NAIROBI HOSPICE

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

STRATEGIC PLAN JULY 2017 – JUNE 2020

Theme: Making a Strategic Shift towards enhanced Sustainability

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ABBREVIATIONS

AIDS:	Acquired Immune Deficiency Syndrome
DipHE:	Diploma in Higher Education
HIV:	Human Immuno-Deficiency Virus
ICT:	Information Communication Technology
KEHPCA:	Kenya Hospice and Palliative Care Association
KMTC:	Kenya Medical Training College
KENCANSA:	Kenya Cancer Association
KNH:	Kenyatta National Hospital
NHIF:	National Hospital Insurance Fund
OBU:	Oxford Brookes University, UK

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.

STRATEGIC PLAN AT A GLANCE

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

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

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.

Programmes for July 2017 – June 2020

- Programme One: Palliative Care.
- Programme Two: Education.
- Programme Three: Institutional Development.

Goal: High quality palliative care services and education.

Strategic Objectives:

- *Palliative Care***:** Professional, accessible and affordable holistic palliative care services.
- *Education:* Cutting edge education and research on palliative care.
- *Institutional Development:* A sustainable hospice.

Expected Outputs

Palliative Care

1. Expanded client base.
2. Cost-effective access to palliative care services.
3. Mutually beneficial partnerships for effective palliative care.

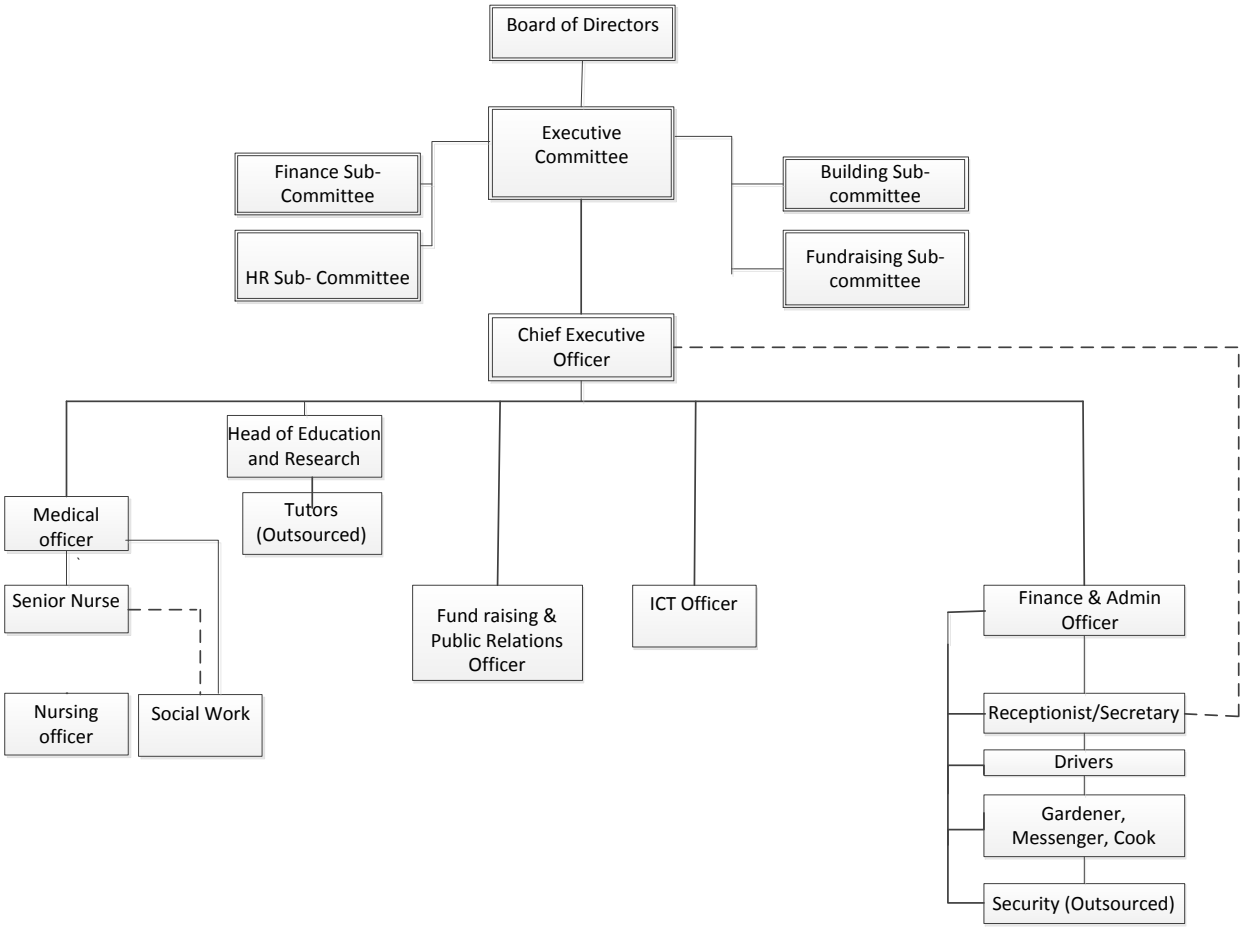
Education

1. A relevant palliative care curriculum for an expanded student population.
2. A strengthened research function.
3. Professional, accredited and competent palliative care service providers.
4. An active alumni association.

