

# **Community Cancer Leader Program**

## Community Cancer Leader Program

Cancer is one of the fastest-growing health burdens in India. According to the Indian Council of Medical Research (ICMR), the country reports over 14 lakh new cancer cases annually, with an estimated 8 lakh deaths per year.

Rising incidence, delayed diagnosis, poor awareness, and insufficient psychosocial support systems have intensified the crisis, especially in under-served rural and semi-urban communities.

**Sanjeevani... Life Beyond Cancer** has been steadfastly working, since its inception in 2012, to address the psychosocial and practical challenges faced by community and cancer patients across Bharat.

Sanjeevani...Life Beyond Cancer, is a pioneer in the field of comprehensive cancer care and works in the core areas of Health, Skill Development, Education, Rehabilitation of Cancer patients and their caregivers and creating grassroot level awareness through its programs designed for

- Physical, psychological, and financial rehabilitation of cancer patients;
- Skilling cancer survivors to become trained professional cancer caregivers
- Creating awareness on healthy lifestyle, prevention, and early detection of cancer.

Sanjeevani was founded in 2012 and it has spread its wings and presently works intensively with communities and patients. Today Sanjeevani has 31 centers spread across 15 states. Sanjeevani runs 6 innovative models, providing long term solutions, that have enabled formation of self-sustaining cancer-care communities across the country.

The flagship programs run by Sanjeevani are:

- **CanSahyogi** – Patient Assistance Initiative
- **CanSaarthi** – Skill Development Initiative
- **Satori** – Holistic Healing Initiative
- **CanChetna** – Awareness Initiative
- **CanAhaar** – A Nutritional Support Initiative
- **Aham Sanjeevani** – Bringing in grassroot level change through Cancer Community Leaders

Sanjeevani Life Beyond Cancer works with patients predominantly from the under-privileged sections of society, in association with Super Specialty Regional Cancer Hospitals, which have been designated as respective Regional Cancer Centres (RCCs) for the respective States.

In 13 years of operations, Sanjeevani team members have enriched lives of over 13,50,000 patients and held over 2000 community level awareness programs.

However, despite this expansive reach and dedicated service, a glaring gap remains—especially in rural and semi-urban areas, where awareness is low, stigma remains high, and access to timely diagnosis, treatment, and psychosocial support is extremely limited.

A key challenge in addressing this epidemic lies in the acute shortage of trained cancer caregivers and community-level resource persons.

To effectively counter this enormous challenge and serve the growing population of cancer patients and their families, Bharat needs thousands of trained oncology support professionals in the next five years—individuals who can offer complete patients assistance, handholding, emotional support, facilitate timely referrals, promote awareness, and assist in physical and financial rehabilitation.

*This crisis also presents a remarkable opportunity for young, committed social work graduates to step into a transformative leadership role within their communities.*

With the right training and support, they can become change-makers—improving outcomes, reducing stigma, and transforming lives through compassionate caregiving.

It is to address the unarticulated deficit about the social care aspects of living with Cancer that Sanjeevani ... Life Beyond Cancer runs a skill development initiative titled **CanSaarhti - a “Certificate Course in Oncological Care Giving”**.

The express intent of the Course is to cultivate a pool of Professional Oncology Caregivers to function as community level resource persons in cancer care.

This 6-month Certificate Course in Onco Caregiving is targeted to train cancer survivors / those touched with cancer in family / other interested in working cancer care space to become trained resources in the field of cancer care.

Besides raising the bar of cancer care this helps in opening up possible opportunities of employment for them.

It is a 6 month full time program with 120 hrs of theory (delivered online) and 4 months of practical training conducted in the super speciality cancer hospitals we work in.

17<sup>th</sup> Batch of the course is underway and over 200 students have received the Certification and are gainfully employed.

## **Cancer Scenario in India**

Cancer poses a major public health challenge in India, with rising incidence and mortality rates each year. As of recent estimates, over 1.4 million new cancer cases are diagnosed annually, with breast, oral, cervical, lung, and colorectal cancers being the most common. The burden is expected to rise due to lifestyle changes, aging population, tobacco use, and environmental factors.

