Motto: Put life into their days, not just days into their life.

STRATEGIC PLAN JULY 2017 – JUNE 2020

Theme: Making a Strategic Shift towards Sustainability
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ACKNOWLEDGEMENTS

First, Nairobi Hospice management team and staff wishes to thank its Board of Directors for its commitment to the development of the institution and for contribution of ideas that inform this strategic plan. Second, the hospice thanks the other stakeholders who were gracious enough to respond to the mail questionnaire promptly. Third, the hospice thanks the staff for their participation in the strategic planning workshop and their honest reflections on the past and desired future of the hospice. We also thank Mr. Okumba Miruka for professionally guiding the process and compiling this plan. Finally, Nairobi Hospice is grateful to its well-wishers and donors who have sustained the institution and without whose valuable support the plan would not have been developed.
1.0 BACKGROUND INFORMATION

1.1 Overview
Nairobi Hospice is registered as a charitable non-profit making organisation established in 1988 and officially opened in February 1990 to:

1. Set up and develop a comprehensive service for patients with life-limiting illnesses and support their families.
2. Evolve and promote an educational facility for health care delivery personnel at all levels.
3. Create public awareness about the needs and care of patients with life-limiting illnesses.

The hospice aspires to remain a credible and reputable institution with a concrete agenda and adequate capacity to produce results in an increasingly competitive environment. This new strategic plan makes strategic shifts towards sustainability by constructing its own premises and transforming into a social enterprise.

1.2 Vision: A society in which patients with life-limiting illnesses and their families lead comfortable lives.

1.3 Mission: To provide quality palliative patient care services, caregiver support and education.

1.4 Core Values
1. Respect: We treat people with dignity, love and empathy.
2. Integrity: We are honest, upright, use resources in our custody for specified purposes and produce audited accounts.
3. Transparency: We ensure that our stakeholders are informed about, involved in and provide feedback on our activities.
4. Commitment: We provide high quality, reliable, effective and efficient services.
5. Trust: We inspire confidence by doing what is right and maintain utmost confidentiality.

2.0 ACHIEVEMENTS AND CHALLENGES IN THE LAST PROGRAMME PERIOD
The Nairobi Hospice: remained a leader and reference point for palliative care services; alleviated the suffering of patients with life-limiting illnesses; reached out to patients with chronic illnesses; continued to offer unique training in palliative care; and produced care providers who are serving in different parts of the country. However, it also: had limited contact with other organizations providing palliative care; experienced a reduction in patient and student numbers; provided irregular legal services; carried out little capacity building for staff; and failed to meet its fund raising targets.
Table 1: Number of Patients July 2012 to June 2017.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 July 2012 to June 2013</td>
<td>5,802</td>
</tr>
<tr>
<td>2 July 2013 to June 2014</td>
<td>4,599</td>
</tr>
<tr>
<td>3 July 2014 to June 2015</td>
<td>3126</td>
</tr>
<tr>
<td>4 July 2015 to June 2016</td>
<td>4317</td>
</tr>
<tr>
<td>5 July 2016 to June 2017</td>
<td>1555</td>
</tr>
<tr>
<td>Grand Total</td>
<td>19,399</td>
</tr>
</tbody>
</table>

Table 2: Number of Students July 2012 – June 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HCP¹</td>
</tr>
<tr>
<td>1 July 2012 to June 2013</td>
<td>76</td>
</tr>
<tr>
<td>2 July 2013 to June 2014</td>
<td>67</td>
</tr>
<tr>
<td>3 July 2014 to June 2015</td>
<td>85</td>
</tr>
<tr>
<td>4 July 2015 to June 2016</td>
<td>75</td>
</tr>
<tr>
<td>5 July 2016 to June 2017</td>
<td>77</td>
</tr>
<tr>
<td>Grand Total</td>
<td>380</td>
</tr>
</tbody>
</table>

3.0 PROGRAMME CONTEXT

A number of external factors are likely to influence the work of the hospice between July 2017 and June 2020.

Governance: The Constitution of Kenya 2010 guarantees the right to the highest attainable standards of health. The hospice can use this and the Health Act 2017 to advocate for better palliative care and position itself to work with institutions such as the National Hospital Insurance Fund (NHIF) and the Ministry of Health to manage the costs of palliative care. At the same time, devolution of health services and the increased establishment of cancer centres is likely to result in migration of patients¹, reduction in number of trainees and less funding from foundations. However, one distinct opportunity created by devolution is the potential for expanded partnerships with county-level health institutions.

