



Kenya Hospices and Palliative Care Association

Annual Report 2019

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Abbreviations and Acronyms

AIDS – Acquired Immunodeficiency syndrome

AMREF – Africa Medical Research Foundation

CHV – Community Health Volunteer

HCW – Healthcare worker

HIV – Human Immunodeficiency Virus

KEHPCA – Kenya Hospices and Palliative Care Association

LMIC - Low and middle-income countries

MeTRH – Meru Teaching & Referral Hospital

MTRH – Moi Teaching & Referral Hospital

MOH – Ministry of Health

NCDs – Non Communicable Diseases

NCI- National Cancer Institute

PC – Palliative Care

PLWPCNs- Persons Living With palliative Care needs

Message from the Executive Director-Zipporah Ali, MD.MPH.MPC. HonDUniv



Dr. Zipporah Ali
Executive Director

I would like to personally thank each and every one of you for continuing to support KEHPCA's vision of quality palliative care for all in Kenya. We truly acknowledge that without your support, our year 2019 would not have been as successful as it has been. Once more, we thank our friends, our development partners, funders and all our member organizations for standing with us throughout 2019.

Throughout the year, we have continued to advocate for the integration of palliative care: in our health services through Universal Health Care (UHC); medical and nursing training as well as other health care cadres. We continue to work closely with the National Cancer Institute and The National Cancer Control Program-(Ministry of Health) to ensure that palliative care is fully integrated into our national policies, strategies and frameworks.

In 2019, the country had challenges with the availability of oral morphine that is used to control modern to severe pain especially in cancer patients. Although these were challenges beyond our control, I do wish to thank our friends and partners, namely, the International Cancer Institute and Faraja Cancer Support Centre for the support in buying morphine powder for the distribution to palliative and hospice care services in the country, therefore, enabling patients in need to have their pain controlled thus minimizing their suffering. When we unite, the impossible can become possible.

We have also continued to advocate for and ensure that palliative care is not left out of the UHC package and that no one is left behind including Persons Living With Palliative Care Needs (PLWPCNs). We are using a strategic approach in our advocacy that includes working with PLWPCNs to be in the forefront of advocating for their own needs. As you will see in the report for 2019, we held advocacy workshops for PLWPCNs and also supported some to participate in several regional and global conferences to enable them advocate for themselves and others by sharing their own stories.

On 15th November, 2019, we held our 3rd Annual Dinner. As you will read in this report, we had a successful dinner and thank you to all those who supported this event.

Our organization exists to serve you, our members. As we seek to advance our mission and vision, we rely on you, our members, to uphold the highest standards of palliative care in Kenya. Thank you for the great work you are doing.

Each of you has the ability to shape the future of health care in Kenya and to build trust in our broken health system. Let us always remember that our collective vision and leadership will impact our health services' destiny. As palliative care leaders and providers, we need to be bold and help move palliative care forward for the ultimate benefit of our people. The commitment of our members and the dedication of palliative care providers across the different counties in Kenya drives our profession and our organization forward.

We remain grateful for your collective impact on how those living with serious health related suffering access quality palliative care services to improve their day to day quality of life.

I encourage you to read through the annual report and, more importantly, to travel with us on our journey to quality palliative care for all in Kenya.

Dr. Zipporah Ali

“As palliative care leaders and providers, we need to be bold and help move palliative care forward for the ultimate benefit of our people. The commitment of our members and the dedication of palliative care providers across the different counties in Kenya drives our profession and our organization forward.”

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

PAMOJA!

