



DIGNITY
&
QUALITY OF LIFE

*"His passing was very peaceful, he was never in pain.
SANAD did not allow it."*

SANAD'S

END OF YEAR REPORT

2015

The World Health Organization defines Palliative Care as an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness. It prevents and relieves suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

“Palliative care is explicitly recognized under the human right to health. It should be provided through person-centered and integrated health services that pay special attention to the specific needs and preferences of individuals”.¹

ABOUT SANAD, HOW IT ALL STARTED

SANAD was founded in 2010 as an independent, non-governmental nonprofit organization, to address in hospice care provision in Lebanon.

SANAD started from humble roots and was able to grow, through perseverance and diligence, into an organization capable of providing quality end of life care for terminally ill patients. It has also been able to make a difference in the lives of their families and caregivers as they deal with the most precious and sensitive time of their lives.

SANAD strives to empower its patients and their caregivers to become skilled in their own care and allow them to make informed choices that are in line with their values and beliefs.

"Palliative care is extremely underrated in Lebanon despite its ability to create the biggest impact on people's lives. Organizations like yours are the bridge that allows people to pass away with dignity and quality of life." – A patient's son

¹ <http://www.who.int/mediacentre/factsheets/fs402>

OUR MISSION

SANAD's mission is to provide comprehensive free of charge home-based hospice care to terminally ill cancer patients while preserving their dignity and enhancing the quality of their remaining life. We aim to assist patients in remaining as alert, functional and comfortable as possible within the calm and sanctuary of their own home, surrounded by family and loved ones. SANAD delivers these support services to patients regardless of their nationality, religion, political affiliation, gender, diagnosis or ability to pay.

SANAD'S CORE VALUES

Respect: Respect is the thread which is weaved into all our personal and professional relationships.

Dignity: SANAD aims at preserving patient and caregiver dignity, honoring their wishes till the end.

Compassion: SANAD's actions and practice are driven by its compassion and empathy for others.

Integrity: Integrity is the bedrock in which SANAD bases all personal and professional practice.

Commitment: SANAD holds a strong commitment to improving the quality of life for terminally-ill patients.

Collaboration: With its multi-disciplinary approach SANAD is able to work collaboratively with all disciplines of care.

Excellence: With its conscientious and diligent team, SANAD strives to produce quality end-of-life care.

SANAD'S TEAM

Medical Doctor

Dr Salam Jalloul, has completed her Palliative Care Certification from the University of Lyon. She is a member of the Order of Physicians in Lebanon and is a founding member and the current President of the Lebanese Geriatric Society. Dr. Jalloul has been recently appointed as a member on the Palliative Care Committee and an associate at the department of Family Medicine at the AUBMC.

Advisor

Helen Samaha Nuwayhid, RN MPH MSN, President of the Order of Nurses and SANAD's advisor and representative in the National Committee for Palliative Care

Registered Nurses

Zeinab Zebara, Supervising Nurse
Soha Abboud
Yousef Mhanna

Mental Health Professional

Daline Basset, Psychologist

Knowledge and Research Officer

Sahar Masri

"...A light in our darkest moments, a guide when we were lost, and an angel of comfort when we were desperate." – A patient's family

Founding and Board Members

SANAD's Board members represent different fields in medicine, nursing, social development, law and other fields and provide support, advice and guidance on technical issues related to provision of hospice care.

Elie Aaraj, BSN, MS Community Health

Director of جمعية العناية الصحية SIDC Association and the Middle East & North Africa Harm Reduction Association (MENAHR), President of the Regional/Arab Network Against AIDS (RANAA) and First President of the Order of Nurses in Lebanon.

Dr. Thurayya Arayssi, MD

Associate Professor of Medicine at the Weill Cornell Medical College in Qatar. Her area of specialty is in Rheumatology and Geriatrics. She is also the Associate Dean of Graduate Medical Education at the same institution. Dr. Arayssi has authored or coauthored' more than 60 papers, abstracts, and book chapters and has presented multiple seminars and lectures at regional and international conferences.

Nadim Abboud, Counsellor and Attorney at law; L.L.M., M.B.A.

Lecturer at Haigazian University and at Leading Minds; Trainer at the Institute of Finance- Basil Fuleihan Institute, Co- founder and presently member of the executive committee and head of the legal department of BPG (Brand Protection Group). Member of the Red Cross Beirut executive committee.

