

Annual Report



2009

“Discovering your voice”

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ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
APCA	-	African Palliative Care Association
CHF	-	Cooperative Housing Foundation
CMEs	-	Continuous medical education sessions
Dr.	-	Doctor
FM	-	Frequency modulation
HCPs	-	Health Care Professionals
HIV	-	Human Immunodeficiency Virus
Hon.	-	Honourable
HtH	-	Help the Hospices
KAIS	-	Kenya AIDS Indicator Survey
KBC	-	Kenya Broadcasting Corporation
KICOSHEP	-	Kibera Community Self Help Programme
NGOs	-	Non-Government Organization
NHCPs	-	Non Health Care Professionals
OSI	-	Open Society Institute
TB	-	Tuberculosis
TV	-	Television
UK	-	United Kingdom
WHO	-	World Health Organization
WHPCD	-	World Hospice and Palliative Care Day

CHAIRPERSON'S WELCOME NOTE



It gives me great pleasure and privilege to welcome you to this second annual report for the Kenya Hospices and Palliative Care Association (KEHPCA). KEHPCA's Mission is to promote and support acceptable, accessible and affordable quality palliative care throughout Kenya. Therefore the goal of KEHPCA is to improve the quality of life of persons suffering from life threatening illnesses like cancer and AIDS and to support their families.

Consequently, KEHPCA responded to the expressed needs of hospices and palliative care units in various ways according to the major focus areas. The focus areas are palliative care service standards and ethics, education and training, awareness and advocacy, legal aspects, partnership development, resources mobilization and management. During this year a lot was accomplished as can be seen from the rest of the report.

The Association worked with other partners to scale up palliative care in the country. Embu – Mbereee and Kakamega Hospices were established. KEHPCA featured consistently both in print and electronic media. A National Curriculum in palliative care was developed to provide the required guidance and direction in palliative care education. Site visits were carried out to various member institutions to give support and assist in maintaining standards of care. A workshop was held on leadership development which enhanced better leadership and financial management at the Association. KEHPCA organized a workshop to start exploring legal aspects in palliative care with a view to addressing the human rights of beneficiaries.

Last but not list, I wish to highlight the tremendous progress the Association has made in the area of effective communication through the development of the IT department. The Association is now able to effectively and efficiently coordinate the activities and offer support services to the hospices and palliative care units.

All these achievements would not have been possible without the generous support from our friends and partners who include Open Society Institute & Soros Foundations Network, African Palliative Care Association, Help the Hospices, Hospice Care Kenya, Catholic Relief Services, Hospice of Lancaster County, Diana Princess of Wales Memorial Fund, The True Colours Trust, Department for International Development, Ministry of Medical Services and the Ministry of Public Health and Sanitation.

To all of you we say a big 'Thank You'. We look forward to your continued interest, collaboration and support for the Kenya Hospices and Palliative Care Association.

Finally, I wish to take this opportunity to thank my fellow directors on the KEHPCA Board for their confidence in me and their support. I wish to thank the KEHPCA staff under the very able leadership of Dr. Zipporah Ali, the National Coordinator, for their commitment and excellent work. Well done to you all.

Dr. Brigid Sirengo OGW, HonDUniv
Chairperson

NATIONAL COORDINATOR'S MESSAGE



Another interesting and successful year for KEHPCA! Welcome to the second KEHPCA annual report 2009. The year 2009 was a year of challenges and successes. KEHPCA has grown since its inception in 2007, with organizational members increasing from seven to 25, and individual members also increasing from 80 to over 130.

The association has tirelessly continued to meet its objectives throughout the year. This year saw the successful establishment of new hospices in the county through the technical assistance by the association; the starting of legal services for patients in some hospices through advocacy and training; the beginning of a new project to integrate palliative care into medical; nursing; dental and pharmacy curricula; advocacy to the Ministry of Health to integrate palliative care into health services; Continued Medical Education (CME) to health care professionals on palliative care concepts and pain management and working with other stakeholders and Civil Societies to address issues of stock outs of essential medicines in the county.