¹Health care professionals.
²Non-health.
³Community health.
⁴Diploma
⁵According to the website of the Kenya Cancer Association (KENCANSA), there are currently 65 hospices and palliative care providers in Kenya.
⁶A business that generates income through entrepreneurship but utilizes the revenue primarily to achieve social goals.
Changing Disease Patterns in the Era of Scientific Advances and Globalization: Occurrence of diseases hitherto associated with older persons and the increase in the incidence of cancer cases has stimulated the establishment of oncology centres in counties. The Hospice should build strategic partnerships with these institutions for holistic care. As well, new discoveries in the medical field are likely to make remedies for chronic illnesses more affordable and effective. To capitalize on this, Nairobi Hospice should be up to date with and maximize on new trends and advancements in the sector.

Due to digitization, barriers in communication have been broken down. As a result, the society becomes more enlightened, there is greater cross-border interaction and access to donors is made easier. On the other hand, this will intensify competition for donor resources, encourage self-medication and reduce demand for institutional health services.

Health Insurance: The public and private insurance companies currently discriminate against patients with life-limiting illnesses. This results in deserving patients being unable to seek and pay for palliative care. In response, The Nairobi Hospice will engage in advocacy for comprehensive insurance towards life-limiting illnesses.

Competition: Past students of the hospice are opening up competing agencies. At the same time, the hospice continues to lose students to the Kenya Medical Training Colleges (KMTCs) which charge lower fees. In response, the hospice will focus on programmes on which it has comparative advantage and put in place sustainability measures.

Resource Mobilization and Networking: Financial resources may be inadequate due to competition for donor resources. It will also lead to a scaling down of activities. The hospice will respond by immediately developing and rolling out a sustainability and resource mobilization strategy and take steps to becoming a viable social enterprise. It will also take advantage of regular events related to palliative care to promote itself, network with other entities and strengthen palliative care by looking at the intersectionality of diseases such as cancer and HIV/AIDS.

4.0 PROGRAMME FOR JULY 2017 TO JUNE 2020

4.1 Strategic Priorities
In the period July 2017 – June 2020, Nairobi Hospice will prioritize the following eight pursuits.

1. **Geographical Scope:** Nairobi Hospice will continue to focus its operations within Nairobi County.

2. **High Quality Palliative Care Services:** The hospice will endeavor to maintain its leadership in the palliative care industry in Kenya by expanding its client base, diversifying its services, advocating for cost-effective access to palliative care services and collaboration with other actors.
3. **Cutting Edge Education and Research**: Nairobi Hospice will strengthen its educational activities around the highly acclaimed OBU, UK franchise and enhance its research function.

4. **Capital Development**: Nairobi Hospice will prioritize the construction of its own premises.

5. **Transformation into a Social Enterprise**: The hospice will take steps to transform into a social enterprise.

6. **Branding**: The hospice will re-brand by: aggressively marketing its niche programmes; re-thinking the training programme; establishing a vibrant research function; and providing internship and attachment to students from other institutions.

7. **Partnership**: The hospice will: engage in advocacy through the Kenya Hospice and Palliative Care Association (KEPHCA) to get insurance companies and NHIF to cover the illnesses; seek partnership with relevant service providers; seek to link with the county government system in order to benefit from the county health budgets; and clarify boundaries with KEHPCA.

8. **Institutional Strengthening**: The hospice will strengthen its institutional governance, management and human resources base.

### 4.2 Key Performance Indicators by Programme

#### 4.2.1 Programme One: Palliative Care

<table>
<thead>
<tr>
<th>Results Framework</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| **Strategic Objective**: Professional, accessible and affordable holistic palliative care services. | • No. & profiles of clients.  
• Annual income levels by patient streams.  
• Affordability of services. |
| **Output 1**: Expanded client base.                                                | • Annual increase in no. of clients.  
• Variety of clients.  
• No. & typology of new clients mobilized through outreach. |
| **Output 2**: Cost-effective access to palliative care services.                   | • No. of patients able to pay for services.  
• Comparisons between costs of services at Nairobi Hospice and other service providers. |
| **Output 3**: Mutually beneficial partnerships for effective palliative care.      | • No. & profile of partner organizations.  
• No. & type of activities with partners.  
• Benefits of partnerships. |
### 4.2.2 Programme Two: Education