Institutional Development

1. Effective Board and management.
2. Adequate resources.
3. The hospice operates from its own premises.
4. A highly visible and recognized brand.
5. Institutional planning, monitoring and evaluation system.

CURRENT ORGANISATIONAL CHART



1.0 BACKGROUND INFORMATION

1.1 Identity

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

1. Set up, 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 (professional and non-professional) at all levels and to create public awareness about the needs and care of patients with life-limiting illnesses.

The institution's strategic plan for July 2012 to June 2017 focused on sustaining its leadership in the core palliative care service; training and research; and creating value-added palliative care services. This was done by: enhancing the institution's procedures, facilities and human resources capital; developing technological applications to realise robust customer bases; and pursuit of financial sustainability.

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. The need for resilience in such an environment was captured in the annual report of 2014, by the Chair of the Board who observed that the hospice must continually seek to reinvent itself in order to survive.

This new strategic plan focuses not only on ensuring that the hospice survives but also that it makes strategic shifts towards sustainability by: constructing its own premises on its plot near Kenyatta National Hospital (KNH); and transforming into a social enterprise.

1.2 How this Strategic Plan was developed

This plan was developed through a participatory process that involved a wide array of stakeholders. The process was steered by an external consultant who was first briefed by the management of the hospice and conducted a literature review of past strategic plans. This was followed by a consultation with members of the Board of Directors through face-to-face meetings and mail questionnaire. Ideas were also gathered from external sources through mail questionnaire and from staff through a two-day planning workshop. The consultant then compiled a draft plan that was circulated for comments before finalisation.

2.0 REVIEW OF PREVIOUS STRATEGIC PLAN PERIOD

2.1 Programmes

The work of Nairobi Hospice in the 2012-2017 period was organised around the following themes:

1. *Training:* This consisted of short courses and a Diploma in Higher Education in Palliative Care (DipHE) offered in affiliation with Oxford Brookes University, United Kingdom (OBU, UK).

2. *Holistic Palliative Care:* This consisted of the following:

    a) *Clinical Care:* The highly qualified doctors and nurses at Nairobi Hospice managed the symptoms of life-limiting illnesses.

    b) *Counseling:* The health care professionals provided psychosocial support to patients and their families to enable them manage their situations with comfort.

    c) *Bereavement Support:* Nairobi Hospice gave moral support to the families of patients during times of bereavement.

    d) *Day Care:* One day per week (Thursday) was set aside for patients, their families and staff of Nairobi Hospice to interact, share experiences and empower one another physically, economically, spiritually, socially, psychologically and emotionally.

    e) *Spiritual Care:* This consisted of encouraging patients and their families to derive strength and comfort from their spiritual beliefs and convictions.

2.2 Achievements in the Last Programme Period

In the last strategic plan period, the hospice registered the following achievements.

1. Remained a leader and reference point for palliative care services.
2. Alleviated the suffering of patients with life-limiting illnesses (See Table 1 below).
3. Reached out to patients with chronic illnesses in Nairobi and its environs and assisted them to manage pain effectively in their homes.
4. Sustained community visits every Wednesday.
5. Continued to offer unique training in palliative care for health and non-health professionals.
6. Produced care providers who are serving in different parts of the country.
7. Raised finances to sustain the institution and managed available resources economically.
8. Recruited new staff and maintained adequate levels to run services.
9. Maintained an environment of good interpersonal relationships, communication and respect.

Table 1: Number of Patients July 2012 to June 2017.

	Year	Number of Patients
1	July 2012 to June 2013	5,802
2	July 2013 to June 2014	4,599
3	July 2014 to June 2015	3126
4	July 2015 to June 2016	4317
5	July 2016 to June 2017	1555
	Grand Total	19,399

2.3 Shortcomings in the Last Programme Period

In the last strategic plan period, the hospice experienced the following shortcomings.

1. There was limited contact with other organisations providing palliative care.
2. There was a reduction in patient numbers due to stiff competition from other service providers and change in location.
3. Due to cultural factors, patients were reluctant to openly discuss and deal with succession issues.
4. Support to families during bereavement was minimal.
5. Legal services to clients was irregular due to low numbers during day care.
6. The number of students declined due to high fees and competition from medical colleges (See Table 2 below).
7. Some experienced staff left hence disrupting the continuity of certain services.
8. There was limited investment in building staff capacity.
9. Delay in developing the hospice led to continued expenditure on rent.
10. Fund raising targets were not met as contributions from well-wishers declined.

Table 2: Number of Students July 2012 – June 2017

	Year	Number of Students				
		HCP[1]	NH[2]	CH[3]	Dip[4]	Total
1	July 2012 to June 2013	76	100	52	28	256
2	July 2013 to June 2014	67	33	-	23	123
3	July 2014 to June 2015	85	47	60	26	218
4	July 2015 to June 2016	75	23	55	14	167
5	July 2016 to June 2017	77	68	30	10	185
	Grand Total	380	271	197	101	949

[1] Health care professionals.

[2] Non-health.

[3] Community health.

[4] Diploma

3.0 PROGRAMME CONTEXT

The section below describes the strengths and weaknesses of the hospice (internal environment) and the anticipated external environment of operation, which looks at factors that are likely to influence the work of the hospice between July 2017 and June 2020.