The association, through Foundation for Hospices Sub-Sahara Africa (FHSSA) twined with Hospice of Lancaster County, Pennsylvania. This partnership is envisaged to help with KEHPCA's educational and connectivity needs.

The association would like to acknowledge its organizational members and individual friends for the support they have given to the organization throughout the year and also to thank them for the great work they are doing to improve the quality of lives of those suffering from life threatening illnesses and their families. The work of hospices and palliative care providers in Kenya has brought a smile to many patients' faces; hope to their families and care givers. We can only hope and work hard to ensure that all those who need palliative care in Kenya will one day be able to access it. This can only be achieved through private and public partnerships. Pamoja (together), we can and we will!

KEHPCA remains grateful to her sponsors and donors who have tirelessly supported her to realize her goals. Special appreciation goes to Open Society Institute and Sorrows Foundation for their enormous support; The Diana Princess of Wales Memorial Fund; The African Palliative Care Association; The True Colours Trust; Hospice care Kenya; CHF International; Help the Hospices, Hospice of Lancaster County, Pennsylvania and the Ministry of Health.

Finally, on behalf of the staff of KEHPCA, I wish to convey our sincere gratitude to the Board of Directors for their support throughout the year.

Dr. Zipporah Ali
National Coordinator

ABOUT KEHPCA

The Kenya Hospices and Palliative Care Association (KEHPCA) is an organization that represents hospices and palliative care organizations that are committed to improving the quality of life of those with life threatening illnesses in Kenya. The association's main focus is to ensure that palliative care is accessible to all in need

Vision

KEHPCA's vision is to have 'Quality Palliative Care for All in Kenya'. It is the intention of the association to ensure that there is scale up of palliative care services that will eventually be able to cope with the ever increasing number of persons experiencing life threatening illnesses.

Goals

KEHPCA's overall goal is 'To improve the quality of life of persons with life threatening illnesses (such as Cancer and AIDS) and their families in Kenya through the provision of quality palliative care. The association was set up to respond to the needs of hospices and palliative care units providing palliative care in Kenya. Some of these needs include: -

- Continuous palliative care medical education and training
- Standardization of palliative care services
- Access to affordable essential palliative care medication
- Provision of human and financial resources for palliative care

KEHPCA's goals are therefore to improve quality of life through

- Palliative care policy formulation and implementation
- Enforcing the palliative care advocacy agenda of
 - Access to quality palliative care
 - Access to essential palliative care medicines
 - Adequate and continuous allocation of resources for palliative care service provision

- Member organizational institutional capacity building
- Human resource development and training
- Resource mobilization both human and financial

To achieve these goals and ensure that the needs of member organizations have been met, the association has set out to: -

- Advocate for access to palliative care services with special emphasis on access to essential palliative care medicines especially pain relieving agents such as opioids
- Coordinate national education and training efforts
- Develop a National Palliative Care Policy and service guideline
- Provide technical assistance to hospices and palliative care units country wide
- Ensure that enough resources are mobilized for use by hospices and palliative care units country wide
- Advocate for the legal needs of patients and families
- Advocate for paediatric palliative care

Mission

The association's mission is '**To promote and support acceptable, accessible and affordable quality palliative care throughout Kenya**'. There are growing numbers of people with life threatening illnesses in Kenya who need quality palliative care services. Pain is the commonest symptom experienced by most but is still the least well managed. Analgesic medication needed to treat moderate to severe pain is still not readily available to many. Other palliative care essential medicines, as described by WHO, needed by terminally ill patients are also not readily available in various communities. The environment to ensure access to these services and to essential palliative care medicines is wanting and in some instances restrictive and prohibitive.