Dr. Rabih El Chammay, MD

A Psychiatrist, working in diverse settings that range from clinical work to teaching, training, supervising and conducting consultancies for the UN, INGOs and NGOs in Lebanon and the Arab region. He is currently the focal point for Health and Human Rights at the Ministry of Health and the Mental Health Advisor for International Medical Corps, Lebanon.

Lubna Izziddin, BA in Mental Health and Counseling

A Social Development Consultant, with 20 years of experience in the areas of Youth Development and Child Protection in Lebanon and the Arab World. Through working with the UN, INGOs and NGOs, her work has varied from development and management of programs to technical workshop design and facilitation for different organizations in the social development field.

Dr. Muna Khalidi, PhD in Social Policy and Planning

A Social Development expert with 20 years of experience in social development work in Lebanon and elsewhere in the Arab region. In addition to her work experience in the public sector, her experience spans other sectors such as NGOs, INGOs, the UN, Academia and Media sectors.

Carol Mansour, BA in Sports Medicine-Psychology

A documentary Filmmaker. After working for several years as an editor and director at a local TV station, she founded her own production house in 2000. Her documentaries have addressed socio-economic issues including war, street children, child labor, migrant women workers, refugees, water, environment, and other related topics.

SANAD's Ambassador

Mr. Ali Jaber, Dean of the Mohamad Bin Rashed School for Communication at the American University in Dubai and General Director of the MBC TV Group is kindly shouldering the responsibility of SANAD by becoming its Ambassador. Mr. Jaber's solid involvement is raising awareness on SANAD's mission, and supporting its activities on all levels such as visibility, participation and advocacy for hospice care.

HOSPICE CARE PROVISION

Through its multi-disciplinary team, SANAD aims to ensure that the medical, social and psychological needs of each patient are tended to with the utmost care and compassion. By devoting and unifying the efforts of all the team members, SANAD provides quality and comprehensive end of life care to terminally patients and their families, free of charge.

Medical Support

The medical team including SANAD's nurses and Medical Doctor provide the required medical support around the clock in a professional yet compassionate way. Their scope of work encompasses both medical and social support:

- Medical and nursing care through regular home visits focused on ensuring the best possible quality of life, the preservation of dignity, and respect for the wishes and decisions of the patients and their families
- Management of the patient's pain and other symptoms that might cause any physical discomfort or psychological distress. As a priority, SANAD aims to enhance the patients' quality of life and so the team puts a lot of effort in managing any pain or troubling symptoms.
- Training the family members on how to become the patient's primary care givers which helps the family gain a sense of control, something they might feel they have lost with their struggle against the disease.
- Providing medical supplies and equipment as required regardless of the family's socioeconomic or medical coverage status.
- Providing the family and the patient the needed social and psychological support, thus becoming a trusted intermediary between the caregivers and the patient. The team empathetically offers advice when needed or requested which builds a genuine and mutual feeling of trust.
- Supporting the family during the entire bereavement process by regular visits and phone calls offering condolences and assuring the family that SANAD is always by their side if they need any type of support.

The executive team is in the process of developing tools to evaluate the quality of hospice care provided at SANAD and the satisfaction of both the patient and the family. This promotes the team to work on continuously improving the support provided to the patient and the caregivers.

Mental Health Support

SANAD's psychologist has been an instrumental new addition to SANAD's team in 2015 and has helped launch the mental health unit providing psychological support to terminally ill patients under SANAD's care.

We are constantly putting effort in improving the support services we provide and so with the establishment of this mental health unit we are now able to provide the patients and their caregivers, who are in need, professional psychological support. The psychologist's scope of work includes but is not limited to:

- Providing the needed psychological support for patients and their families throughout the care duration where many families are able to discuss their feelings and opinions freely.
- Supporting SANAD's executive team in ensuring continuous update on families' coping mechanism and dynamics. The psychologist advises the executive team on ways to manage and facilitate some complex issues they face with some families and patients in the context of facing their final days.
- Carrying out a Grief Support Group, an activity initiated by SANAD which aims to support family members who are finding it difficult to cope with their loss and feelings of grief. The psychologist has led the induction of this pilot project and will work on developing lessons learned to arrive at the best approach to implementing grief support groups.