3.1 Institutional Context

3.1.1 Strengths of Nairobi Hospice

1. *Legacy:* The long history of the hospice as the pioneer provider of palliative care gives it a reputation that it can capitalise on to raise resources and expand its market share.

2. *Location and Brand:* Nairobi Hospice is the only such institution within Nairobi Central Business District. It owns a prime centrally located plot of land and enjoys proximity to many health facilities and training institutions for collaboration.

3. *Education Programme:* The hospice offers superior training and education in palliative care through a franchise with the renowned OBU, UK in a unique and practical course that links students with patients and facilitators.

4. *Human Resources:* The hospice has professionally knowledgeable, committed and passionate staff, volunteers and friends and is guided by a committed and focused Board and management.

5. *Networks:* The hospice continues to enjoy the goodwill of supporters and has international links and networks including with institutions of higher learning and other hospices abroad.

6. *Compliance*: The hospice adheres with statutory requirements and ethical procedures in its work.

3.1.2 Weaknesses of Nairobi Hospice

1. *Limited Focus: The* hospice is perceived to be having an overly clinical approach to palliative care and to be over-concentrating on cancer, Human Immuno-deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and indigent clients.

2. *Implementation:* Day care is largely a social occasion for patients and does not have a structured weekly programme.

3. *Isolation:* There is a strong perception that the hospice has limited collaboration with other palliative care providers.

4. *Inadequacies in Education Programme:* There has been a reduction in number of students enrolled, partly due to the high cost of the courses and rising competition from medical colleges. The hospice also lacks a physical training centre detached from the office block.

5. *Human Resource Challenges:* There is limited career path for staff, low levels of teamwork, inadequate understanding by staff of the work of colleagues in other departments and limited delegation of duties.

6. *Resource Mobilisation Challenges:* The hospice continues to face difficulties in meeting fund raising targets and faces diminishing external funding.

7. *Diminishing Brand:* The public profile of the hospice is dwindling due to constant relocation and inadequate marketing in the context of increasing competition. The hospice has also not used information communication technology (ICT) effectively to transform its outlook and image.

8. *Governance:* By virtue of the small size of the organisation, there is a thin line between management and governance structures.

9. *Communication Gaps:* Members of the public who phone in do not receive prompt information while the staff also experience inadequate communication about Board meetings and decisions as well as the institution's financial health. Feedback to donors slow.

3.2 External Context

3.2.1 Legal Framework: The Constitution of Kenya 2010 guarantees all citizens the right to the highest standard of health. At the same time, section 4 (d) of the Health Act 2017 recognizes palliative care as one of the health provision service packages that must be provided at all levels of the health care system. The hospice can use these provisions 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.

3.2.2 Devolution

Based on the Constitution of Kenya 2010, health is a devolved function. This has resulted into various operational challenges the most visible of which has been the recurrent industrial action by medical personnel seeking improved terms of service. This has resulted in some calls for the health sector to be relocated to the national government. If this happens, it will be easier for the hospice to network and collaborate. There is also increased establishment of cancer centres in county level hospitals and by foundations. This is likely to result in migration of patients[5], 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.

[5] According to the website of the Kenya Cancer Association (KENCANSA), which was established in 1995, there are currently 65 hospices and palliative care providers in Kenya.

3.2.3 Infrastructure

The on-going massive investment in infrastructural development in the country has potential to accelerate physical movement and access to various parts of the country hence open up more opportunities for training and setting up of services as well as networking and collaboration.

3.2.4 Scientific Advances

New discoveries in the medical field are likely to make remedies for chronic illnesses more affordable and effective. This will result in higher expectations among patients regarding palliative care rights. More patients are also likely to afford medication hence live longer. To capitalise on this, Nairobi Hospice should be up to date with and maximize on new trends and advancements in the sector.

3.2.5 Globalization

Due to digitisation, barriers in communication have been broken down, a trend that is likely to continue. 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.

3.2.6 Changing Disease Patterns

Diseases hitherto associated with older persons (e.g. heart diseases, diabetes, kidney failure) are now prevalent among younger people due to environmental factors and lifestyles. This is resulting in an increased burden of care. There is also an increase in the incidence of cancer cases, which has stimulated the establishment of oncology centres in counties. However, the focus of the centres is on treatment rather than palliative care. The Hospice should build strategic partnerships with these institutions for holistic care.

3.2.7 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.

3.2.8 Location

The hospice is likely to relocate to its own premises or to another rented location. If it moves to a central location near major hospitals, there is likely to be an upsurge in the number of patients. The reverse will happen if the location is less accessible. The hospice is also likely to experience hikes in expenditure on relocation or establishment of own premises.

3.2.9 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. There is also an overlap in activities of the hospice with those of the Kenya Hospice and Palliative Care Association (KEHPCA) of which the hospice is a member. If these trends continue, market share of the hospice is likely to dwindle further. In response, the hospice will focus on programmes on which it has comparative advantage and put in place sustainability measures.

3.2.10. Funding Patterns

Financial resources may be inadequate due to competition for donor resources. This is likely to slow down implementation and particularly affect capital development. It will also lead to a scaling down of activities. The hospice will respond by immediately developing and rolling out a sustainability and resource mobilisation strategy geared towards ensuring cost saving and income generation by becoming a viable social enterprise. It will also build contingency measures into financial plans.

