

Annual Report



2020

“Effective palliative care response amidst the COVID-19 pandemic.”

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Abbreviations and Acronyms

COVID-19 – Corona Virus Disease

HCW – Health Care Workers

INCB - International Narcotics Control Board

KEMSA – Kenya Medical Supplies Authority

KNH – Kenyatta National Hospital

MeTRH - Meru Teaching and Referral Hospital

MOH- Ministry of Health

OMS- Oral Morphine Solution

PCU – Palliative Care Unit

PFHI –Pain Free Hospital Initiative

PPB- Pharmacy and Poisons Board

PPE - Personal protective equipment

Message from The Executive Director



Karibu! Welcome to our 2020 KEHPCA Annual Report.

Yes! We are still standing tall and going strong despite the circumstance of this past year, 2020. This is because of YOU, your trust and support for us and those that we serve. The 12 months covered by our 2020 Annual Report have been among the most challenging times we have had over the past years. Like the rest of the world, we have grappled with disruption caused by a global Covid-19 pandemic that has greatly affected many organizations, economies and people, especially the vulnerable groups that we serve. KEHPCA has responded both constructively and resiliently to the disruption, ensuring that hospices and palliative care services are not disrupted. We want to sincerely appreciate all our hospice and palliative care frontline workers for their resilience and dedication to ensure that their patients (and families) have continued to access the pain relief, symptom management, psychosocial, emotional and spiritual support they need.

Throughout 2020, the health and wellbeing of our employees and their families has been a priority and we have endeavoured to safeguard jobs and follow the Ministry of Health (MoH), the World Health Organization (WHO) guidelines on covid-19.

The Covid-19 pandemic has tested the world in ways we had not anticipated. To understand the environment under which palliative care frontline workers were operating; we conducted a survey in April 2020 -when the county was put on lock down. From the results of the survey, we realised the many challenges faced both the hospice and palliative care providers as well as the patients themselves. There were concerns/fears on not having enough knowledge on the new virus, concerns of safety of the service providers and patients as well. The results of the survey guided us to respond timely by providing Personal Protective Equipment (PPE) to our nurses, doctors, Community Health Volunteers and other health care providers to over seventy (70) institutions across the country; thus enabling them to continue serving their patients. KEHPCA was also able to organize weekly Continued Medical Education (CMEs) webinars, bringing experts on board to train health care workers on the pandemic and how to support patients. KEHPCA also joined the MoH in developing treatment protocols for Covid-19, ensuring appropriate symptom management, psychosocial and spiritual support for those affected and their loved ones, including grief and bereavement support.

KEHPCA remains deeply grateful to all those front-line workers who have worked tirelessly to help keep others safe, ensured that those in need of pain relief and palliative care continued to access these important services. Despite the dark shadow cast by Covid-19 over the whole of 2020, our front line workers did not give up despite risking their lives and those of their loved ones. THANK YOU, ALL YOU BRAVE SOLDIERS! We truly appreciate each and every one of you.

On behalf of the Board of Directors, we also wish to say a big thank you to all who continued to support us emotionally, financially and in many other ways. Together, we stand strong: will overcome this pandemic. A big shout goes out to The True Colours Trust (UK) for the special donation that enabled us to purchase PPE

to enable continuity of services, among many other activities. We are also very grateful to Global Partners in Care (US), the African Palliative Care Association (APCA), Hospice Care Kenya (UK), the American Cancer Society (ACS), the Open Society Foundations (NY) and the Opens Society Initiatives East Africa (OSIEA).

Again and again, we truly appreciate you all.

A handwritten signature in blue ink, appearing to read 'Z Ali'.

Zipporah Ali, Md. MPH. MPC. HonDUniv
Executive Director

Introduction

The year 2020 began well for KEHPCA. Little did we know that the annual plans would be greatly affected by the COVID-19 pandemic, which has been a global crisis. The pandemic hit Kenya in March 2020. The government responded with various directives for the prevention of further spread of the deadly virus, and these directives affected the already planned activities. However, KEHPCA quickly deduced innovative ways of continued palliative care interventions. These were informed by a quick situational assessment that KEHPCA conducted.

