



KEHPCA

partnering
educating
advocating
palliative care
for all

Kenya Hospices and Palliative Care Association

ANNUAL REPORT 2015

KENYA HOSPICES AND PALLIATIVE CARE ASSOCIATION

Table of Contents

Abbreviations & Acronyms.....	2
Message from the Executive Director, Dr. Zipporah Ali	3
Palliative Care Service delivery.....	5
Capacity building.....	6
Advocacy	8
Advocacy ICE materials.....	9
Palliative care week.....	10
Annual general meeting.....	13
Membership.....	14
Financial report.....	15
Report of directors.....	15
Statement of financial position.....	16
Donors.....	17
Partners.....	18
Annex: 1 Service providers.....	19
Free standing Hospices.....	19
Hospice & Palliative Care Services.....	19
Teaching & Referral Hospitals.....	19
Government Hospitals with PC.....	19
Private Hospitals with PC units.....	19
Annex: 2 Map of Palliative Care Providers.....	20
Annex 2: Board.....	22
Annex 3: Staff.....	23

Abbreviations & Acronyms

AGM	-	Annual General Meeting
AIC	-	African Inland Church
AIDS	-	Acquired Immune Deficiency Syndrome
APCA	-	African Palliative Care Association
CME	-	Continuous Medical Education
FBO	-	Faith Based Organisation
HCK	-	Hospice Care Kenya
HIV	-	Human Immunodeficiency Virus
ICE	-	Information Communication Education
KEHPCA	-	Kenya Hospices and Palliative Care Association
KMTC	-	Kenya Medical Training College
KNH	-	Kenyatta National Hospital
MTRH	-	Moi Teaching and Referral Hospital
OSF	-	Open Society Foundation
OSIEA	-	Open Society Institute East Africa
PC	-	Palliative Care
PCEA	-	Presbyterian Church of East Africa
TTCT	-	The True Colours Trust
TTP	-	Treat the Pain
VIAGENCO	-	Victoria Agricultural & Environmental Conservation Organization

Message from the Executive Director, Dr. Zipporah Ali

Making palliative care everyone's business



Maya Angelo once said that “I have learnt that people will forget what you said, people will forget what you did, but people will never forget how you made them feel”.

Our mandate as an organization is to work with service providers (Hospices, hospitals and the community) to provide quality holistic care to patients (and their families) faced with life threatening

illnesses. These patients tend to be ignored, because ‘they may be dying anyway’. Emphasis is mostly on curative services despite the fact that a large number of Kenyans are now living with Non Communicable Diseases (like Cancer) and life threatening infectious diseases as well. Kenya Hospices and Palliative Care Association’s (KEHPCA’s) vision is to see all those in need of palliative care have access to it. It is not easy, it may not be achieved in the near future, but as long as we all make palliative care our business, we will get there one day.

“ I took my mother to Meru Hospice. I was met at the door by the sweetest-talking nurse. She made us both feel very comfortable and eased my nerves because I was somewhat frightened about taking my mother,”
narrates Peter. This is how family members should feel.

2015 has been a fruitful year, with more have been instrumental in making palliative care in government hospitals a reality. There are now over 60 hospitals across the country that have set up palliative care units. The Ministry of Health and the county health committees has been very supportive as well. For the first time in our country, the government has purchased over 54 kilograms of morphine powder to be used not only by the public hospitals that have integrated palliative care, but also the hospices and mission hospitals as well.

KEHPCA, in partnership with the American Cancer Society’s Treat The Pain Project launched a Pain Free Hospital Initiate project that focused on training multidisciplinary teams in all departments within the hospital to appropriately assess and treat pain. This project also empowered patients to speak out on their pain. This has resulted in more patients accessing appropriate pain management as well as improving health care providers’ attitudes towards pain.

Through partnerships with Open Society Foundation (OSF) and Opens Society Initiatives East Africa (OSIEA), KEHPCA continued to advocate for palliative care patients’ legal rights. Through this project patients and their families are empowered to make informed decisions on issues like: deciding about their treatment goals; writing a will; succession plans and power of attorney.

In December 2015, 23 nurses graduated from Kenya Medical Training College. These are the first graduates of the Diploma in Palliative Care Course that was initiated by the former Diana Princess of Wales Memorial Fund and KEHPCA. The program continues to grow with the second set of students set to graduate in 2016.

