

ANNUAL REPORT

2012



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ABBREVIATION AND ACRONYMS

WHO	-	World Health Organization
VSO	-	Voluntary Service Organization
HIV	-	Human Immunodeficiency Virus
AIDS	-	Acquired Immunodeficiency Syndrome
CRS	-	Catholic Relief Services
HC	-	Health Centre
PCU	-	Palliative Care Unit
CME	-	Continuous Medical Education
HCP	-	Health Care Professionals
KMA	-	Kenya Medical Association
AIC	-	African Inland Church
GAPRI	-	Global Access to Pain Relief Initiative
PGH	-	Provincial General Hospital
HCK	-	Hospice Care Kenya
APCA	-	African Palliative Care Association
ICU	-	Intensive Care Unit
IT	-	Information Technology
KEMSA	-	Kenya Medical Supplies Agency
KEHPCA	-	Kenya Hospices and Palliative Care Association
ICPCN	-	International Children's Palliative Care Network
PPC	-	Pediatric Palliative Care
Dr.	-	Doctor

WELCOME NOTE

Dear colleagues and friends of KEHPCA,



Welcome to the Kenya Hospices and Palliative care Association's (KEHPCA) 2012 Annual Report. We are pleased to share with you the tremendous achievements of our association and its member institutions over the past year.

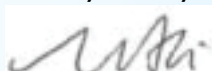
KEHPCA is focused on improving access to quality palliative care palliative care and pain relief across the nation.

Looking back, 2012 was another exceptional year for KEHPCA. Advances in palliative care in Kenya cannot be ignored. Since 2007, palliative care services have increased from 14 to over 70 across the county. More than 30,000 patients have either received care at a hospice or a palliative care unit in a government / mission hospital in the last 2 years. This has been possible due to extensive advocacy, education and training and the general good will of all involved in making sure that those in need can have access to care.

KEHPCA has partnered with the Ministry of Health (MoH) to integrate palliative care into the public health care system as a way of strengthening the health care system. In 2012, 11 high volume level five hospitals across the county successfully set up palliative care units within their institutions. Over 220 health care providers in these hospitals were trained on palliative care, thus scaling up services. The association realized many achievements whilst also overcoming various challenges. You can read more about this in the report.

Our vision is unwavering—a Kenya where quality palliative care is available for all.

Thank you for your continuous support



Dr. Zipporah Ali
Executive Director

BOARD



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WHAT IS PALLIATIVE CARE

What is Palliative Care?

Palliative care is an approach that improves the quality of life of patients facing problems associated with life-threatening illnesses, through the prevention and relief of suffering by means of early identification and impeccable assessment, treatment of pain, and holistic treatment of other problems including the physical, psychosocial and spiritual. A key component of Palliative care is the support of families and caregivers.

Palliative Care:

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten or postpone death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patients illness and in their own bereavement
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- Will enhance quality of life, and may also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications

Definition of Palliative Care for Children

Palliative care for children (Paediatric Palliative Care) represents a special, albeit closely related field to adult palliative care. It is a method for delivering competent, compassionate and consistent care to children with chronic, complex and/or life threatening conditions and their families.

Paediatric Palliative Care does not aim to cure disease, but to prevent suffering and improve quality of life for Kenya's youngest terminally ill patients, aged 0-16. Paediatric Palliative Care can be delivered at home, in a hospice, or a hospital, and focuses on treating pain and other physical symptoms, providing psychosocial support, and complementary care and treatment to children suffering life limiting illnesses and their families and carers.

World Health Organization's (WHO) definition of palliative care appropriate for children and their families is as follows:

- Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family.
- It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease.
- Health providers must evaluate and alleviate a child's physical, psychological, and social distress.
- Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited.
- It can be provided in tertiary care facilities, in community health centres and even in children's homes.

STRATEGIC PLANNING MEETING

KEHPCA staff and some board members came together at Brackenhurst - Limuru for three days as the first event in year 2012 between 12th – 14th January to review and come up with a strategic plan to give direction on KEHPCA's strategic direction in the next 5 years. The workshop was intensive and mind engaging since all the participants were encouraged to think ahead and all the thoughts had to be aligned to eventually come up with strategic goal and achievable, realistic and reliable objectives for the association. The workshop was facilitated by two VSO volunteers Ruth Ogier and Julia Strong. By the end of the three days, the team came up with a draft strategic plan 2012- 2016. The strategic plan outlines KEHPCA's vision which is "***Quality palliative care for all in Kenya***".

TRAININGS AND ADVOCACY

PALLIATIVE CARE TRAINING IN GOVERNMENT HOSPITALS

The Waterloo Coalition Project funded by the Diana Princess of Wales Memorial Fund and the true colours trust fund supported the integration of palliative care into public health services in Kenya; A project to establish palliative care in eleven public level 5 and provincial hospitals in Kenya. Following the circular by the Ministry of Medical Services in July 2010 KEHPCA has worked with 11 level Five and Provincial Hospitals to integrate palliative care services. KEHPCA organized and coordinated one week (5 days) palliative care courses in the 11 hospitals. Groups of health care professionals selected from different disciplines within the hospitals went through the course successfully between November 2011 and April 2012;

GOALS

The main goals of this program included:

- Equip health care workers with necessary knowledge and skills for them to be able to offer quality palliative care to patients and clients in their facilities.
- Assist the 11 government hospitals to establish palliative care units.

KEHPCA organized and facilitated 5 days training for 20 participants for each of the 11 hospitals followed by a three day attachment to a hospice.