Introduction

Kenya Hospices and Palliative Care Association (KEHPCA) coordinates palliative care services in the country. The association has partnered with national and county governments, private and faith based health care providers and other stakeholders to promote access to palliative care services at all levels of care. KEHPCA identified the following key thematic areas to promote advocacy, integration of palliative care in to Universal Health Coverage and scaling up access to services:

- A) Strengthening KEHPCA`s internal systems to promote efficiency, accountability and sustainability
- B) Expand services for wider reach
- C) Strategic advocacy for accelerated growth and integration in to UHC
- D) Promote access to justice and legal services
- E) Alleviating physical pain and suffering through pain management
- F) Strengthen collaborations and partnerships
- G) Research and Collaborations
- H) Build up capacity to support access to safe chemotherapy treatment

Strengthening KEHPCA'S Internal Systems to Promote Efficiency, Accountability and Sustainability

Source Program

KEHPCA was in the 1st Cohort that participated in the SOURCE Program (Strengthening Organizations for A United Response to the Cancer Epidemic) a project that is supported by the American Cancer Society. The purpose of the program was to offer KEHPCA technical assistance, training and assessment by strengthening the organizations domains such as Operations and Administration, Human Resource Management, Financial Sustainability, Financial Management Program Management, External Relations and Partnerships as well as Governance. The program's assessment which begun in March 2016 was completed in March 2019. The graduation for Cohort 1 took place in June 2019. This did not however mark the end of interactions with the SOURCE program as more interactions were rolled out for year 2020. KEHPCA remains grateful to the American Cancer Society for their commitment through the SOURCE Program.

Expand services for wider reach

Meru Blueprint for Success

The Meru County “Blueprint” project was born out of a need to provide patients with a centre that would service their NCD needs, from prevention or diagnosis to treatment and patient support. The location would become a Centre of Excellence (CoE) for the region and the project will form the blueprint to replicate across Kenya, and into other LIC and LMIC countries. NCDs being tackled as part of the “Blueprint” project include Diabetes, Hypertension, Cervical, Breast and Prostate cancer. The project which started in 2019 is a consortium of 5 organizations, namely;

- Amref Health Africa
- Elewa Cancer Foundation
- International Cancer Institute (ICI)
- Kenya Medical Research Institute (KEMRI)
- Kenya Hospices and Palliative Care Association of Kenya

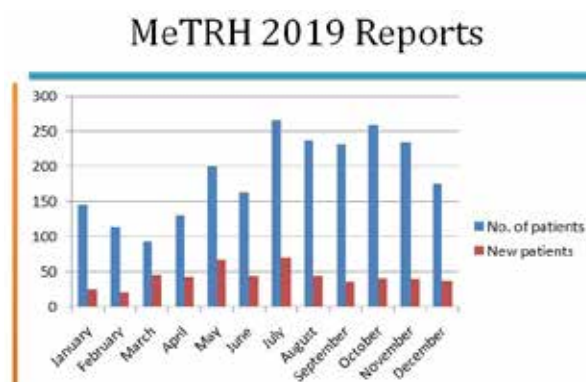
KEHPCA as a stakeholder in this initiative is mandated with scaling up palliative care services in Meru County.

Palliative care services in Meru County are currently available at Meru Teaching and Referral Hospital (MeTRH), Meru hospice and Maua Methodist Hospital. These serve as the key palliative care service referral sites during the project.

KEHPCA’s objectives in this project include:

1. **Creating Awareness and Advocacy**

The hospice and hospital palliative care teams have been providing palliative care support to patients who attend the cancer screening camps organized by the blueprint partners as well as the oncology clinics at MeTRH. The hospice team was available to provide palliative support during mass screening events organized by AMREF and ICI within Meru County.



Palliative care services at MeTRH in 2019

2. Capacity Building and Training

So as to improve palliative care services in Meru County, KEHPCA has trained 42 health care workers in palliative care through a 5 day face to face training and placement. They were drawn from 14 facilities across the 9 sub counties. The pre and post test assessments done showed positive change in knowledge by the participants.

A total of 100 CHV and 5 CHEWs completed their palliative care training through the AMREF Leap platform.

3. Strengthening referral systems

The Meru hospice has a team of CHVs that are active in referring patients from the community and they also get psychosocial support from the hospice team weekly. The CHVs have been instrumental in providing support to patients in their homes as need be.

4. Supervision/Mentorship and Technical Support

Four out of 12 sub county facilities sensitized on palliative care have shown interest and progress in PC integration within the facilities. These are; St. Theresa Hospital-Kiirua, Nyambene hospital, Cottolengo Hospital and Kanyakine Hospital.