DISEASE BURDEN IN KENYA

Cancer and AIDS have become the commonest life threatening illnesses in sub-Saharan Africa in the 21st century. Prevention strategies to contain these diseases are still wanting and have resulted in most African countries still recording unacceptable incidence and prevalence rates of HIV infection. In addition Cancer incidence and prevalence especially in Kenya is on the raise. HIV infection is still incurable; most Cancers in Africa are diagnosed late resulting in a shift of treatment goals from cure to palliation.

There are about 25 million people living with cancer world wide. It is estimated that cancer is the second leading cause of death world-wide (International Journal of Palliative Nursing 2005). Globally Cancer claims more than twice as many lives as AIDS; more people die from cancer than from AIDS, TB and malaria combined (International Union against Cancer). More than 80-90% of cancers are advanced at the time of diagnosis. The World Health Organization (WHO) estimates that there are 85,000 new cases of cancer every year in Kenya; 90% of them will die within a year of diagnosis. The Kenya national HIV prevalence is said to be 7.8% (KAIS). There are more than 1.4 million people living with HIV in Kenya. Over 140,000 infected individuals die annually. More than 250,000 people are in need of anti-retroviral therapy and only about 50% are getting it. About 3,000 cancer and AIDS patients are getting palliative care annually through the 7 existing hospices and 5 palliative care units. In view of these statistics, the Kenya Hospices and Palliative Care Association (KEHPCA) is keen in ensuring that an enabling environment to provide and scale up palliative care services in Kenya is created and maintained.

What is palliative care?

Palliative Care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering, the early identification and impeccable

assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

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 patient's illness and in their bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counseling,
- If indicated; will enhance the quality of life, and will also positively influence the course of illness;
- Is applicable early in the course of illness, in conjunction with other therapies that are implemented to prolong life, such as chemotherapy, radiation therapy or anti-retroviral therapy;
- and includes those investigations needed to better understand and manage distressing clinical complications (WHO August 2002).

PALLIATIVE CARE FOR CHILDREN

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 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. (WHO August 2002)

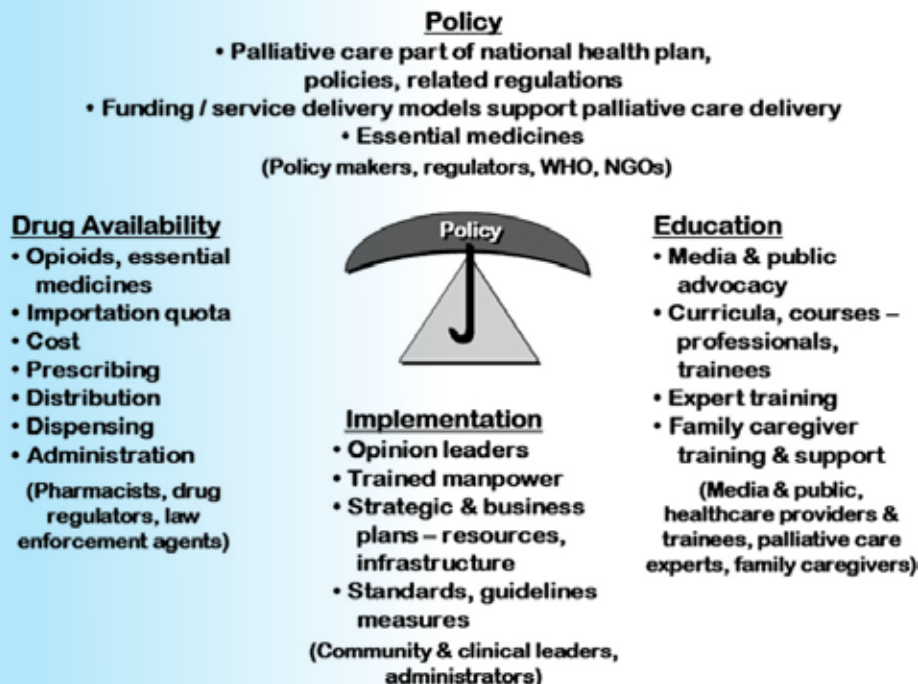
terminal illnesses such as Cancer and AIDS through the prevention and relief of especially pain and other symptoms that cause suffering.

