



# **ANNUAL REPORT 2016**

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## *Abbreviations & Acronyms*

APCA	-	African Palliative Care Association
CME	-	Continuous Medical Education
Dr	-	Doctor
GK	-	Government of Kenya
KEHPCA	-	Kenya Hospices and Palliative Care Association
KEMSA	-	Kenya Medical Supply Agency
KMA	-	Kenya Medical Agencies
KNH	-	Kenyatta National Hospital
PGH	-	Provincial General Hospital
UNICEF	-	The United Nations Children's Fund
WHO	-	World Health Organisation



## *Message from the Executive Director, Dr. Zipporah Ali*

Dear Friends and Colleagues,



2016 was a year during which the breadth and reach of our work grew with more counties integrating palliative care. At the same time, Kenya Hospices and Palliative Care Association (KEHPCA) held its first fund raising dinner, with the intention of having this as an annual event.

Over the last 5 years Kenya Hospices and Palliative Care Association (KEHPCA) has been supporting the integration of palliative care services in government hospitals. The major activities undertaken over this period have included: advocacy both at the national and institution level; capacity building through training and mentorship; establishment of palliative care units through renovation of an identified building/room and equipping them; ensuring supply of morphine and other essential palliative care medicines and providing palliative care services to patients and their families. This is not an easy task: it needs goodwill, dedication and funds to set up effective palliative care services. Our first central production of oral morphine was accomplished in November 2016!

The main aim of integration is to: have palliative care services available to more patients and their families, thus reduce the suffering of mainly by improving their quality of life and create centers of excellence in service delivery, training and mentorship in the government hospitals, as well as mission and private hospitals. For palliative care to be accessible in a developing country, a public health approach is important. Integrating palliative care into the health systems improves access, affordability and holds the government responsible.

However, there is still a lot that needs to be done to ensure good coverage of palliative care services across the county. All health care providers need some training in the basic principals in palliative care as they will all encounter a patient in need. The government needs to budget for palliative care services and work with other stakeholders and partners to make it available at all levels of care, including at the community level. Counties need to include palliative care in their local health strategies (plans) and budgets. The community needs to be aware of these services. Palliative care needs to be made everyone's business. The challenges are many, but the goodwill and dedication is definitely there, hence together, as long as we join forces, we will overcome these challenges.

## *Messege from the Executive Director, Dr. Zipporah Ali*

I'm also pleased to announce the appointment of Senator Beatrice Elachi as the National Palliative Care Ambassador. The role of a KEHPCA Ambassador is to actively support palliative care for all in need and the work of KEHPCA through promotion of the mission, values, aims and objectives of the organization at every opportunity. The purpose of Ambassadors is to lend their credibility and high profile support to KEHPCA by providing assistance with fundraising, campaigning and public relations. We look forward to working closely with Senator Elachi.

The work that is taking place in Kenya would not be successful without: a dedicated Board of Directors & the Secretariat Team at KEHPCA; the palliative care champions in our country; the Ministry of Health and County Health Committees and of course, our donors who have continued to support access to palliative care and pain relief in Kenya.

I want to say a big ASANTE (THANK YOU) to all of you.

We look forward to all that we will accomplish together in 2017

**Dr. Zipporah Ali, MD, MPH, MPC, HonDUniv**



## *Ehospice article highlight*

**In life we all need someone to lean on when times get tough no matter the situation, to not necessarily get us out of the rut we are in, but to just know we have someone walking beside us in that time of need.**



“I used to cry every day after I was diagnosed with cervical cancer, I was not be able to tell my children what I was suffering from but after I started coming to the palliative care unit and attend my support group meeting, I informed all my family members and now they are aware that am suffering from cancer,” said Mweni (not her real name). In life we all need someone to lean on when times get tough no matter the situation, to not necessarily get us out of the rut we are in, but to just know we have someone walking beside us in that time of need.

At Machakos palliative care unit this is one of the main services offered. Palliative care patients usually meet once a month as a way of supporting one another psychologically by encouraging, giving advice and comforting each other throughout their journey. The health care providers together with guests from different specialties are usually invited to educate the patients and their families on certain topics such as;

- Ø Nutrition education
- Ø Personal hygiene
- Ø Legal issues in palliative care
- Ø Importance of care givers and their responsibilities among others

## *Ehospice article highlight*

Patients who attend the day care really appreciate the support they get from the Palliative Care Unit. “Now am psychologically stable and I believe cancer is just like any other type of disease and thanks to the unit because i also get the best quality type of colostomy bags for free.” said one of the palliative care patients.