The participants were selected from various departments and carers with an aim of forming a multidisciplinary palliative care team once they finish the training.



Participants attending palliative care training for government hospitals

TRAININGS AND ADVOCACY

TRAINING OBJECTIVES

The list below outlines the objectives of the one week training program conducted in the 11 hospitals:

- To describe the principles and the concept of palliative care
- To discuss the basic information on life threatening conditions common in Kenya including cancer, HIV/AIDS disease trajectory and the situation in Kenya.
- To discuss symptom management associated with life threatening conditions.
- To discuss the need for supportive care e.g. Nutrition, psychosocial support, care for the carers and team working in palliative care.
- To discuss terminal care/ end of life care.
- To discuss communication and counseling, breaking of bad news, referrals, ethical considerations in a palliative care provision.
- To discuss pain control and management of patients facing life threatening diseases.
- To discuss grief and bereavement in palliative care.
- To introduce and describe monitoring and evaluation and the online sharing forum for all trainees.

At the beginning of every training course, the trainees expressed their expectations and the list below provides a summary of the most common expectations outlined

GROUP EXPECTATIONS

- To learn skills on handling terminal ill patients
- To learn how to support patients with spiritual needs
- Learning paediatric and adult pain management
- Learn how to breaking bad news
- Acquire skill and knowledge in palliative care
- How to help the grieved/grieving carers
- How to diagnose cancer early
- To be a competent health care worker to be able to offer quality pc services
- To learn other anti- cancer agents used in cancer management
- How to support family members with palliative care needs

A pretest was conducted on day one (pre test) the same questions administered on day 5 (post test) to assess if there has been improvement in knowledge.

TRAININGS AND ADVOCACY

CARDER OF HEALTH CARE WORKERS TRAINED

The palliative care training focused on a multi professional/ disciplinary approach bringing together different professionals who would be the lead persons to provide and coordinate palliative care services in the various hospitals.

- Pharmacists
- Medical doctors
- Nurses
- Clinical Officers
- Laboratory technologists
- Physiotherapists
- Social workers
- Occupational therapists
- Nutritionists
- Hospital Education Coordinator



Participants from Zombe- Kitui during a Palliative Care Training

TRAININGS AND ADVOCACY

THE COURSE COVERED THE FOLLOWING TOPICS:

- Palliative care principles
- Awareness of death
- Teamwork in palliative care
- Pathophysiology of pain
- Assessment of pain
- Pain management in palliative care
- Impediments to pain management
- Sexuality in palliative care
- Principles of symptom management
- Pediatric palliative care
- Role of surgery in palliative care
- Chemotherapy and radiotherapy in palliative care
- Spirituality in palliative care
- Psychosocial assessment
- Communication and counseling in palliative care
- Breaking bad news
- Grief and bereavement
- Ethical and professional issues in palliative care
- Care for carers
- Nutrition in end of life
- Monitoring, evaluation and reporting
- KEHPCA online forum
- Front line video

Below is a table of institutions trained between November 2011 and March 2012

Institution	Dates Trained	No. of HCPs Trained
Kisii Level 5 Hospital	21st -25th Nov 2011	20
Nyeri Provincial General Hospital	5th - 9th Dec 2011	20
Rift Valley Provincial General Hospital (Nakuru)	16th – 20th Jan 2012	19
Kakamega Provincial General Hospital	30th - 3rd Feb 2012	21
Thika Level 5 Hospital	13th – 17th Feb 2012	18
New Nyanza Provincial General Hospital	27th Feb – 2nd March 2012	22
Coast Provincial General Hospital	12th- 16th March 2012	23
Garissa Provincial General Hospital	12th-16th March 2012	25
Embu Provincial General Hospital	26th- 30th March 2012	20
Meru Level 5 Hospital	16th-20th March 2012	20
Machakos Level 5 Hospital	16th- 20th March 2012	18
	Total	226

TRAININGS AND ADVOCACY

PALLIATIVE CARE TRAINING FOR NON GOVERNMENT HOSPITALS

KEHPCA and the Catholic Relief Services (CRS) have been working on a project to equip health care professionals working under the SAIDIA project in capacity building in different aspects of holistic HIV care and management.

23 health care professionals from the listed centers were brought together on 18th – 22nd June 2012 participated in a week long introduction to palliative care course facilitated by KEHPCA in conjunction with other facilitators from Nairobi hospice, Kenyatta National Hospital PCU and other private practitioners. The participants came from the following institutions;

- DREAM Center
- Dream Langata
- Consolata Kyeni
- Consolata Hospital Nkubu
- St Ursula
- AIC Health Ministries
- Kalamba Dispensary
- Zombe
- Katakani
- Githumu
- CMF Narok
- Tunyai Dispensary
- St Elizabeth HC
- Talek HC
- CMF Ewaso Ngiro
- Nazareth Hospital

The course objectives covered emphasised on care for the whole person, emphasis on all aspects of care including physical, psychosocial, spiritual and emotional aspects of care, not only to the patient but also to family members/carers and the community. Most trainees expressed that the training came at the right time and that as they continue to care for more patients and family members facing problems, the training was a great eye opener to them in many areas of care. The trainees committed to change attitude to caring for the sick

CONCLUSION

All the participants made a way forward following the training before comparing pre and post test results, closure and awarding of certificates which was presided over by the Executive Director, KEHPCA and the CRS SAIDIA Grants Officer. During closure, it was emphasised that the participants will need to practise what they have learned.