The World Health Organization (WHO) endorses a national program strategy that requires an initial three-part process for improving palliative care. The foundation measures for this public health approach are:

- A governmental policy that adopts a national palliative care policy
- Education through training of healthcare professionals and the public
- Drug availability; ensuring availability of drugs for pain control and symptom management

Therefore, Palliative care focuses on the improvement of the quality of life of those with

The WHO Public Health Approach Model for Palliative care



PROJECTS

PALLIATIVE CARE AWARENESS AND ADVOCACY

“Sakata Dimba na KEHPCA”

On 10th October 2009, Kenya Hospices and Palliative Care Association (KEHPCA) organized and coordinated a football tournament that brought together schools both from rural and urban Kenya to participate. In a fun-filled World Hospice and Palliative Care Day. The National Association, (KEHPCA) and almost all hospices and palliative care providers and supporters in Kenya participated in a successful under-14s football event at Ligi Ndogo grounds, Nairobi. There were seven under-14 teams playing football finals while palliative care messages were being passed to the crowd that turned up for the event. The theme for the year was **“Discovering your voice”**. The voices of policy makers, caregivers, health workers and families were heard with Dr. Osoro representing Hon. Beth Mugo, Kenyan Minister of Public Health and Sanitation as guest of honor. He outlined the need for palliative care scale up and confirmed the support from the Ministry of Health to the National association. A lot of advocacy on palliative care was done in an entertaining day with lots of interaction and sharing between the palliative care service providers in the entire country and the general public.



Sakata Dimba Machakos team players



*World Hospices and Palliative Care Day,
10th October 2009 “Discovering your voice”*

TRAININGS, EDUCATION AND STANDARDS

Introduction to palliative care course;

In order to have a pool of trainers as well as palliative care service providers in Kenya, KEHPCA has been organizing and coordinating training in palliative care for both health care professionals (HCPs) and non health care professionals (NHCPs). The health care professionals include doctors, nurses, clinical officers, pharmacists, nutritionists, social workers etc. This is because palliative care uses a multi professional approach to address holistic needs of patients. Through the support of Open Society Institute (OSI), KEHPCA supported HCPs to a one week training at the Nairobi hospice both April and November 2009. Those trained become the contact persons in their working area to continue advancing palliative care initiatives. This support was also given to NHCPs to attend similar trainings. Those trained and interested have been encouraged to attend a month's placement in established hospices or palliative care centers in order to learn skills important for palliative care provision.



*Trainees in a group discussion during a
palliative care training*

Psychosocial support training;

Thirty NHCPs from the seven hospices in Kenya who had taken the introduction to palliative care course with support from CHF International were brought together again for another training on psychosocial support to help them cope and offer the necessary support to the patients and family members they care for. The training was facilitated by the Kenya Professional Counselors and was a great success. Hospices have since reported a significant improved care of patients by the volunteers trained.

Palliative care Tool kit training;

KEHPCA works closely with other partners to advance palliative care in Kenya. The National association used the toolkit developed and shared by Help the Hospices, UK to train participants from KICOSHEP, a partner that serves patients and families mainly from the Kibera slums. The training was very successful and the participants were grateful for the knowledge gained.

Continuous Medical Education (CMEs)

In order to sensitize and raise palliative care awareness in hospitals, KEHPCA carries out continuous medical education sessions (CMEs) in palliative care. One of the trainings was held at Thika level 5 hospital on 11th September 2009. The CME was aimed at sensitizing the health care workers at the hospital about palliative care before the starting of a palliative care unit. A total of 64 participants were in attendance. The staffs was enthusiastic to have a palliative care unit within the hospital. The medical superintendent has already set aside a room to start operating from. KEHPCA agreed to train two interested health care professionals on palliative care who are now offering PC services to the patients and families in need within the hospital.

