

Annual Report



2010

The Kenya Hospices and Palliative Care Association (KEHPCA) is the national association formed to represent all palliative care service providers in Kenya. KEHPCA's mission is to scale up palliative care services to bridge the very significant gap between those who receive services and those in need. This encompasses addressing issues of accessibility, affordability and quality. Since its establishment in 2007, KEHPCA has advocated extensively for the integration of palliative care into health services in Kenya.

Mission

To promote and support acceptable, accessible and affordable quality palliative care throughout Kenya

Vision

Quality palliative care for all



Kenya Hospices and Palliative Care Association
Chaka Court off Argwings Kodhek Rd, Next to Chaka Place Hurlingham
P.O. Box 20854-00202, Nairobi Kenya
Tel: +254 20 2729302
Email: info@kehPCA.org
Website: www.kehPCA.org

Table of Content



Message from the Directors.....	3
2010 in figures.....	4
Trainings.....	5
Continuous Medical Education sessions.....	5
Specialist trainings.....	6
Full palliative care trainings.....	7
Supportive site visits.....	8
World Hospice and Palliative Care Day event	9
KEHPCA Bi-Annual conference 2010.....	10
Media.....	11
Legal aspects in palliative care.....	12
Palliative care research.....	13
Palliative care curriculum.....	14
Advocacy.....	14
New hospice openings.....	15
IT development.....	16
Financial Reports.....	17
Statement of financial position.....	17
Statement of cash flows.....	18
Report of independent auditor.....	19
Supporters.....	21
Palliative care service providers 2010.....	22

Message from the Directors



Dr. Brigid Sirengo
Chairperson



Dr. Zipporah Ali
National Coordinator



Welcome to Kenya Hospices and Palliative Care Association 2010 Annual Report. This report sets out to provide a snapshot of KEHPCA's work across the past year, and the impact of our programmes, partnerships and activities on the continuing growth of hospice and palliative care service provision in Kenya.

During 2010 KEHPCA has seen a number of successful programme developments take place, including a pilot testing of our new national curriculum for palliative care, the beginning of Ministry of Health work on a National Cancer Control Strategy for Kenya which KEHPCA will partner with, and the start of a new programme to introduce palliative care services in 10 Government Hospitals.

Part of KEHPCA's core work includes the training of healthcare professionals in palliative care. Over the past year our training work has shown strong growth, with an increase of 40% on the number of healthcare professionals trained since 2009. The KEHPCA team has also grown over the year, and we were pleased to welcome Dr Helena Musau in the newly created post of Education and Research Manager.

KEHPCA's most important partners are our members. KEHPCA works to give Kenyan hospices and palliative care unit members ownership of the organisation that represents them nationally, and we would like to extend a warm welcome to the new members who have joined us this year.

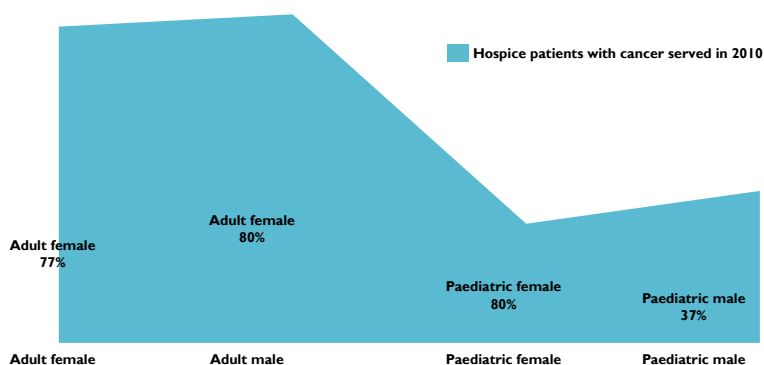
KEHPCA is driven by the need to ensure that Kenya's hospice and palliative care units have the support they need to serve the increasing numbers of patients who are walking through their doors, and the capacity to reach out to new communities. This work would not be possible without the invaluable support of our donors and the volunteers and professionals who so generously give their time to KEHPCA, to whom we give our sincere thanks.