LEGAL ASPECTS IN PALLIATIVE CARE - 2012

In November 2011, KEHPCA through the support from OSIEA conducted a workshop for 28 palliative care providers in Nairobi. This was a follow up from the initial needs assessment undertaken in 2009/2010 on the Legal and Human Rights in Palliative Care. Human rights, the legal aspects of in palliative care for KEHPCA has been a core concern within the context of state provision of the right to health that should be affordable, accessible and acceptable. During the workshop, participants noted the need to continue the engagement to help them understand areas of their intervention as care givers and people working on palliatives care in hospices, hospitals, volunteers and other areas on the right to health. This was to ensure capacity building on paralegal skills for care givers as persons privy to and in close contact with patients, their relatives and other contact persons.

Information, education and communication materials on the various subjects of concern were developed as tools of reference and use by the care givers and with patients. Sample wills, power of attorney, sale agreement and information packages have been formulated in simple versions that any persons can easily access and use. These tools can be applied by various individuals without reference to a lawyer. KEHPCA distributed these materials and resources to all the palliative care services providers most of whom reported that they found them very helpful.

Follow up to the Legal aspects workshop held in Nov 2011 and previous years; KEHPCA continued to make follow up on the legal aspects in the hospices and other palliative care service providers throughout the year 2012. The trained health care workers reported some patients and families that needed some legal assistance or advice. The report below from one of the hospices highlights the cases reported and the response by the hospices;

NYERI HOSPICE

The Nyeri hospice started a legal aid clinic every third Thursday of the month during which the hospice invites lawyers and paralegal trained in palliative care, who meet patients and family members. During such days, the trained hospice staff and the lawyers give talks on various topics e.g. succession planning- land and property, will writing, bereavement care and support among others.

The hospice reported case scenarios highlighting successful interactions between patients and clients who were able to sub divided land, hand over their property to their wives or children, including families that had disputes coming together and reconciling following participation in legal clinics and follow up visits at homes by the hospice team. During such clinics, the hospice makes copies of the legal aspects brochures and fliers and distribute to the participants who read, carry them to their homes as information packages. The materials have information on simple ways of making a will, who the power of attorney is and palliative care rights and responsibilities.



SCENARIO

An elderly man under the care of the hospice had two accounts in the bank which no other person in the family was aware of. The hospice nurse trained in legal aspects held a counseling session with him and after several sessions, the patient was able to call the bank representatives and handed over the accounts and property details to the wife. After death of the man, the family members continued to participate in the legal aspects clinics and expressed their appreciation to the hospice for the guidance and counseling provided to them and their departed father.

Shepherds of life (Tharaka)

The organization supports people with palliative care needs and mainly affected by HIV/AIDS at the community level. Following the workshop, the organization conducted the following activities;

- Conducted 5 sensitization community level meetings with about 100 caregivers and shared information on legal issues in palliative care.
- Placed 13 year old OVC to a community vocational training center who is orphaned by HIV.
- Conducted one day cascade training to 5 support groups of people living with HIV on legal aspects. A total of 72 persons were reached.
- Referred 2 assault cases to the children officer where the culprits have been apprehended.
- Partnered with the district probation officer and the district children officers in continued provision of legal assistance to their clients i.e. OVC and PLWHIV.

KEHPCA plans to continue to work with the organization in consultation with stakeholders within the district to oversee the possibility of establishing a palliative care unit within the district hospital to provide quality care and continued legal to the patients.

Within the year, KEHPCA continued to work with the legal consultant in the development of the legal aspects handbook in palliative care that would be used in training and as a reference guide on palliative care legal issues.

CONTINUOUS MEDICAL EDUCATION (CME)

CONTINUOUS MEDICAL EDUCATION (CME) FOR HOSPITAL STAFF

Palliative Care Continuous Medical Education (CME) sessions were conducted to hospitals targeting the entire medical fraternity which ensured great palliative care awareness, networking and patient referral to the palliative care units. The table below shows the institutions that received the CMEs. Coast and New Nyanza Provincial General Hospitals had their CMEs late in the year 2011.

HOSPITAL STAFF CMEs

INSTITUTION	DATES OF CMEs	NO. OF HCPs PRESENT
Kisii Level 5 Hospital	23rd November 2011	43
Rift Valley Provincial General Hospital (Nakuru)	18th January 2011	23
Kakamega Provincial General Hospital	1st February 2012	123
Embu Provincial General Hospital	28th March 2012	19
Meru Level 5 Hospital	17th April 2012	19
Machakos Level 5 Hospital	18th April 2012	31
Thika Level 5	16th February 2012	18
Nyeri Provincial General Hospital	22nd June 2012	64
Garissa Provincial General Hospital	4th October 2012	45
New Nyanza Provincial General Hospital	30th June 2011	63
Coast Provincial General Hospital	12th July 2011	45
Total		493



Health care providers in one of the CMEs

CONTINUOUS MEDICAL EDUCATION (CME)

KENYA MEDICAL ASSOCIATION (CME)

More advocacy and awareness on palliative care and pain management was done targeting doctors within their region in order to sensitize them on the available palliative care services at the hospitals as well as issues on pain management and use of opioids. These CMEs are intended to generate interest among doctors on palliative care and pain assessment and management as stipulated by the World Health Organization (WHO). From these sessions, already hospitals are reporting improvement on assessment and treatment of patients' pain. KEHPCA organized for the 11 hospitals to get morphine powder and most hospital have already used up their first lot of 100 grams powder morphine. Previously, they were not using any morphine syrup for pain. Morphine injectable is available but only for pre and post operative cases. The sensitization also aims to ensure that patients and families are provided with palliative care services and referred appropriately. Garissa was not done due to insecurity at the region, will be carried out during mentorship visits.