Message from the Executive Director, Dr. Zipporah Ali

Thanks to Hospice Care Kenya (HCK) for the dedicated support towards students tuition fees. Keeping in touch and working closely with our member institutions is key in expanding palliative care in Kenya. Thank you to Hospice & Community Care being part of those who make this possible.

Hannah Waithera, 68 year old female patient with breast cancer, “I now believe in miracles and may God be good to you as you have been good to me and may the words of Habakkuk 3:18 (yet I will rejoice in the LORD, I will be joyful in God my Savior) be with you always because you have brought joy to my heart and body too. All our patients should feel cared for, as Hannah did.

2016 will continue to be a year of many developments in palliative care. One of our big dreams to reach right into the community by training community health workers to be actively involved in supporting patients; build linkages with the other health facilities to ensure continuum of care for patients wherever they maybe. It is also the year we plan to work aggressively with the media to bring palliative care to the forefront especially at county levels. Palliative care is everyone’s business. It is more than the patients and care providers. It goes beyond hospice and care units to the various public stakeholders including governments. Most importantly, it involves the media who are an integral part of society. As the fourth estate, their role of informing and educating the public is a very crucial one in the Kenyan context where palliative care is a relatively unknown component of healthcare. We are working to change this.

We are holding fast onto our dreams. These dreams can only be realized if we work together. We want to thank all our friends, member institutions, partners, Ministry of Health and county health committees, our donors and all well wishers for their dedicated support towards palliative care in Kenya.



Dr. Zipporah Ali

Hannah is one of the 31 patients from Kenyatta National Hospital (KNH) that were supported to receive radiotherapy at a subsidized fee at Nairobi Hospital, a private institution. The American Cancer Society (ACS) supported KEHPCA to pay for radiotherapy treatment for patients awaiting radiotherapy at the Kenyatta National Hospital. These were patients who are poor, cannot afford private hospital services and hence would have to wait for long before they received their treatment at the KNH; therefore, most of them were unlikely to get timely treatment.

Palliative Care Service Delivery

Agnes (Not her real name) walks to the hospital, having left her home two hours earlier. Many thoughts going through her mind; will I find a long queue? Will the doctor listen and understand my problems? Will I be cured? I think I am in my own world! This disease is taking toll on me; I can no longer take care of my children as I always wished; I have even become a bother to my family members; My medications and many hospital visits are consuming all the savings my husband and I have tried to save this many years; Where are the miracles that I keep hearing people talk about in church? I have never had such pain in my life! Why do I keep vomiting even when under medication? Why can't the scientists discover treatment for some of these diseases?

Agnes presents a case that many patients faced by life threatening illnesses in Kenya identify with. Kenya Hospices and Palliative Care Association (KEHPCA) aspires to promote access to quality palliative care for Kenyans like Agnes. These services are provided by multidisciplinary teams trained and mentored by the national association together with already established hospices and palliative care units in Kenya.

In 2015, in line with the sixty seventh world health assembly resolution of strengthening of palliative care as a component of comprehensive care throughout life course, KEHPCA has been working and supporting scaling up palliative care services and strengthening the existing palliative care providers by; capacity building health and non healthcare workers, mentorship, advocacy, setting up and providing palliative care guidelines. This has led to having over 60 sites providing palliative care. Some of the sites are stand alone hospices, palliative care units that are within already existing hospitals and units within mission and private hospitals.

Provision of palliative care services is a holistic approach to care that encompasses; pain and symptoms control, proper communication, psychosocial support, spiritual care, end of life management, bereavement and legal support. The services are accessible to adults and children and provided to both inpatient and out patients.

Health being a devolved service based on the current constitution has necessitated KEHPCA with her members to work closely with the counties to ensure that palliative care is among the areas of prioritization by the county health ministries.

Capacity building

Kenya Hospices and Palliative Care Association (KEHPCA) aspires to promote access of quality palliative care for all Kenyans and their families faced with life threatening illnesses by promoting and supporting acceptable, accessible and affordable quality palliative care services.