KEHPCA staff started working from their homes, making many consultations virtually. Even though most planned activities were disrupted, priority actions towards ensuring continuity of services by all palliative care providers to persons living with palliative care needs (PLWPCNs) while ensuring everyone remained safe were instituted. The year proved difficult but still very productive in most areas.

Advocacy

What is Advocacy? Advocacy is an activity by an individual or group that aims to influence decisions within political, economic, and social institutions. It includes activities and publications to influence public policy, laws and budgets by using facts, their relationships, the media, and messaging to educate government officials and the public. Advocacy means giving a person support to have their voice heard. KEHPCA has been an active advocate for the promotion of palliative care in Kenya.

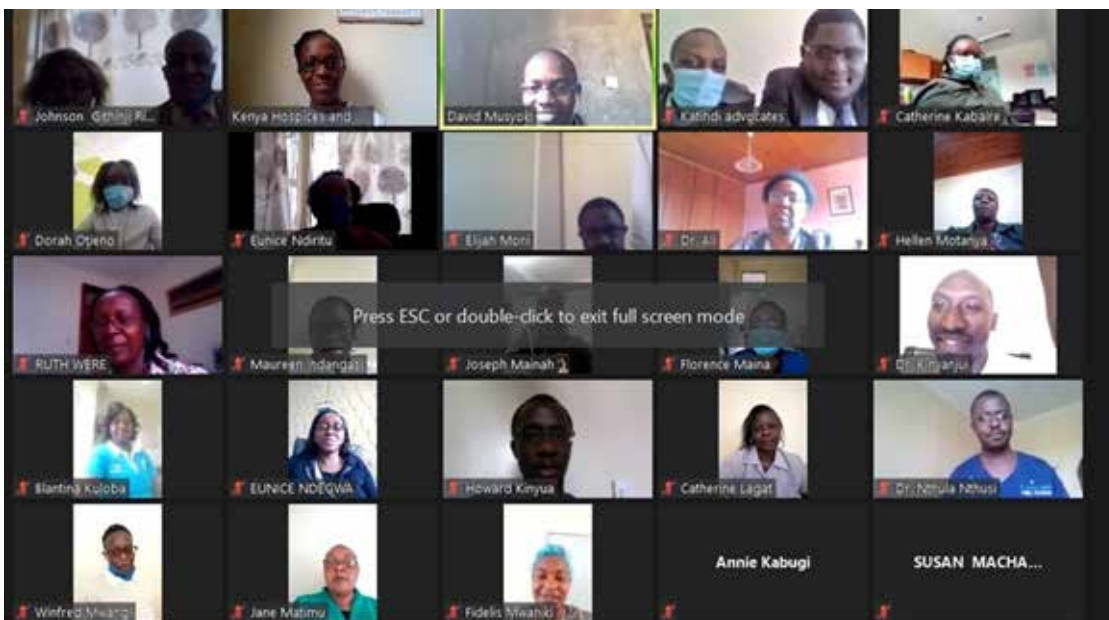
Over the period, the president of Kenya included UHC as one of his big 4 agenda with a vision for all Kenyans having affordable access to basic health care. KEHPCA took this as a great opportunity for national advocacy to ensure realization of the WHA resolution, under this objective. KEHPCA has been advocating for palliative care to be included in the Universal Health Care (UHC) agenda. KEHPCA has been undertaking advocacy initiatives targeting the national government and county governments through the ministry of health.

In Kenya, palliative care advocacy has been strengthened by the inclusion of the voices of those who deliver and receive palliative care support and services. They are referred as palliative care champions and persons living with palliative care needs (PLWPCNs). This initiative has seen factual information and real and lived experiences shared in many fora. Such sharing led to prioritization of palliative care by many stakeholders at National, County and institutional levels. The media has played a key role in supporting KEHPCAs advocacy agenda.