Beyond the Medical, Social and Psychological Support

As SANAD advocates the holistic approach to hospice care, it has provided support when needed, be it medically, socially or psychologically. Patients under SANAD's care have the right to receive the support they need regardless of their socioeconomic situation or ability to pay. Beyond the customary medical, social and psychological support, SANAD supports patients with other related medical needs such hospital expenses, high-cost medications, and some equipment. Yet in order to manage the support provided, SANAD complies with certain criteria explained below.

Coverage of Hospital Expenses

SANAD covers the expenses of the patient's stay at the hospital (for the sole purpose of palliative care and pain management) either in whole or 15% of the total amount covered by the Lebanese Ministry of Public Health in cases where:

- The palliative treatment cannot be provided by the SANAD team at home
- Patient is not covered by NSSF or private insurance

Coverage of High Cost Medications

SANAD also covers the expenses for high-cost medications such as morphine and anti-emetics as well as other pain medications for underprivileged patients who are not covered by NSSF or private insurance.

Other Needs and Expenses

For underprivileged patients and their families, SANAD also provides support for daily regular expenses or those that arise due to the presence of a terminal case in the family.

SANAD also works on lessening any external factors that might compromise the patients and families' dignity and quality of life, in the context of its own capacity and as per its policy. We have provided support with the funeral arrangements of patients who had no family members or whose families could not afford the expenses; we have also provided food, clean water, refrigerators, pest control services and infrastructural work in a few houses of extremely underprivileged families.

FIVE YEARS AT A GLANCE

As we reflect on what was accomplished during 2015, we stand by our values as a home hospice organization to be compassionate with these patients and families who become very close to SANAD; and so when we take a look back, we regard patients not solely as people who had passed away, but as valued members who had witnessed a calm and peaceful departure.

While it remains true that our organization is yet to grow, we would not forsake the quality of care provided, and will first and foremost respect the patients' dignity and quality of life.

Patients Admitted Since 2010

SANAD has witnessed a rising number of admissions since its establishment in 2010.

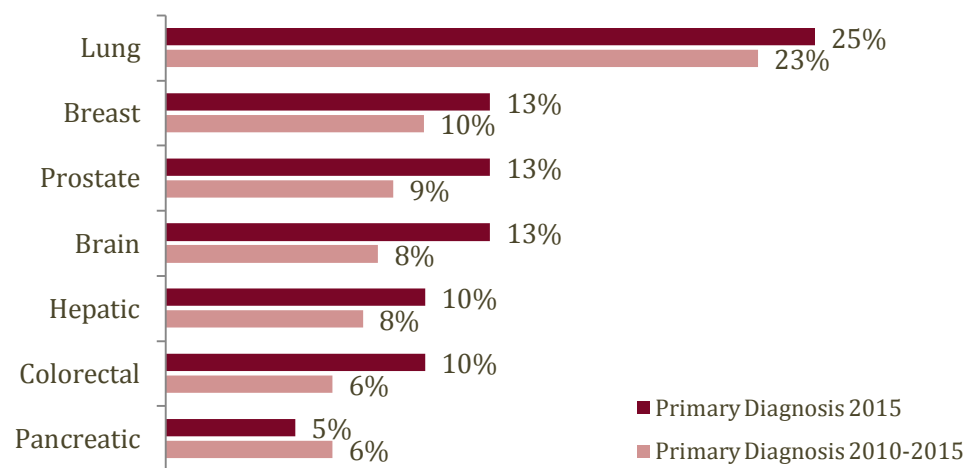
A total of 176 hospice patients had been admitted throughout the five years since September 2010 till December 2015.

Year	Hospice Patients	MD	Fulltime Registered Nurse	Psychologist
Sept - 2010	3	1	1	-
2011	21	1	1	-
2012	40	1	1	-
2013	37	1	1-2	-
2014	34	1	1-2	-
2015	41	1	2	1
Total	176			

For the first two years after its establishment (September 2010-2011), SANAD's hospice care provision relied on one Medical Doctor and one registered nurse and therefore justifies the rather low number of patients admitted. Between 2012 and 2013, SANAD was able to take care of more terminally ill patients (40, 37 respectively) with the addition of a new nurse to its team. Also between 2014 and 2015, the number of patients admitted kept increasing with two full time registered nurses on board (34, 41 respectively).