To achieve its vision the association is partnering with both local and international stakeholders to scale up provision of palliative care through capacity building and setting up of hospices and palliative care unit. To ensure there is provision of quality palliative care services the association has developed several capacity buildings programs some solely run by KEHPCA and others through partnership, these programs include; Continuous Medical Education (CME), Introductory to Palliative Care-5 days course, Modular training, Higher Diploma in Palliative Care, Degree in Palliative Care and Masters in Palliative care. All these training programs apply multidisciplinary approach since provision of palliative care services requires teamwork approach.

KEHPCA has identified key clinical placement centers within the country and there is a set criteria for a site to be recognized as a clinical placement center. During or after any training program participants are attached to a clinical placement hospice or palliative care unit to enable them gain practical knowledge on both clinical care and management of a facility.

“This training has been very useful, initially I thought palliative care was for only oncology patients but now I know that it includes other patients and children”

“The diploma course was an eye opener, I have been empowered to manage more complex conditions and manage the unit better”

“There is a big change after the pain CME, clinicians are now reviewing patients and prescribing opioids”

“Before we conducted the training patients used to scream in pain but now the wards are quiet”

“We are delighted to have sponsored some students to undertake higher diploma in palliative care course, which has enabled health care professional to provide quality palliative care”
Liz Salmon HCK.

Capacity Building



Diploma in Higher Education in Palliative Care students with their lecturers



Community health care workers training in Garissa County Referral Hospital



Clinicians sensitization on palliative care at Moi Teaching & Referral Hospital

Advocacy

Advocacy is one of the key pillars of KEHPCA and has contributed enormously in scaling up palliative care services in the country. Since inception KEHPCA has advocating for recognition and support for palliative care services to both public and non public institutions, this has led to scaling up palliative care services to the current number of over 60 providers. The association has been advocating for integration of palliative care in public facilities, budgetary allocation, legal recognition among others, to date palliative care has been integrated in public facilities, increased access of analgesics including morphine and recognized by various governing statutes.

In 2015 KEHPCA managed to advocate for inclusion of palliative care in The Health bill 2015 as one of the rights to health. The association together with its members has managed to advocate for support by county governments since health care has been devolved. The county governments are supporting palliative care initiatives in their counties through; secondment of staff, supply of essential medicines, setting up palliative care centers and capacity building of both health and non health care workers.

KEHPCA also participated in international forums to advocate for global recognition of palliative care including the Global Colloquium on Palliative Care, co-hosted by the World Health Organization and the All Ireland Institute for Hospice and Palliative Care which took place in Dublin, Ireland. <http://www.thewhpc.org/latest-news/item/purposeful-discussion-in-dublin-on-the-world-health-assembly-palliative-care-resolution>.

The first ever Kenya National Strategy for the Prevention and Control of Non-Communicable Diseases 2015-2020 and the Community Health Volunteer (CHVs) Non-Communicable Diseases Training Manual have both included palliative care as a result of KEHPCA's advocacy work.

One other big achievement has been advocating to the Ministry of Health to procure morphine powder for the constitution of oral morphine for government hospitals that have integrated palliative care. This goes a long way to show the government's commitment to pain relief and palliative care by strengthening of palliative care as a component of comprehensive care throughout the life course as recommended by the World Health Resolution on Palliative Care 2014.

KEHPCA continues to advocate for a palliative care policy and is hopeful that this too, will happen soon.

Advocacy IEC materials

TREAT PAIN

PAEDIATRIC PAIN MANAGEMENT

DEFINITION OF PAIN
An unpleasant sensory and emotional experience associated with actual or potential damage or described in terms of such damage.
"What the person says it is..."
McClafferty & Pains, 1999
ASP 1979

Do children feel pain? Yes they do!