A significant concern in India is the late-stage diagnosis of cancer. Lack of awareness, limited access to healthcare, and social stigma often delay detection, reducing survival rates. Rural areas suffer disproportionately due to inadequate screening facilities and oncological services.

Tobacco-related cancers account for nearly 27% of cancer cases in India, highlighting the urgent need for stronger tobacco control policies. Cervical cancer, which is preventable through vaccination and screening, remains a leading cause of death among women in rural regions.

The government, through the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), is working to improve cancer prevention, early detection, and treatment.

NGOs and private sectors also play a vital role in awareness and support.

Despite challenges, with improved healthcare infrastructure, policy support, and public participation, India can reduce the cancer burden and improve outcomes for patients nationwide.

## **Challenges and Gaps faced by Cancer Patients**

Cancer patients in India face a wide range of challenges and gaps throughout the cancer care continuum — from awareness and diagnosis to treatment, survivorship, and palliative care. These gaps can be categorized into several key areas:

### **1. Awareness & Early Detection**

- Low public awareness: Many people are unaware of early signs and symptoms of cancer, leading to delayed diagnosis.
- Stigma and myths: Cultural beliefs and stigma surrounding cancer often discourage individuals from seeking medical help.
- Lack of screening programs: Organized, population-based cancer screening programs are limited, especially in rural areas.

## 2. Access to Healthcare Services

- Urban-rural divide: Most cancer care facilities are located in urban centers, leaving rural patients with limited or no access.
- Delayed diagnosis: Due to lack of infrastructure and specialists in remote areas, patients often receive a diagnosis at an advanced stage.
- Transportation and logistics: Long travel distances and costs can deter patients from seeking or continuing treatment.

## 3. Financial Burden

- High out-of-pocket costs: Cancer treatment (chemotherapy, radiation, surgery, diagnostics) can be prohibitively expensive.
- Limited insurance coverage: Many patients lack comprehensive health insurance and government schemes are either insufficient or underutilized.
- Loss of income: Patients and caregivers often lose their source of income, worsening financial instability.

## 4. Psychosocial and Emotional Support

- Lack of mental health support: Psychological counselling and emotional support services are not integrated into most cancer care settings.
- Isolation and depression: Patients and families often face emotional trauma, anxiety, and social isolation with minimal support.
- Limited support groups: Peer support networks and survivorship communities are not widespread or accessible.

## 5. Treatment-Related Gaps

- Shortage of oncologists and specialists: There is a low oncologist-to-patient ratio, leading to overburdened professionals and longer wait times.
- Non-standardized treatment protocols: Variability in the quality and consistency of care across hospitals and regions.
- Lack of multidisciplinary care: Integrated care involving various specialists is often missing.

- Lack of trained care-givers, especially trained to address psychosocial issues faced by cancer patients.

#### 6. Rehabilitation and Survivorship

- Neglected post-treatment care: Rehabilitation services like physiotherapy, nutrition, lymphedema care, and occupational therapy are often overlooked.
- Return to work challenges: Survivors face difficulties reintegrating into the workforce due to discrimination or physical limitations.
- No survivorship care plans: Long-term follow-up and late-effects management are rarely part of the treatment plan.

#### 7. Palliative and End-of-Life Care

- Limited palliative care services: Pain management and end-of-life care are inadequately integrated into mainstream cancer treatment.
- Opioid access issues: Strict regulations and lack of trained professionals limit access to pain relief medications.
- Cultural and awareness barriers: Many families are unfamiliar with or resistant to palliative care options.

#### 8. Policy and Systemic Gaps

- Fragmented care pathways: There's little coordination between primary, secondary, and tertiary care systems.
- Inconsistent implementation: National programs like NPCDCS (for NCDs including cancer) face inconsistent rollout and monitoring across states.
- Inequitable funding: Disparities in healthcare funding across states lead to unequal access and outcomes

The situation becomes extremely challenging for poor cancer patients, who face numerous challenges that severely impact their chances of survival and recovery. One of the biggest barriers is financial hardship. Cancer treatment is expensive, involving diagnostics, surgery, chemotherapy, radiation, and follow-up care. For low-income families, these costs are often unaffordable, *pushing many into debt or forcing them to abandon treatment midway*. Moreover, poor nutrition, low immunity, and pre-existing health issues make treatment outcomes less favourable for underprivileged patients. Addressing these challenges requires a coordinated effort in improving healthcare access, financial support, awareness, and compassionate care for economically disadvantaged cancer patients.