Primary Diagnosis upon Admission 2010 - 2015

When patients are admitted to SANAD, they often present with several coexisting symptoms and since the majority of patients are diagnosed with Cancer, many of these cases have already presented with metastasis to one or more organs. Among the total 41 new cases that were under SANAD’s care during 2015, 40 patients had cancer; and the primary types of cancer included Lung (25%), Breast (13%), Prostate (13%), Brain (13%), Hepatic (10%), Colorectal (10%) and Pancreatic Cancer (5%).



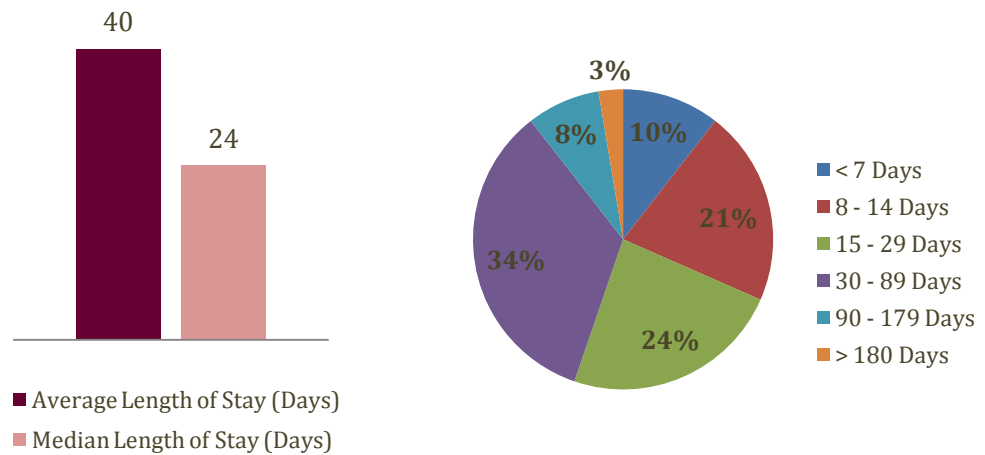
This trend, in terms of primary cancer types in patients admitted to SANAD has been parallel to the trend witnessed during the five years as a whole, and it is also reflective of the most prevalent types of cancer in Lebanon. The last updated statistics (in 2004) from the National Cancer Registry in Lebanon shows that the most common malignancy was breast cancer (19.7%), which constituted around one fifth of the total cancer load, followed by lung (10.8%), bladder (9.3%), colorectal (8.2%), and prostate cancer (7.7%). Hajjar et al (2013) stated that “great majority of these cases suffered needlessly (whether their disease was cured or not) and most likely did not get adequate pain relief or palliative care.²The difference in each type of cancer among the patients and the specific personal needs of each, dictate the way the medical and nursing team provides the adequate medical care and the way they manage pain. It might also affect how long a patient might stay under SANAD’s care, bearing in mind the state of metastasis.

² Hajjar, R. R. et al. “Prevalence of Aging Population in the Middle East and Its Implications on Cancer Incidence and Care.” *Annals of Oncology* 24.Suppl 7 (2013): vii11–vii24. PMC. Web. 29 Feb. 2016.

FACTS AND FIGURES IN 2015

Average/Median Length of Stay Under SANAD's Care

As widely known in hospice organizations, the typical length of stay could be measured as an average or a median which reflects a more accurate measurement of this index; the reason behind this is that the few existing outliers affect the average and therefore skew the end result. The average length of stay in 2015 was 40 days whereas the median length of stay was 24 days.

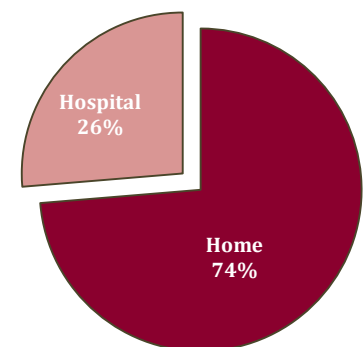


Patients' Place of Death

The medical and nursing team emphasizes the value of providing the support the patients need at home and at the same time preserving their dignity and enhancing the quality of their remaining days.