PHYSICAL
PSYCHOSOCIAL
EMOTIONAL
SPIRITUAL

WHO GOLDEN RULES:
By the mouth
By the clock
By the ladder
By the child

ASSESSMENT IN CHILDREN (< 12 MONTHS) FLACC SCALE

FACE	BEHAVIOUR	CRY	CONSOLABILITY
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5

Ask the patient to rate their pain using the tool below:

WONG BAKER FACES SCALE

PAEDIATRIC TWO-STEP LADDER

1. Non-opioid analgesics (e.g. Paracetamol, Ibuprofen)
2. Opioid analgesics (e.g. Morphine, Fentanyl)

For more information contact us at info@kehpca.org

TREAT PAIN

ADULT PAIN MANAGEMENT

DEFINITION OF PAIN
An unpleasant sensory and emotional experience associated with actual or potential damage or described in terms of such damage.
"What the person says it is..."
McClafferty & Pains, 1999
ASP 1979

PHYSICAL
PSYCHOSOCIAL
EMOTIONAL
SPIRITUAL

WHO GOLDEN RULES:
By the mouth
By the clock
By the ladder
By the child

ASSESSMENT
Ask the patient to rate their pain using the tool below:

WHO THREE STEP LADDER FOR PAIN MANAGEMENT

1. Non-opioid analgesics (e.g. Paracetamol, Ibuprofen)
2. Opioid analgesics (e.g. Morphine, Fentanyl)
3. Adjuvant analgesics (e.g. Antidepressants, Anticonvulsants)

For more information contact us at info@kehpca.org

UKWELI KUHUSU TIBASHIA (Palliative Care)

UONGO
Mgonjwa aliye na saratani hawezi kupata matibabu.
Huduma ya tibashifa ni ya wagonjwa wanaokufa.
Saratani husababishwa na uchawi.

UKWELI
Mgonjwa aliye na saratani anaweza kupata matibabu.
Tibashifa huboresha maisha licha ya kuugua ugonjwa usio na tiba.
Saratani husababishwa na kudhoofika kwa chembechembe za mwili. Hali hii hutokana na sababu kama; maumbile, mazingira, vyakula na mitindo ya kuishi.

KEHPCA
Ministry of Health
THET

PALLIATIVE CARE MYTHS & MISCONCEPTIONS

MYTHS/MISCONCEPTIONS	THE TRUTH
Palliative care is only for the old and dying	Palliative care is for all who need it
Morphine causes death	Morphine is a pain reliever, not a cause of death
Palliative care is only provided in hospice/hospital set up	Palliative care can be provided anywhere

KEHPCA
Ministry of Health
THET

Je, una maumivu? Ongea na mhudumu wako wa afya

KEHPCA
Ministry of Health
THET

Je, unaugua amba wamjua mtu anayugua ugonjwa usio na tiba? Tembelea kitukwa cha afya!

KEHPCA
Ministry of Health
THET

Cancer is not a death sentence

KEHPCA
Ministry of Health
THET

Palliative care (Tibashifa) is everyone's business

KEHPCA
Ministry of Health
THET

Je, una maumivu? Ongea na mhudumu wako wa afya

KEHPCA
Ministry of Health
THET

Tibashifa (Palliative care) ni huduma inayopewa watu wanaoangua magonjwa wasio na tiba kama; saratani, ukima kisukari

KEHPCA
Ministry of Health
THET

Palliative Care Week

The palliative care week was celebrated from 5th to 10th October 2015, in line with the theme for the World hospice and palliative care day (10th October); Hidden lives/Hidden patients. KEHPCA the umbrella body is seeking ways of registering this week with the relevant government body to ensure it is celebrated annually and all over the country. The main objective of holding a national palliative care week is to; advocate, create awareness on the need and availability of palliative care services among health care workers and the general public.

KEHPCA worked with different palliative care providers from different regions to undertake some of the activities of the week in line with the theme. The providers identified marginalized patients that include; prisoners, children, elderly and those in very remote areas. They provided palliative care services, conducted community awareness by giving health talks and engaged both local and national media stations to cover the activities of the week.

Facility	Activities
Nyeri hospice	Sensitized and provided palliative care services at King`ong`o prisons. Conducted several home visits to patients in remote areas.
Nakuru Hospice	Conducted several home visits to patients in remote areas in their region.
	Provided palliative care services to prisoners at GK Prisons Nakuru.
	Cancer screening, over 800 people screened.
Maua Palliative Care Unit	Conducted several Palliative care advocacy and community awareness activities.
Kimbilio Hospice	Conducted a day care with the bereaved families and planted trees to commemorate the palliative care week.
Kijabe Palliative Care Unit	Sensitized Hospital staff and community on palliative care, Conducted screening for various life threatening illness.
Embu Mbeere Hospice	Conducted several home visits to patients in remote areas and sensitized communities in various public forums. Conducted several radio talks.
Busia Hospice	Provided palliative care service to prisoners at Busia GK Prisons.
Nairobi Hospice	Provided palliative care service to prisoners at Kamiti Maximum GK Prisons
Webuye Palliative Care Unit	Conducted several Palliative care advocacy and community awareness activities.
Kakamega Hospice	Provided palliative care service to prisoners at Shikusa Borstal prisons Kakamega.

