



Hospice Care Kenya

Registered Charity 1001709

Newsletter Summer 2006



A visit to Coast Hospice Mombasa by Sally Hull, Trustee

During my holiday in Kenya in February this year I had the chance to visit Coast Hospice in Mombasa. I had visited previously when the hospice offices were in small rooms inside the hospital, so what a pleasure it was to see the enormous progress made in improving space and access for the hospice users. The new building has risen from the 'ashes' of the old hospital morgue. A pleasant single story building placed in the spacious grounds of Coast General Hospital, it is now easy for patients to come in, and no longer feels like part of an institution. On my last visit in 2005 I attended the service to rededicate the building to its new purpose. This year, it has been fenced, painted, and has consulting rooms and a good space for offices and the start of a day care programme.



HCK grants have helped with this transformation, and further grants will support furnishing and completion of the toilet

blocks, the roof will also need work before long. Donations from supporters have been essential to enable this development.

On the day of my visit it was daycare. About seven patients came, sometimes with family members, all were able to talk together over refreshments, supported by the voluntary counsellor. Most needed to consult with one of the nurses and pick up medication. Talking to Faustin Mgendi, chairman of the hospice board, I got a sense of what an important job this small team does, but also of the simple things which are lacking which we would take for granted in the UK. He described the difficulty of getting adequate supplies of opiate drugs for injection, these can be used in a syringe

driver to improve pain control in the last days of illness. He also said the team was without a functioning vehicle and had laid off their driver. This was something HCK could help with and I am pleased to say that Coast Hospice has now received a grant to buy a car suitable for the roads of Mombasa and surrounding areas.

In the sweltering heat of a Mombasa afternoon I set out on a home visit with Dorcas and Eric, two of the three nurses in the team. Without a vehicle we took local 'Matatu'



transport, and needed guiding as we left the road and wound between the concrete huts in the congested township area of Bamburi. At present the team does about ten home visits a month, but they could do a lot more with a vehicle and a driver. Esther lives with her son and two daughters in a two room hut. She has advanced carcinoma of the cervix, with a lot of pain and other medical problems. She is quite unable to get to the hospice, and the nurses had called in their medical advisor to visit and help with her complex management needs. Eric and Dorcas will visit her weekly to improve her pain control. Without the hospice support she would not be able to pay for drugs, and would not get even the basic pain relief provided by oral morphine. She would also miss out on the advice on diet and general care given so generously by nurses who volunteer their services.

As I flew back to my East End practice I felt invigorated by what I had seen. The hospice movement in Kenya is making steady progress, finding creative local solutions and investing in education. Continuing financial and spiritual support to these teams of dedicated people will make a real difference to people's lives.

Dr Sally Hull March 2006

Investing in Education

Palliative Care Training, Eldoret

On the 24th to 28th April 2006 training for health care professionals was held at Asis hotel, organized by Eldoret Hospice in collaboration with Nairobi Hospice. This was a multi-disciplinary training involving doctors, nurses, physiotherapists, occupational therapist, social workers, nutritionists, pharmacists and other health workers.



A total of 35 participants from different hospitals (Moi Teaching and Referral Hospital, Uasin Gishu District Hospital and Eldoret hospital) attended.

Facilitators were from Nairobi and Eldoret Hospices. The training ended with closing remarks and presentation of certificates from Eldoret Hospice chairman. This training was important in creating awareness of hospice and palliative care among the health professionals in this town. Many of the participants expressed interest in supporting palliative care.

Paul Asige, Eldoret Hospice

Coast Hospice Palliative Care Teams

During the last two years, Hospice Care Kenya has generously given Coast Hospice a grant to carry out Palliative Care Training. Three training sessions have been held and fifty health workers have been trained in palliative care. As a result of the training, we have been able to start six palliative care teams in Kilifi, Kwale, Malindi, Voi, Hola and Mombasa. Currently, the teams are involved in counselling and home visits. A direct consequence of the training has been an increase in the referral of cancer and HIV/AIDS patients from the District Hospitals to Coast Hospice.

The Coast Hospice Board is seeking to be considered by the National Aids Control Programme as a centre for dispensing antiretrovirals drugs.