NB The KMA CMEs in New Nyanza and Coast were done late 2011.

KMA REGION	DATES OF CME	NO. OF DOCTORSTRAINED
Kisii Level 5 Hospital	22nd November 2012	25
Rift Valley Provincial General Hospital (Nakuru)	18th January 2012	23
Kakamega Provincial General Hospital	31st January 2012	24
Thika Level 5 Hospital	16th February 2012	18
Embu Provincial General Hospital	28th March 2012	23
Machakos Level 5 Hospital	19th April 2012	27
Nyeri Level 5 Hospital	22nd June 2012	22
Meru level 5 Hospital	10th October 2012	19

CONTINUOUS MEDICAL EDUCATION (CME)

MBAGATHI DISTRICT HOSPITAL (CME)

70 health care givers from Mbagathi District Hospital took part in a CME session conducted by KEHPCA which aimed to provide health professionals with knowledge about palliative care - with emphasis on pain management. During the training session, it emerged that nurses are still fearful of prescribing morphine despite understanding the level of the patient's pain level to be severe. The nurses said their knowledge of morphine being addictive kept them from prescribing it to alleviate severe pain.

KEHPCA provided evidence from research that indicated that less than 1% of patients with life limiting illnesses showed signs of addiction to strong opioids with proper administration of these drugs in accordance to the World Health Organization's pain management ladder. Mbagathi hospital is one of the district hospitals that KEHPCA and the Ministry of Medical Services aim to integrate palliative care services in the near future. However, KEHPCA encouraged the nurses not to wait for the palliative care unit to be established for them to put their skills into practice but urged them to start providing palliative care at the bedside.



Mbagathi District Hospital Health care providers during a CME

CONTINUOUS MEDICAL EDUCATION (CME)

TECHNICAL SUPPORT, CMEs AND SITE VISITS

KEHPCA continued to provide technical support to member hospices and CRS SAIDIA care and treatment partners to strengthen and integrate palliative care services. This was done through continued site visits, continuous medical education sessions (CMEs) and advisory correspondences.

The CRS saidia partners that KEHPCA supported include;

- a) DREAM Center- Langata
- b) CMF – Narok
- c) AIC - Githumu Hospital
- d) AIC Zombe- Kitui.

During the CMEs which were well attended by virtually the entire medical teams in the sites, topics that were covered addressed the care to the carers since health care professionals face many challenges while taking care of persons facing life threatening illnesses and pain management workshops where the clinicians and senior nurses from the sites and other centers that works closely with sites were invited to participate. The in-depth sessions covered pathophysiology of pain, pain assessment and management in palliative care, symptom management and team working in palliative care. All the activities were successful.



Teamwork during Palliative Care Training

PLACEMENTS AND MENTORSHIP

KEHPCA established criteria for placement and mentorship sites, the criteria included the following; the hospice must have high turnover of patients, the hospice must be willing to act as a placement site, it should have essential palliative care medicines including morphine, good governance/ leadership and one of the key staff must have higher diploma in palliative care.

The one week courses were followed by three days placements at designated hospices. The participants gained hands on experience as they interacted with experienced hospice staff and patients. The placements included: managing out patient clients, attending patients at home, conducting group therapies (commonly known as day cares), managing pain and other distressing symptoms and addressing the psychosocial and spiritual needs of the patients.

The participants were also given information on how to set up palliative care units e.g. how to sell the idea to the hospital administrators, how to form a palliative care committee, essential medicines in palliative care among others.

THE TABLE BELOW SUMMARIZES CLINICAL PLACEMENT

INSTITUTION	HOSPICE	OUT COME
Nyeri Provincial General Hospital	Nyeri Hospice	completed
Thika Level 5 Hospital	Nyeri Hospice	completed
Embu Provincial General Hospital	Embu Mbeere Hospice	completed
Rift valley Provincial General Hospital	Nakuru Hospice	completed
Garrisa Provincial General Hospital	Nairobi Hospice	completed
Kisii Level 5 Hospital	Kisumu Hospice	completed
Kakamega Provincial General Hospital	Kakamega Hospice	completed
New Nyanza Provincial Hospital	Kisumu Hospice	completed
Coast Provincial General Hospital	Coast Hospice	completed
Meru Level 5 Hospital	Meru Hospice	completed
Machakos Level 5 Hospital	Nairobi Hospice	completed

However, some few participants did not undertake clinical placement due to shortage of staff in their departments, transfer to other hospitals and others due to lack of interest in Palliative Care.

PLACEMENTS AND MENTORSHIP

Mentorship is an ongoing process between the mentor and the mentees, with the aim of sharing knowledge and skills. It is on this basis that KEHPCA established mentorship program between the hospices as mentors and the hospitals as mentees.

The mentors who were selected had to meet the following criteria; high number of patients, good leadership and governance, had available essential drugs for palliative care provision including morphine, at least one of the staff had higher diploma in palliative care. The experienced staff from the hospices share with the participants from the hospitals with the aim of equipping them with the necessary attitude, knowledge and skills. This program has yielded positive results e.g. it led to establishment of Thika palliative care unit, participants being used to train during hospices regular training. The mentors interacted with the mentees during ward rounds, case discussions, phone calls and emails.

Mentorship has also helped to improve the working relationships between hospices and hospitals, strengthened referral networks and overall improvement in care of patients. The mentorship is ongoing and KEHPCA hopes that the process will continue even after the end of the project.