Dr Brigid Sirengo
Chairperson

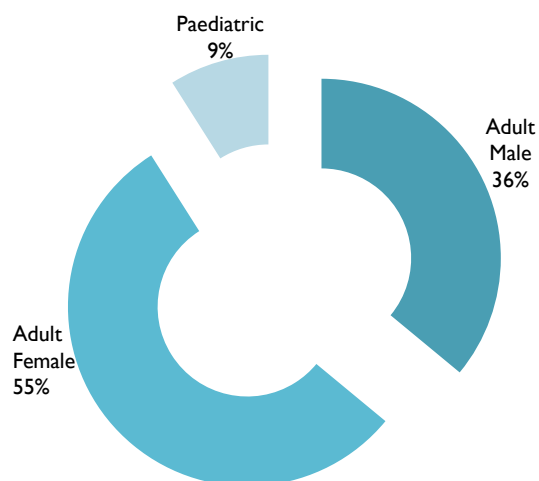
Dr Zipporah Ali
National Coordinator

2010 in figures

Hospice patients with cancer served in 2010



Hospice patients served in 2010



- 1 new hospice opened – Our Lady's Hospice, Thigio
- 21 Hospices and 9 hospital palliative care units serving patients across the country
- The average number of patients served per hospice in 2010 was 956
- 36% of patient contacts in 2010 were with adult male patients, 55% were adult female, and 9% were paediatric
- 78% of adult patient contacts at Kenyan Hospices were with cancer patients
- 30% of adult patient contacts at Kenyan Hospices were with HIV and AIDS patients
- Over 900 patients were tested, counseled and received results for HIV. Although not a widely promoted service. Hospices play an important role in providing HIV testing services for patients receiving palliative care.
- 100% of hospices reported providing some level of psychosocial support to palliative care patients.

TRAININGS

KEHPCA provides a range of palliative care training courses for healthcare professionals, including a 5 day CPD accredited course. During 2010 **KEHPCA** trained over 600 multi professionals including doctors, nurses, pharmacists, nutritionists, clinical officers and physiotherapists.

Continuous Medical Education (CME) Sessions

Kitengela: In March 2010 **KEHPCA** facilitated an afternoon CME on palliative care, in partnership with Kitengela Seventh Day Adventist Church. Over 90 people attended, and participants had the opportunity to ask questions and request advice during an interactive session run by the **KEHPCA** programme officer.

Kitui: **KEHPCA** visited Kitui District Hospital in February 2010 to meet with the Medical Superintendent and Nursing Officer in Charge. **KEHPCA** committed to support the hospital with introducing their staff to palliative care, and was able to return in April to undertake a CME. Over 90 members of hospital staff attended, including a wide range of practitioners from Dentists to a Radiographer.



KEHPCA National Coordinator talks to health care workers in Kitui during a palliative Care training.

Machakos: Machakos Level 5 Hospital began to develop its first palliative care unit in April 2010. Just the second hospital in Kenya to do so, **KEHPCA** has provided continuous support, including fundraising, and holding a CME for hospital staff on palliative care, in April 2010, which over 30 staff members attended.

Coast: 58 staff members of Coast Provincial General Hospital attended a KEHPCA CME in April 2010.

Nairobi: 31 staff members from Kenyatta National Hospital attended a CME in May 2010.

Nairobi: Fifth year medical students from the University of Nairobi had the opportunity to attend a special CME organized by KEHPCA. Over 145 students attended.

Specialist trainings

Governance Workshop – A team from KEHPCA held a one day workshop with the board members of Meru Hospice on governance. Discussion areas included the role of board members in a hospice, how board members can support growth strategies, and hospice management.



KEHPCA conducting a governance workshop to Meru Hospice board members

Palliative Care for the Elderly – In March 2010 KEHPCA held a sensitization workshop in Nairobi on palliative care for the elderly. Participants included churches, NGO's, grassroots organisations, hospices, universities, the Ministry of Health. The findings from the recent *Bridging the Gap* report by Help Age International were shared and discussed.

Full palliative care trainings

Webuye:- In May 2010 40 healthcare professionals from four government hospitals and three mission hospitals came together at Webuye District Hospital for a three day introduction to Palliative care course. Most of the trainees were working towards introduction of palliative care services in their respective institutions.



Health Care Professionals during the first palliative care training at Webuye District Hospital

Kikuyu: – A two day palliative care training was held at Kikuyu PCEA Hospital. This focused on training health care service providers local to the hospital, to facilitate effective referral processes and networking.