As palliative care is everyone’s business, the patients who attend the daycare appreciate the palliative care services and have even been creating awareness in the community through educating and sensitizing others to go for screening for early diagnosis before the disease progresses to late stages. They also take it upon themselves to refer patients who require palliative care in the community.

The daycare really helps the patients to accept their illnesses and live a dignified and normal life as the others. Palliative care should be embraced and integrated in all health care services in the country as way of supporting the patients who require this noble care. For indeed palliative care may not be easy to administer but it does improve the quality of one’s life, we might as well call it a diamond in the rough.



## Introduction

The need to scale up access to palliative care services in Africa is still huge. Currently approximately 10% of patients in need of these services can access them. In Kenya the situation could be worse. According to a study done by UNICEF, less than 1% of children with palliative care needs have access to palliative care services. Kenya Hospices and Palliative Care Association (KEHPCA) the umbrella body for hospices and palliative care in Kenya has been spearheading the integration and scaling up of palliative care services in the Kenya. Over the last 10 years, the association has partnered with local and international partners to scale up the initiation and integration of these services.

Some of the key milestones achieved include;

1. Recognition of palliative care by Ministry of health, training institutions and professional regulatory bodies
2. Development of national palliative care documents including ; national palliative care curriculum, national palliative care guidelines and legal aspects in palliative care handbook
3. Deployment of staff to coordinate palliative care at KEHPCA and other staff to work in palliative care centers
4. Increased accessibility of essential palliative care medicines including oral morphine solution
5. Inclusion of palliative care in various national strategies e.g. cancer control strategies, cancer treatment guidelines among others.
6. Establishment of higher diploma in palliative care training
7. Increased number of palliative care providers. Currently there are over 70 sites providing services to approximately 30,000 patients annually.

These initiatives have enabled more patients have to access to quality palliative care services. ***Palliative care is a very important aspect of quality health care and should be available in all health care centers as emphasized by Dr. Amandua during the 2016 APCA conference, “palliative care must be as available as air.”***

In order to make sure that Kenyans in need of these services have the access, KEHPCA, together with its partners, will continue to advocate for further integration and scaling up.



## KEY PROJECTS

### 1. *Scaling up of services*

There is increased demand for palliative care services all over the country. KEHPCA is aiming at scale up services so that patients have access at the nearest health facility; currently 25 counties have at least one health facility providing palliative care services. This accounts to 70 palliative care centers both hospices and palliative care units. Some of the new sites include; Kilifi county, Kwale county and Kajiado county.

In the next 5 years KEHPCA aims at scaling up these services to the remaining 22 counties so that patients and family members don't have to travel for long distances to get access.

***“Our patients used to travel for long distances to Coast Hospice to get the palliative care support including morphine. The unit has relieved them this burden,”*** said the hospital administrator at Kilifi County Referral Hospital.



*A palliative Care provider serving a patient at home in a rural setting*

## 2. Advocacy

Most county governments are yet to prioritize palliative care and allocate resources to support full integration of palliative care services. With reduced donor funding, there is need to mobilize local partners and stakeholders to support scaling up palliative care services. KEHPCA is working closely with the palliative care good will Ambassador Senator Beatrice Elachi to address these gaps. Whenever KEHPCA staff makes visits to various counties, there have been strategic meetings with the county health officials aimed at advocating for support for palliative care. This has born fruits in some counties like; Nyeri, Kilifi, Kiambu, Murang'a, Meru, Kitui, Machakos, Makueni, Embu, Kisii, Laikipia, Nyandarua, Garissa and Nakuru. The need for pediatric palliative care is still great and more work is needed so as to realize the vision of quality palliative care for all in Kenya.



*KEHPCA's goodwill ambassador Hon. Beatrice Elachi awarded a certificate of recognition by Dr Joseph Kibachio - Head of Non Communicable Diseases Ministry of Health*

### 3. Legal Aspects in palliative care

Kenya Hospices and Palliative Care Association (KEHPCA) carried out a needs assessment and established a gap in legal services provision by hospices and palliative care units. To address this gap, KEHPCA trained and sensitized health providers, paralegals and advocates. A model of integration of legal support is been implemented successfully in four hospices in Kenya. Some of the legal services provided include; will writing, property dispositions, dispute resolution, power of attorney, child support, access to palliative care for prisoners and other vulnerable groups. The advocates provide pro bono support as part of their contribution to palliative care, while the community paralegals work on voluntary basis.