3.2.11 Scheduled Events

There are a number of regular events related to palliative care that Nairobi Hospice can take advantage of to promote itself, network with other entities and strengthen palliative care by looking at the intersectionality of diseases such as cancer and HIV and AIDS. The events include the National Palliative Care Day, Relay for Life Kenya, World Hospice and Palliative Care Day, World Cancer Day, International Childhood Cancer Day/Month, World AIDs Day, International Sickle Cell Day, various cancer months, World Cancer Congress, international AIDS conferences and international palliative care conferences.

4.0 PROGRAMME FOR JULY 2017 TO JUNE 2020

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

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

4.3 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.
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4.4 Strategic Priorities

In the period July 2017 – June 2020, Nairobi Hospice will prioritise the following eight pursuits.

4.4.1 Geographical Scope.

Nairobi Hospice will continue to focus its operations within Nairobi County for two reasons. First, various hospices have been established in other counties hence expanding will constitute duplication and unnecessary competition. Second, the hospice's current resource base is thin and does not allow for expansion. Nevertheless, being based in Nairobi accords the hospice a unique advantage of serving clients of different backgrounds because of the city's cosmopolitan nature. It also puts the institution in a vantage position to network and collaborate with national health and training institutions. With time, however, the hospice will consider value-adding expansion through franchises in other counties and modeling by establishing centres of excellence that can set standards for upcoming facilities.

4.4.2 High Quality Palliative Care Services.

The hospice will endeavour 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 in the sector. Flagship activities to achieve this will be: outreach to more individuals, groups and communities through public education, medical camps and other mobilisation events; collaboration with medical professionals, medical schools and other institutions dealing with palliative care; a structured day care programme with value-adding educational programmes and legal aid; investment in rapid and round the clock response to clients; and advocacy with the government and insurance firms on affordability of health care for patients with life-limiting illnesses.

4.4.3 Cutting Edge Education and Research on Palliative Care.

Nairobi Hospice will strengthen its educational activities around the highly acclaimed OBU, UK franchise and enhance the research function. Key activities under this will be: periodic curriculum reviews in conjunction with OBU, UK; refinement of the student recruitment and support strategy; exploration of possibility of establishing a full-fledged college on palliative care; collaboration with other educational institutions; development and implementation of a policy on research; maximisation of the resource centre to generate income; and establishment of an active alumni association.

4.4.4 Capital Development

Nairobi Hospice has a vacant prime piece of land next to KNH. In this period, construction of the premises is top priority in order to eliminate rental costs, launch the hospice towards becoming a social enterprise and enable it to reclaim its proximity to KNH hence boost referrals and patient numbers.

To kick-start this project, the hospice will form a project team to develop and implement a strategy towards raising the required resources. Options include venture capital; loans; sub-dividing plot and selling part of it; phased development; and philanthropic finances. The plan is to ensure that by 2020, the hospice has moved to the premises even if this means erecting and occupying prefabricated structures as it constructs permanent buildings.

4.4.5 Transformation into a Social Enterprise[6]

The hospice will take steps to transform into a social enterprise i.e. set up initiatives to generate income to finance its charity work. Ideas to explore include: in-patient services and clinic; commercial services for clients that can pay; 24 hour call services; on call home visits; wound management; pharmacies; imaging and screening services; laboratories; consultancies; renting space; counselling; insurance; morgue services; and hiring out equipment. It should consider establishing a discounted clinic for other medical needs beyond palliative care and expand its focus to include diabetes, cardiovascular diseases, sickle cell anaemia and congenital defects, for instance. To start with, it will develop a concept paper that outlines the menu of services it can provide and the steps towards the desired transformation.

4.4.6 Branding

Being the pioneer hospice in East Africa, Nairobi Hospice has a name recognition that is unrivalled. However, its ma

[6] This is a business that generates income through entrepreneurship but utilises the revenue primarily to achieve social goals. In other words, the motivation is not to generate profit for distribution to shareholders but for use in promoting social welfare.

Market share is dwindling because of the establishment of other hospices as well as its relocation from the original premises. To regain its stature, the hospice will re-brand by: aggressively marketing its niche programmes of palliative care and education; re-thinking the training programme in terms of who needs it, whether it can be done in partnership with medical training colleges and universities and how to make it affordable; establishing a vibrant research function; and providing internship and attachment to students from other institutions. It will study models such as the public-private partnership in universities where private institutions are now admitting government sponsored students with a view to replicating the same. It will: position itself as an institution of choice; conduct bench marking studies to align with contemporary ways of running hospices; study how medical franchises are run and replicate working ideas; and choose what gives it more mileage between palliative care and education and concentrate on the selected priority. It will also use strategic means such as the support of local celebrities and adoption by friendly media houses to popularise its work.

4.4.7 Partnership

The typical client of the hospice is indigent and hence unable to pay for services. The situation is compounded by the fact that both public and private providers of insurance currently exclude some life-limiting illnesses from medical cover. In this period, 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 it deals with so as to enable clients afford medication and care. This can be piloted with a few insurance companies before roll-out. The hospice can in fact become an agent for sale of such insurance packages as one way of earning income. In the long run, the hospice will advocate with the government to legislate and develop policies on mandatory insurance cover for patients with life-limiting illnesses on the basis of non-discrimination enshrined in the country's constitution.