Legal Aspects in Palliative Care

Responding to the legal issues that palliative care patients have remains a key and yet a forgotten area by many service providers. KEHPCA has been funded by Open Society Institute East Africa (OSIEA) to support the integration of legal aspects in palliative care services. Over the period, KEHPCA worked closely with Katindi and co- company, a legal firm providing pro-bono support, training and mentorship on legal matters in palliative care, to conduct training virtually to 45 health care professionals and legal contact persons from nine facilities (Nakuru, Nairobi, Nyeri, Nyahururu, Nanyuki Hospices, Machakos, Webuye, Olkalou, Bungoma palliative care units). The training sessions were organized in virtual webinars.

The knowledge received has enabled the process of integration of legal aspects in palliative care as part of holistic care and support to patients in need of palliative care. Some facilities have carried out successful legal clinics, giving clients information and empowering them on various aspects on legal matters, including; Will writing, choosing power of attorney, property and inheritance, Custody of children, informed consent, patient rights and responsibilities among others.



Participants during a virtual workshop on legal aspects in palliative care

Access to Pain Relief

Pain relief remains a fundamental human right globally. KEHPCA endeavors to improve access to pain relief hence improving the quality of life of patients and their families in Kenya. This is through partnerships with relevant stakeholders including the Ministry of Health (MOH) as well as involving persons living with palliative care needs in their treatment. KEHPCA ensured access to pain relief through the following ways;

1. **Central Manufacturing of Oral Morphine**

The MOH, KEHPCA, Kenya Medical Supplies Authority (KEMSA), and Kenyatta National Hospital (KNH) continue to work together in ensuring access to oral morphine solution (OMS) across all counties in Kenya. Following extensive stability testing, its current shelf life is 1 year from an initial 6 months one hence reducing chances of the product easily expiring after production.

In the year 2020, the MOH supported access to morphine powder through the National Cancer control program and Universal Health Coverage (UHC) funds.

Since inception, KEMSA has since distributed the OMS successfully to over 60 health facilities across the country with 7,000 bottles being distributed this year.

This initiative ensures that patients in pain have access to quality pain medication at an affordable cost in facilities close to them. OMS is an essential palliative care medicine and needs to be prioritized within the governments' essential medicines list. The Ministry of health through the Access to Oral Morphine Solution technical working group is mandated to implement this. The team also engages the pharmacy and poisons board (PPB) as a key stakeholder in ensuring access to opioids in the country as they have the task of timely reporting to the International Narcotics Control Board (INCB).

2. **Pain Free Hospital Initiative (PFHI)**

In 2020, PFHI activities were halted by the COVID-19 pandemic based on the government directives issued on in person group activities. To date, 15 health facilities have participated in the training since 2016.

The aim of the training is to empower multidisciplinary teams of healthcare providers in the hospitals with regard to basic pain management. KEHPCA has however continued to develop and disseminate posters on pain relief with county health facilities.

Meru Blueprint for Success

The Meru County “Blueprint” project was born out of a need to provide patients with a centre that would service their NCD needs, from prevention or diagnosis to treatment and patient support. The location would become a Centre of Excellence (CoE) for the region and the project will form the blueprint to replicate across Kenya, and into other LIC and LMIC countries. NCDs being tackled as part of the “Blueprint” project include Diabetes, Hypertension, Cervical, Breast and Prostate cancer. The project which started in 2019 is currently a consortium of the following organizations; Amref Health Africa, Elewa Cancer Foundation, International Cancer Institute, Kenya Medical Research Institute (KEMRI), Management Sciences for Health (MSH), Non Communicable Diseases Alliance Kenya (NCDAK) and KEHPCA.

KEHPCA as a stakeholder in this initiative is mandated with scaling up palliative care services in Meru County.

Palliative care services in Meru County are currently available at Meru Teaching and Referral Hospital (MeTRH), Meru hospice and Maua Methodist Hospital. These serve as the key palliative care service referral sites during the project.