*Advocates, trained palliative care providers- in a mentorship forum on legal aspects in palliative care at Coast hospice*

### 3. *Treat the Pain*

This program aims at sensitizing health care workers in different regions of the country on pain through continuous medical education (CME) sessions and organized symposia.

During the CMEs, a multidisciplinary team of health care workers are trained on various aspects of palliative care; pain, concepts of palliative care, communication and breaking of bad news. They last for one to two hours and usually held early in the morning within the hospital compound. This year 10 CMEs were conducted in both public and private health facilities reaching over 600 health care providers.

Most of the requests we receive at KEHPCA office from palliative care providers speak volumes. “Kindly come to our facility and conduct a CME on breaking of bad news and therapeutic communication. We have a big challenge in our facility on such areas,” wrote the palliative care provider from Tenwek Hospice.

A request from a pharmacist read, “We still have a challenge on morphine prescription. There is need to have a CME on pain management in our facility”

#### **a. Radiotherapy Project**

Kenyatta National Hospital (KNH) is the only public health facility providing radiotherapy services in the country. Majority of cancer patients are from low resource settings and have a lot of financial challenges and therefore not able to access the services in private facilities. Most of these patients have to wait for months before they can get access to radiotherapy treatment and some even die before they can benefit as the demand is too high for the public facility. The radiotherapy project aims at supporting patients already booked for radiotherapy and due to financial constraints and the long waiting period in KNH, they are supported to access the services in private hospitals. This reduces the waiting period and eventually translates to improving the patients’ quality of life. Over 50 patients, both adults and children have benefitted.





Habiba Hussein (right) 60 year old lady with cancer of the cervix. ***“Before I received radiotherapy I could not wake up, eat or walk I was very weak and felt very bad. After starting treatment, I can now walk, eat and am much stronger now. I remember the first few sessions I was brought in a taxi but now I do not need one because I can walk and I feel much better. I am very thankful to the donors, this project should continue to help patients like it has helped me’***

#### **b. Pain free hospital initiative**

50% of patients with palliative care needs experience moderate to severe pain. Unfortunately majority of health care providers are not properly equipped to provide adequate pain control. The project aims at equipping multidisciplinary teams of health care workers with knowledge and skills on pain assessment and management. Currently the project is being implemented in; Machakos Level 5 Hospital, Moi Teaching and Referral Hospital, Agakhan University Hospital and Maua Methodist Hospital. Over 500 health care workers have been trained and there is significant improvement on patient care in these hospitals.

“Analgesic consumption has gone up and the opioid prescriptions have also improved after the training,” said Dr. Wata, a pharmacist from Kenyatta National Hospital.

“Clinicians were hesitant to prescribe morphine, but the situation is changing. We continue to train them under this program,” said a Palliative care provider.

### c. Morphine reconstitution

World Health Organization (WHO) has recommended morphine as the analgesic of choice for control of moderate to severe pain. Majority of palliative care patients have limited access to morphine due to various reasons including; restrictive laws, reconstitution challenges and cost. KEHPCA is working closely with the Ministry of Health, Kenya Medical Supply Agency (KEMSA) and Kenyatta National Hospital to have morphine reconstituted and distributed in a ready to use formulation for both adults and children. Ten hospices and palliative care units have benefited from this initiative and we hope to scale up production to meet the country needs.

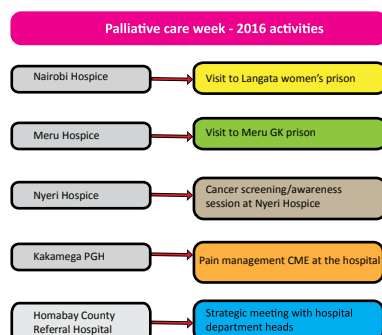


### d. CMEs targeting Kenya Medical Association (KMA)

Kenya Medical Association (KMA) is a voluntary membership organization open to all medical and dental practitioners registered in the Republic of Kenya. The association has several divisions all over the country; KEHPCA has been working closely with KMA to promote palliative care and proper pain management. KEHPCA has conducted 5 KMA pain CMEs in the following regions; Kisii, Kakamega, Kericho, Nakuru and Coast during which more than 200 doctors got sensitized.