Recently, the Chair of Coast Hospice visited the

palliative care teams at Malindi, Voi and Kilifi District Hospitals. The teams were very happy with the visit and they look forward to becoming fully fledged satellite hospices. The Board is currently seeking funding for the Satellite program.

The past year has seen Coast Hospice transformed from a two roomed unit at the Coast General amenity clinic to a fully fledged clinic with two fully furnished consulting rooms, a pharmacy, reception area and a lounge. With the help of HCK, the facility was refurbished, furnished and fenced. The Hospice is now more accessible and comfortable for the patients. In addition, the hospice has recently acquired a vehicle, through a donation from Hospice Care Kenya.



Coast Hospice wishes to thank the board of Hospice Care Kenya and their supporters for their continued support as well as the management of Coast General Hospital.

*Faustin Mgendi, Chair, Coast Hospice
(Back row, third from right)*

It is with great pleasure that I take this opportunity to sincerely thank the entire team of HCK for accepting to sponsor me through my studies for the Oxford Brookes Diploma in Palliative Care. I managed to finish successfully and graduated on 18/02/06.



The knowledge and skills acquired have empowered me to deliver quality care to the needy thousands suffering from life limiting ailments.

*Thanks once again for the kind gesture. May God bless you all.
Dorine Ochieng
Nurse - Kisumu Hospice*

Patient profiles from Eldoret Hospice

Margaret Mueru, a 47 year old woman diagnosed with osteosarcoma of the right knee. The problem started in 2005 with swelling of the right knee joint, which worsened in June of the same year. She was seen at a provincial general hospital that was near her home and treated without improvement. She decided to come to Eldoret and attend Moi Teaching and Referral hospital, where she was told her leg might be amputated. She was given several appointments for clinic. One day while at home the affected limb fractured and she was taken to hospital. Histology was done and the results indicated that she had osteosarcoma. A single mother of five, all are independent apart from the last born girl with whom she was still living .



The hospice team identified her while in the ward after amputation had been done. The patient complained of uncontrollable pain and it is at this stage that opiate drugs were introduced for management of her pain. She responded well and on discharge we made several visits to her home, reviewing her distressing symptoms, medication and helping in care of her wound.

The last visit was in May and we found her having gained weight, the stump had healed and she was helping her relatives to make sandwiches. She was no more in pain and therefore did not require pain medication.

TEARS OF JOY

Esther Maiyo is a patient who was diagnosed to have Ca. Cervix and was also HIV+. in August 2005. After diagnosis she was managed for several days at Moi Teaching and Referral Hospital, it is here that the hospice team identified her during one of the ward rounds. She was later discharged home through hospice. Esther continued attending clinic, but she seemed to have a problem with taking morphine, she would finish it so fast, and there was nobody who accompanied her to the clinic even though she got weaker. We decided to visit her and see how she could be possibly assisted.

We started the journey with only a scanty description of the direction from a neighbour Esther had sent to collect morphine for her. We drove for nearly 20kms on tarmac road and then took a left turn onto a murram road and drove for about 5kms before getting to a shopping centre as had been described to us and there inquired about the patient's home from a relative who runs a butchery.

The young man showed us a foot path leading to the home. It wound through shrubs and over a wide rock and finally we could see the home from a distance. When we approached the house, Esther was sitting under the shade of a shrub tree she

then lifted her eyes and saw us. Immediately she shouted "daktari" (that's how most health care providers are referred to) you have come! I replied yes, she asked again you mean you have come! I again replied yes we have come to see you. She



couldn't believe it. We reached where she was and greeted her, she then started weeping. As she wept she kept on saying "How could you come all the way to see me?" the relatives felt embarrassed and rebuked her, but she continued weeping. She said "let me cry because I have seen daktari". I told them to leave her alone as these were tears of joy. I have heard and read about tears of joy but have never seen tears flowing so freely and profusely from a person. All that she said was that "I'm so happy let me just cry". After weeping for about 20 minutes she stopped and composed herself. She then asked me if I had carried some morphine for her because she never slept the whole night due to pains. I had packed some so I gave her.