Despite the COVID-19 pandemic experienced in 2020 that slowed down implementation of activities, KEHPCA’s milestones included;

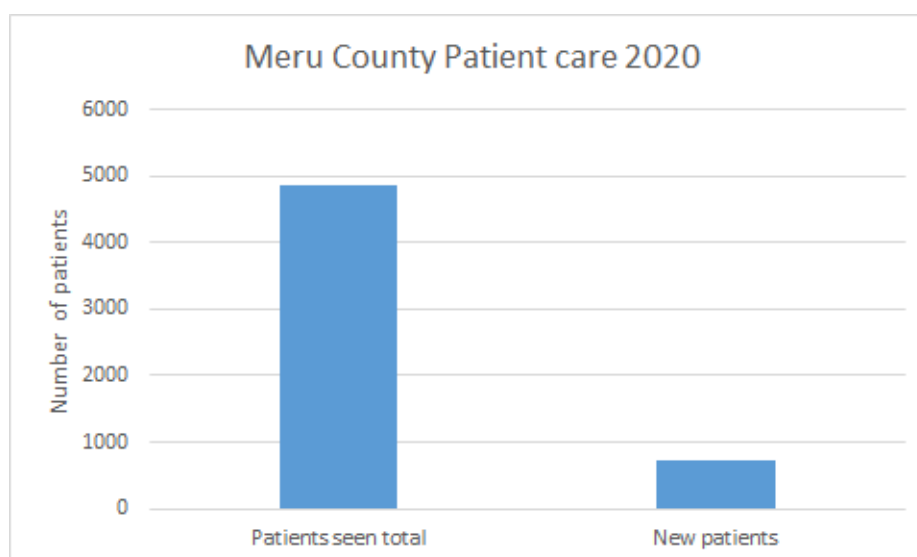
1. Creating Awareness and Advocacy

The hospice and hospital palliative care teams provide palliative care support to patients visiting the facilities. 4850 patients were served at Meru Hospice and MeTRH PCU throughout the year. Palliative care awareness creation was also done through Local Media Station (Weru Tv/Radio) by the Meru hospice as well as in MCK Kinoru church.

The two facilities have also been key in sharing out the posters developed by KEHPCA on COVID-19 & PC to help fight stigma associated with the infection.

There is need to continue sensitization on pediatric palliative care as the number accessing services constituted 0.6% (29) in the two facilities during the year.

KEHPCA participated in the county advocacy meeting in November 2020 whose aim was to ensure that the county health leadership continues giving priority to the blueprint program in the county.



2. Capacity Building and Training

23 healthcare workers were enrolled into the introductory course to palliative care from September to October 2020. The course was done through the zoom platform as physical training had been halted due to the COVID-19 pandemic. The average knowledge pre-test score was 63%. While the post test score was 88% indicating a positive change.

“This training not only deals with PC but also provides knowledge and skills to deal with clients holistically, it’s too beneficial” said a participant during the training.

They then undertook placement at MeTRH and Meru hospice so as to build their PC provision skills before certification. To date, a multidisciplinary team of 65 HCW have been trained in Meru County since 2019.

3. Strengthening referral systems and Home visits

So as to ensure patients receive care at a location that is convenient for them, the hospice conducts home visits for those unable to travel to the hospice. These were halted at the beginning of the pandemic together with in person hospice and hospital visits. With availability of relevant personal protective equipment (PPE) and implementation of MOH COVID-19 recommendations, home visits were resumed. The Meru hospice team has also leveraged on phone follow up of patients and caregivers with over 500 calls placed per quarter.

4. Supervision/Mentorship and Technical Support

Providing technical support is key in ensuring that programs thrive. KEHPCA continues to support the palliative care team at Meru hospice and MeTRH. KEHPCA visited Muthara and Nyambene Hospitals as they had started the process of establishing a palliative care unit in the facilities. The hospitals’ administration are supportive of the initiative and the PCUs should be operational in 2021. By the end of the initiative, 4 new PCUs should be established.