## **Integrative Cancer Care (ICC)**

Integrative Cancer Care (ICC) refers to a comprehensive, patient-centred approach to cancer treatment that combines conventional medical treatments (such as surgery, chemotherapy, radiation, immunotherapy) with evidence-based complementary therapies to address the physical, emotional, social, and spiritual needs of cancer patients. --

### **Key Features of Integrative Cancer Care**

- Conventional Medicine + Complementary Therapies = Integrative Cancer Care

### **Components of Integrative Cancer Care**

#### **1. Conventional Treatments**

- Surgery
- Chemotherapy
- Radiation therapy
- Hormonal therapy
- Targeted therapy
- Immunotherapy

#### **2. Complementary Therapies (Evidence-Based)**

- Nutrition and Dietetics - Tailored diets to manage side effects and enhance recovery.
- Yoga and Meditation - Reduces stress, improves sleep and emotional balance.
- Ayurveda and Naturopathy - Used for symptom management, improving digestion, immunity.
- Mind-Body Medicine - Techniques like mindfulness, guided imagery, and breathing practices.
- Physiotherapy and Rehabilitation - Supports physical function during and after treatment.
- Psycho-oncology - Psychological counselling for emotional resilience.
- Spiritual Care - Addresses existential questions, faith, and healing beyond the body.
- Support Groups - Peer interaction and community support.

## Goals of Integrative Cancer Care

- Improve quality of life during and after treatment.
- Reduce side effects of conventional treatments (e.g., fatigue, nausea, anxiety).
- Support mental health and emotional well-being.
- Enhance immunity and resilience.
- Empower patients with self-care tools.
- Provide spiritual and existential support.
- Foster collaborative, team-based care.

## What It Is Not

- ICC is not alternative medicine (i.e., using only non-medical treatments instead of mainstream care).
- It is not about rejecting chemotherapy or surgery, but about integrating holistic care to complement standard protocols.

Integrative care is extremely important for cancer patients, as it addresses the whole person—not just the disease.

Here's why it matters:

### 1. Complements Medical Treatment

- Integrative care works alongside conventional treatments (like chemotherapy, surgery, radiation) to reduce side effects such as fatigue, nausea, pain, anxiety, and insomnia.
- Therapies like yoga, acupuncture, meditation, nutrition, and counselling improve physical and emotional resilience.

### 2. Enhances Quality of Life

- Cancer takes a toll not only on the body but also on the mind and spirit. Integrative care helps patients maintain a better quality of life by managing stress, emotions, and fatigue.
- It empowers patients to take an active role in their healing process.

### 3. Reduces Treatment Toxicity

- Evidence-based complementary therapies can alleviate side effects of harsh treatments and reduce dependency on painkillers or sleeping pills.



#### 4. Supports Emotional and Mental Health

- Emotional support through psychological counselling, support groups, or mindfulness helps reduce depression and anxiety, which are common in cancer patients.
- Improved mental health also correlates with better treatment adherence and outcomes.

#### 5. Personalized and Holistic Approach

- Each patient's journey is unique. Integrative care offers customized plans based on their physical condition, emotional needs, spiritual beliefs, and lifestyle.

#### 6. Encourages Long-Term Wellness

- Even after treatment ends, cancer survivors need support. Integrative care focuses on post-treatment rehabilitation, helping patients rebuild strength, prevent recurrence, and transition back into everyday life.

#### 7. Promotes Patient Empowerment

- Patients often feel powerless during treatment. Integrative care gives them agency and tools to be active participants in their recovery, which improves overall outlook and motivation.

#### Summary:

Integrative care is not an alternative but an essential complement to conventional cancer treatment.

It brings together the best of medical science and holistic healing to treat the person as a whole—body, mind, and soul—leading to better outcomes, faster recovery, and a more dignified healing journey.

Several organizations in India are at the forefront of advocating for Integrative Cancer Care.