We were offered two stools to sit on, but when the other colleague we were with arrived the patient told him to sit on the grass as there were no more stools (that's all they had in the house). It is indeed a humble family living in a grass thatched house and how they get food and other necessities is hard to imagine. She is a single mother of two and lives with the mother who is a widow. Her other sisters are also widows. The story about the family's predicament would fill a booklet.

However, we went through her management by explaining to her and a family member about the right quantity of morphine to take, the frequency and the importance of somebody coming to report to hospice about her progress. The patient insisted on buying us sodas with the fifty shillings she had kept for transport



saying that if we did not accept the offer then she would be very unhappy. So we had to accept it. We then wound up the visit and left.

*Paul Asige
Eldoret Hospice*

More from the UK and Kenya

A SPLENDID SURPRISE

Stephen Chowns arranged a surprise 60th birthday party for his wife Gillian in February this year. When guests asked about gifts, Gillian told Stephen that she would prefer donations to be made to Hospice Care Kenya.



Gillian has taught modules of the Diploma in Palliative Care at Nairobi Hospice on five occasions in recent years, and wrote a piece for our newsletter about the first graduation ceremony in 2001.

Gillian and Stephen lived in Kenya in the 1970s for two years, and again for three and a half years in the 1980s with their young children.

Gillian has recently completed her doctorate focusing on the experience of children living with a parent suffering from a life-threatening illness, and later this year plans to visit several African countries, including Kenya, because she has been awarded a Winston Churchill Travelling Fellowship in the category 'Care of the Dying'. Her focus of interest will be the support offered to children whose parents are dying, and the impact of formal education on the day-to-day work of palliative care professionals.

Gillian's surprise birthday party turned out to be a wonderful surprise for HCK, as Gillian's friends and relatives contributed over £650 to the funds: very many thanks to Gillian and Stephen and all concerned.



This year, with your help, HCK is funding eight students from the hospices in Kenya on the Oxford Brookes Diploma in Palliative Care which is run in collaboration with Nairobi Hospice.

Ed

Margaret Mbogo of Nyeri Hospice, herself a graduate of the Oxford Brookes Diploma Course, contributed the following to the Oxford Brookes University Africa Alumni newsletter.

TEACH ME THIS MODULE!

It's about quality of life
It's about autonomy for the individual
It's about knowing facts
But they say I am too young! They say I don't understand much!
I am the child in the family!
I see their health diminish! parents I so much love
It's written all over, this is cancer in its late stage

Please tell me it's not HIV/AIDS
I can't face the facts
My little brother and sister are sickly too!
But they say I am too young! They say I don't understand much
I am the child in the family!

You reason that their time had come
Others will be parent; but where are they?
They didn't discuss that, not in our culture
You say you prepared me, but you are wrong!
But they say I am too young, they say I don't understand much
I am the child in the family

A great worldwide cry!
"SAY YES FOR CHILDREN"
Did you say yes for me? Did you see me as you gave your report??
I am sickly, hungry, homeless fearful and anxious!!
I have no shoes, my eyes are sticky and my nose wet and dirty. I can't wipe myself
I don't go to school anymore! I scavenge with dogs and cats in the dustbin.
But they say I am too young! They say I don't understand much!
I am the child in the family.

Year 2004 and 2005 have been great - experiences have been many and challenging but I have moved on. About the child in the family, I'm stuck. I don't seem to beat the odds! Get in touch soon and respond to my appeal.

Teach me this module that practically meets the needs of the child in the family, as we celebrate the day of the African child: teach me this module!

*Margaret Mbogo
Nyeri Hospice*

KENYA COFFEE MORNING

MORE THAN EVER - KENYANS NEED OUR HELP

Do please come to our 10th Annual Coffee Morning on Saturday 14th October 2006, from 10.30 am, at "Salama" 15, Blundell's Avenue, Tiverton (Tel 01884 254744).

Gordon & Anne Davies continue to raise badly needed funds for Hospice Care Kenya. In 2005, thanks to your generous support, we collected over £600 for the HCK.

YOU CAN MAKE A DIFFERENCE PLEASE HELP!

**SALE OF PRODUCE, JAMS & PLANTS
BRING & BUY ~ RAFFLE**

(For further details and location map visit www.hospicecarekenya.com)

*Please give as generously as you can to
help us to help the hospices.*