## 5. Palliative Care week

World hospice and palliative care day is celebrated every second Saturday of October. KEHPCA and its partners planned and undertook several activities during this week to raise awareness on palliative care. The activities that were undertaken in line with the theme for the year 2016; 'Living and dying in pain: It doesn't have to happen', were;



*Marking the Palliative Care week at Kimbilio Hospice*

There is an increasing population of prisoners in need of palliative care services but have limited access since the health care units within prisons have not been equipped to provide these services. The prison visits are aimed at sensitizing both the prisoners and the administrators on the benefits of having this services and strengthen referral pathways so that prisoners will not live or die in pain.

Palliative Care remains everyone's business and KEHPCA's core business. Advocacy and training will continue so as to ensure that all the 47 counties in Kenya have access to holistic palliative care.

## 6. KEHPCA annual dinner

In 2016, KEHPCA started hosting an annual fund raising dinner to support its activities on advocacy. The first dinner was held on 2nd September 2016 at Laico Regency Hotel. It was well attended with over 200 participants. The dinner also launched Senator Beatrice Elachi as the Goodwill Ambassador for palliative care in Kenya. Senator Elachi brought along five other Senators: Senator Zipporah Kittony; Sen. Murkomen; Sen. Martha Wangari; Sen. Fatuma Dhullo and Sen. Naisula Lesuuda. The funds raised during the 2016 fundraising dinner were used in advocacy within the hospices and palliative care units and reaching out to marginalized patients like prisoners and children.





## 7. Membership & Friendship Subscription

KEHPCA remains grateful to its members and friends who have continued to show their commitment over the years. KEHPCA continues to encourage its members and friends on subscription renewals. The funds raised in 2016 under this program were used to facilitate the activities during the palliative care week, which included creating community awareness and screening, reaching out to marginalized patients in prisons and advocating for county governments support. These activities were undertaken by hospices and palliative care units in various counties. The yearly advocacy activities were conducted in line with the 2016 palliative care week's theme, 'Living and dying in pain: It doesn't have to happen'

**ANNUAL SUBSCRIPTION**

Please select the desired category:

Health Care Service Providers	<input type="checkbox"/>	Kshs. 10,000
Corporate	<input type="checkbox"/>	Kshs. 50,000
Individuals (Friends of KEHPCA)	<input type="checkbox"/>	Kshs. 1,000
Students	<input type="checkbox"/>	Kshs. 200

Please send your payment via MPESA or in cash at the office along with your completed form

Name:.....

Address:.....

Telephone/fax:.....

Email:.....

Profession:.....

Work address:.....

**MPESA Details:**

- Go to the Safaricom Menu on your phone
- select the MPESA option
- select the Pay Bill option
- enter KEHPCA's Business number 830600
- for the account number enter the KEHPCA business number 830600 again
- enter the required amount
- enter your PIN
- confirm your transaction
- wait for a confirmation message from MPESA

*For any enquires on the MPESA donation or any other donation process, kindly send an email to [info@kehPCA.org](mailto:info@kehPCA.org) or call us on +254 20 272 9302*

# Financial Report

## Report of the directors

**Kenya Hospices and Palliative Care Association**  
*(A company limited by guarantee)*  
**Report of the directors**  
**For the year ended 31 December 2016**

The directors submit their report together with the audited financial statements for the year ended 31 December 2016, which show the state of the Association's affairs.

### 1 Incorporation

The Association is duly registered in Kenya under the Kenyan Companies Act 2015 and is limited by guarantee.

### 2 Principal Activity

The principal activity of the Association continues to be that of promoting and supporting acceptable, accessible and affordable quality palliative care throughout Kenya.

### 3 Results

	2016 Kshs	2015 Kshs
Total income	43,223,959	46,510,956
Total expenditure	(43,743,936)	(49,596,615)
<b>Deficit for the year</b>	<b>(519,977)</b>	<b>(3,085,659)</b>

### 4 Financial statements

At the date of this report, the directors were not aware of any circumstances, which would have rendered the values attributed to the assets in the financial statements misleading.

### 5 Reserves

The reserves of the trust are as set out in note 11, 12 and 13 of these financial statements.