Leading voices include:

1. Sanjeevani – Life Beyond Cancer

A prominent NGO offering patient assistance, psycho-social support, nutritional counselling, holistic healing and skill-building for cancer patients. Programs run by Sanjeevani focus on emotional, physical as well as financial rehabilitation of cancer patients. Sanjeevani is a strong proponent of integrative and holistic cancer care.

Sanjeevani annually hosts the National Conference on Integrative Cancer Care at Goa, Bharat.

The conference and workshops are actively participated by Policy makers, Senior Oncologists, Healthcare Professionals, Senior practitioners of alternate and complementary therapies, Healthcare providers, New age technology providers in cancer space, Patients, Patient Caregivers and Researchers

2. Tata Memorial Centre (TMC), Mumbai

A premier cancer treatment and research center in India that has initiated studies and pilot programs incorporating yoga, nutrition, and mental health support.

3. AIIMS (All India Institute of Medical Sciences)

AIIMS Delhi has explored integrative approaches, particularly through its departments of oncology and alternative medicine.

4. Ministry of AYUSH, Government of India

Promotes traditional systems like Ayurveda, Yoga, and Naturopathy in managing cancer symptoms and improving quality of life alongside modern medicine.

These organizations are helping reshape India's cancer care landscape to be more patient-centred, inclusive, and supportive.

## **Role of Community Cancer Leaders**

Trained cancer caregivers – both professional and community-based – can play a transformative role in improving the quality of cancer care in India. They can act as a bridge between the healthcare system, the patient and the community, especially in low-resource or rural settings.

Trained cancer caregivers could be the catalysts for a grassroots cancer care revolution.

They can ensure that no patient fights cancer alone, especially in underserved geographies.

Their involvement makes cancer care more equitable, empathetic, and effective.

### **Key Roles of Trained Cancer Caregivers**

#### **1. Medical Support and Continuity of Care**

- Guide with daily care tasks (e.g., hygiene, feeding, mobility).
- Monitor treatment side effects and report complications early.
- Ensure treatment adherence.
- Assist with hospital visits, follow-ups, and teleconsultations.
- Encourage lifestyle changes.

#### **2. Emotional and Psychological Support**

- Provide empathy and companionship, reducing isolation and fear.
- Offer basic counselling and connect patients to psycho-oncologists.
- Help families cope with the emotional burden of caregiving and uncertainty.

#### **3. Educate patients and families about:**

- Treatment options and expectations.
- Side-effect management.
- Importance of nutrition and hygiene.
- Basic mind body practices.

#### **4. Community awareness drives**

- Dispel myths and reduce stigma around cancer by sharing survivor stories and positive outcomes
- Conduct programs on adoption of healthy lifestyle for cancer prevention.

## 5. Navigation and Coordination

- Help patients navigate the healthcare system.
- Scheduling appointments.
- Help patients understand the prescribed treatment protocols.
- Understanding test results.
- Accessing financial or government aid (e.g., Ayushman Bharat, PMJAY).
- Act as a liaison between doctors, families, and support services.

## 6. Rehabilitation and Survivorship Support

- Guide patients in post-treatment recovery (physiotherapy, diet, mental health).
- Help survivors return to daily life and reintegrate into the workforce.
- Identify signs of recurrence or complications and prompt early action.

*Trained cancer caregivers are the backbone of community-level cancer care – extending support beyond hospitals, humanizing treatment, and ensuring no patient feels alone. In resource-constrained settings like India, their role is not optional, but essential.*

### Training Essentials for Community-Based Caregivers

A trained CCL should be equipped with knowledge in:

- Basics of oncology (types, symptoms, treatments).
- Psychological first aid and grief support.
- Communication and ethical caregiving.
- Nutrition and hygiene for cancer patients.
- Local health systems and social schemes.
- Sources of financial assistance available for patients.
- Cultural sensitivity and confidentiality.

CanSaarthi Program run by Sanjeevani Life Beyond Cancer is a comprehensive 6-month Certificate Program in Oncological Caregiving has been designed to meet these training needs.

The program aims to train individuals to come certified resource persons, providing holistic support to community and cancer patients across Bharat.