Palliative Care Week

Facility	Activities
Laikipia Palliative Care Center	Conducted several Palliative care advocacy and community awareness activities. Conducted several home visits to patients in remote areas.
Machakos Palliative Care Unit	Conducted several Palliative care advocacy and community awareness activities. Conducted several home visits to patients in remote areas.
Kikuyu Palliative Care Unit	Conducted several Palliative care advocacy and community awareness activities. Conducted several home visits to patients in remote areas.
Meru Hospice	Conducted several Palliative care advocacy and community awareness activities. Conducted several home visits to patients in remote areas



Busia Hospice visits GK prisons Busia during the palliative care week



Kakamega Hospice visits GK Borstal childrens prison during the palliative care week

Palliative Care Week

Outcome

Based on the above activities the following was achieved;

1. Increased public awareness regarding the availability of palliative care services.
2. Improved quality of life of those patients and families who were supported.
3. Improved staff morale.
4. Strengthened working relationship between different stakeholders.
5. Increased referral of patients to the facilities.
6. Featuring of palliative care in the main news; KTN news and Standard newspaper.

“ We have been sentenced twice; one by the disease and the other one by court, thank you for visiting us we know feel like human beings ”

“ Thank you for supporting us to undertake the agreed activities, we have discovered there is so much need for integrating palliative care in prisons. They are really suffering in silence ”

“ We have just discovered that there are so many patients in the villages that need our care, we have to develop ways of reaching them ”



Nakuru Hospice Home visit during the palliative care week



Thigio hospice patient care

Annual General meeting (AGM)

The 5 th KEHPCA Annual General Meeting was held on 23 rd January 2015 at Grace House Resort with 34 participants in attendance. The meeting was chaired by Mr Peter Bunde who is the chair of the KEHPCA Board.

Auditors report

The statement of comprehensive income and the statement of KEHPCA financial position were presented by Mr. Charles Gathuto, a partner at Mazars.

Appointment of Auditors

Mazars were re-appointed auditors for the 2015 financial year.

Election of Board Members

The Board members who were elected to join office on 23 rd January 2015 are:

1. Mr Peter Bunde - Chair
2. Mr Stephen Gitonga - Vice Chair
3. Mr Faustin Mgendi - Honorary Treasurer
4. Mrs Roselyne Opindi - Honorary Secretary
5. Dr Brigid Sirengo - Member
6. Mrs Saraphina Gichohi - Member
7. Dr Esther Munyoro - Member
8. Mr Mohamud Jama - Member
9. Dr Meshack Liru - Member
10. Mrs Naomi Ndung'u - Member

Membership

KEHPCA remains grateful to its members and friends who have continued to show their commitment over the years. The membership and Friendship Subscriptions has continued to grow, thanks to the MPesa Mobile Money Transfer which has enabled our friends to send their subscriptions to the KEHPCA Paybill number. KEHPCA was also able to introduce the bulk SMS platform where friends receive subscription alerts regarding their membership.

KEHPCA was able to utilize the funds raised from friends and members during the palliative care week through the hospices and palliative care units who celebrated the palliative care week through raising a awareness to marginalized groups in the communities in line with the years palliative care them ‘Hidden Patients, Hidden Lives’

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@kehpc.org or call us on +254 20 272 9302

Financial Report

REPORT OF DIRECTORS

Kenya Hospices and Palliative Care Association

(A company limited by guarantee)

Report of the directors

For the year ended 31 December 2015

The directors submit their report together with the audited financial statements for the year ended 31 December 2015, which show the state of the organization's affairs.

1 Incorporation

The association is duly registered in Kenya under the Companies Act (Cap 486) 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

	2015 Kshs	2014 Kshs
Total income	46,510,956	46,296,235
Total expenditure	(49,596,615)	(50,449,059)
Deficit for the year	(3,085,659)	(4,152,824)

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 set out on note 11, 12 and 13 of these financial statements.