KEHPCA also supported the palliative care workers with masks, sanitizers and gowns in support of the fight against COVID19 in Meru County.

Kenya Palliative Care Policy

The MOH recognizes palliative care. Palliative care is enshrined in pillar 3 of the National Cancer Control Strategy 2017-2022. One of the key deliverables is development of a National Palliative care policy. The National Cancer Control Program (NCCP) constitutes stakeholders from the following institutions; MOH, NCCP, KEHPCA, KNH, World Health Organization (WHO), HERAF, Nairobi Hospice, Aga Khan University Hospital. The team has worked on a draft document that is undergoing review before final National approval and adoption. The policy will guide the practice of palliative care in Kenya.

Chemosafe

With the growing number of Kenyans being diagnosed with cancer, the Ministry of Health (MOH), National Cancer Institute (NCI-Kenya) and County governments have supported establishment of oncology centers in 10 major referral hospitals in the country. These hospitals are located in different parts of the country hence reducing the burden to patients and decongesting the main national hospitals. KEHPCA partnered with American Cancer Society (ACS) to train health care workers deployed in the oncology centers throughout the country. Participants were drawn from both public and private facilities. The training empowered them to handle chemotherapeutic agents safely hence protecting themselves, patients receiving chemotherapy and environment. The training took place in year 2018 and 2019.

This year the two partners focused on following up participants trained to identify gaps and areas that required intervention. IBM has developed an app to guide the follow up in cancer centers. The app focuses on handling of chemotherapeutic agents in various departments. Preliminary analysis on the data collected from selected facilities showed that there is need to support hospitals to; have more staff trained, develop standard operating procedures (SOPs) and strengthen the procurement process. This findings will be shared with all the relevant stakeholders to come up with plans on how to address them.

KEHPCA appreciates the support it has received from MOH, NCI-Kenya, County governments, ACS, hospitals and participants for the successful implementation of this initiative.

SOURCE Program

The American Cancer Society (ACS) launched the Strengthening Organizations for a United Response to the Cancer Epidemic (SOURCE Program) in January 2016 in an effort to reduce the burden of cancer in low and middle income countries. KEHPCA took part in this program which was designed to strengthen organizations and networks in which KEHPCA operates within in order to be more effective in response to the cancer burden.

Through this program, KEHPCA took part in an assessment of the seven domains below within the organization.

- Governance
- Operations and Administration
- Human Resources Management
- Financial Management
- Financial Sustainability
- Program Management
- External Relations and Partnerships

KEHPCA graduated in June 2019 having successfully completed the above assessment.

Annual General Meeting

The KEHPCA AGM was held on 27th November 2020. This was a virtual meeting via Zoom in line with the Ministry of Health Guidelines in the fight against Covid-19. The meeting was attended by 50 participants.

Communications

The communications role came into play during interesting times at the first peak of the COVID-19 pandemic in Kenya. As a result of this, there were a lot of adjustments happening in the organization to adapt to the circumstances we found ourselves in.

Communication was a key role in the organization during the global pandemic to spread KEHPCA's message to the world. KEHPCA distributed PPE twice to over 70 facilities across Kenya with the support of The True Colours Trust (UK). This initiative solidified KEHPCA's role in ensuring that all health care workers in palliative care units and hospices were protected as they gave the much needed services to Persons Living with Palliative Care Needs (PLWPCNs).

In addition, KEHPCA distributed posters to all palliative care facilities in Kenya with messages and guidelines from the Ministry of Health (MOH) to help to prevent the spread and infection of COVID-19. The posters also educated the public on how to detect symptoms and actions that needed to be taken if the symptoms persist.