Upon successful completion, participants receive a certification, enhancing their employability in hospitals, NGOs, and home-care settings.

17 batch of the program is underway.

The program has successfully trained over 200 underprivileged students, transforming them into professional onco-caregivers dedicated to serving cancer patients.

## **The Community Cancer Leader Program**

The Community Cancer Leader program is a pioneering initiative by Sanjeevani – Life Beyond Cancer that seeks to identify, train, and deploy bright young social workers to drive grassroots-level community awareness, prevention and patient assistance programs in area of cancer care in Bharat.

The program is open to postgraduates in MSW (Medical & Psychiatry / Community Development) programs from reputed Social Work Institutes across Bharat.

Selected candidates will undergo a rigorous certification and training process – through the CanSaarthi Program.

All those who complete the program satisfactorily will be offered guaranteed placement and placed as

- Counsellors in Centres run by Sanjeevani in Hospitals or as
- Field Workers in community setting across 50 district revenue in Annexure 1.

The program will be rolled out in other States in subsequent years.

These trained leaders will act as vital liaisons between the healthcare system and the patients and local community, working in collaboration with government agencies, hospitals and other Non-Profit Organizations.

This project envisages deep rooted social impact with the potential for guaranteed employment for those who complete the training with flying colours, creating a unique platform for passionate individuals to build a purposeful career in oncology caregiving and community health leadership.

### **Who can apply**

Postgraduates of MSW program (Medical & Psychiatry and Community Development streams) offered by reputed Universities / Colleges.

Those graduating in 2025 are also welcome to apply, subject to their submitting their final Marksheet as well as Certificate with the final application.

The course is open to all and everyone meeting the eligibility criteria as detailed below are welcome to apply:

- Over all percentage of 60% and above (or equivalent GPA) in MSW (Medical & Psychiatry and Community Development)
- Excellent spoken and written proficiency in vernacular language.
- Good spoken and written proficiency in vernacular language.

- Excellent proficiency in MS Office.
- Below 30 years of age on the last date to file applications.
- Willingness to serve the community.
- Willingness to work in the district allotted to them anywhere in India (The applicants will be required to select 3 out of 50 cities listed in Annexure 1 as their preferred place of posting – in order of priority).

Applicants are encouraged to access more details about Sanjeevani Life Beyond Cancer as well as the CanSaarthi program through our website [www.sanjeevani-lifebeyondcancer.com](http://www.sanjeevani-lifebeyondcancer.com).

### **Course Fees**

Security Deposit : Rs 3000/- (refunded on successful completion of the Course)

Course Fees : Rs 25000/- to be paid in two instalments

1<sup>st</sup> Instalment : Rs 12,500/- at time of enrolment

2<sup>nd</sup> Instalment : Rs 12,500/- before start of practical training

### **Course fee waiver and Placement**

- Selected candidates who sign a bond, at the time of selection for the course, to work with Sanjeevani Life Beyond Cancer, for a minimum period of two years post successful completion of CanSaarthi course, will be offered complete fee waiver.
- To be eligible for the offer of placement they have to complete the CanSaarthi Course meeting following requirements:
  - Minimum attendance of 95% during theory and practical both,
  - Minimum 60% marks in every subject and overall 70% in theory evaluation, and
  - Minimum 80% marks in each component of practical evaluation (Patient interaction, Community Engagement and Viva).
- However, in case of the
  - Student leaving the course midway or being removed from the course for any reason including but not limited to improper conduct, substandard performance etc., and

- Eligible student not wanting to work post completion of the Course with Sanjeevani Life Beyond Cancer or being removed from the service (anytime during the two-year bond period) for any reason, including but not limited to improper conduct, substandard performance etc.,

Shall have to pay back the course fees to SLBC with 7% simple rate of interest.

### **Stipend during training period**

#### **Theory Portion (Online)**

- Rs 500/- for study materials
- Rs 400/ per month for out-of-pocket expenses.

#### **Practical Portion (Physical – conducted in the Hospital)**

- Rs 2000/- per month for meeting out of pocket expenses
- Rs 3000/- per month for meeting accommodation expenses (payable only to students hailing from cities other than the city where practical training is held.)