There are also referrals to the hospice and Meru Level 5 hospital through CHVs indicating the importance of community approach in PC service provision.

Strategic Advocacy for Accelerated Growth and Integration into UHC

Advocacy initiatives

“...What is Advocacy ...and why?

“Advocacy is about caring for an issue deeply enough to stand up and say that something needs to change. Advocacy is important because careful planning is more likely to be carried out efficiently without wasting time and effort and hence make the best use of available and usually rare resources for the achievement of set goals and objectives of an organization.”

KEHPCA has been engaged in various advocacy initiatives with an aim of scaling up palliative care initiatives. These initiatives over the year have enabled reaching out to new and potential allies supporting palliative care in various aspects.

Spokesperson and communication workshop for palliative care champions.

In February 2019, KEHPCA formally engaged Well Made Strategy (WMS), a consulting firm on communication, to help strength communication capacity in a communications campaign strategy. This was aimed to build KEHPCA's capacity and other palliative care champions (health care providers, carers, and persons living with palliative care needs) in order to influence public perceptions of palliative care, increase social engagement and increased investment in palliative care.

On 4th – 5th April 2019, KEHPCA organised and conducted the first training on palliative care messaging and communication for palliative care advocates bringing together 30 participants from 24 institutions. The training addressed the importance of strategic communications, review and validation of KEHPCA's advocacy objectives, audience identification, and utilization of the rejection scale to segment various audience and mapping and Message development (talking points). The training also addressed reframing the palliative care narrative and amplified positive stories of change to inspire and strengthen public ownership and create more demand for this care in Kenya. Utilization of positive personal stories of good care from palliative care providers is a key strategy in advocacy. The trainees were empowered, being palliative care beneficiaries to drive service-level advocacy.

KEHPCA has been making some follow up of the trainees after the training. There is a lot of positive feedback and milestones as outlined under key achievements below.

1. Strengthening advocacy engagement of PLWPCNs to increase awareness of the benefits of palliative care
2. Increasing partnership and national government engagement so palliative care can be included as part of UHC
3. Increasing efforts for resource leveraging by seeking national, policy and domestic support
4. Strengthening messaging and narratives to increase public awareness about palliative care

The advocacy efforts by this cohort and other palliative care providers has seen the recognition of palliative care by the Ministry of health, County health governments, training institutions and the general public. Many patients have reported increased support by various stakeholders hence increased access to palliative care and eventually improved quality of life.

6th International APCA Conference

During the 6th International African Palliative Care Conference hosted by the African Palliative Care Association (APCA) and the Ministry of Health of the Republic of Rwanda at the Kigali Convention Centre, Rwanda from the 17th - 20th September, 2019, one of the trained patient advocates, Susan from Olkalou made several presentations sharing her experience and how palliative care has supported her. She addressed the ministers of health and other delegates from various countries represented calling upon those in office to involve persons living with palliative care needs (PLWPCNs) in decision making and planning. Her advocacy for inclusion of PC in UHC was well articulated due to the training she had received from KEHPCA

16th World Congress of the European Association for palliative care

Another trained champion Elizabeth Njeri, from Nyeri hospice was supported to participate in an international conference in Berlin, Germany between 23rd – 25th May 2019 where she also made some presentations on her lived experiences and how palliative care helped her improve her quality of life despite suffering from a life threatening illness.

The two champions above are just examples of outcomes of strategic advocacy that KEHPCA undertook

Promoting Access to Justice and Legal Services among PLWPCN's

Holistic programs should address all other aspects of wellbeing including provision of legal services. People facing life-threatening illnesses are deeply vulnerable. A right to palliative care can be implied from the overall international human right to health - United Nations Committee on Economic, Social and Cultural Rights outline that legal services are essential in strengthening the knowledge base for decision making – by healthcare provider, patient and caregivers.

