDSCAN

Note : 6

CASH AND BANK BALANCES

Amount in Rupees

Particulars

As at 31.03.2013

Cash in Hand	250,238
Balances with Scheduled Banks :	
-In Savings Account	5,046,681
	<u>5,296,919</u>

Note : 7

LOANS AND ADVANCES

Particulars

As at 31.03.2013

Advance to Staff	108,854
Prepaid Expenses	31,800
Others	171,271
	<u>311,925</u>

Note : 8


CURRENT LIABILITIES

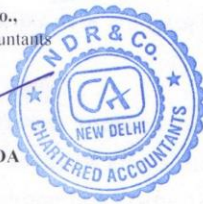
Particulars

As at 31.03.2013

Sundry Creditors	3,937,937
TDS Payable	116,964
PF Payable	62,976
Professional Tax Payable	10,925
Salary Payable	924,228
Expenses Payable	208,320
	<u>5,261,350</u>

For NDR & Co.,
Chartered Accountants


SANJIV NANDA
M. No. 086284



For CANKIDS...KIDSCAN

  
POONAM BAGAI NEENA MANCHANDA DR. PRAVEER
Hony. Chairman Hony. Treasurer COO

Place : New Delhi
Date : September 2, 2013



SCHEDULE : 9 - SIGNIFICANT ACCOUNTING POLICIES AND NOTES ON ACCOUNTS FORMING PART OF THE BALANCE SHEET AS AT 31st MARCH , 2013

I. SIGNIFICANT ACCOUNTING POLICIES

a) **Basis of Preparation**

The Financial Statements are prepared under the historical cost convention on accrual basis and in accordance with the generally accepted accounting principles and the applicable Accounting Standards issued by the Institute of Chartered Accountants of India.

b) **Use of Estimates**

The preparation of financial statements is in conformity with the generally accepted accounting principles which require the Management to make estimates and assumptions that affect the reported amounts of assets and liabilities on the date of financial statements. Actual results if they differ from those estimates are recognized in the current and future accounting periods.

c) **Revenue Recognition**

Donation/Grants

General Donation/Grants received are recognized as income. Donation/Grants received for the specific purpose are recognized as income to the extent of expenditure incurred during the year.

Grant/Donations received for the purpose of acquisition of eligible fixed assets are accounted as capital grants. Such grants/donations are allocated to income over the period and in the proportion in which depreciation on those assets is charged.

Interest Income


Interest income is accounted for on time proportionate basis at the applicable rate of interest.

d) **Fixed Assets and Depreciation**

Fixed assets are stated at historical cost less accumulated depreciation. The depreciation is provided as per the written down value method as per Income Tax Act, 1961.

Further Fixed Assets received in kind as donation from individuals are shown at nominal value at Rupees 1/- in the books of account and Fixed Assets received in kind as donation from other institutions/societies/trust, if any, are recognized at certified value given by registered/ independent valuer.

Bagon *Bliz* *Neer Mahabadi*



What We Do

e) Investments

All investments are long term and stated at cost. Provision for diminution if any in the value of investments, other than temporary, is made in the accounts.

f) Foreign Currency Transactions

Transactions in foreign currency will be accounted for at the exchange rate prevailing on the date of transaction.

g) Employee Benefits

Gratuity

Gratuity is calculated in the manner prescribed under Income Tax Act, 1961 and will be recognized as expense on actual payment basis.

Provident Fund

The Society makes contribution to statutory provident fund account held with the Government in accordance with Employees' Provident Fund and Miscellaneous Provisions Act, 1952. The plan is a defined contribution plan and contribution paid or payable is recognized as an expense in the period in which services are rendered by the employee.



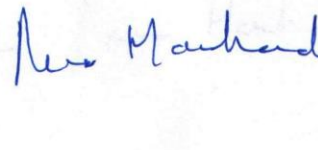

Other short term benefits

Other short-term benefits are recognized as expenses on actual payment basis for the period during which services are rendered by the employee.

h) Provisions, contingent liabilities

The Society creates a provision when there is a present obligation as a result of a past event that probably requires an outflow of resources and a reliable estimate can be made of the amount of the obligation. A disclosure for a contingent liability is made when there is a possible obligation or a present obligation that may but probably will not require an outflow of resources. Disclosure is also made in respect of a present obligation that probably requires an outflow of resources, where it is not possible to make a reliable estimate of the related outflow. Where there is a present obligation in respect of which the likelihood of outflow of resources is remote, no provision or disclosure is made.


- i) The annual financials of the Cankids...KidsCan are the consolidation of all the charitable activities run by the society across the country.
- j) Schedules from 1 to 9 form an integral part of the Balance Sheet and Income and Expenditure Account.
- k) The Society was incorporated/registered on 13th June 2012. This being the first Income & Expenditure Statement of the Society relating to the period from 13th June 2012 to 31st March 2013, hence there are no corresponding figures for the previous year.
- l) The figures have been rounded off to the nearest rupee.