A similar CME was conducted at Rongai Health Centre on 2nd November 2009. The National coordinator, emphasized the importance of pain management following the WHO guideline, by the ladder, by the mouth and by the clock. The need to work as a team in palliative care provision is very important.

The facilitators responded to all the questions raised and promised to offer any technical support needed for the health care workers to be able to offer quality care. The fifteen participants in attendance were grateful for the talk with some requesting to be supported to attend the introduction to palliative care course.

Integrating palliative care into medical, dental, nursing and pharmacy curricula

KEHPCA is working closely with Heads of departments from all medical, nursing, dental and pharmacy schools to integrate palliative care into the curricula. This project will continue for a period of two years. Through this program, the Bachelor of Science - Nursing is working on including 35 hours of training on palliative care in its curriculum. This project is funded by the Diana Princess of Wales Memorial Fund and African Palliative Care Association (APCA)



Palliative Care Training of Non Health Care professionals

MEDIA

Together with the stock outs campaign organizations, KEHPCA was part of the team that held a press conference and several morning radio talk shows in Koch FM targeting community organizations and the populations in the slums to highlight on issues of availability of essential medicines in the government hospitals. KEHPCA highlighted the need for the government to ensure that essential medicines for palliative care like morphine should be made available for all those who need it.



Stop stock out campaign press conference

THE NATIONAL PALLIATIVE CARE CURRICULUM

The process of the development of a National curriculum in palliative care has been a long one. The need for a National curriculum to give a direction on training cannot be over emphasized. The goal of palliative care is the achievement of the best possible quality of life for patients and their families. Many aspects of palliative care are applicable earlier in the course of the illness, in conjunction with other treatment. There being a great unmet need in the provision of comprehensive palliative care in Kenya, a national curriculum would help to address the gap during training for the health care professionals.

The process began by bringing stakeholders in palliative care together to explore on modalities of development of a curriculum in 2008. Several meetings have been held. A task force was appointed to spearhead the process. The task force held a one week workshop to develop the curriculum in Karen. The task force agreed and adopted the following suggestions;

Depth and scope of the curriculum

The comprehensive course will be done in ten days. Following discussions by the consultative team, it was agreed that trainees will be awarded with a certificate upon completion of the course.

The specific modules for the curriculum are:

- Concepts of palliative care.
- Clinical palliative care concepts
- Psychosocial aspects in palliative care
- Programmatic aspects of palliative care
- Practicum

Why a National Curriculum is needed;

- To provide a definition for palliative care services and established levels of care and service delivery for palliative care providers
- To standardize materials used by various implementing partners in health care facilities
- To provide a framework for the evaluation of palliative care programs
- To provide a way forward for the indicators that currently lack from most of the data collection tools

A draft curriculum, a trainer's manual and participant's manuals were developed and have been undergoing reviews before the final adoption and launch.

RESOURCE MOBILIZATION

Resource Mobilization and Networking:

KEHPCA has continued to raise the profile of palliative care in Kenya through advocacy and networking with many interested organizations and institutions. Telecom Kenya limited showed such a noble gesture to the national association by making a donation to help support the activities of the association. This will go way down to supporting initiatives aimed at expanding palliative care services in Kenya and eventually reaching out to patients suffering from life threatening conditions and hence improve their quality of life. The national association is grateful to Telecom Kenya and encourages more partners to reciprocate the same good actions.



Launch of Kakamega Hospice supported by KEHPCA



The Kakamega Hospice management team organized for a successful walk around Kakamega town, drawing the attention of the entire town, business came to a stand still as the band blew the trumpets singing jubilations and sweet songs to welcome all in the grant opening of the hospice. Key guests who addressed the crowds at the Kakamega provincial hospital, where the hospice is located, welcomed the great idea and the hospice movement for considering taking a step to ensuring the availability of palliative care services in kakamega.

