



Christmas Appeal



Hospice Care Kenya



UK Registered Charity No. 1001709

Winter Newsletter

December 2008



Children in Korogocho Community photographed by a team from Nairobi Hospice conducting palliative care training for community-based health workers at a church hall next to the children's school.

Thank You & Seasonal Greetings to All of our Supporters and Friends!

Hospice Care Kenya raises funds for the hospice movement in Kenya and helps promote the development of regional hospice centres there. Eight hospices are currently supported and others are in prospect. HCK's emphasis has been to support the professional training of doctors, nurses and other staff in hospice and palliative care work but it also helps hospices to set up premises and buy equipment, drugs, vehicles for home care visits, and medicines.

Home-based care from Nyahururu



A team from Nyahururu Hospice during the World Hospice Day in Nairobi.

Wanjohi Nderitu, Hospice Board Secretary and Senior Nurse at Nyahururu Hospice and a veteran practising journalist, provides this account of the work of the Hospice's Home Visits Team. The story has been adapted only slightly for this newsletter, to preserve the first-hand account:

Nyahururu Hospice has intensified its home visits programme following reports that an

increasing number of patients living with terminal illnesses were defaulting on medication due to financial problems, among other reasons.

The visits are within a regular home-based care programme that the hospice undertakes to provide continuous home-based care to patients living with various types of cancer as well as HIV/AIDS.

Home Visits Team

The team included Rachael Ndung'u, who is currently in charge of the hospice, Ann Theuri, a volunteer social worker, and myself.

Palliative care is jointly provided by the hospice and the patients' relatives, who are counselled and encouraged at the hospice to ensure that the patients do not default on taking their prescribed medicine, to keep them as comfortable and peaceful as possible and, most of all, to see that when death finally knocks, they pass on painlessly and in peace. The programme also takes

medicine to patients who are unable to travel to the hospice centre to collect these for various reasons, including a lack of the bus fare. Many live in semi-arid parts of Laikipia West district in the Rift Valley Province, and are unable to raise even the fares to Nyahururu town which range from Ksh 80 to Ksh 150 (about 70p - £1.34) for a one-way ticket. The Hospice nearly always waives the charges on drugs. The patients' relatives are also expected to keep the Hospice updated on the progress of the patients.

Bereavement support

In a recent visit, the team was saddened to find that one of the patients, Paul Mwangi, had died at home and been buried a week earlier. The 72-year-old farmer in Gatero village, Laikipia West, had been living with prostate cancer.

The team also visited another family at Muhotetu village, to give their condolences following the death of the head of their family, Dominic Ndonga, at the Nyahururu District hospital a few days earlier. The family expressed appreciation of the bereavement support from the hospice.



A team from Nyahururu Hospice participate in a walk in aid of Nyeri Hospice.

Volunteers

During the day out in the field, the team

successfully sold the concept of volunteering to work with the hospice, seeking to recruit volunteers to serve in the villages after basic training on palliative care. The training will take place as soon as enough participants have been recruited. The Kenya Hospices and Palliative Care Association (KEHPCA) has promised to assist with the training. KEHPCA earlier this year offered training to two Nyahururu Hospice Board members the Rev. Joseph Wanjihia, volunteer Raphael Muturi and myself.

HCK Reception at St Thomas's Hospital, London Wednesday 1 April 2009



Professor Mike Richards, CBE, National Clinical Director for Cancer at the UK Department of Health and a patron of HCK, will talk about progress in palliative care over the past decade at a reception for HCK's supporters and friends to be held at the Governors' Hall, St Thomas's Hospital, London on Wednesday, 1 April 2009, 4pm – 7pm. Due to limited space, attendance will need to be by invitation only, but there will be places for up to 190 guests. If you would like to attend, please contact HCK's office or ask for an invitation card in your reply to this newsletter. Invitations will be sent out early in the New Year to those who have already contacted us and later to others as your requests are received.

Meanwhile, Rachael, Board member Dr. Ngugi, Nurse Ndambi, volunteer Ann Theuri, my son Dennis and I represented Nyahururu Hospice at the World Hospice day celebration in Nairobi on Saturday 11 October 2008, as the pictures with this article illustrate.

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www.justgiving.com/hospicecarekenya/supportus

**Patrons: Lord Carey, Professor Michael Richards,
Archbishop Desmond Tutu, Michael Wooldridge**

KEHPCA Conference

The Kenya Hospices and Palliative Care Association held the 1st KEHPCA Palliative Care Conference in Nairobi on 20th- 21st November 2008. 156 national and international delegates attended. The Hon. Danson Mungatana, Kenya's Assistant Minister for Medical Services, was the chief guest. He acknowledged that there was no Government policy on palliative care in Kenya and challenged stakeholders to



Delegates at the KEHPCA Conference

come up with one and present it to his Ministry, so that lobbying for its support can begin. Also in attendance were palliative care providers, including staff from the hospices, and other stakeholders from within Kenya. The theme of the conference, in line with this year's message for World Palliative Care Day, celebrated on 11 October with a major national rally at Uhuru Park, Nairobi, (see the article above), was ***Palliative Care as a Human Right: relief from pain and suffering.***

Palliative Care for children: a case of Love

Stella Kathambi Maina of Meru Hospice makes the case for more emphasis on training and drugs for palliative care for children in developing countries.