### **KRAs during assignment with Sanjeevani Life Beyond Cancer**

- The selected candidates will take over the role of Cancer Community Leader.
- They will either be placed in the Hospital setting or in the Field with their roles including (but not limited to) as listed in the section “Role of Community Cancer Leaders”.

### **Compensation Package**

All eligible graduates will be offered placement for a minimum period of two years (subject to satisfactory performance) at either Hospital Centres / Field Work.

*Those found suitable post completion of their two years of initial assignment, will be absorbed in the regular scale of Sanjeevani Life Beyond Cancer.*

They will be reporting to the State Program Coordinators.

The compensation package will be as under:

#### **Monthly Honorarium**

- 1<sup>st</sup> Year : Rs 25000/- pm plus productivity linked incentives
- 2<sup>nd</sup> Year : Rs 27500/- pm plus productivity linked incentives

In addition to the above, selected candidates will be entitled to the following:

- Accommodation allowance : Rs 3000/ pm for those who are posted in cities other than their hometown
- Travelling Allowance : Rs 3000/- pm for those whose primary work will be in field (not the hospital setting)
- Laptop Grant : Rs 3000/- pm for 24 months for those who wish to buy a new laptop for discharge of their duties.
- Mobile Grant : Rs 1000/- pm for 24 months for those who wish to buy a new mobile for discharge of their duties.
- Two-Wheeler Grant : Rs 3000/- pm for 24 months for those who wish to buy a new two-wheeler for discharge of their duties.
- Tab / I Pad Grant : Rs 1000/- pm for 24 months for those who wish to buy a new two-wheeler for discharge of their duties.

#### **Application & Selection Process**

- Interested applicants can email their request to [careers.sanjeevani@gmail.com](mailto:careers.sanjeevani@gmail.com) along with the following documents:
  - Their CV.
  - Their Marksheets and Certificate for all 4 semesters of MSW.
  - An essay of 500 words outlining why they wish to join this program in English / Vernacular language.
  - Preferred locations (max 3 out of list of 50 cities in Annexure 1) where they are seeking to be posted once selected.
- Last date to submitted their application is 15<sup>th</sup> July 2025.
- Students of 2025 batch can submit their applications by this date, however shall have to submit their marksheets and certificates before 30<sup>th</sup> July 2025 for completion of formalities, if not done, vacancy will be offered to the next in waiting list.
- Eligible candidates will be informed by 20<sup>th</sup> July 2025 and requested to submit the Initial Application Form duly filled along with all required documents by 22<sup>nd</sup> July 2025.
- Post scrutiny of Initial Application Form, eligible candidates will be invited for Online Interview. These will be conducted from 25<sup>th</sup> July onwards.



- Selected candidates will be informed by 1st August 2025 and advised to complete admission formalities by 8<sup>th</sup> August 2025.
- The Course shall commence in 18<sup>th</sup> August 2025.

## Annexure 1

### List of Cities

- **Assam** : Guwahati , Dibrugarh
- **Bengal** : Kolkatta, Siliguri, Asansol, Kharagpur
- **Uttar Pradesh** : Varanasi, Lucknow, Kanpur, Allahabad
- **Uttarakhand** : Rishikesh, Dehradun, Nainital
- **Haryana** : Rohtak, Jhajjar
- **Punjab** : Chandigarh, Amritsar, Sangrur, Firozepur
- **Himachal Pradesh** : Simla, Hamirpur, Mandi
- **NCR** : Delhi, Jhajjar, Noida
- **Rajasthan** : Jaipur, Bikaner, Jodhpur, Udaipur
- **Gujarat** : Ahmedabad, Vadodra, Bhavnagar, Rajkot
- **Maharashtra** : Mumbai, Navi Mumbai, Pune, Kolhapur, Nagpur
- **Karnataka** : Udupi, Bangalore, Mangalore
- **Andhra Pradesh** : Vishakhapatnam, Vijayawada
- **Telangana** : Hyderabad
- **Goa** : Madgaon, Mapusa
- **Kerala** : Tiruvanthapuram, Ernakulum
- **Tamil Nadu** : Chennai, Tiruchrapalli.