Advocacy has been one of the pillars supported by communications. We had several publications in the media i.e. World Hospice and Palliative Care Day 2020 in TV, radio, and print. We had publications and podcasts on creating awareness on the plight of PLWPCNs and the shortcoming of key stakeholders to have palliative care fully integrated in UHC. We also had a successful launch and introduction of Kenya's palliative care Ambassador Hon. Dr. Caroline Karugu – Deputy Governor, Nyeri County. Furthermore, KEHPCA engaged the media in a forum to highlight the challenges facing integration of palliative care in UHC in Kenya.

Communications was essential in supporting all the activities that took place at KEHPCA in organizing, mobilizing and delivering timely and effective communications to the intended public.

Media Breakfast Meeting and Introducing Kenya's Goodwill Ambassador for Palliative Care



KEHPCA Distributes PPE to Hospices and Palliative Care Units across Kenya



Finance and Stability

KEHPCA had anticipated a lean financial year 2020. We had 2019 programs running into the new year as we looked forward to seeking new financial streams. KEHPCA like all other civil societies is faced with an increased demand for her services besides growing competition for limited resources that are increasingly shrinking.

That notwithstanding, unprecedented COVID 19 pandemic hit lives around the globe and this greatly affected our fundraising activities. Most of our existing partners were in the process of restructuring and downsizing resulting to a more uncertain future. It was not all gloom as all our partners were flexible enough to allow us adjust our budgets in line with the prevailing circumstances and provide a no-cost extension on existing projects. We however had to cancel our annual fundraising dinner event due to the Governments guidelines and protocols in combating the pandemic.

KEHPCA had to redesign her projects to a rapidly changing landscape faced by the communities she serves. The secretariat had to rise to these challenges and embrace technology to continue the implementation of her projects, as remote and home/office working approach become the new norm. We are extremely grateful for the continuous support we have received from all our financial partners without which palliative care initiatives would be in limbo.

Our current partners are as below in no particular order:

- Open Society Foundation (OSF)
- American Cancer Society (ACS)
- AMREF
- The True Colours Trust
- African Palliative Care Association (APCA)
- Hospice Care Kenya (HCK)
- Research Triangle International (RTI)
- International Association for Study of Pain (IASP)
- World Hospice and Palliative care Alliance (WHPCA)
- Initiatives in Lung Cancer Care (ILCC)

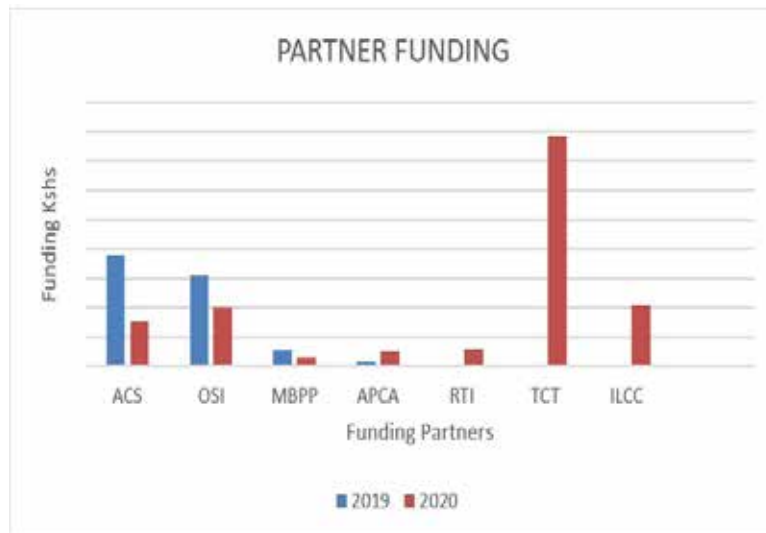
In 2020, we received new funding that had a great boost to our existing funds.

We were happy to have received a one off support of GBP 300000 from The True Colours Fund in response to COVID19 outbreak and the support of KEHPCA core costs. This funding gave us a lease of life as it addressed our shortfalls both at programmatic and administrative level.

RTI equally awarded us USD 50000 to conduct a research study to assess preference for cancer prevention and screening among women and men in Kenya.