The hospice will also seek partnership with orphanages, old people's homes, rehabilitation centres and like institutions that provide services to the vulnerable and disadvantaged members of society with a view to providing palliative care to them. It will also seek partnership with mission hospitals, corporate entities (especially those in pharmaceutical and medical supplies) and non-governmental organisations working on health. It will seek to link with the county government system in order to benefit from the county health budgets. Finally, it will seek to clarify boundaries with KEHPCA in order to reduce duplication of roles and enhance synergy and harmony. In all, the hospice will cultivate a more collaborative approach towards other actors in the field of palliative care eg Devolved governments and relevant Institutions.

4.4.8 Institutional Strengthening

The hospice will strengthen its institutional governance, management and human resources base. This will include: examining the criteria for composing the Board; mapping the skills required in the Board and management for transition into a viable social enterprise; and strategizing on how to attract and retain top-notch professionals in palliative care and education. The minimum expertise required in the Board will be business development, fund raising, networking, public relations and human resources development. As a start, the hospice needs to populate the

organogram with the full management cadre in order to divest the Board of management responsibilities and leave it to concentrate on governance.

The table below matches the choices with the programmes elaborated in the logical frameworks in the next sub-section.

	Strategic Choices	Relevant Programme
1	Geographical Scope.	• Palliative Care. • Education. • Institutional Development.
2	High Quality Palliative Care Services.	• Palliative Care.
3	Cutting Edge Education and Research on Palliative Care	• Education.
4	Capital Development	• Institutional Development.
5	Transformation into a Social Enterprise.	• Palliative Care. • Education. • Institutional Development.
6	Branding.	• Education. • Institutional Development.
7	Partnership.	• Palliative Care. • Education. • Institutional Development.
8	Institutional Strengthening.	• Palliative Care. • Education. • Institutional Development.

4.5 Logical Frameworks

In the period July 2017 to June 2020, Nairobi Hospice will work around three themes namely: Palliative Care; Education; and Institutional Development. The overall goal is **high quality palliative care services and education.**

4.5.1 Programme One: Palliative Care

This programme focuses on clinical services, outreach and psycho-social, moral and spiritual support to clients.

Results Framework	**Indicators**	**Means of Verification**	**Risks & Assumptions**
Goal: High quality palliative care services and education.	• Level of client satisfaction with services. • Percentage of clients able to afford services. • Global competitiveness of services offered.	• Client satisfaction surveys. • Patient financial records. • Evaluation reports.	• Inflation may erode the ability of patients to pay for palliative care and medication. It could also distort the value of financial donations and hence result in higher costs in financing planned projects. • Scientific advances will introduce cheaper medication. • Adequate funding will be available to sustain professional staff.
Strategic Objective: Professional, accessible and affordable holistic palliative care services.	• No. & profiles of clients. • Annual income levels by patient streams. • Affordability of services.	• Client register. • Financial accounts. • Client surveys.	• As above.
Output 1: Expanded client base.	• Annual increase in no. of clients. • Variety of clients.	• Client registers. • Activity reports. • Evaluation reports.	• There may be increased competition. • Adequate resources will be

Results Framework	Indicators	Means of Verification	Risks & Assumptions
	• No. & typology of new clients mobilised through outreach.		available. • Clients will prefer Nairobi Hospice.
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.	• Patient register. • Comparator surveys.	• Medication will be affordable.
Output 3: Mutually beneficial partnerships for effective palliative care.	• No. & profile of partner organisations. • No. & type of activities with partners. • Benefits of partnerships.	• Partner profiles & websites. • Activity reports. • Evaluation reports.	• Competition may reduce willingness to partner with Nairobi Hospice. • Positive response from targeted partners.

Activity Matrix for Programme One: Palliative Care

Activities	Inputs	Risks and Assumptions
Activities for Output 1: Expanded client base		
1. Conduct community education on palliative care and its benefits.	**Inputs** • Palliative care staff, community education curriculum & logistical facilities.	• Communities will be receptive.
2. Mobilise clients through awareness raising in schools, clubs, welfare groups, medical schools, medical camps etc.	• Palliative care staff, awareness raising materials & logistical facilities.	• Institutional regulations may limit access to schools. • Targeted entry points will be receptive.
3. Develop and implement a strategy on expanding client base beyond HIV/AIDS and cancer	• Palliative care staff.	• Clients may be diverted to other service providers.

Activities	Inputs	Risks and Assumptions
patients.		
4. Liaise with medical professionals to strengthen and expand referrals.	• Palliative care staff.	• Selfish interests of professionals in the health sector may deter referrals.
5. Conduct periodical medical camps.	• Palliative care staff & external experts.	• There will be positive public response.
6. Create vibrant support groups for different categories of patients and families e.g. bereavement support group.	• Palliative care staff.	• Groups will be self-sustaining once established.
7. Develop and implement a concept paper on day care to include: a needs assessment for day care patients; structured weekly programme; legal aid; and educational activities e.g. on insurance services and human rights.	• Palliative care staff.	• There will be adequate resources to hire external experts.
8. Create public awareness on changing disease patterns for all age categories with emphasis on harmful substances and behaviours e.g. smoking, alcohol consumption, sexual permissiveness etc.	• Palliative care staff & external experts.	• There will be positive public response.
9. Procure an ambulance to ensure prompt response.	• Board & management.	• There will be adequate funds for purchase and maintenance.
10. Introduce 24 hour call services.	• Management, ICT staff & palliative care staff.	• There will be adequate funds.
11. Provide central transport for patients.	• Board & management.	• There will be adequate funds.
Activities for Output 2: Cost-effective access to palliative care services.		
1. Educate patients on available insurance facilities.	• Insurance experts & educational materials on insurance.	• None.
2. Lobby NHIF to include palliative care in outpatient cover.	• Palliative care staff, management & Board.	• Commercial interest may limit reception. • Government policy and