In order to mitigate the legal and ethical issues arising in the delivery of palliative care, KEHPCA planned and coordinated meetings at Eldoret Hospice in on the 19th of February 2019 bringing together staff from Kimbilio hospice, Medical Missionaries of Mary (MMM) - Kapsoya, Eldoret and Moi Teaching and Referral Hospital (MTRH) – palliative care unit. There were discussions on the importance of integration of legal aspects in palliative care. Nyeri hospice was in attendance since it continues to provide ongoing mentorship having successfully integrated legal aspects in palliative care. It was agreed that integration of legal aspects was timely and those present confirmed that they were serving many patients with legal needs. The team in Eldoret agreed to work together to scale up these services. Documentation and reporting using the legal data tool would be part of monitoring the progress of work once services begin.

On the 15th and 16th of October 2019, KEHPCA and Nyeri hospice jointly facilitated legal aid clinics in Olkalou and Nyahururu hospices respectively. These facilities are in Nyandarua and Nyahururu county hospitals. These are counties that KEHPCA has been supporting to integrate and scale up palliative care services. Patients and caregivers who have been receiving palliative care services in the institutions were invited. In Olkalou, over 60 participants signed up for the event while over 40 participants attended in Nyahururu. The interactive sessions were a great eye opener to the majority of those present. They asked so many questions and sought clarification concerning issues around writing of valid wills, disposition of property, and ways of advocating for county support for various cancer treatment modalities.

“How do I write a will if the property we own is jointly owned?”

“What is the process of filing a will like?”

“Are girls supposed to be included in a will?”

“I am already sick and my husband is not, doesn't that give him an upper hand in what happens to our estate?”

“I am a second wife and but was married while with two children. Do they claim property from their real father and from the current father?”

These were some of the questions asked by the participants. Every clarification by the pro-bono lawyer elicited more concerns hence the need for the integration of legal support in palliative care programs.

Alleviating Physical Pain and Suffering through Pain Management

Montreal declaration stipulates that it is the right of all people to access to pain management without discrimination. It also that it is the right of all people with pain to have access to appropriate assessment and treatment of the pain by adequately trained health care professionals. In order to meet the requirements of this declaration KEHPCA has partnered with Ministry of Health, American Cancer Society and other stakeholders to promote access to quality pain management.

Central Manufacturing of Oral Morphine

The Ministry of Health (MOH), KEHPCA, Kenya Medical Supplies Authority (KEMSA), and Kenyatta National Hospital (KNH) have embarked on an initiative to reconstitute oral morphine for distribution throughout Kenya. The reconstitution is being done at the KNH department of pharmacy with support from the University of Nairobi school of pharmacy for quality assurance. To date, over 20,000 bottles of oral morphine solution has been reconstituted and distributed to facilities across the country.

There was a stock out of morphine powder in the second half of 2019. With support of wellwishers including Faraja Cancer Support , International Cancer Institute and KEHPCA helped purchase powder and ensure distribution of oral morphine solution. KEHPCA is grateful to the support given during that tough season.

1. Pain Free Hospital Initiative (PFHI)

In 2019, PFHI was implemented in the following facilities:

Malindi County hospital, Kilifi County Hospital, Homabay Hospital, Nakuru Hospital, 6 Embu subcounty hospitals. Data collection is ongoing but overall feedback has seen an improvement in knowledge score. One challenge has been getting doctors to attend all the sessions and one of the strategies is to have a separate session for them as is the case for Homabay and Malindi

The training sessions have empowered multidisciplinary teams in the hospitals with regard to basic pain management.

Strengthening Collaborations and Partnerships

KEHPCA Membership

KEHPCA is an institutional membership organization whose mandate is to scale up access to palliative care services. Members are drawn from hospices and palliative care units in government and non-government hospitals. We invite you to join our organization and help support Hospice and Palliative Care development in Kenya. Please find subscription/renewal details on the KEHPCA Website <https://kehPCA.org/membership/>

KEHPCA Annual Dinner

The KEHPCA Annual Dinner was held on 15th November 2019 at Radisson Blu Hotel. The theme of the year's dinner was "Unwind and Learn". The dinner was attended by 148 people and had a panel consisting of one moderator and six panelists.