We also received new funding USD 95335 through a charitable grant ILCC grant program supported by Astra Zeneca, a program designed to give Hope and Quality life for Lung Cancer Patients. This project brings together two other organizations namely; on Communicable Disease Alliance Kenya (NCDAK) and National Cancer Institute (NCI) with KEHPCA as the lead partner.

Due to the global economic uncertainty, The Palliative Care fraternity has to rethink her traditional business models and diversify income streams to remain afloat. This is informed by a downward trajectory of incomes as shown in the last two years.



We would like to thank all our stakeholders for your support including Hospices and Palliative Care Units and most important OUR PATIENTS.

Please find our audited accounts for the financial year 2020 below

Financial Report

**KENYA HOSPICES AND PALLIATIVE CARE ASSOCIATION
ANNUAL REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020**

INCOME AND EXPENDITURE STATEMENT

Income	Note	2020 Kshs	2019 Kshs
Grants and donations	5	47,072,908	37,360,644
Other income	6	271,438	4,419,526
		<u>47,344,346</u>	<u>41,780,170</u>
Expenditure			
Administration expenses	7	2,557,146	2,593,190
Personnel costs	8	14,879,852	18,713,097
Program expenses	9	29,890,663	20,451,349
		<u>47,327,661</u>	<u>41,757,636</u>
Balance for the year		<u>16,685</u>	<u>22,534</u>

**KENYA HOSPICES AND PALLIATIVE CARE ASSOCIATION
ANNUAL REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020**

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER

ASSETS	Note	2020 Kshs	2019 Kshs
Non-current assets			
Property, plant and equipment	10	18,830,559	18,063,507
Investments in equity	11	180,995	164,310
		<u>19,011,554</u>	<u>18,227,817</u>
Current assets			
Accounts receivable	12	759,524	1,540,482
Investments in fixed deposits	13	10,000,000	-
Cash and bank balances	13	44,812,527	23,339,930
		<u>55,572,051</u>	<u>24,880,412</u>
Current liabilities			
Accounts payable	14	484,296	542,877
Deferred income	15	49,216,080	18,465,861
		<u>49,700,376</u>	<u>19,008,738</u>
Net current asset		<u>5,871,675</u>	<u>5,871,674</u>
		<u>24,883,229</u>	<u>24,099,491</u>
REPRESENTED BY:			
General fund		6,052,670	6,035,985
Capital fund		18,830,559	18,063,506
		<u>24,883,229</u>	<u>24,099,491</u>

The financial statements on pages 9 to 27 were approved by the board of directors on 9th Juneand signed on its behalf by:



Mr. Benard Mandi
(Honorary Treasurer)



Mrs. Ruth N. Were
(Honorary Secretary)



Dr. Zipporah Ali
(Executive Director)

Membership

KEHPCA is a paid up member to the institutions below internationally and locally;

- International Association for Hospice and Palliative Care (IAHPC)
- The Union for International Cancer Control (UICC)
- Ehospice
- Non Communicable Diseases Alliance of Kenya (NCDA-K)
- Kenya Network of Cancer Organizations (KENCO)

Partnerships

KEHPCA could not have achieved her remarkable milestones without the support of our partners and palliative care providers.



Service Providers

Free Standing Hospices

1. German Doctors Nairobi- Baraka Health Centre -Mathare, Thika Rd
2. Busia Hospice
3. Catherine Mc Auley Hospice – Muhoroni
4. Coast Hospice
5. Eldoret Hospice
6. Embu-Mbeere Hospice
7. Kakamega Hospice
8. Kisumu Hospice
9. Laikipia Palliative Care Centre
10. Meru Hospice
11. Nairobi Hospice
12. Nakuru Hospice
13. Nyahururu Hospice
14. Nyeri Hospice
15. Siaya Roselyne Hospice: Siaya
16. Taita Taveta Hospice

Hospices and Palliative Care Units in the Rural Communities (FBO & CBO)