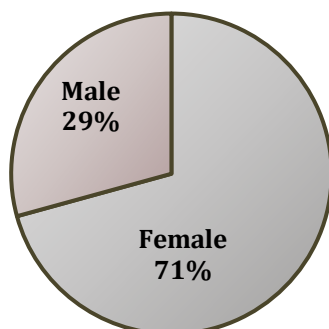
In 2015 and till this date 74% of SANAD's patients had received complete hospice care at home throughout the whole care duration.

The remaining 26% of the patients were referred by SANAD to the hospital due to severe medical complications such as severe infection, sepsis, bleeding and life saving procedures require hospitalization as per SANAD's policy.



Percentage of Hospice Patients by Gender and Age Group

Most patients in 2015 were females and around 70% of all patients were between 35 and 74 years old.



Age Group	%
25-34	4.8
35-64	36.5
65-74	34.14
75-84	14.6
>85	9.7

Percentage of Hospice Patients with Medical Insurance

SANAD’s hospice support services are provided free of charge and with no distinction between insured patients and those who lack any type of previous medical support. In 2015, around 51% of patients lacked any type of medical coverage prior to admission to SANAD.

Private Insurance	NSSF	MOH	Other Types	None
19.5%	24.3%	0%	4.8%	51.2%

Coverage of Hospice Related Medical Needs by SANAD

In 2015, 44% of patients received from SANAD either partial or full coverage of hospice related medical needs which are further explained in the table below. Full coverage is when all three needs or expenses are covered, and partial coverage is when only one or two of the needs are covered.

Medications

SANAD covers the cost of morphine, anti-emetics and other pain medications for patients who are in need and can’t afford them.

Equipment and Supplies

Depending on each patient’s condition, certain equipment and supplies could be covered by SANAD including: Electric Beds, Nebulizer, Oxygen Machine, Air/Water Mattress, Suction Machine, Wheelchair, Bedpan, Potty Chair, IV Stand, Food table.

Hospital Expenses (If Applicable)

SANAD might cover hospital expenses for patients who need to be admitted to the hospital for palliative and pain management purposes. Criteria applying to this situation were previously explained in the report.

RN and MD visits per Patient and Total Number of hours

SANAD's nurses and MD have dedicated their time and efforts to 176 patients since September 2010, and have till now achieved a total of 3,125 visiting nursing visits and 592 MD visits, and during each visit, no less than one to one and half hours are spent at any patient's home.

Year	Total RN Visits	Total estimated hours during RN Visits	Total MD Visits	Total estimated hours during MD Visits
2015	633	633-950 hours	99	99-149 hours
Total from 2010 - 2015	3,125	3,125-4,688 hours	592	592-888 hours

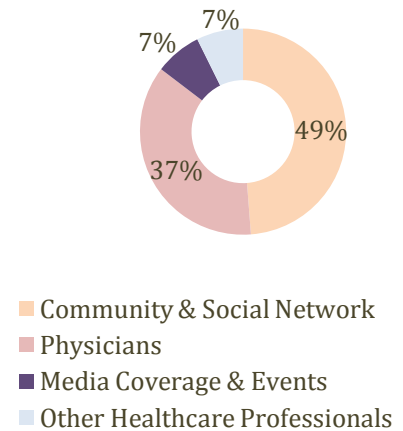
During the first visit, and as per SANAD's practice policy, the nurse explains SANAD's mission and role, discusses with the family and patient their expectations and gradually introduces the end of life discussion with the family as deemed appropriate. During the subsequent visits, the nurse establishes rapport with the patient and family members and provides the needed equipment and the required interventions. The nurse will also start training the family members on how to care for the patient and attend to his/her basic needs.

In a regular visit, the nurse completes a thorough physical assessment of the patient, observes and assesses the patient and family's social and psychological situation as well. Any identified problems (physical, social or psychological) encountered with the patient or the families are acted upon to further improve the quality of their lives, respecting at all times, the patient's wishes and requests. During each visit, the nurses provide a comfortable environment for the patient and the family to ask any questions and reflect on any of their concerns.

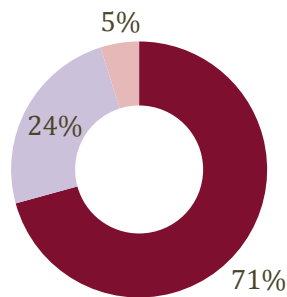
The frequency of the visits depends on each patient's situation, the need for nursing or medical interventions, and the need for psychosocial support for the patient or the family, however, the medical and nursing team ensures that all patients receive the adequate care they need. SANAD has demonstrated high accessibility to its patients, being available on a 24 hour basis all days of the week.