### 6 Directors

Mr. Peter Bunde	Chairperson
Mr. Stephen Gitonga	- Vice chairman
Mr. Faustin Mgendi	- Honorary treasurer
Mrs. Roselyn Opindi	- Honorary secretary
Dr. Zipporah Ali	- Executive director
Dr. Esther Munyoro	- Member
Mrs. Seraphina Guchohi, HSC	- Member
DR. Brigid Sirengo, OGW	- Member
Mrs. Mohamud Jama	- Member
Mrs. Naomi Ndun'gu	- Member
Dr. Meshack Liru	- Member

### 7 Directors' benefits

Since the last Annual General Meeting of the Association to the date of this report, no director has received or become entitled to receive any benefit other than amounts received under employment contracts as disclosed in Note 17.

### 8 Statement as to disclosure to the Association auditor

Each of the persons, who was a director at the time the report was approved confirms that:

(a) there is, so far as the person is aware, no relevant audit information of which the Association's

**Kenya Hospices and Palliative Care Association**  
*(A company limited by guarantee)*  
**Report of the directors**  
**For the year ended 31 December 2016**

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**8 Statement as to disclosure to the Association auditor (continued)**

(b) the person has taken all the steps that the person ought to have taken as a director so as to be aware of any relevant audit information to establish that the Associations's auditor is aware of that information.

**9 Auditor**

The Association's auditor, MAZARS (Certified Public Accountants (K)), has indicated willingness to continue in office in accordance with section 717(1) of the Kenyan Companies Act 2015.

By order of the board



2017



## Statement of financial position

Kenya Hospices and Palliative Care Association  
(A company limited by guarantee)  
Statement of financial position  
For the year ended 31 December 2016

	Note	2016 Kshs	2015 Kshs
<b>Assets</b>			
<b>Non-current assets</b>			
Property and equipment	8	18,635,963	18,887,681
<b>Current assets</b>			
Receivables	9	3,998,980	4,656,227
Cash and cash equivalents	10	26,443,154	33,632,096
		30,442,134	38,288,323
<b>Total assets</b>		<b>49,078,097</b>	<b>57,176,003</b>
<b>Fund balances and liabilities</b>			
<b>Fund Balances</b>			
Property fund	11	1,630,222	1,881,938
General fund	12	21,472,741	20,601,989
Designated fund	13	1,172,126	2,311,136
		24,275,089	24,795,063
<b>Non Current liabilities</b>			
Borrowings	15	3,596,895	4,207,609
<b>Current liabilities</b>			
Payables and accruals	14	1,657,426	2,129,731
Deferred Income	16	19,548,687	25,800,000
		21,206,113	27,929,731
<b>Total fund balances and liabilities</b>		<b>49,078,097</b>	<b>56,932,403</b>

The financial statements on pages 8 to 20 were approved for issue by the directors on 25/4/17 2017 and signed on its behalf by:-

  
Designation: Director

Name: DR. Zipporah Azikiye

Date: 25/4/17

  
Designation: Director

Name: MR. Faustin Mgeri

Date: 25/4/17

## Summary

A palliative care service is an important element to fill the gap of the remaining 90% of patients in need of palliative care as per data outlined above. In 2016 KEHPCA conducted six key projects that helped scale up palliative care services. The first key project was pain free hospital initiative, the association managed to train over 500 health workers in five hospitals; Machakos Level 5 Hospital, Moi Teaching and Referral Hospital, Aga Khan University Hospital and Maua Methodist Hospital. The second project was scaling up the services where 25 counties have at least one facility providing palliative care services. KEHPCA has a five year strategic plan (2017- 2021) that focuses on expanding palliative care services to the remaining 22 counties. KEHPCA has managed to facilitate 10 CMEs reaching over 600 health workers with the support of Treat the Pain, a project of the American Cancer Society. In addition, the association has successfully conducted five pain CMEs targeting KMA divisions in Kisii, Kakamega, Kericho, Nakuru and Coast regions that resulted in sensitization of more than 200 doctors.

Over 50 patients both children and adults booked for radiotherapy services in KNH have been supported financially to access the services in private facilities in order to fast track their treatment and improve their quality of life. Advocacy which entails mobilization of local partners and stakeholders to support acceleration of palliative care services has been the back bone of KEHPCA's work. The national association has closely worked with the good will Ambassador Senator Beatrice Elachi to advocate for inclusion of palliative care in county plans. This has seen the following fourteen counties having succeeded in embracing palliative care. They include; Nyeri, Kilifi, Kiambu, Muranga, Meru, Kitui, Machakos, Makueni, Embu, Kisii, Laikipia, Nyandarua, Garissa and Nakuru.