6 Directors

Mr Peter Bunde - Chairperson
Mr Stephen Gitonga - Vice Chair
Mr Faustin Mgendi - Hon Treasurer
Mrs Roselyn Opindi - Hon Secretary
Dr Esther Munyoro - Member

Mrs Saraphina Guchohi, HSC - Member
Dr Brigid Sirengo, OGW - Member
Mr Mohamud Jama - Member
Mrs Naomi Ndun'gu - Member
Dr Meshack Liru - Member

The articles of association provide for the retirement of one-third of the directors by rotation.

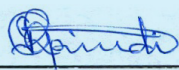
7 Directors' benefits

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.

8 Auditor

The association's auditor, MAZARS (Certified Public Accountants (K)), has indicated willingness to continue in office in accordance with section 159(2) of the Kenyan Companies Act (Cap 486).

By order of the board



30/5/2016

Financial Report

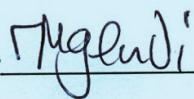
STATEMENT OF FINANCIAL POSITION

Kenya Hospices and Palliative Care Association
(A company limited by guarantee)
Statement of financial position
For the year ended 31 December 2015

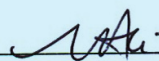
	Note	2015 Kshs	2014 Kshs
Assets			
Non-current assets			
Property and equipment	8	<u>18,887,681</u>	<u>19,273,440</u>
Current assets			
Receivables	9	4,656,227	1,565,912
Cash and cash equivalents	10	<u>33,632,096</u>	<u>25,633,675</u>
		<u>38,288,323</u>	<u>27,199,587</u>
Total assets		<u>57,176,003</u>	<u>46,473,027</u>
Fund balances and liabilities			
Fund Balances			
Property fund	11	1,881,938	2,267,698
General fund	12	20,601,989	18,924,968
Designated fund	13	<u>2,311,136</u>	<u>6,688,055</u>
		<u>24,795,063</u>	<u>27,880,721</u>
Non Current liabilities			
Borrowings	15	<u>4,207,609</u>	<u>4,865,692</u>
Current liabilities			
Payables and accruals	14	2,373,331	726,614
Deferred Income	16	<u>25,800,000</u>	<u>13,000,000</u>
		<u>28,173,331</u>	<u>13,726,614</u>
Total fund balances and liabilities		<u>57,176,003</u>	<u>46,473,027</u>

The financial statements on pages 6 to 19 were approved for issue by the directors on 25/5/16 2016 and signed on its behalf by:-

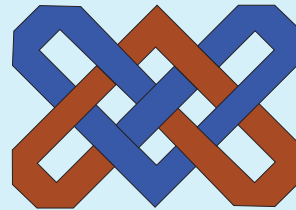
Director



Director



Donors



Hospice Care Kenya



A program of the
American Cancer Society



founded as Hospice of Lancaster County



PARTNERSHIPS FOR GLOBAL HEALTH



Partners



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 Palliative Care Providers



Annex 2: Map of Palliative Care Providers



Annex 3: Board



Mr Peter Bunde
- Chair



Stephen Gitonga
- Vice Chair



Faustin Mgendi
-Honorary Treasurer



Mrs. Roselyne Opindi
– Honorary Secretary



Dr. Brigid Sirengo
– Member



Saraphina Gichohi
– Member



Dr. Esther Munyoro
– Member



Dr. Meshack Liru
– Member



Mr Mohamud Jama
Madhar – Member



Naomi Ndung'u
– Member

Annex 4: Staff



Dr. Zipporah Ali -
Executive Director



Dr. Asaph Kinyanjui
-Director of Programs



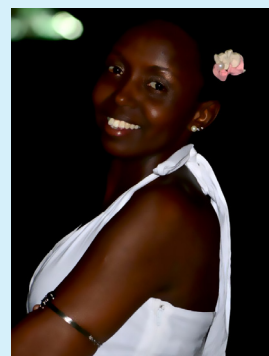
Miriam Igobwa - Admin/
Finance Manager



David Musyoki - Senior
Program Officer



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



Josephine Muya -
Assistent Admin



Patrick Bowen -
IT Officer



Stephen Shiyuka -
Support Staff