Sources of Referral

SANAD receives referrals for hospice patients from several sources, but the two main sources of referral are through the Community and Social Network (49%) and Medical and Healthcare Professionals (44%) (including 37% referrals from physicians such as oncologists, general practitioners, and 7% referrals from other healthcare professionals such as nurses, pharmacists...)



Response Rate



■ Same Day ■ 1-2 Days ■ > 3 Days

Once SANAD's team receives a new referral, the nurses promptly ensure that they promptly visit the patient. In 2015, SANAD's nursing team was able, in 95% of the cases, to visit the patients within 48 hours after referral from all sources.

Patients and Families accompanied in the last 48 hours

It is an important part of SANAD's role to be the trusted source of comfort and strength for both the patients and their families in these difficult times. In 2015, 86% of the deceased patients were accompanied by SANAD's team in the last 48 hours of their lives.

The executive team also provides support throughout the bereavement process primarily through bereavement and funeral visits and through regular phone calls to the patient's family as per SANAD's policy. The nurses usually visit these families one month after the death of their loved one to provide comfort and support in this difficult period.

A YEAR IN REVIEW

The five years of experience SANAD has gained in hospice care provision would not have been as influential without continuous training of all the staff involved in addition to the different conferences, workshops and presentations SANAD has either contributed to or participated in. Ongoing staff empowerment and capacity building are regarded as pillars of success and stepping stones for better achievements

SANAD's representation in national committees

SANAD, represented by Mrs. Helen Nuwayhid, participated in the launch of the Lebanese National Committee for Pain Relief and Palliative Care, established by the Ministry of Public Health in 2011.

Updates | Workshops | Conferences

Throughout 2015, SANAD has contributed and participated in several workshops and presentations including:

- AUB Palliative Care Committee
Dr. Salam, SANAD's MD, has been selected as a member on the Palliative Care Committee and an associate at the department of Family Medicine at the American University of Beirut Medical Center.
- Palliative Care Workshop "The Basics in Palliative and End of Life Care" at the American University of Beirut Medical Center – Lebanon
Members of the Executive Team attended this workshop
- 3rd International Francophone Conference of Palliative Care – Tunisia
Dr. Salam Jalloul presented SANAD's growth throughout the 5 years (2010-2015) at the international conference in October
- Members of the Executive Team presented SANAD's mission and it's hospice care provision in two Informational Sessions to:
 - Family Medicine students at the American University of Beirut
 - "Pastoral de La Sante" from USJ
 - Nursing students from Beirut Arab University
 - Public Health Students from Lebanese University

SANAD PROJECTS IN 2015

SANAD – AL Malath Assessment Visit

An internal assessment of SANAD's practices and protocols was conducted by a team from Al-Malath Hospice in Jordan (the first hospice organization in the Arab world). The team assessed SANAD's services and provided advice on different technical aspects. By the end of the workshop, Al Malath attested SANAD to be technically and professionally sound and its services to be on par with international standards and best practices.

SANAD's Children's Book "مثل أوراق الشجر"

With the collaboration of key partners SANAD published a children's book delicately targeting the issue of death and loss introducing it to children in a compassionate manner. The book takes the reader inside the mind of a child and her fear as she goes through the different phases of the grief cycle from the moment she discovers that



her uncle has a terminal illness till the time he eventually passes away. The writer has so creatively described the journey the little girl takes through her anger, denial, sadness and acceptance until she finally finds peace again. The book was published to help parents and caregivers to communicate with their children about losing a loved one.

It was written by an award winning children's book author, Luma Azar, and the material was thoroughly researched where inputs from several clinical psychologists were taken into consideration when creating this book.

We are grateful for all who contributed in this project donated their work and effort; we'd like to thank the Luma Azar for donating her writing, Maya Majdalani for her illustrations and Salim Dabbous Printing Company for printing the book and Asala Publishers for publishing the book and donating all revenues to SANAD. The book has sold over 200 copies since its launch.

Mental Health Unit

SANAD established a mental health unit in order to address the psychological state of the terminally ill patients and their caregivers in a structured and well-planned manner. This type of Mental Health support service is considered new in Lebanon and in the region as it is provided exclusively to terminally ill patients.