1. Living Room International – Kimbilio Hospice
2. Ongata Ngong Palliative Community Care (ONPACC)
3. Our Lady Hospice Thigio: Limuru
4. Shepherds of life – Tharaka: Meru Town Mission Hospitals with Palliative Care Units

Mission Hospitals with Palliative Care Units

1. AIC Kijabe Hospital
2. AIC Litein Mission Hospital
3. Bomu Hospital
4. Chogoria Hospital
5. Maua Methodist Hospital
6. Nazareth Hospital
7. PCEA Kikuyu Hospital
8. Tenwek Mission Hospital
9. Medical Missionaries of Mary, St Mary's Medical Centre- Kapsoya
10. Catholic Hospital Wamba
11. Sisters of the Immaculate Heart of Mary Mother of Christ

Ministry of Health Facilities

1. Busia County Hospital
2. Bungoma County & Referral Hospital
3. Coast Provincial General Hospital – PCU
4. Defense Forces Memorial Hospital
5. Embu Provincial General Hospital – PCU
6. Garissa Level 5 Hospital
7. Homabay C.R.H
8. Iten Hospital
9. Jaramogi Oginga Odinga Teaching and Referral Hospital
10. JM Kariuki Olkalou Hospital
11. Kakamega Provincial General Hospital-PCU
12. Kenyatta National Hospital PCU
13. Kisii Teaching and Referral Hospital
14. Kitui
15. Loitokitok Hospital
16. Longisa Hospital
17. Machakos PCU
18. Makueni
19. Malindi Hospital PCU
20. Meru Level 5 Hospital
21. Migori Hospital
22. Milo health centre
23. Moi Teaching and Referral Hospital (MTRH) Palliative Care
24. Murang'a PCU
25. Naivasha hospital
26. RiftValley Provincial General Hospital – Nakuru
27. Nanyuki
28. Nyeri Provincial General Hospital
29. Thika Level 5 Hospital
30. Vihiga County Hospital
31. Webuye PCU
32. Ruiru Sub-County Hospital
33. Mama Lucy Kibaki Hospital
34. Kangundo Palliative Care Unit
35. Kitale County Hospital
36. Kenyatta University Hospital
37. Cheptais Sub-County Hospital
38. Nyamira County Hospital
39. kiambu County referral Hospital
40. Makindu Palliative Care Unit

Private Facilities

1. Aga Khan University Hospital: Nairobi
2. Alexandria Cancer Centre and Palliative Care Hospital: Eldoret/Nakuru
3. Alpine Pristine Homes
4. HCG CCK Cancer Centre
5. Outspan Hospital
6. Trinity Care Centre
7. Alzheimer & Demetia Society of Kenya
8. Bomu Hospital
9. Innovative Technology Advancement Research Centre

To find out more about Palliative Care providers and the regularly updated list, please click here:

<https://kehpca.org/pc-providers/>

Board Members



Dr. John Weru - Chairperson



Dr. Meshack Liru - Vice Chair



Mrs. Ruth N. Were - Honorary Secretary



Mr. Ben Mandi - Honorary Treasurer



**Mr. Mohamud Jama Madhar
Board Member**



Saraphina Gichohi - Board Member



Elizabeth Ndung'u - Board Member



Christopher Kyalo - Board Member



**AMB. Dr. Kiran S. Suthar HSC OGW
- Board Member**

Staff



Dr. Zipporah Ali - Executive Director



Dr. Asaph Kinyanjui - Director of Programs



**Miriam Igobwa
Finance/ Administrative Manager**



David Musyoki - Advocacy Officer



**Dr. Esther Muinga
Coordinator for Pain Relief and Palliative Care**



**Howard Kinyua
Communications Officer**



Josephine Muya - Administrative Assistant



Matthew Pius - Support Staff

Palliative care is everyone's business

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Youtube

<https://www.youtube.com/channel/UCWz8UJgFtSY78XC1Wt4MwSg/featured>