SITE VISITS

The National association has been doing monthly site visits to the member hospices and palliative care units. The site visits are done with an aim to;

- Lease and offer technical support and assist in improving palliative care service provision
- Access the progress and the capacity of the Hospice in offering Palliative care services.
- Offer palliative care services and support to a patient through a home visits
- Share experiences
- Ensure standards of palliative care are met.
- Share experiences



Nakuru Hospice site visit

WORKSHOPS

Leadership development workshop (CHF)

KEHPCA was represented in the Leadership development workshop and a finance workshop in Bogoria organized and facilitated by CHF International Kenya. This has led to better and sound leadership and finance management at the association.

Legal aspects in palliative care

KEHPCA, organized and conducted a workshop on 29th -31st July 2009 at Olive gardens hotel on Legal aspects in palliative care.

The concept of palliative care and human rights is not addressed within the jurisprudence of many countries in Africa. KEHPCA is addressing this area by raising key concerns that bring together medical and legal ethical questions that seek to be addressed within the baseline/needs assessment done in a survey within the year. The participants discussed and outlined the following as issues that needed to be addressed;

- Information sharing on the ethical / legal issues
- Addressing medical legal issues in palliative care
- Offering professional advice to the hospices and the beneficiaries
- Giving pro bono services to palliative care recipients.
- Participation in legal aid days with KEHPCA or the hospices

IT Development

KEHPCA's main mandate is to coordinate and offer technical support to hospices and palliative care services providers in Kenya. It aims to create awareness and advocate for Palliative Care service provision across the country through various channels. One of these channels is through communication in print, website and electronic media.

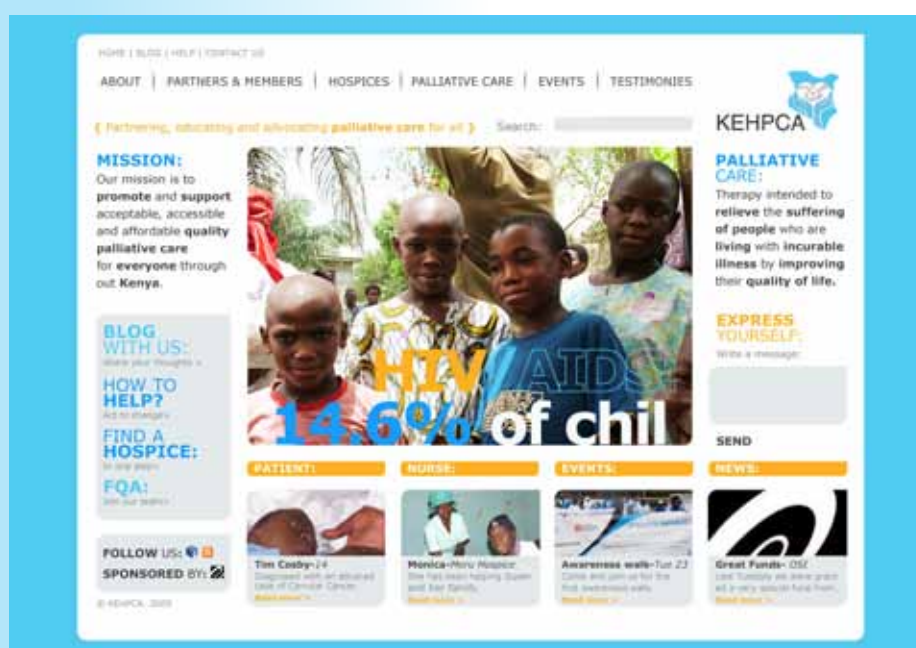
With a view to improve KEHPCA's current information, communication, media activities and to provide suitable recommendations to enhance the organization's programming efforts; KEHPCA forwarded an application to OSI for ICT support in terms of personnel support. It was envisaged that this person would come and work together with the KEHPCA staff and assist in the development of the organization's ICT docket. The application was successful and KEHPCA hosted an OSI intern – Denise Flasz at their offices from 22nd May 2009 to 16th July 2009.