Hospices and Palliative care units are a beneficiary of the Morphine reconstitution project; this has been made possible through KEHPCA working closely with the Ministry of Health and Kenya Medical Supply Agency and KNH. The national palliative care week which is celebrated every second week of October was a success. KEHPCA planned and conducted several activities such as visiting prisons which helped in the sensitization of both the prisoners and the administrative staff on the importance of palliative care services. Other activities conducted included; cancer screening and health education sessions, pain management CMEs and strategic meetings with Hospital department heads.



## Donors /Supporters



Ministry of Health



# Annex 1 - Service Providers

## Free standing Hospices

1. Meru Hospice
2. Nairobi Hospice
3. Kisumu Hospice
4. Coast Hospice
5. Nyeri Hospice
6. Eldoret Hospice
7. Nyahururu Hospice
8. Nakuru Hospice
9. Embu-Mbeere Hospice
10. Kakamega Hospice
11. Murang'a Hospice
12. Siaya Roselyne Hospice
13. Laikipia Palliative Care Centre

## Hospice and Palliative Care services in the Rural Community (FBO)

1. Kimbilio Hospice
2. VIAGENCO
3. Baraka Medical Centre - Nairobi
4. Our Lady Hospice Thigio
5. Shepherds of Life
6. Catherine Mc Auley Hospice - Muhoroni
7. KICOSHEP
8. FRACODEP

## Hospices and Palliative Care Services in the Mission Hospitals

1. Our Lady Hospice Thigio: Limuru
2. AIC Litein Mission Hospital
3. PCEA Chogoria Hospital
4. Tenwek Mission Hospital
5. Maua Methodist Hospital
6. PCEA Kikuyu Hospital
7. Integrated AIDS (Assumption Sisters)Program - Thika
8. Nazareth Hospital
9. Consolata Kyeni Mission Hospital
10. AIC Kijabe Hospice

## Teaching and Referral Hospitals

1. Kenyatta National Hospital
2. Moi Teaching and Referral Hospital

## Government Hospitals with Palliative Care

1. Kakamega County Referral Hospital
2. Coast Provincial General Hospital
3. Embu Level Five Hospital
4. Nyeri County Referral Hospital
5. Nakuru Teaching and Referral Hospital
6. Jaramogi Oginga Odinga Teaching and Referral Hospital
7. Meru Level Five Hospital
8. Thika Level Five Hospital
9. Garissa County Teaching and Referral Hospital
10. Kisii Teaching and Referral Hospital
11. Machakos Level Five Hospital
12. Busia General Hospital
13. Webuye Sub- County Hospital
14. Nanyuki County Referral Hospital
15. Homabay District Hospital
16. Malindi Sub County Hospital
17. Gatundu District Hospital
18. JM Olkalou Hospital
19. Kitui County Referral Hospital
20. Makueni County Referral Hospital
21. Kangundo Sub- County Hospital
22. Isiolo Referral Hospital
23. Kericho County Referral Hospital
24. Naivasha Sub-County Referral Hospital
25. Oloitoktok General Hospital
26. Kitale Sub- County Referral Hospital
27. Siaya County Referral Hospital
28. Murang'a Teaching and Referral Hospital
29. Kiambu County Referral Hospital

## Private Hospitals with Palliative Care Units

1. MP Shah Hospital: Cancer Care Kenya
2. Aga Khan University Hospital Palliative Care Services
3. Shalom Hospital- Machakos