Amongst the many people living with life-limiting illnesses we have been caring for is two year old 'Love' (not her real name), who has retinoblastoma with metastasis to the intracranial. It was diagnosed earlier this year and she was sent to a referral hospital for treatment. She was started on palliative chemotherapy, but later this was discontinued due to financial constraints. At the time of admission to the hospital, her mother was expecting another child

and could not continue staying there with Love. She was taken care of by her aunt since the father was the sole breadwinner and the mother had gone to deliver her younger sibling. Love's family lives in a slum in the rural part of Eastern Kenya. She is now the third born in a family of four.

The saddest part of this story is that there is no access to chemotherapy for the poor. Some of the patients die so miserably due to cancers that could have been treated if diagnosed early. Love was one of those patients, suffering silently and painfully as her parents could only watch, with no help.

When Love was referred to Meru Hospice she was in great pain, although she could not say it but instead kept on crying and getting agitated. You could tell it was a cry of pain and call for help. It was as though she was wondering why nobody seemed to care. Children are innocent and they want something but they do not know how to express it. I could not help feeling so helpless every time I looked at her, yearning as I was to do more for her. Palliative care for children especially in developing countries is the most 'left out' area, in terms of guidelines for treatment and expertise. There are no accessible guidelines to treatment and care for the children who are terminally ill, and often no access to drugs and other items. Lack of funds is a reason why many children are suffering.

In the palliative care training curricula there is not much emphasis on care for children. There is need to look into this because there are many children with AIDS/HIV+ or cancer who need this care. When Love came to us we did not know how much morphine to give to her. With the help of the doctor and clinical officer she was put on morphine and her pain is now controlled. Yet there are many children like Love, suffering and dying silently and painfully, who can also be reached and their pain alleviated through creating awareness and training paediatric palliative care professionals to meet the needs of the child.

We have a dream.....

In recent months HCK has received news of no less than four **building projects** for hospices in Kenya. Often the plans are for low budget new buildings or conversions on land donated by the Kenya Government or others to help increase the provision of hospice and palliative care, but funds for construction and equipment are rarely available too and need to be raised locally or from donors. At Kijabe, plans have been drawn up for a €60,000 new building and Dr Charlie Besley and his colleagues there have so far raised about €5,000 towards it. At Nakuru, where the Ministry of Health donated a derelict building (pictured below), as described in our Winter 2007 newsletter,



Nakuru Hospice building project

Project Director Elizabeth Ndungu has sent the good news that a Memorandum of Understanding on the use of the building as a hospice has been signed with the Ministry. Plans are now being drawn up to renovate the building in stages. HCK's trustees have agreed to send £3,600 towards initial office renovations and set up costs and £1,400 for drugs for existing patients.

12th ANNUAL COFFEE MORNING FOR KENYA



Once again our warmest thanks to Gordon & Anne Davies for their hard work in raising funds for HCK through their Annual Coffee Morning at Tiverton, Devon. This year it raised more than £437 (plus an anticipated £109 in Gift Aid) for the hospices in Kenya.

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You can receive HCK's newsletters by e-mail or read this and recent issues on the web at www.hospicecarekenya.com. Reply 'Y' on the enclosed form and give your e-mail address, or send an e-mail now to: hck@hospicecarekenya.com to receive our newsletters by e-mail.



Nakuru Hospice Board members and Ministry of Health officials sign a Memorandum of Understanding

Nairobi Hospice's long-standing dream to build a purpose-built hospice has moved a stage closer with revised plans for a much less-expensive building, but still one costing about £850,000, to provide core functions in the two areas considered most critical for the hospice: patient care and education for palliative care, including the Oxford Brookes /Nairobi Diploma course. CEO Dr Brigid Sirengo writes: *'First and foremost we exist to care for patients and their families. Secondly, we train others in palliative care so that [it] can spread in Kenya and beyond. Indeed, the hospices and palliative care teams coming up in the country are primarily through training efforts of the Nairobi Hospice. The plans sent to you have just been prepared by the architect. We are looking at them [and] eventually the facility will be very much customized to our needs, but the main structure will remain the same. The idea of sending the plans to you is to share our dream with [your supporters] at Hospice Care Kenya.'* Finally, as this newsletter goes to press we hear from Dr Onyango at Kisumu that plans are in hand for a new satellite building at Siaya, for which €30,000 of the €40,000 required has already been raised. Can you help any of these projects?



Proposed new building for Nairobi Hospice



Hospice Care Kenya

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