Activities	Inputs	Risks and Assumptions
		legislation will be in place to compel coverage of life-limiting illnesses.
3. Lobby private insurance companies to improve coverage of life-limiting illnesses.	• Palliative care staff, management & Board.	• As above.
4. Advocate with the government to waive costs of palliative care and legislate to compel insurers to improve cover for chronic illnesses.	• Management, Board & external experts.	• Bureaucracy will limit progress.
5. Advocate with government to include all hospitals under NHIF cover.	Management, Board & external experts.	• As above.
Activities for Output 3: Mutually beneficial partnerships for effective palliative care.		
1. Develop a strategy for networking and linkages with county health systems and facilities.	• Board, management & county government experts.	• County health authorities may be reluctant to collaborate.
2. Establish partnership with Nairobi County Health Board.	• Board, management & county government experts.	• As above.
3. Establish partnerships with foundations and treatment centres in counties.	• Board, management & Public Relations Department.	• Competition for patients may limit collaboration.
4. Use public participation mandated by the Constitution of Kenya 2010 to influence health management in the country.	• Board, management & county government experts.	• Competing voices may drown the voice of Nairobi Hospice.

4.5.2 Programme Two: Education

This programme focuses on palliative care education and research.

Results Framework	Indicators	Means of Verification	Risks & Assumptions
Goal: High quality palliative care services and education.	• Level of client satisfaction with services. • Percentage of clients able to afford services. • Global competitiveness of services offered by the hospice.	• Client satisfaction surveys. • Patient financial records. • Evaluation reports.	• Inflation may erode the ability of patients to pay for palliative care and medication. It could also distort the value of financial donations and hence result in higher costs in financing planned projects. • Scientific advances will introduce cheaper medication. • Adequate funding will be available to sustain professional staff.
Strategic Objective: Cutting edge education and research on palliative care.	• Marketability of hospice alumni. • Frequency & no. of citations of research products.	• Alumni follow-up reports. • Research products. • Palliative care studies.	• OBU, UK franchise will be maintained and strengthened.
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	• Curriculum. • Student admission lists.	• Scholarships will be available for students. • Students will prefer Nairobi Hospice over other training institutions.

Results Framework	Indicators	Means of Verification	Risks & Assumptions
	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.	• Research reports. • List and profiles of researchers. • Database of research products. • Distribution list of research products. • Resource Centre user records.	• There will be adequate funding. • Many reputable researchers will be interested in palliative care studies.
Output 3: Professional, accredited and competent palliative care service providers.	• No. of students qualifying for accreditation. • No. of trainees absorbed in the labour market.	• List of accredited trainees. • Testimonials. • Trainee tracking records.	• Alumni will keep in touch with the hospice after graduation.
Output 4: An active Alumni Association.	• Registration of alumni association. • No. of alumni enlisted. • No., variety & focus of annual activities by alumni.	• Alumni registration certificate. • List of alumni enlisted. • Alumni activity reports.	• Most alumni will be interested in joining the association and contributing to the hospice.

Activity Matrix for Programme Two: Education

Activities	Inputs	Risks and Assumptions
Activities for Output 1: A relevant palliative care curriculum for an expanded student population.		
1. Conduct annual and periodic reviews of the course content in conjunction with OBU, UK.	**Inputs** • Curriculum experts on palliative care education. • OBU, UK faculty. • Funds.	• OBU, UK franchise will be maintained and strengthened.
2. Review and refine the student recruitment strategy and operational procedures before enrolment.	• Education staff.	• None.
3. Disseminate information on courses early.	• Course admission information. • Education and communication staff.	• None.
4. Advertise courses through social media, mass media, institutional newsletter, hospital boards, partner websites etc.	• Course descriptions & advertisements. • Education & marketing department staff.	• None.
5. Liaise with health facilities and other relevant institutions to recruit students for the hospice.	• Education & Public Relations Department.	• Targeted institutions may start their own courses and/or require payment for services. • Targeted institutions will be willing to assist the hospice.
6. Create a detached training facility away from the office block.	• Finance for rent. • Physical premises.	• There will be adequate resources.
7. Source for scholarships for students.	• Proposals for scholarships. • Donors.	• Scholarships may not be sustained every year. • There will be positive response from donors.
8. Revise and implement policy on attachments and internships.	• Education Department. • Experts on internship and	• None.