## Annex 2: Map of Hospices and Private Hospitals

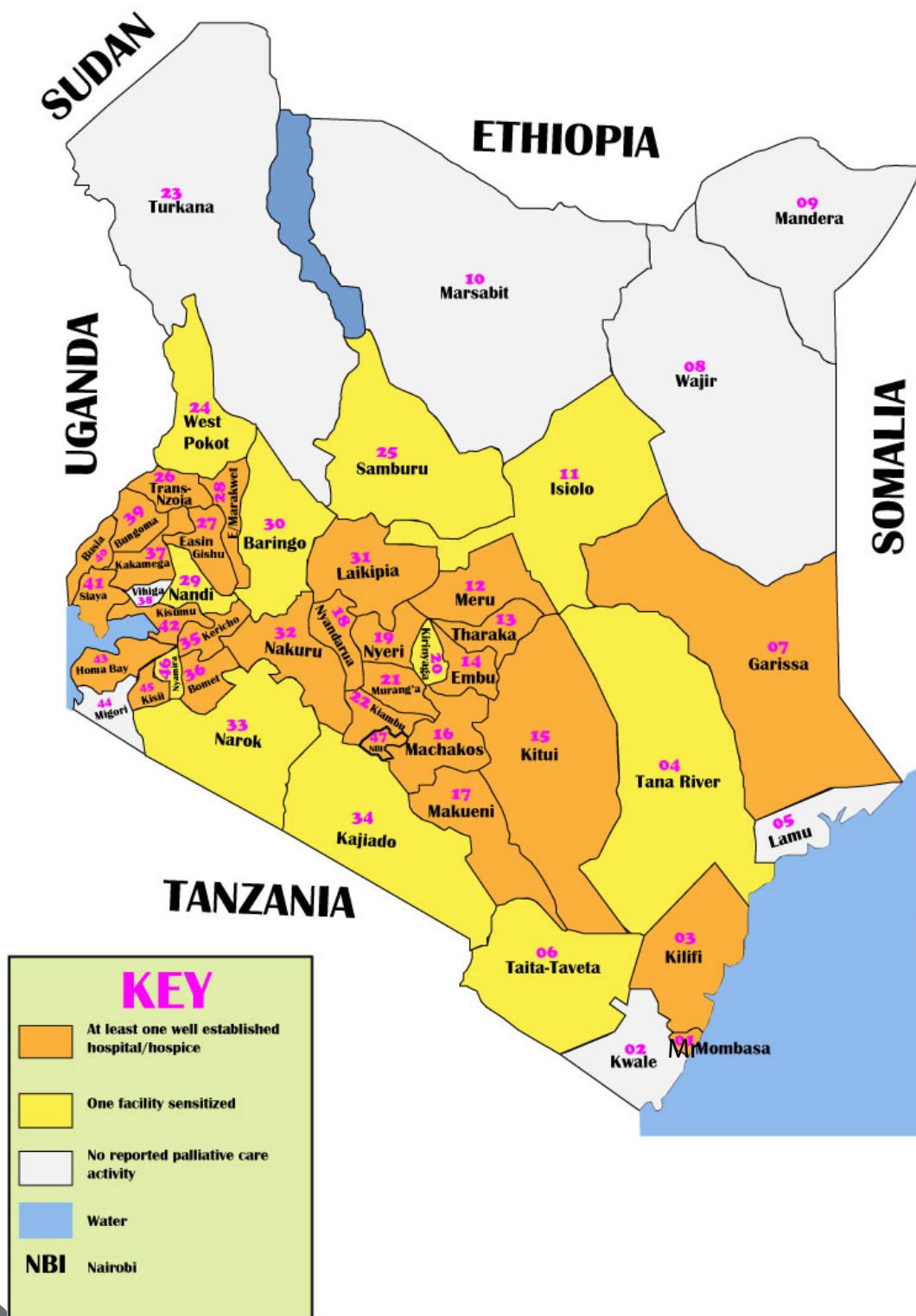




## Annex 3: Map of Ministry of Health PC Facilities in Kenya



## Annex 4: Map of Palliative Care Services in Counties



## *Annex 5: Board*



Mr Peter Bunde - Chair



Mr Stephen Gitonga - Vice Chair



Faustin Mgendi - Honorary Treasurer



Roselyne Opindi - Honorary Secretary



Dr Brigid Sirengo - Member



Saraphina Gichohi - Member



Naomi Ndung'u - Member



Dr Meshack Liru - Member



Mr Mohamud Jama Madhar  
- Member



Dr Esther Munyoro - Member

## Annex 6: Staff



Dr. Zipporah Ali -  
Executive Director



Dr. Asaph Kinyanjui  
-Director of Programs



Miriam Igobwa - Admin/  
Finance Manager



David Musyoki - Senior  
Program Officer



Dr. Esther Muinga -  
Special Coordinator for  
Access to Pain Relief and  
Palliative Care



Josephine Muya -  
Asssistant Admin



Patrick Bowen -  
IT Manager



Stephen Shiyuka -  
Support Staff