Denise and Patrick (KEHPCA IT officer) met on 25th May 2009 at the KEHPCA office and came up with a work plan that outlined the key activities that they would strive to achieve together for the period that she was in Nairobi. The target time to achieve all this was 6 weeks. The key tasks were as follows:

- To develop a dynamic KEHPCA website
- To design brochures that would be used for advocacy purposes
- To train the IT officer on graphic design.

Developing a dynamic KEHPCA website

For this particular task, Denise and Patrick the IT Officer worked closely together. She took Patrick through the major and minor processes involved in developing an interactive/dynamic website. At the end of each process, she would assign Patrick a task that he would work on alone so that he could grasp the process completely.



Designing brochures

During this task, the two creatively came up with various designs that can be used to fashion brochures for different activities. At the end of each activity, Patrick was assigned some work to put his skills to test. This he did at the end of each day during his own time. Training on design.

For this activity, Patrick was introduced to various ways through which he can use his design skills to come up with artistic products. Some of the programs that they used include: Adobe Illustrator, Adobe Photoshop, and Adobe after effects, YouTube, Vimeo, QuickTime and word press.



Achievements

As a result of this partnership between OSI and KEHPCA, the IT officer is now able to effectively execute the following activities:

- Graphic design in Adobe Illustrator
- Optimizing pictures in Adobe Photoshop
- Uploading videos in YouTube and Vimeo
- Optimizing video in QuickTime
- Update website by using word press.

It was a great opportunity to learn from Denise who is a very hardworking individual, she is a team player and very social. She did a commendable job and KEHPCA is grateful to OSI for sending her over to come and assist in building the IT capacity of KEHPCA. Denise's contribution to KEHPCA will be much more than what is documented on this report. KEHPCA takes this opportunity to express its gratitude to OSI for its continued support to its media/communication project by sponsoring an ICT fellow to work and support KEHPCA office in Nairobi, Kenya from 22nd May 2009 to 16th July 2009.

REPORT OF THE INDEPENDENT AUDITORS

We have audited the financial statements set out on pages 6 to 16. We have obtained all the information and explanation which to the best of our knowledge and belief were necessary for the purpose of our audit and to provide a reasonable basis for our opinion. The financial statements are in agreement with the books of accounts.

Respective responsibilities of the directors and auditors

The directors are responsible for the preparation of the financial statements which give a true and fair view of the company's state of affairs and its operating results. Our responsibility is to express an independent opinion on the financial statements based on our audit and to report our opinion to you.

Basis of opinion

We conducted our audit in accordance with International Standards on Auditing. The Standards require that we plan and perform our audit to obtain reasonable assurance that the accounts are free from material misstatement. An audit includes an examination on a test basis of evidence supporting the amounts and disclosures in the financial statements. It also includes assessment of accounting policies used and significant estimates made by the directors as well as an evaluation of the overall presentation of the financial statements.


Opinion

In our opinion, proper books of account have been kept and the financial statements give a true view and state of the Company's financial affairs as at 31st October 2009 and of the results of its operations and its cash flow for the year then ended in accordance with financial reporting standards and the Companies Act, cap 486 of the laws of Kenya.

Report on other legal requirements

As required by the Kenyan companies Act (Cap 486), we report to you based on our audit, that:

- I. We have obtained information and explanations which to the best of our knowledge and belief were necessary for the purpose of our audit.
- II. Proper books of account have been kept by the company so far as it appears from the examination of those books.
- III. The company's balance sheet and Income statement are in agreement with the books of account.