Activities	Inputs	Risks and Assumptions
	attachments.	
9. Link up with colleges and universities to send students for internships.	• Education & Public Relations staff.	• Targeted institutions may start their own programmes competing the hospice. • Targeted institutions will respond positively.
10. Explore the possibility of establishing a full-fledged palliative care college.	• Experts on establishment of higher education institutions. • Board, management & education staff.	• There will be adequate resources.
11. Initiate collaboration with colleges and universities (offering medicine, social work, nursing, pharmacy etc.) and the African Medical Research Foundation.	• Education & Public Relations Department.	• Targeted institutions will respond positively.
Activities for Output 2: A strengthened research function.		
1. Formulate a policy on research.	• Education staff & research experts.	• None.
2. Use monitoring and evaluation information and patient needs assessment to identify research topics.	• Education & Palliative Care Department.	• None.
3. Train and attach staff to researchers who work with Nairobi Hospice.	• External researchers. • Hospice staff.	• There will be continuous research activities throughout the year to make attachment meaningful and sustainable.
4. Conduct research on the impact of services on patients.	• Internal & external researchers.	• Adequate resources will be available for in-depth research.
5. Prepare and disseminate research findings widely.	• Researchers & communication resources.	• Adequate resources will be available.
6. Open up the Resource Centre to the public at a fee,	• Education, ICT & marketing	• Adequate resources will be

Activities	Inputs	Risks and Assumptions
stock it with up to date physical and virtual resources on palliative care and market it to researchers.	departments.	available to improve and market the resource centre.
Activities for Output 3: Professional, accredited and competent palliative care service providers.		
1. Train palliative care students using revised curriculum.	• Faculty staff.	• None.
2. Test and accredit qualifying trainees on palliative care.	• Faculty staff. • OBU, UK accreditation standards.	• None.
Activities for Output 4: An active alumni association.		
1. Develop and implement a strategy for involvement of alumni in the development of the hospice.	• Education and management staff. • Board of Directors.	• None.
2. Establish an alumni association.	• Education & management staff. • Board of Directors.	• As above.
3. Establish an alumni follow-up and tracking system.	• Education & management staff. • Board of Directors.	• Positive response from alumni.
4. Track alumni to assess absorption and performance in the labour market.	• Education department staff. • External researchers.	• Most alumni will be accessible. • There will be adequate resources for tracking.

4.5.3 Programme Three: Institutional Development

This programme focuses on strengthening of the Board and management, resource mobilization, capital development, branding, human resource development and institutional planning, monitoring and evaluation.

Results Framework	Indicators	Means of Verification	Risks & Assumptions
Goal: High quality palliative care services and education.	• Level of client satisfaction with services. • Percentage of clients able to afford services. • Global competitiveness of services offered by the hospice.	• Client satisfaction surveys. • Patient financial records. • Evaluation reports.	• Inflation may erode the ability of patients to pay for palliative care and medication. It could also distort the value of financial donations and hence result in higher costs in financing planned projects. • Scientific advances will introduce cheaper medication. • Adequate funding will be available to sustain professional staff.
Strategic Objective: A sustainable hospice.	• Occupation of own premises. • Hospice operates as a social enterprise. • % reduction in overhead costs. • % increase in annual returns.	• Existence of occupied physical structures. • Existence of enterprises. • Financial accounts. • Annual reports.	• There will be adequate resources to fund the programme.
Output 1: Effective Board and management.	• Comprehensive skill mix in the Board. • Clear separation of functions between Board &	• List and profiles of Board members and management staff. • Terms of reference for	• Board members and management staff will be professional and committed.

Results Framework	Indicators	Means of Verification	Risks & Assumptions
	management. • % of Board & management positions filled.	Board and management. • Organogram.	
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 technological equipment.	• Financial accounts. • Annual balance sheet.	• There will be positive response from sources of resources.
Output 3: The hospice operates from its own premises.	• Relocation to own premise by 2020.	• Existence of occupied physical structures.	• Adequate resources will be available to fund project.
Output 4: A highly visible and recognized brand.	• Public perceptions of the hospice. • % increase in no. of clients. • % increase in no. of referrals.	• Results of opinion polls and surveys. • Patient registers.	• Reduced competition.
Output 5: Institutional planning, monitoring and evaluation system.	• Regularity of planning, monitoring and evaluation. • Depository of institutional plans and monitoring and evaluation reports.	• Strategic and operational plans. • Monitoring and evaluation reports.	• None.

Activity Matrix for Programme Three: Institutional Development

Activities	Inputs	Risks and Assumptions
Activities for Output 1: Effective Board and management.		
1. Develop operational standard policies and procedures for: a) The Board; b) Secretary to the Board; c) Honorary Treasurer; d) Board committees; d) The management; e) All internal functional areas; and f) Compliance with statutory regulatory requirements.	**Inputs** • Board, management & organisational development consultants.	• None.
2. Introduce Board and management development and award programme to recognize and motivate performers.	• Annual General Assembly.	• There will be adequate resources to sustain the initiative.
3. Call for new entries into the Board to strengthen it with new ideas.	• Annual General Assembly & Board.	• Individuals invited will respond positively.
4. Initiate structured communication to staff on Board decisions.	• Management.	• None.
5. Provide regular updates on funding situation to staff.	• Management.	• None.
6. Specify phone contacts for general inquiries, clinical department and administration on the hospice website.	• ICT Department.	• Clients will consult the website.
7. Conduct in-house training to meet internal customer needs.	• Management.	• None.
8. Carry out routine maintenance of the grounds.	• Management.	• None.
9. Introduce signed checklist system to maintain internal hygiene standards.	• Management.	• None.
Activities for Output 2: Adequate resources.		
1. Develop and implement a resource mobilisation strategy and policy guidelines.	• Board, management & Fund Raising Department.	• None.
2. Develop a concept paper on becoming a social enterprise.	• Board, management & consultants.	• None.
3. Develop a documentary to market Nairobi Hospice.	• Management & Public Relations	• Adequate resources will be