II. NOTES ON ACCOUNTS

- a. The period under review was the first year of the incorporation of the society as separate entity, before the incorporation as separate entity the key persons of the society was engaged in charitable activity as a part of Indian Cancer Society.
- b. During the year Cankids...KidsCan received donations of Rs.8.93 Lacs approximate, as anonymous donation. However the aggregate amount is within the permissible limit (i.e. less than 5% of the total donation received during the year), hence not treated as taxable donation.
- c. As per the provisions of Income Tax Act, TDS should be deducted at the time of payment or crediting the account of party whichever is earlier and deposited it to the government within 7 days after the end of the month in which it is deducted. We have noticed certain cases where the society has deposited the amount of TDS after the due date. Further it is also noticed that part of the TDS deducted in the month of March has not been deposited after the filing of regular TDS return but before the completion of Audit, hence the society required to file TDS correction statement.
- d. As per the provision of Employees Provident Fund Scheme 1952, employees' contribution deducted is to be deposited together with employers' contribution within 15 days of the close of month in which salary is paid. We have noticed certain cases where the society has deposited the amount of employees' contribution & employers' contribution after the due date. Further it has also observed that the society has failed to submit returns and other forms within due date.
- e. The society should deduct professional tax on the salary of employees who are all posted in states where professional tax are applicable. However society is not registered in said state under the Professional Tax Act. Even the professional tax has been deducted, but not deposited till date and the quarterly return has not been filed.
- f. During the period under review it has been noticed that the society has not taken any insurance policy for cash in locker, cash in transit, goods/ assets kept in office premises in all location. The Society should take the suitable insurance cover at the earliest possible.
- g. During the period under review, the Society has given hardship advances of Rs. 2.03 Lacs to five employees against the Solitaire project for their salary and other reimbursement for the period of Oct'12 to Mar'13, which were earlier brone by Solitaire FCRA account,. This arrangement is made for only to run ongoing Solitaire Projects & Program Activities continuously since there was no FCRA permission to the society for the said period. The said amount would be adjusted and when FCRA permission is granted by MHA for Solitaire Projects.

Bagar *Bliz* *Rwa* *Marh*



What We Do

- h. It is observed that salary of the employees has been booked at various programs whereas total employers contribution to PF has been booked as expenses of management support program. It is suggested that the PF paid as employer's contribution should also be booked under respective program expenses only.

For N D R & Co.


For CANKIDS...KIDSCAN

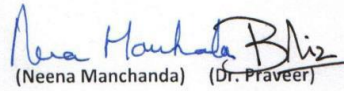
Chartered Accountants

Firm Reg. No. 007396N


Sanjiv Nanda
Partner
M.No. 086284




(Poonam Bagai)
Hony. Chairman


(Neena Manchanda) (Dr. Praveer)
Hony. Treasurer COO

Place : New Delhi

Dated : 02.09.2013



MANAGEMENT COMMENTS ITEM-WISE ON AUDITOR'S NOTES:

1. The period under review was the first year of the incorporation of the society as a separate entity; before the incorporation as a separate entity the key persons of the society were engaged in charitable activity as a part of Indian Cancer Society.

Management Comment: In December 2011 in recognition of the country-wide expansion of CanKids, it was agreed mutually with ICS that CanKids would set up its own independent society. In 2012-13 the process was completed smoothly even as CanKids ensured its work of providing services to children and families continued seamlessly. ICS generously transferred to CanKids most of the fund balances held under the account 'Indian Cancer Society A/c CanKids', to enable ongoing activities to progress without break.

2. During the year CanKids...KidsCan received donations of Rs. 8.93 lacs approximate as anonymous donations. However the aggregate amount is within the permissible limit (i.e. less than 5% of the total donation received during the year), hence not treated as taxable donation.

Management Comment: CanKids seeks to minimize anonymous donations received.

3. As per the provisions of the Income Tax Act, TDS should be deducted at the time of payment or crediting the account of party whichever is earlier and deposited to the government within 7 days after the end of the month in which it is deducted. We have noticed certain cases where the society has deposited the amount of TDS after due date. Further it is noticed that part of the TDS deducted in the month of March has not been deposited after the filing of regular TDS return but before the completion of Audit, hence the society is required to file TDS correction statement.

Management Comment: Noted, this is being done on priority.

4. As per the provision of Employees Provident Fund Scheme 1952, employees' contribution deducted is to be deposited together with employers' contribution within 15 days of the close of month in which salary is paid. We have noticed certain cases where the society has deposited the amount of employees' contribution & employers' contribution after the due date. Further it has also observed that the society has failed to submit returns and other forms within due date.

Management Comment: Noted for future guidance.

5. The society should deduct professional tax on the salary of employees who are all posted in states where professional tax is applicable. However society is not registered in said state under the Professional Tax Act. Even though the professional tax has been deducted, but not deposited till date and the quarterly return has not been filed.

Management Comment: Majority of employees are on Delhi payroll where professional tax is not applicable. Remaining 5% is under review state wise.

6. During the period under review it has been noticed that the society has not taken any insurance policy for cash in locker, cash in transit, goods/assets kept in office premises in all locations. The Society should take the suitable insurance cover at the earliest possible.

Management Comment: Noted.

7. During the period under review, the Society has given hardship advances of Rs.2.03 Lacs to five employees against the Soleterre project for their salary and other reimbursement for the period of Oct'12 to Mar'13, which were earlier borne by Soleterre FCRA account. This arrangement is made only to run ongoing Soleterre Projects & Program Activities continuously since there was no FCRA permission to the society for the said period. The said amount would be adjusted as and when FCRA permission is granted by MHA for Soleterre Projects.

Management Comment: Soleterre project is an ongoing project and the society could not disrupt project activities for want of FCRA permission from MHA. Soleterre graciously agreed to reimburse the amount spent from our rupee account and the same was suitably reflected in our proposal to MHA. As such the amount will be adjusted from the FCRA account in respect of Soleterre based on MHA's permission.

8. It is observed that salary of the employees has been booked at various programs whereas total employers' contribution to PF has been booked as expenses of management support program. It is suggested that the PF paid as employer's contribution should also be booked under respective program expenses only.

Management Comment: Noted.