<table>
<thead>
<tr>
<th>Results Framework</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| **Strategic Objective:** Cutting edge education and research on palliative care. | • Marketability of hospice alumni.  
• Frequency & no. of citations of research products. |

| Output 1: A relevant palliative care curriculum for an expanded student population. | • Annual updates on curriculum.  
• Annual increase in no. of students (Targets: 14 courses for 250 through two intakes of diploma with 40 students; 6 courses for health care professionals with at least 90 students; and 6 courses for non-health care providers with at least 120 students). |

| Output 2: A strengthened research function. | • No. & themes of researches conducted annually.  
• No. & credentials of researchers engaged.  
• Volume & currency of research products available in the hospice’s database.  
• Variety of networks with other research institutions.  
• No. of staff mentored on and involved in research.  
• Extent of distribution of research products.  
• No. & profiles of users of resource centre. |

| Output 3: Professional, accredited and competent palliative care service providers. | • No. of students qualifying for accreditation.  
• No. of trainees absorbed in the labour market. |

| Output 4: An active Alumni Association. | • Registration of alumni association.  
• No. of alumni enlisted.  
• No., variety & focus of annual activities by alumni. |
### Results Framework

#### Strategic Objective: A sustainable hospice.
- Occupation of own premises.
- Hospice operates as a social enterprise.
- % reduction in overhead costs.
- % increase in annual returns.

#### Output 1: Effective Board and management.
- Comprehensive skill mix in the Board.
- Clear separation of functions between Board & management.
- % of Board & management positions filled.

#### Output 2: Adequate resources.
- Level of institutional financial health.
- Ability to meet expenses.
- No. & credentials of staff recruited & retained.
- Levels of job satisfaction by staff.
- Adequacy of capital and equipment.

#### Output 3: The hospice operates from its own premises.
- Relocation to own premise by 2020.

#### Output 4: A highly visible and recognized brand.
- Public perceptions of the hospice.
- % increase in no. of clients.
- % increase in no. of referrals.

#### Output 5: Institutional planning, monitoring and evaluation system.
- Regularity of planning, monitoring and evaluation.
- Depository of institutional plans and monitoring and evaluation reports.

### 5.0 PLANNING, MONITORING AND EVALUATION FRAMEWORK

This strategic plan is designed to last three years after which a new one will be developed in June/July 2020. Its implementation will be done through annual operational plans by the departmental teams and the Board of Directors and management. Departments will break down the operational plans into periodic plans (e.g. quarterly implementation plans). There will be continuous monitoring and reporting by implementing cadres through detailed activity reports. In the second year of the plan, a review will be carried out to assess the pace of progress against objectives and indicators followed by strategic alignment of the plan. At the end of the third year, the plan will be evaluated ideally through a commissioned external evaluation to inform the next strategic plan.
FRIENDSHIP FORM

‘Put life into their days, not just days into their life’

I (we) make this contribution to Hospice as: ☐ Platinum ☐ Gold ☐ Silver ☐ Bronze member ☐ Individual

(Platinum Kshs. 500,000 and above, Gold Kshs. 150,000-499,000, Silver Kshs. 50,000-149,000, Bronze 10,000-49,000)

Payment plan: ☐ monthly ☐ quarterly ☐ yearly.

Member Information (BLOCK LETTERS)

Name: ____________________________________________

Address: __________________________________________

Tel: _______________________________________________

Email: ___________________________________________

PAYMENT METHODS:

Mpesa:
Mpesa Paybill no. 982650
Account: FOH

Cheques payable to:
Nairobi Hospice
Barclays Bank of Kenya
Hurlingham Branch
Account No. 1228226

Classification

Platinum (kshs. 500,000 and above)
Support for patient treatment and medication per annum

Gold (kshs. 150,000-499,000)
Support community outreach programme per annum

Silver (kshs. 50,000-149,000)
Support for patient Home visits per annum

Bronze (Kshs. 10,000-49,000)
Support for patient group therapy activities per annum

Individual sponsor contribution minimum Kshs. 1,000 per annum