Activities	Inputs	Risks and Assumptions
	Department.	available to develop documentary.
4. Train all staff on fund raising techniques and deploy.	• Management & consultants.	• Adequate resources will be available to hire trainers.
5. Recruit more friends of the hospice.	• Board, management & staff.	• There will be positive response from targeted entities.
6. Identify and recruit more institutional donors.	• Board, management & Fund Raising and Public Relations departments.	• As above.
7. Source for and use the services of a professional fund raiser.	• Board & management.	• Adequate resources will be available to hire professional resource mobiliser.
8. Transform into a social enterprise and diversify services for expanded income base.	• Board, management, staff & external consultants.	• Adequate resources will be available to hire consultants for desired transformation.
9. Develop and implement a human resources career development policy.	• Board & management.	• None.
10. Realign individual jobs and functions.	• Board & management.	• None.
11. Conduct regular capacity building for staff.	• Management & external experts.	• Adequate resources will be available to hire experts.
12. Conduct climate surveys and departmental human resources needs assessment and use results to review and improve staff terms and conditions of work.	• Board, management & external experts.	• Adequate resources will be available to hire consultants and fund improvements.
13. Practise more delegation of duty.	• Management.	• None.
14. Conduct team building to familiarize staff with the Board, cross-departmental work and organisational values and culture.	• Management & team building experts.	• Adequate resources to fund activities.
Activities for Output 3: The hospice operates from its own premises.		

Activities	Inputs	Risks and Assumptions
1. Update concept paper on capital development and use it to kick-start the construction project.	• Board & management.	• None.
2. Develop and implement a short term relocation plan with a view to saving on rent[7].	• Board & management.	• None.
3. Form a capital development team to spearhead fund raising for construction on the hospice plot.	• Board.	• None.
4. Update donors on new capital development plans.	• Board & management.	• None.
5. Develop a proposal and use to mobilize construction funds from philanthropists.	• Board & management.	• There will be positive response from philanthropists.
6. Follow up on pledges made by well-wishers and get the funds remitted to Nairobi Hospice account.	• Board & management.	• Past well-wishers will be willing to continue supporting the hospice.
7. Build and move to own premises.	• Board & management to spearhead.	• Adequate resources will be available to push project to a level allowing occupation.
8. Conduct aggressive dissemination of information to clients on new location.	• Management & Public Relations Department.	• None.
Activities for Output 4: A highly visible and recognized brand.		
1. Develop and implement a marketing and communication strategy and policy guidelines that maximize on modern ICT.	• Management, ICT & Public Relations Department.	• None.
2. Invest in and expand the use of new/social media to raise awareness and resources as well as influence public conversations on palliative care.	• ICT Department.	• Adequate technical and financial resources will be available.
3. Establish relationship with health facilities and	• Management & Public Relations	• Targeted institutions will

[7] This could include erecting prefabs.

Activities	Inputs	Risks and Assumptions
training institutions to reach a larger population.	Department.	be willing to assist the hospice.
4. Clarify the relationship with KEHPCA and eradicate overlaps in activities.	• Board & management.	• KEHPCA will be receptive to ideas from the hospice.
5. Promote Nairobi Hospice as the first call for and provider of the best training on palliative care.	• Public Relations Department in liaison with palliative care and education departments.	• There will be positive response from the public.
Activities for Output 5: Institutional planning, monitoring and evaluation system.		
1. Establish a planning, monitoring and evaluation schedule.	• Board, management & staff.	• None.
2. Conduct regular strategic and operational planning according to established cycle.	• Board, management, staff & consultants.	• There will be adequate resources for planned activities.
3. Conduct mid-term review and end term evaluation.	• Board, management, staff & consultants.	• Adequate resources will be available to hire consultants.
4. Create a database for all strategic and operational plans as well as monitoring and evaluation reports.	• ICT staff in liaison with other departmental staff.	• None.

5.0 RISKS AND ASSUMPTIONS

The achievement of the plan is predicated on the key assumptions that:

5. Nairobi Hospice will regain its stature and be preferred by clients and palliative care students.
6. The OBU, UK franchise will be maintained and strengthened.
7. Scholarships will be available for students.
8. Many reputable researchers will be interested in palliative care studies.
9. The alumni will be accessible and willing to continue associating with the hospice.
10. Scientific advances will lead to cheaper medication and improved palliative care knowledge and services.
11. Health services will become more affordable.
12. There will be progressive government policy and legislation on health care and insurance for life-limiting illnesses.
13. Targeted sources of resources will be responsive.
14. There will be adequate funding to finance all the programmes.
15. Adequate human, capital and technological resources will be available.
16. Targeted collaborators will be receptive to Nairobi Hospice's overtures.
17. There will be positive public response to the hospice's messages and publicity efforts.

On the other hand, the following are key risks to be mitigated.

1. Inflation may erode the value of financial donations and hence result in higher costs in financing planned projects.
2. There may be increased competition from other palliative care service providers and medical educational institutions hence reduction in funding and clients.
3. Selfish commercial interests of current and potential partners may limit collaboration.
4. Scholarships for students may not be sustained every year.

6.0 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.

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