Coast Provincial General Hospital staff at CME training session facilitated by KEHPCA

SUPPORTIVE SITE VISITS



"I am jobless and have children both in primary and secondary schools. Nairobi Hospice helps in providing me with drugs and regular medical check ups."

Nairobi Hospice Patient Fredric Ikutwa who has been living with cancer for ten years, urging the government to improve care.

KEHPCA works to undertake regular site visits to member hospices and palliative care units. Site visits are done with an aim to;

- Provide technical support
- Assist in improving palliative care service provision
- Assess the progress and capacity of the Hospice in Palliative care service provision.
- Share experiences
- Ensure standards of palliative care are met.

A number of site visits were made throughout 2010. A visit to Meru Hospice showed that the hospice was receiving double the number of patients as compared to the previous year, due to increased advocacy efforts. The hospice team informed KEHPCA, that they would be keen to explore the development of a palliative care service for neighbouring town Isiolo.

A visit to Embu-Mbeere Hospice highlighted some of the challenges that staff were experiencing including medication stock outs. KEHPCA was able to pledge support in accessing medicine.

World Hospice and Palliative Care Day Event

KEHPCA marked World Hospice and Palliative Care Day with an awareness raising walk on Saturday 9 October 2010. The ten kilometer walk started at Uhuru Park moving through Kenyatta Avenue, Uhuru Highway, State House road, Lenana road and back to Uhuru Park, with 400 people taking part.

Groups from many of Kenya's Hospices and palliative care units attended, all carrying banners for their organizations, featuring the 2010 theme 'Sharing the Care'. Dr. William Maina the Deputy Director of Medical Services and Head of Division of Non-Communicable Diseases, Ministry of Health opened the walk.

Members of the Kenyan media attended, including Kenya Broadcasting Corporation who featured the event in the following days news headlines. KEHPCA were pleased to welcome our international twin hospice, Hospice of Lancaster County in Pennsylvania USA who attended to support the event.

"We have partnered with KEHPCA to help spread the message of improving palliative care services"

Joan Harrold, Hospice of Lancaster County



The 2010 KEHPCA World Hospice and Palliative Care Day event

KEHPCA BI-ANNUAL CONFERENCE 2010



Delegates at the 2010 KEHPCA conference

KEHPCA holds Kenya's primary palliative care conference every two years. The 2010 conference marked KEHPCA's second and took place on the 4-5 November in Nairobi. The conference provided a unique opportunity for healthcare professionals to meet, share experiences, and exchange ideas with colleagues from all over Kenya, and other countries, representing all disciplines.

The conference theme, *Sharing the Care*, highlighted the key roles individuals play in palliative care delivery, including community members, family members and health care professionals, and the shared role of organisations including international NGO's, the Government of Kenya, funders and health care provider. The conference highlighted that it is only through partnerships that access to quality hospice and palliative care for those who need it will be achieved.

Recent research findings were shared, and a wide range of subject areas were covered, from legal and human rights issues in palliative care, to assessing total pain in cancer patients. New workshop sessions were introduced on writing for publications and an introduction to paediatric palliative care, delivered by the University of Dundee and Human Rights Watch.

Over 110 delegates attended from 57 institutions across Kenya including hospices, palliative care units, government hospitals, mission hospitals, donor organizations, universities, and the Ministry of Health. Hospice Care Kenya and the Hospice of Lancaster County generously provided support in the funding of delegates attendance.

MEDIA

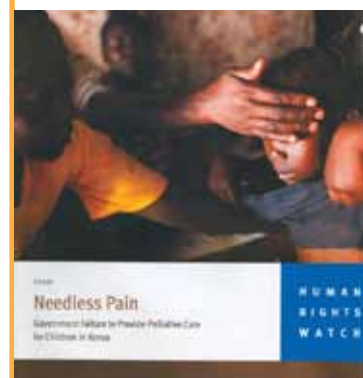
KEHPCA works with the media to advocate for, and promote wider awareness of, the issues surrounding hospices and palliative care. In 2010 KEHPCA gained media coverage in key national publications including the Standard newspaper, the Star newspaper, Hospice Information Bulletin, and Reflect.