The table below shows the mentors of each hospital.

Hospita	Mentor
Kakamega Level 5 Hospital	Kakamega Hospice
Kisii Level 5 Hospital	Kisumu Hospice
New Nyanza Provincial Hospital	Kisumu Hospice
Rift Valley Provincial General Hospital	Nakuru Hospice
Nyeri Provincial General Hospital	Nyeri Hospice
Thika Level 5 Hospital	Nyeri Hospice
Machakos Level 5 Hospital	Nairobi Hospice
Garissa Provincial General Hospital	Nairobi Hospice
Meru level 5 Hospice	Meru Hospice
Coast Provincial General Hospital	Coast Hospice
Embu Provincial General Hospital	Embu Mbeere Hospice

PEDIATRIC PALLIATIVE CARE (PPC)

This has been slow but is now picking up through strong advocacy and training by KEHPCA. In November 2010, KEHPCA, with support from International Children's Palliative Care Network (ICPCN) organized for two pediatricians and one child psychologist to be trained in South Africa in PPC for two weeks. This was with the intention of developing champions for PPC and two are currently actively involved in training through KEHPCA training programs, as well as service provision and advocacy.

In April 2011, KEHPCA organized for a symposium at the Annual Kenya Pediatric Association (KPA) Conference, over 80 clinicians in pediatrics attended (majority were pediatricians). In 2011 August, KEHPCA through the support of ICPCN organized for a 5 day training in Nairobi. 41 Clinicians participated, mostly nurses. 3 senior pediatricians (2 were from the University of Nairobi and one was from Elizabeth Glazier Foundation), 3 young pediatricians and several medical officers participated. Dr. Patrick Mburugu, after the training, started the first Pediatric Palliative Care Unit in Kenya in Garissa Provincial hospital in North Eastern Kenya. Dr. Deborah Omedo, a pediatrician who attended the course has started to integrate PC services in the pediatric oncology ward in Kisii Level 5 hospital

At the 2012 KPA annual conference, KEHPCA organized for Dr. Patrick Mburugu, to participate and present a paper at the KPA conference. This generated a lot of interest and a request for training from fellow pediatricians.

In October 2012, the second training took place in Nairobi. 43 health care professionals were trained, including 17 pediatricians. KEHPCA is working closely with the trainees to integrate palliative care services in their respective institutions. Dr. Liru (one of the participants in the training) has started integrating PPC services in Homa Bay Hospital. This is a district Hospital with a pediatric oncology ward for Burkitt's lymphoma and other childhood cancers. He is also integrating it into the Comprehensive Care Centre that sees children with HIV/AIDS



Participants during a Pediatric Palliative Care Training

NATIONAL PALLIATIVE CARE GUIDELINES

KEHPCA lead the process of development of a national palliative care guidelines. A curriculum review meeting was held which brought stakeholders together. The Meeting was officially opened by the KEHPCA executive director and Dr. Patrick Waihenya program officer representing Ministry of Health. Dr. Waihenya assured the stakeholders on the Ministry support for palliative care

Other stakeholders included WHO, hospices and the University of Nairobi. The guidelines are waiting launching after extensive by relevant bodies.



National Palliative Care Guidelines - Stakeholders meeting at Lukenya

KMTC PALLIATIVE CARE CURRICULUM DEVELOPMENT

KEHPCA, through funds from The True Colours Trust and The Diana Princess of Wales Memorial is working closely with Kenya Medical and Training College (KMTC) to start a higher diploma course in palliative care for health care providers. This will be an 18 month course and will start in 2013 September.

KEHPCA is working closely with KMTC, Nursing Council of Kenya and the Ministry of Health to develop a curriculum for the diploma course. The process of the curriculum development started in October 2012 and the curriculum and other relevant documents will be ready by 2013. The first class of 35 students will include 25 Trainers of Trainees (ToTs) from all the Medical Training Colleges in Kenya, thus building up a team of trainers so that the course can be rolled out later.



Experts working on the KMTC palliative care curriculum

ACCESS TO PAIN RELIEF

In an effort to address pain in government hospitals, KEHPCA stated working with Global Access to Pain Relief Initiative (GAPRI) in 2011. The main objective has been to ensure that pain relief services in Kenya are scaled up hence there is adequate pain medication for patients requiring palliative care. In May 2012 the Ministry of Health seconded a doctor to work as the coordinator for pain relief, thus creating a strong link between the ministry and KEHPCA. The main objective for this project is to ensure that pain relief services.

Data received from the 11 level 5 hospitals shows that morphine consumption has been increasing since the year started although 2 of the centers refer their patients to the nearby hospice for morphine if they require it. 400g of morphine has been used from the reports received this year. Cumulatively 700g of morphine has been consumed since November 2012 as some of the hospitals were already using morphine. This is at an average monthly consumption of 66grams. The Ministry of Health is supportive of palliative care initiatives and promised to procure morphine. A consignment of 20kg of morphine will be procured through KEMSA and Laborex pharmaceuticals.