Gachoka and Associates
Certified Public Accountants (K)
Nairobi

Date 9th Aug 2010



BALANCE SHEET

	Notes	2009 Kshs	2008 Kshs
NON CURRENT ASSETS			
Property and Equipment	2	999,800	1,385,451
CURRENT ASSETS			
Receivables	3	246,711	224,557
Cash and cash equivalents			
- Designated Fund	4a	9,132,544	8,177,882
- General Fund	4b	4,747,055	4,118,920
		14,126,310	12,521,359
CURRENT LIABILITIES			
Creditors and Accruals	5	550,108	220,800
Restricted funds	6	2,738,140	2,583,235
		3,288,248	2,804,035
NET CURRENT ASSETS		10,838,062	9,717,324
TOTAL ASSETS		11,837,862	11,102,775
EQUITY AND LIABILITIES			
Designated Funds	7	9,132,544	8,177,882
Property Fund	8	999,800	1,385,451
General Fund	9	1,705,518	1,539,442
		11,837,862	11,102,775

Approved by the Board of Directors on.....24/10/2010..... 2010
and signed on its behalf by:


.....
DIRECTOR


.....
DIRECTOR

24/07/2010

CASH FLOW STATEMENT

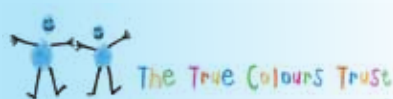
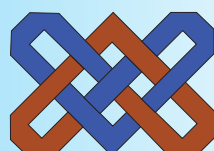
	2009 Kshs	2008 Kshs
CASH FLOW FROM OPERATING ACTIVITIES:		
Operating Surplus before Non Cash Items	(155,075)	(878,464)
Adjustment for Non Cash items		
Depreciation	321,151	417,326
InterFunds Transfer	(3,014,369)	(1,546,971)
Operating surplus before working capital changes	(2,848,293)	(2,008,109)
Increase in debtors and prepayments	(22,154)	(84,924)
Decrease in Creditors and Accruals	491,725	2,663,011
Net cash flow from operating activities	469,571	2,578,087
	(2,378,722)	569,978
INVESTING AND SERVICING OF FINANCE		
Purchase of fixed assets	(18,500)	(123,550)
Net cash flow from investing activities and servicing of finance	(18,500)	(123,550)
FINANCING ACTIVITIES		
Increase in Net surplus from Designated Funds	814,427	5,274,522
Net increase Surplus Designated Funds	814,427	5,274,522
Net increase in cash and cash equivalents	(1,582,795)	5,720,950
Cash and cash equivalents at 1-1-2009	12,296,802	6,575,852
Cash and cash equivalents at 31-12-2009(Note 3)	3,879,597	12,296,802

	Designated Fund Kshs	General Fund Kshs	Property Fund Kshs	Total Kshs
As at 1st January 2009	8,177,882	1,539,442	1,385,451	11,102,775
Surplus for the year	3,987,531	(155,075)	-	3,832,456
Transfer to General fund	(3,014,369)	-	-	(3,014,369)
Disposal	-	-	(83,000)	(83,000)
Depreciation	-	321,151	(321,151)	-
Transfer to Property fund	(18,500)	-	18,500	-
As at 31st December 2009	9,132,544	1,705,518	999,800	11,837,862
As at 1st January 2008	4,498,331	2,071,330	1,679,227	8,248,888
Surplus for the year	5,274,522	(878,464)	-	4,400,858
Transfer to General fund	(1,546,971)	-	-	(1,546,971)
Depreciation	-	417,326	(417,326)	-
Transfer to Property fund	(48,000)	(75,550)	123,550	-
As at 31st December 2008	8,177,882	1,539,442	1,385,451	11,102,775

PARTNERS

Donors

KEHPCA is entirely grateful to the following partners for their support and ongoing active assistance and encouragement towards scaling up palliative care for all in the country:



MINISTRY OF MEDICAL SERVICES



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PALLIATIVE CARE SERVICE PROVIDERS

- Nairobi Hospice
- Kisumu Hospice
- Coast Hospice
- Meru Hospice
- Nyeri Hospice
- Eldoret Hospice
- Nyahururu Hospice
- Palliative Care Unit-Kijabe Hospital
- Palliative Care Unit – KNH
- Chogoria Hospital
- Litein Mission Hospital
- Tenwek Mission Hospital
- Maua Methodist Hospital
- Mutomo Mission Hospital
- St. Catherine's Home Kisumu
- Catherine Mc Auley Hospice - Muhoroni
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