High profile advocacy work that KEHPCA was able to use to gain national press coverage from was the launch of the Human Rights Watch report *'Needless Pain: Government failure to provide palliative care for children in Kenya'* in September 2010. KEHPCA was able to reach a wide audience through a television interview on Citizen TV. National Coordinator Dr Zippy Ali was able to discuss information on the importance of government support for palliative care, the importance of scaling up palliative care services, and to encourage viewers to seek health care support early, rather than leaving it too late in a disease progression when fewer treatment options may be available.

A new KEHPCA website was launched in April 2010. The website features significant new functionality, and KEHPCA hope the website will become a first port of call for anyone wishing to find more information about palliative care in Kenya.

A film, *Frontline Palliative Care*, produced by Hospice Care Kenya, in partnership with the Diana, Princess of Wales Memorial Fund was launched in 2010. The film explores the experiences of staff and patients at four of Kenya's Hospices, from the bustling metropolis of Nairobi to the nomadic Lakipia plains, and the pioneering work they are doing within palliative care. The film shows how palliative care in Kenya can be and is being delivered in many settings: at home, in hospices and in hospitals. The film has become a vital advocacy tool for KEHPCA, featured on the KEHPCA website, vimeo page, and used regularly at trainings and events.

An effective use of media workshop was held in September 2010 for KEHPCA staff.



LEGAL ASPECTS IN PALLIATIVE CARE

In 2010 KEHPCA began implementation of an important new stream of work to introduce Kenyan Hospices and Palliative Care Centres to the provision of legal support for patients, with support from the Open Society Initiative for East Africa.

Several cultural groups in Kenya claim customary inheritance practices that favour males over females and policy debates regarding the property and inheritance rights of women in cohabitating unions (unregistered and often customary marriages) continue to divide the public, politicians, and religious and other civil society groups. Inheritance disputes are commonly arbitrated by local leaders and corruption is a major risk to the assurance of fair hearings.

Central to inheritance protection is how disputes are resolved. Providing improved access to legal protection of rights will greatly support palliative care patients. The KEHPCA programme will enable more patients to be aware of their legal rights and demanding them, more health care professionals working in hospices to be aware of the legal rights of their patients, and more lawyers to be mobilized to provide pro bono legal support to the hospices.

Initial research was undertaken with three hospices to identify areas of need, and a workshop held to share and discuss the findings of a subsequent report conducted by Husika Trust in conjunction with KEHPCA, with Kenyan hospices, palliative care units and some lawyers in July 2009.

Following this, KEHPCA has worked with an initial group of 28 hospices and palliative care centres, who attended a sensitization training in Nairobi from 22-23 November 2010.

The sensitization training introduced the concept of providing legal support to patients, and four lawyers joined the hospices to explore and discuss ways of empowering patients to:

- know their human and legal rights
- understand how the Kenyan Court system works
- understand the power of attorney
- understand how to make a will

This programme is being supported by the Open Society Institute, and will continue into 2011.

PALLIATIVE CARE RESEARCH

In 2009 to 2010, KEHPCA undertook a research study in four provincial hospitals in Kenya. The study looked at the Quality of life of terminally ill cancer patients in Kenya. It assessed the deficit and need for palliative care. The study also aimed to assess the magnitude of pain in terms of prevalence and intensity in the context of other commonly occurring symptoms and quality of life in terminally ill hospitalized cancer patients in Kenya. The study aimed to highlight the attitude of clinicians to pain management and to identify the barriers to pain relief.

Pain in terminally ill cancer patients is the most feared and most commonly occurring symptom among these patients. Achieving adequate analgesia for all the patients who need it has continued to be a challenge for both developed and developing countries. There is need for countries including Kenya to identify, assess and address pain management.

This was a cross-sectional study in Kenya that included 249 adult patients with terminal cancer and 49 medical caregivers from three secondary referral hospitals and one tertiary referral. The tertiary referral hospital had more specialized interventions including a palliative care unit, radiotherapy and morphine availability.

Results showed that 50% of patients with terminal cancer reported severe pain nationally. Barriers to morphine use were legislative, financial, educational and attitudinal. Pain had a negative linear relationship to quality of life and its intensity was high. Two symptom clusters emerged; emotional and physical.

The results have been submitted to peer reviewed palliative care journals (for publication); presented in several conferences including KEHPCA Second Palliative Care Conference 2010; The African Palliative Care Conference 2010; the International Palliative Care Conference – Montreal 2010 and EAPC 2010.