KEHPCA has established contact with the ministry of medical services- Department of pharmacy and KEMSA. Under this project the following has been conducted

- CMEs at Meru level 5 hospital, Nyeri PGH, Zombe Health centre, CMF Narok
- Facilitating palliative care Training for lecturers, health workers from CRS.
- Various meetings concerning palliative care and pain relief including those with the deputy chief pharmacist to chart the way forward on pain relief in Kenya.
- Supervisory support visits to Garissa PGH, Embu PGH, Meru Level 5 Hospital, New Nyanza PGH. These are part of the 11 hospitals that have integrated palliative care and KEHPCA is supporting them to reach their full potential. The rest of the hospitals will be visited by March 2013.
- Palliative care is currently being integrated into many hospitals but working with the smaller level 4 and 3 hospitals will help ease the burden of patients requiring palliative care especially pain relief as they will have access to health without travelling long distances. KEHPCA hopes to work with another 30 level 4 hospitals to integrate palliative care. The hospitals sent participants to the 3rd KEHPCA conference in September 2012 and this formed part of the sensitization plan for them to palliative care.

INTEGRATING PALLIATIVE CARE TRAINING

KEHPCA through the support of The Diana fund and the true colours trust has been working together with and the Kenya medical training college to develop a curriculum for training higher diploma in palliative care. The process began with a stakeholders meeting who endorsed the idea, a task force was suggested who held several workshops and came up with a curriculum, a syllabus, trainer's manual and a trainee's manual. The course will commence in September 2013.

ESTABLISHING THE PALLIATIVE CARE UNITS

KEHPCA through the support from donors and hospital administration established palliative care units. KEHPCA received funds from Hospice Care Kenya (HCK) in January to purchase 100 grams of morphine for each Hospital. Morphine was purchased distributed to various sites, this has greatly improved management of severe pain. Currently there are over 300 patients on morphine and over 100 grams of morphine dispensed every month. To ease the units in data collection and accessibility of online palliative care materials, each unit was supplied with fully installed new computer and a printer.

KEHPCA requested the palliative care units together with the hospital administration to make a wish list of items they needed for provision of care. Most of the units required support in renovations, examination couch, cabinets, office tables, chairs and essential palliative care drugs. This support has led to establishment of fully functional palliative care units, e.g in Nyeri previously the unit was in a small room which was squeezed but they were able to renovate an old building which is strategically placed, now they have two spacious consultation rooms. This has assisted them to carry out group discussions and family counseling comfortably.

ACHIEVEMENT

In summary the following have been achieved:

1. Government involvement through the Ministries of Health, the Director of Medical Services directed all the 11 level 5 government hospitals to integrate palliative care. The Ministries of health have pledged to supply government hospitals with morphine.
2. One doctor was seconded to KEHPCA to assist in integration and pain management in government hospitals.
3. Health care workers were trained on palliative care.
4. Creation of awareness on the needs of patients and families faced with life threatening conditions to health care workers and communities within the 11 hospitals.
5. Establishment of palliative care units and allocation of one nurse to run each unit.
6. Improved care for patients and families faced with life threatening illnesses and many accessing palliative care services. Approximately 2052 patients accessing palliative care services.
7. Proper pain management, approximately 380 patients receiving morphine with an average of 90 grams of morphine consumed every month.



CONCLUSION

The key pillars to integration of palliative care are:

1. Strengthened partnership with the Ministries of Health and donors
2. Have champions in the hospitals to spearhead the project
3. Capacity building through training, placement and mentorship

The successful training for health care professionals in government hospitals under the Waterloo project is providing a bench mark to the efforts of integrating palliative care services in other public hospitals .The participants have demonstrated great interest in palliative care and change of attitude, an aspect that is confirmed by the mentors as they undertake their clinical placements.

CONFERENCE

KEHPCA held its 3rd Kenya National Palliative Care Conference from 12th – 14th November 2012 at Sarova Panafric Hotel in Nairobi. The conference theme was “**Strengthening Health Systems by Integrating Palliative Care**”

Over 30 plenary speakers whose abstracts were accepted for presentation at the conference attended the three day event.

The conference had over 300 attendants from both the palliative care field and other health field related to palliative care.

Countries represented at the conference include Uganda, South Africa, Namibia, Malawi, USA, UK,

The guest of honor was the Minister for Medical Services Professor Peter Anyang' Nyong'o who gave his speech on 13th November at 10am. In his speech, Professor Nyong'o indicated that Cancer has emerged as the third killer disease after cardiovascular diseases and infectious diseases, having a major effect on the Kenyan economy and labor force.

Prof. Anyang' Nyong'o who is also a prostate cancer survivor said that having a healthy lifestyle and changing eating habits can help fight cancer.

During the conference there were 12 workshops spread across the three days during the breakout sessions.

The conference ended with remarks from Africa Cancer Foundation Director Mrs. Dorothy Nyong'o during the closing ceremony. She was grateful to the organizers and the commitment shown by the stakeholders present towards enhancing palliative care in the country.

CONFERENCE



From left to right Dr. John Ellershaw, Dr. Thomas Miller and Dr. Helen Kariuki chair one of the session during the conference



Group photo of Delegates of 3rd National Palliative Care Conference 2012



Delegates at the 3rd National Palliative Care Conference 2012

COMMUNICATION AND INFORMATION TECHNOLOGY

ON 4th February which a World cancer day KEHPCA organized a World Cancer Day a film - Life before Death screening event at Braeburn School. The IT department designed and printed the advertisement materials i.e posters and flyers. The printing was supported by Majestic Printing Works company. Also KEHPCA developed an e-poster to invite the participants online using free online campaign software mailchimp. The Front Line SMS technology was utilized, able to reach participants through short mobile text.

On April 2012, KEHPCA organized a biannual conference. The IT department developed a dynamic website which enabled delegates to get information about the conference and to register online. Also developed an invitation facebook page which participants were confirming the invitation. The conference invitation was on also Tweeter.