With a new psychologist on board, SANAD has been able to broaden the support it provides to achieve a holistic approach to hospice care complying with the best practices in the field. The psychologist has also been instrumental by working closely with the executive team members and advising them on technical issues related to family dynamics.

Research Unit

SANAD established as well a new research unit that will facilitate research on palliative and hospice care in Lebanon and the region and provide both qualitative and quantitative knowledge resources. Through these research oriented activities, SANAD aims to develop a comprehensive illustration of the state of palliative and hospice care in Lebanon which could impact different levels in this field including knowledge, service care provision and policy development.

SANAD is thankful for The Mustafa Trust Fund, a philanthropic organization dedicated to improving the lives of people disadvantaged through social inequality, oppression, injustice or poor physical and mental health, for supporting the establishment of these two units for the past year.

SANAD and SHBPP - American University of Beirut Collaboration

SANAD and Salim El Hoss Bioethics Professionalism (SHBPP) are piloting a Joint Volunteering Project that was initially launched during November 2015. The project provides second year Medical Students at the American University of Beirut an opportunity to volunteer with SANAD by visiting terminally ill patients and their families at their homes, under the full supervision of SANAD's medical team. The volunteers engaged in this project are putting efforts to help SANAD's team in meeting the social, and practical needs of the families they visit. With each visit, students set their own objectives and reflect upon their experiences and what they've learned from previous visits. Students have been properly oriented, at the beginning of the project, on the delicate states the patients are in and have been introduced to the proper communication skills they need to respect while visiting the patients.

SANAD regards this as an important initiative and will, at the end of the project develop lessons learned and evaluate the results that are looking promising so far. The concept of teaching medical students to become healers not just doctors is at the heart of this collaboration.

Grief Support Group

SANAD has initiated a Grief Support Group targeting families of patients who previously received SANAD's support before passing away. SANAD's psychologist and researcher have invested their efforts in piloting this project after thorough research on "best practices" in implementing support groups dealing with grief after the loss of loved ones. Through the initiation of a grief support group, SANAD aims to continue supporting families after their loss by creating a space where feelings, thoughts and words of advice are delicately shared and reflected upon.

The families have met twice up till now and they have already suggested several ways where they themselves are willing to be a support to families who are currently going through similar situations.

SANAD FUTURE PROJECTS IN 2016

SANAD Expands to Bekaa

With the success witnessed in Beirut over five years, SANAD is ready to embark on a new journey in Bekaa mid 2016. The expansion in Bekaa is kindly funded by the Matta and Mhanna family from the Bekaa who believe in SANAD's mission and seek to spread its support in the area. The operations are planned to launch in June 2016 following a Needs Assessment in that area. The SANAD - Bekaa team is undergoing thorough training before initiating the operations in Bekaa, and hopes to effectively target the need for home hospice and meet the requests of terminally ill patients in that area.

Research in Home Hospice Care

In 2016, the research unit will reinforce the importance of research on hospice care and will reinforce SANAD's role as an advocate on the subject to introduce to different stakeholders and the community at large. The unit aims to study the barriers to hospice care provision in Lebanon (cultural, psychological, economic aspects), the knowledge and attitudes of doctors towards hospice care. This will allow SANAD to work on addressing any challenges physicians might face in referring patients to hospice. Other concerns of the research unit include identifying opportunities for capacity building and trainings for team members on relevant issues in the hospice and palliative care field. The unit will also assist the executive team and the mental health unit in developing and implementing tools to monitor and evaluate the support provided.

Blog

A blog called “It’s About Life” is a SANAD initiative to be completed in 2016 where different writers meet with members of the executive team to share their observations, thoughts and feelings, reflect on the knowledge they gained and address the challenges they have faced since they joined the organization.

With the personal anecdotes that the team would be sharing, SANAD hopes to raise awareness about hospice care and endearingly bring the idea of hospice care closer to the community’s heart and mind.

Staff Capacity Building

SANAD is in the process of identifying opportunities that will encourage all the team members to pursue trainings and opportunities for capacity building that will help them advance and excel in the palliative and home hospice field.

Grief Support Group

SANAD will continue supporting families after their loss in the coming year by carrying on the grief support group. And as part of the ongoing evaluation of its activities in 2016, SANAD intends to assess its achievements in creating and implementing this support group and developing lessons learned that will help in other grief support groups in the future.