Lead Researcher: Dr. Zipporah Ali

Co Researchers: Dr. Robai Gakunga and Dr. Esther Munyoro

PALLIATIVE CARE CURRICULUM

In 2008 KEHPCA began the development of a national curriculum in palliative care for Kenya. Strong progress was made on this throughout 2010 and in August a pilot testing of the curriculum took place in Nairobi. 23 participants from key institutions took part, with all those who had been involved in the curriculum writing acting as facilitators. Recommendations and feedback from all trainees were noted to inform final editing of the draft.

ADVOCACY

“The ministry of medical services and other stakeholder is currently drafting a National Cancer Control Strategy to regulate all activities geared towards prevention, control and management of cancer,”

Dr. Maina, Ministry of Health

Through advocacy KEHPCA works to create widespread awareness about the needs and care of adults and children with life threatening illnesses in Kenya. Advocacy is undertaken through the media, through public events, and through campaigning directly to the government.

Key advocacy achievements in 2010 included; the beginning of work on a National Cancer Control Strategy for Kenya by the Ministry of Health, with KEHPCA officially engaged as a partner; the release of a circular letter from the Ministry of Health to 10 Government Hospitals instructing them to prepare for the beginning of the integration of palliative care units; and media coverage achieved from the release of the Human Rights Watch report ‘Needless Pain’.

KEHPCA together with the Kenya Society of Anaesthesiologists (KSA) and the Kenya Society of Pain (KSP) has held two pain workshops during the KSA Scientific conference in 2010. KEHPCA was pleased to partner with these two organisations as we continue to create awareness on effective pain management, adhere to collaborate on future projects with them.

NEW HOSPICE OPENING



Cardinal John Njue cuts the tape during the opening Thigio Hospice

KEHPCA's key objectives includes supporting new hospice and palliative care unit openings. 2010 celebrated one new hospice opening; Our Lady's Hospice Thigio on 24th May 2010. The hospice is located at Holy Parish, Thigio-Ndeya, around 40 miles from Nairobi. The nine-bed facility, which is the third residential hospice in Kenya, is the response of the Daughters of Charity.

KEHPCA supported the hospice at inception stage, providing support on the registration of the centre, the handling of morphine, and advice on advocacy to the local community. KEHPCA has supported the hospice in developing links with Nairobi Hospice and Kenyatta National Hospital Palliative care unit. Patients are offered affordable in-patient rates of Kshs 400 a day, have a comfortable bed, are provided with nutritious food, and receive the palliative medicine they need to make their last days more peaceful and pain-free.



Machakos Level 5 Hospital Palliative Care Unit proposed site

IT Development



KEHPCA IT department has seen significant growth in information technology and has enjoyed tremendous support from our donors and partners. Their support has enabled KEHPCA to develop and purchase equipment thereby easing the working environment as well as improving the office communication system.

In March 2010, KEHPCA acquired a Mac Desktop, HP Officejet7000, Backup, Canon HD camcorder and HP scanner and these have enabled the IT department to register a marked improvement in print media communication, development of IEC materials and the overall corporate image. This has in turn led to increased efficiency and improvement in the quality of work.

The computer systems has been upgraded (RAM chip from 512Mb to 1GB); which has helped increase the data processing speed significantly. In September 2010, KEHPCA upgraded both the email system and internet services and this has greatly improved staff output and communication.

The website was upgraded to dynamic site. This was through technical support from OSI Media and communication consultants - Mr. Daudi Were and Peggy Wanjiku.

KEHPCA has joined two active social networks which helps in advocacy and these are linked to the website;

Twitter account: <http://twitter.com/kehpcan>

Facebook groups. KEHPCA

Since KEHPCA acquired the Mac computer the IT Officer has also significantly improved and harnessed his skills in graphic design and web development.