Designing conference materials, e.g. Banners, Note books, Logo and Program was done by the department in readiness for the September global event

The office conducted general IT hardware maintenance within the office as well support for KEHPCA members in hospices and palliative care units.

The IT department gives support to the KEHPCA staff to make the day to day work more comfortable especially internet troubleshooting.

KEHPCA developed and maintained a forum platform for 10 government hospitals, the aim of the forum is to bring together the government hospitals to share their experiences online on palliative care.

KEHPCA has developed two e-newsletters for January and May 2012. The newsletter is developed after every two months, it is developed using the free online email campaign called mailchimp, it can send up to 2000 subscribers. Currently KEHPCA has 898 subscribers. The subscription form is integrated on the main website and the subscribers are increasing at the rate of about 5%. Generally the newsletter response is awesome

SAMPLES OF IEC MATERIALS



KEHPCA
Kenya Hospices and Palliative Care Association



KenCASA
Kenya Cancer Association

"Together it is possible"

**Kenya Hospices and Palliative Care Association
and Kenya Cancer Association**
Invite you to the Kenyan film screening of

LIFE BEFORE DEATH

SATURDAY 4 FEBRUARY 2012, 2.30PM
WORLD CANCER DAY 2012
BRAEBURN SCHOOL LARGE THEATRE, GITANGA ROAD, NAIROBI

Life Before Death is a multi-award winning documentary about terminally ill patients, their families and the extraordinary health care professionals fighting to change the culture of medicine to be more focused on care, rather than exclusively on cure. It is an intimate hopeful and life-affirming collection of stories about living well and dying better, advocating for making the most of every moment in our life before death. The film travels to 11 countries, and through the eyes of patients and their families we discover the inherent humanity that empowers the best of us to care for those beyond cure.

The Kenya World Cancer Day theme song 'I Fight For You' featuring Abbi Nyinza, Ilaria Della Bidia and Charlie Lustman will be launched during the event.

THIS EVENT IS FREE TO ATTEND - No booking required

For information
Phone: 0722507219 or 0717666044
Email: info@kehpc.org or info@kenyacancer.org

*This film is rated











KEHPCA
Kenya Hospices and Palliative Care Association

**Winner
Red
Ribbon
2012**

3rd KENYA NATIONAL PALLIATIVE CARE CONFERENCE 2012



**Strengthening Health Systems
by Integrating Palliative Care**

www.kehpc.org





KEHPCA
Kenya Hospices and Palliative Care Association



**Winner
Red
Ribbon
2012**

3rd KENYA NATIONAL PALLIATIVE CARE CONFERENCE 2012

Certificate of Participation
presented to _____

For successfully attending the 3rd Kenya National Palliative Care Conference 2012

THEME: "Strengthening Health Systems by Integrating Palliative Care"
DATES: 12th - 14th September, 2012
VENUE: Sarova Panafric Hotel - Nairobi

Dr. Zipporah Ali
Executive Director
Kenya Hospices and Palliative Care Association



Dr. Brigid Sirengo
Chairperson
Kenya Hospices and Palliative Care Association

www.kehpc.org

3rd KENYA NATIONAL PALLIATIVE CARE CONFERENCE 2012



KEHPCA
Kenya Hospices and Palliative Care Association

THEME:
**Strengthening Health Systems by Integrating
Palliative Care**



VENUE:
Sarova Panafric Hotel -
Nairobi

DATE:
12th - 14th September 2012





www.kehpc.org

COMMUNICATION AND INFORMATION TECHNOLOGY

KEHPCA WEBSITE LOGS

Month	Unique visitors	Number of visits	Hits
Jan 2012	2,287	5,032	75,533
Feb 2012	2,329	5,034	71,109
Mar 2012	2,541	4,886	81,606
Apr 2012	2,121	4,454	108,626
May 2012	2,066	4,898	114,001
Jun 2012	2,447	5,875	110,486
Jul 2012	4,026	10,127	194,172
Aug 2012	4,232	11,505	344,209
Sep 2012	4,058	8,958	134,096
Oct 2012	3,909	8,273	101,350
Nov 2012	4,221	10,872	129,064
Dec 2012	3,320	8,430	106,153
Total	37,557	88,344	1,570,405

SOCIAL MEDIA LIKES AND FOLLOWERS

- Face book 140 likes
- Twitter 320 followers

PALLIATIVE CARE NEWS IN KENYA

The communication office manages the Kenya edition of ehospice since its launch on 2nd October 2012. Content for the edition news and features include but not limited to palliative care activities, events, personalities and patient stories. It provides a platform for all interested parties in palliative care to access information and happenings relevant to the field palliative care globally.

ehospice Palliative care news,
views and inspiration
from around the world

AWARDS

KEHPCA officially received the Red Ribbon Award during this year's World AIDS Day Celebrations "This is a very competitive award to bag and having it in Kenya shows the great strides KEHPCA is making towards care for AIDS patients in the country."

Kenya Hospices and Palliative Care Association (KEHPCA) officially received the prestigious Red Ribbon Award during this year's World Aids Day celebrations.

Presenting the award to KEHPCA's Executive Director, Vice President Kalonzo Musyoka congratulated Dr Zipporah Ali for the achievement. "This is a very competitive award to bag and having it in Kenya shows the great strides KEHPCA is making towards care for AIDS patients in the country. You have made us proud as a country to be the first organization in Kenya to receive the Red Ribbon Award" Musyoka said. He said if more organizations put commitment in management of HIV and AIDS as KEHPCA, Kenya would be miles away in the war against the epidemic.