The moderator for the evening was Yvonne Okwara, a Kenyan media personality with 13 years of experience in radio and television broadcasting. The panel consisted of Hon. Dr. Willy Munyoki Mutunga, a Kenyan lawyer, intellectual, reform activist and previous Commonwealth Special Envoy to the Maldives; Hon. Thomas Ludindi Mwadeghu, a member of the Institute of Certified Public Accounts of Kenya (ICPAK); Dr. Esther Nafula, a palliative care doctor working in HCG CCK Cancer Centre; Dr. John Weru, an Associate Professor of Palliative Medicine at the Aga Khan University Hospital Nairobi (AKUHN); Elizabeth Njeri, a Breast Cancer Survivor and Father John Mosoti Ayieko, the director and trainer at Servants of the Sick Training Centre for Healthcare Ministry-Hurlingham Nairobi.

The aim of the dinner was to educate people on The Five Wishes. These Five Wishes include: Who you want to make health care decision for you when you can't make them, The kind of medical treatment you want or don't want, How comfortable you want to be, How you want people to treat you, and What you want your loved ones to know. The dinner not only gave people the chance to contribute to providing palliative care, but to also take the time to think about their own health care, family and future.

KEHPCA Annual Dinner 2019



KEHPCA Annual General Meeting

The KEHPCA AGM was held on 25th October 2019 at Grace House Resort, Nairobi. The meeting was attended by 38 participants, representing 25 member organizations.



Research and Collaborations

KEHPCA believes in integration of research in both advocacy and clinical work to promote evidence based practices. The association supports its employees and member institutions to participate in research to improve their skills and practices. KEHPCA`s representatives have presented research papers and other academic materials in both local and international fora, this has enabled them share with other practitioners and gain insights from other specialties. KEHPCA has partnered with several organizations to undertake research activities and publications. In 2019 KEHPCA partnered with Research Triangle Institute to explore barriers and facilitators for access to breast cancer management in Kenya.

KEHPCA has also partnered with MWAPO health Development Group to establish research network within Kenya, this network will focus on capacity development and pulling resources together to undertake research in the country.

KEHPCA staff and their partners published several papers in peer reviewed journals, most of this publications are readily available online and are already being used to promote various palliative care activities including advocacy and clinical practices. Below are link to some of the publications;

Increasing access to palliative care in Kenya's former provincial and Level 5 hospitals: A seven-year study; <https://www.ajol.info/index.php/eamj/article/view/184188>

Identifying Barriers and Facilitators to Breast Cancer Early Detection and Subsequent Treatment Engagement in Kenya: A Qualitative Approach; <https://pubmed.ncbi.nlm.nih.gov/31601730/>

Social Determinants and Individual Health-Seeking Behaviour Among Women in Kenya: Protocol for a Breast Cancer Cohort Feasibility Study; <https://pubmed.ncbi.nlm.nih.gov/30782697/>

Establishing Cohorts to Generate the Evidence Base to Reduce the Burden of Breast Cancer in Sub-Saharan Africa: Results From a Feasibility Study in Kenya; <https://pubmed.ncbi.nlm.nih.gov/30908145/>

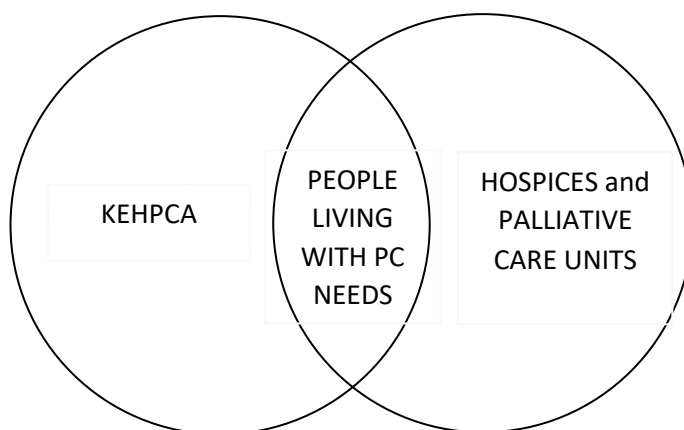
Building up Capacity to Support Access to Safe Chemotherapy Treatment