ENGAGING THE LEBANESE COMMUNITY

Volunteers are an essential part of hospice care provision as they are able to provide a number of important support services either through direct or indirect involvement with the patients and their caregivers. SANAD is proud to be able to engage the community, through its active volunteers, in contributing to raising awareness and supporting the advancement of palliative and hospice care in Lebanon. Volunteers also have important roles to play in many research and fundraising activities. We aim as well, to train volunteers who are willing to be involved in patient visits with the executive team.

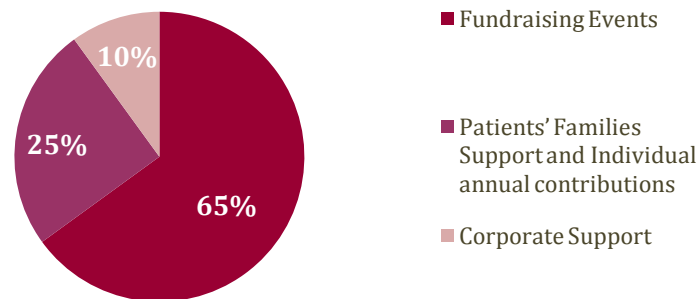
SANAD has developed and shared a volunteer handbook in order to guarantee that those who wish to devote part of their time to SANAD are thoroughly oriented, prepared and trained on appropriate communication skills that are deemed essential in patient - volunteer interaction.

SOURCES OF FUNDING IN 2015

SANAD's major financial needs are covered through restricted and unrestricted sources of funding; where the **unrestricted funding** covers the overall operational costs and the **restricted funding** targets specific activities that are decided based on SANAD's needs and scope of work on one hand and the donor's focus and requirements on the other hand.

"I am committed to supporting SANAD for the rest of my life and my children after me."

Sources of Unrestricted Funding in 2015



1. Fundraising events

This is considered one of the largest sources of income for SANAD, as it involves sponsorship by the private sector and the participation by the community through purchasing tickets and donating during the events. The events vary between annual Gala dinners, concerts, stand-up comedy shows, photography exhibitions, and movies' avant premieres. In 2015, SANAD organized a successful Gala Dinner which was primarily supported, for the second year in a row, by MBC Al Amal.

2. Patients' Families Support and Individual annual contributions During each year, families of patients from different socioeconomic backgrounds, including underprivileged families graciously donate to SANAD either equipment, medication or monetary support.

Moreover, SANAD receives contributions from people who have pledged an amount of money to SANAD on a yearly basis.

3. Corporate Support

Private Sectors' Corporate Social Responsibility (CSR) by:

- Providing sponsorships for fundraising events and activities
- Offering company's clients the option to pledge a certain amount to be donated to SANAD
- Offering their own services to SANAD free of charge as an In-Kind support

SANAD is yet to explore the full potential of CSR opportunities available in Lebanon and so part of SANAD's future projects is to explore different aspects where the corporate sector can be of benefit.

Other sources of unrestricted funding

In addition to the above sources, SANAD has also been creating its own income-generating initiatives, such as:

SANAD's Walk-In Project; The seed for a future social business

As part of SANAD's activities that help to engage the community, the Walk-In project was launched by SANAD's volunteers in 2014. The loved and pre-owned clothes initiative aims to generate income by persuading people to shop for a good cause. The little store at SANAD's main office welcomes people of all ages and suits different shopping sprees. SANAD hopes to create a sustainable and consistent income generating project, more close to a social business, and to become in the future a financial pillar to SANAD.

Bracelets

With the support of a Jewelry Designer, Raefe' Salha, we designed a SANAD bracelet to help generate income from its sales. This project was another successful venture, though yet to be advanced for a bigger outreach.

Photos

As a result of a previous joint fundraising activity with Mohannad Khatib (currently a TV anchor in Sky News Arabia and passionate about photography), SANAD held a photography exhibition for his photos from around the world. He has pledged to continuously provide photos to support SANAD's mission.

Sources of Restricted Funding in 2015

The only donor of restricted funds for 2015 was The Mustafa Trust Fund which has been very generous in supporting the psychologist and the research officer positions and has therefore contributed to the successful establishment of both units.

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