UNAIDS Country Coordinator, Mayer Harper also congratulated Executive Director for the work that KEHPCA is doing to advocate for palliative care at the community level and said that KEHPCA would receive a grant of USD 10,000 to enhance the work it is doing.

Special Programmes Minister, Esther Murugi was also among those who congratulated KEHPCA for getting the prestigious award. Murugi was among the African Political Leaders who participated in the Community Dialogue Space (CDS) in the Global Village at the International AIDS Conference 2012 (AIDS 2012), where she emphasized the need for palliative care for PLHIV. The Red Ribbon Award is the world's leading award for innovative and outstanding community work in the response to the AIDS epidemic.



Dr Zipporah Ali of KEHPCA admires the RRA award from the Vice President Kalonzo Musyoka alongside the UNAIDS country coordinator Mayer Harper

AWARDS

KEHPCA is one of the ten community-based organizations worldwide, which have shown exceptional and inspiring action on AIDS and were honoured with the 2012 Red Ribbon Award in a special session of the XIX International AIDS Conference (AIDS 2012) on 25th July 2012. This is the first time an organization in Kenya has been selected for this award.

Five award categories were up for grab this year and KEHPCA managed to scoop the Treatment, Care, and Support category. Other categories were Prevention of sexual transmission; Prevention among/by people who use drugs; Prevention of sexual transmission; Prevention among/by people who use drugs and Advocacy and human rights.



Dr Zipporah Ali Executive Director and David Musyoki Program Officer of KEHPCA posing with the RRA award certificate in Washington DC

The International Palliative Care Leadership development Initiative recognized KEHPCA as a leading Palliative Care Organization in 2012.



PALLIATIVE CARE SIDE EVENT AT THE WORLD HEALTH ASSEMBLY

KEHPCA took the lead role in organizing for the first palliative care side event at the World Health Assembly. This was held in Geneva in May 2012. This event was supported by Open Society Foundations. Alongside Kenya, other countries that participated were the United States of America, Panama, Uganda and Australia. The Key note address at the event was given by Dr. Francis Kimani, Director of Medical Services on behalf of Hon Beth Mugo, Minister for Public Health and Sanitation, Ministry of Health. Other speakers included the Minister of Uganda and a WHO representative. The side event was very successful with a house full of participants from many different countries. The event emphasized the great need of palliative care in developing countries and the need for palliative care to be included in the strategy for non communicable diseases.



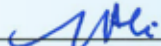
A section of participants at palliative care side event at the World Health Assembly

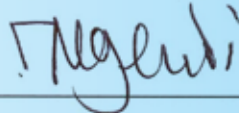
FINANCIAL STATEMENT

Kenya Hospices and Palliative Care Association
Statement of financial position
For the year ended 31 December 2012

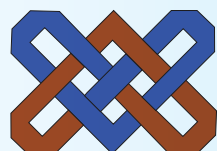
	Note	2012 Kshs	2011 Kshs
Assets			
Non-current assets			
Property, plant and equipment	8	<u>2,575,428</u>	<u>1,147,963</u>
Current assets			
Receivables	9	493,640	511,640
Cash and cash equivalents	10	<u>34,843,797</u>	<u>14,014,147</u>
		<u>35,337,437</u>	<u>14,525,787</u>
Total assets		<u>37,912,865</u>	<u>15,673,750</u>
Fund Balances and liabilities			
Property fund	11	2,575,428	1,147,963
General fund	12	11,844,476	4,108,484
Designated fund	13	<u>23,269,716</u>	<u>10,184,038</u>
		37,689,620	15,440,485
Current liabilities			
Payables and accruals	14	<u>223,245</u>	<u>233,265</u>
Total Fund Balances and Liabilities		<u>37,912,865</u>	<u>15,673,750</u>

The financial statements on pages 7 to 20 were approved for issue by the directors on 7 JUNE 2013 and signed on its behalf by:-

Director 

Director 

SUPPORTERS



Hospice Care Kenya



Princess of Wales Memorial Fund
THE WORK CONTINUES



Ministry of Health



PALLIATIVE CARE PROVIDERS IN KENYA

Free standing Hospices

- Meru Hospice
- Nairobi Hospice
- Kisumu Hospice
- Coast Hospice
- Nyeri Hospice
- Eldoret Hospice
- Nyahururu Hospice
- Nakuru Hospice
- Thika Hospice
- Embu-Mbeere Hospice
- Kakamega Hospice
- St. Catherine's Home
- Catherine Mc Auley Hospice – Muhoroni
- Murang'a Hospice
- Huruma Hospice
- Baraka Medical Centre
- Siaya Roselyne Hospice and Palliative Care Centre
- Laikipia Palliative Care Centre

Government Hospitals with Palliative Care

- Kakamega Provincial General Hospital
- Coast Provincial General Hospital
- Embu Provincial General Hospital
- Nyeri Provincial General Hospital
- Rift Valley Provincial General Hospital
- Meru Level Five Hospital
- Thika Level Five Hospital
- Garissa Level Five Hospital
- Kisii Level Five Hospital
- Machakos Level Five Hospital
- Busia General Hospital
- Webuye District Hospital

Hospice and Palliative Care services in the rural Community (FBO)

- Kimbilio Hospice
- VIAGENCO
- Our Lady Hospice Thigio
- Shepherds of Life
- Kicoshep

Teaching and Referral Hospitals

- Kenyatta National Hospital
- Moi Teaching and Referral Hospital