In Kenya, cancer is the 3rd cause of mortality after infectious and cardiovascular diseases, it accounts for 47,887 new cases with annual mortality of 32,987. To address the growing number of cancer patients and demand for services the national government has identified several counties in the country to partner with to set up oncology services. This will reduce the burden of patients travelling for long distances to get some oncology services and only referred when necessary. The National Cancer Institute, Ministry of Health through National Cancer Control Program (NCCP) and Kenya Hospices and Palliative Care Association has partnered to promote safe handling and administration of chemotherapeutic agents under the project CHEMOSAFE. This initiative is funded by American Cancer Society. The initiative will ensure health care providers have necessary knowledge and skills to handle chemotherapeutic agents safely.

Chemotherapeutic agents are used to cure cancer, control the size of the tumour or manage symptoms in palliative care. These agents are highly toxic and can cause severe damage to humans, animals and environment if not handled or disposed properly. The CHEMOSAFE project aims at equipping the staff working in chemotherapy units with knowledge and skills on how to handle chemotherapeutic agents throughout the supply chain; procurement, storage, compounding, administration to the patient, disposal and management of spillage. This year the three partners conducted four cascaded training; Nairobi, Eldoret, Kisumu and Mombasa. A total of 102 health care workers from public faith based and private health facilities in various counties were trained.

Sustainability and Finance

A sustainable KEHPCA remains aware of her stakeholder's priorities and interests in an effort to ensure that nobody is left behind. We recognise that our stakeholders needs change over time and KEHPCA makes conscious adjustments to adopt to these needs as influenced by the diagram below.



Sustainability of Palliative Care (PC) services was our BIG one in 2019. In an effort to have PC integrated into Universal Health Coverage and access to services; KEHPCA invested over 60% of her project funds to train Health Care Workers (HCW) and advocate for PC services. This was to ensure that we improve the quality of life of PLWPCN through the provision of quality services.

Inspite of our financial difficulties, 2019 was a successful year. We were consistent and accountable to all our stakeholders. KEHPCA was able to meet her cash requirements with most of her programs moving into 2020. Below find our Statement of Financial Position-31 December 2019.

Financial Report

KENYA HOSPICES AND PALLIATIVE CARE ASSOCIATION

STATEMENT OF FINANCIAL POSITION - 31 DECEMBER, 2019

ASSETS		2019	2018
NON-CURRENT ASSETS	Note	KES	KES
Property and Equipment	4	18,063,506	18,166,904
CURRENT ASSETS			
Cash and Bank	5	23,339,929	33,559,622
Accounts Receivable	6	1,540,482	969,211
Investments	7	164,310	117,660
Total Current Assets		25,044,721	34,646,493
LESS: CURRENT LIABILITIES			
Accounts Payable	8	542,876	3,712,848
Deferred Income	9	18,465,861	24,920,195
Total Current Liabilities		19,008,737	28,633,043
Net Current Assets		6,035,983	6,013,450
NET ASSETS		24,099,490	24,180,354

Represented by:

General fund	(1,671,570)	1,373,601
Capital fund	18,063,505	18,166,903
Restricted Funds	7,707,555	4,639,850
TOTAL FUNDS (PAGE 8)	24,099,490	24,180,354

These financial statements were approved by the Directors on 2nd June, 2020 and signed by:

Mrs. Ruth N. Were
(Honorary Secretary)

Mr. Ben Mandi
(Honorary Treasurer)

Dr. Zipporah Ali
(Executive Director)

Independent Auditor's report - pages 4 and 5
The notes on pages 10 to 17 form part of these financial statements

Partners

KEHPCA could not have achieved the remarkable milestones without the support of our vital partners. KEHPCA is a partner in the Meru Blue Print for Success initiative.