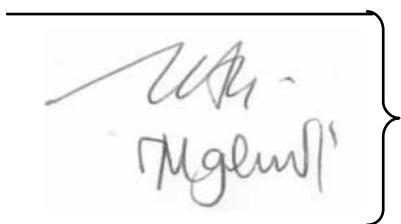
Future plans

- Develop a better electronic newsletter inclusive of KEHPCA members databases
- Develop mobile phone SMS system and forum site in order to reach a wider population as part of KEHPCA's advocacy and communication initiatives

Statement of Financial position As at 31 st December 2010

Financial Reports

	2010 Kshs	2009 Kshs
Assets		
Non-current assets		
Property, plant and equipment	1,121,421	999,800
Current assets		
Receivable	215,324	246,711
Cash and cash equivalents	8,043,746	13,879,599
	<u>8,259,070</u>	<u>14,126,310</u>
Total assets	<u>9,380,491</u>	<u>15,126,110</u>
Fund balances and liabilities		
Fund balances		
Property fund	1,121,421	999,800
General fund	3,959,452	1,705,518
Designated fund	4,089,418	11,870,684
	<u>9,170,291</u>	<u>14,576,002</u>
Current liabilities		
Payables and accruals	210,200	550,108
Total fund balances and liabilities	<u>9,380,491</u>	<u>15,126,110</u>



Directors

Statement of Cash Flows As at 31 st December 2010

	2010 Kshs	2009 Kshs
Cash flows from operating activities		
Surplus/(Deficit) for the year	1,860,305	(155,075)
Adjustments for:		
Depreciation of property, plant and equipment	393,629	321,151
Interfunds transfer	(1,780,182)	(3,014,369)
Operating (deficit) before working capital changes	473,752	(2,848,293)
Receivable	31,387	(22,154)
Payables and accruals	(339,908)	484,213
Net cash flow generated from/ (used by) operations	165,231	(2,386,234)
Cash flow from investing activities:		
Purchase of property, plant and equipment	(515,250)	(18,500)
Net cash flow used by investing activities	(515,250)	(18,500)
Cash flow from financing activities		
Net (deficit)/surplus from designated funds	(5,485,834)	3,987,529
Net cash flow from financing activities	(5,485,834)	3,987,529
Net (decrease)/increase in cash and cash equivalents	(5,835,853)	1,582,795
Movement in cash and cash equivalents:		
At the start of the year	13,879,599	12,296,804
(Decrease)/increase	(5,835,853)	1,582,795
At the end of the year	8,043,746	13,879,599

Report of the independent Auditor

We have audited the financial statements of Kenya Hospices and Palliative Care Association set out on pages 7 to 20 which comprise the statement of financial position as at 31 December 2010 and the statement of comprehensive income, statement of changes in fund balances and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory notes.

Directors' responsibility for the Financial Statements

The directors are responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards and the requirement of the Companies Act. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an independent opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements, plan and perform the audit to obtain reasonable assurance that the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

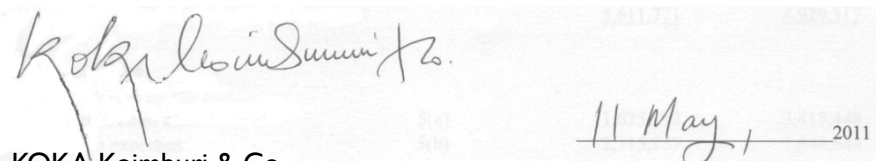
Opinion

In our opinion the accompanying financial statements give a true and fair view of the state of financial affairs of the organization as at 31 December 2010 and of its surplus and cash flows for the year then ended, in accordance with International Financial Reporting Standards.

Report on other legal requirements

As required by the Kenyan Companies Act we report to you, based on our audit, that:

- i) we have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;
- ii) in our opinion proper books of account have been kept by the company, so far as appears from our examination of those books; and
- iii) the company's statement of financial position and statement of comprehensive income are in agreement with the books of account.



KOKA Koimburi & Co.
Certified Public Accountants (K)
Nairobi
2011

SUPPORTERS

Our current supporters are vital partners in our work. KEHPCA is grateful to the following organisations for their generous support:



MINISTRY OF MEDICAL SERVICES



MINISTRY OF PUBLIC HEALTH AND SANITATION

We are grateful to all our individual members for their generous support and involvement

PALLIATIVE CARE SERVICE PROVIDERS 2010

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

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

- Kimbilio Hospice
- VIAGENCO
- Our Lady Hospice Thigio
- Shepherds of Life
- Ongata Ngong Palliative Care Community Based Organisation
- Kicoshep

Teaching and Referral Hospitals

- Kenyatta National Hospital
- Moi Teaching and Referral Hospital