Service Providers

Free Standing Hospices

1. German Doctors Nairobi- Baraka Health Centre -Mathare, Thika Rd
2. Busia Hospice
3. Catherine Mc Auley Hospice – Muhoroni
4. Coast Hospice
5. Eldoret Hospice
6. Embu-Mbeere Hospice
7. Kakamega Hospice
8. Kisumu Hospice
9. Laikipia Palliative Care Centre
10. Meru Hospice
11. Nairobi Hospice
12. Nakuru Hospice
13. Nyahururu Hospice
14. Nyeri Hospice
15. Siaya Roselyne Hospice: Siaya
16. Taita Taveta Hospice

Hospices and Palliative Care Units in the Rural Communities (FBO & CBO)

1. Living Room International – Kimbilio Hospice
2. Ongata Ngong Palliative Community Care (ONPACC)
3. Our Lady Hospice Thigio: Limuru
4. Shepherds of life – Tharaka: Meru Town Mission Hospitals with Palliative Care Units
1. AIC Kijabe Hospital
2. AIC Litein Mission Hospital
3. Bomu Hospital
4. Chogoria Hospital
5. Maua Methodist Hospital
6. Nazareth Hospital
7. PCEA Kikuyu Hospital
8. Tenwek Mission Hospital
9. Medical Missionaries of Mary, St Mary’s Medical Centre- Kapsoya
10. Catholic Hospital Wamba
11. Sisters of the Immaculate Heart of Mary Mother of Christ

Ministry of Health Facilities

1. Busia County Hospital
2. Bungoma County & Referral Hospital
3. Coast Provincial General Hospital – PCU
4. Defense Forces Memorial Hospital
5. Embu Provincial General Hospital – PCU
6. Garissa Level 5 Hospital
7. Homabay C.R.H
8. Iten Hospital
9. Jaramogi Oginga Odinga Teaching and Referral Hospital
10. JM Kariuki Olkalou Hospital
11. Kakamega Provincial General Hospital-PCU
12. Kenyatta National Hospital PCU
13. Kisii Teaching and Referral Hospital
14. Kitui
15. Loitokitok Hospital
16. Longisa Hospital
17. Machakos PCU
18. Makueni
19. Malindi Hospital PCU
20. Meru Level 5 Hospital
21. Migori Hospital
22. Milo health centre
23. Moi Teaching and Referral Hospital (MTRH) Palliative Care
24. Murang’a PCU
25. Naivasha hospital
26. RiftValley Provincial General Hospital – Nakuru
27. Nanyuki
28. Nyeri Provincial General Hospital
29. Thika Level 5 Hospital
30. Vihiga County Hospital
31. Webuye PCU
32. Ruiru Sub-County Hospital
33. Mama Lucy Kibaki Hospital
34. Kangundo Palliative Care Unit
35. Kitale County Hospital
36. Kenyatta University Hospital

Private Facilities

1. Aga Khan University Hospital: Nairobi
2. Alexandria Cancer Centre and Palliative Care Hospital: Eldoret/Nakuru
3. Alpine Pristine Homes
4. HCG CCK Cancer Centre
5. Outspan Hospital
6. Trinity Care Centre
7. Alzheimer & Demetia Society of Kenya
8. Bomu Hospital

To find out more about Palliative Care providers and the regularly updated list, please click here:

<https://kehPCA.org/pc-providers/>

Board



Dr. John Weru - Chairperson



Dr. Meshack Liru - Vice Chair



Mrs. Ruth N. Were - Honorary Secretary



Mr. Ben Mandi - Honorary Treasurer



**Mr. Mohamud Jama Madhar
Board Member**



Saraphina Gichohi - Board Member



Elizabeth Ndung'u - Board Member



Christopher Kyalo - Board Member



**AMB. Dr. Kiran S. Suthar HSC OGW
- Board Member**

Staff



Dr. Zipporah Ali - Executive Director



Dr. Asaph Kinyanjui - Director of Programs



**Miriam Igobwa
Finance/ Administrative Manager**



David Musyoki - Advocacy Officer



**Dr. Esther Muinga
Coordinator for Pain Relief and Palliative Care**



**Howard Kinyua
Communications Officer**



Josephine Muya - Administrative Assistant



Matthew Pious - Support Staff

Palliative care is everyone's business

Contact Us

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www.instagram.com/kehpca/

Youtube

<https://www.youtube.com/channel/UCWz8UJgFtSY78XC1Wt4MwSg/featured>