DEPARTMENT OF OBSTETRICS & GYNAECOLOGY ANNUAL REPORT 2012

Contact information

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KENYA

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VISION

A department which is a center of excellence that trains international standard practitioners competent in evidence based reproductive health care in a safe environment and also competent in research.

MISSION

To provide training of high quality reproductive health care practitioners competent in provision of reproductive health services, research and training.

CORE VALUES

- Exposure the virtues of professional ethics and moral standards in training, research and practice.
- Espouse the values of truth, integrity, honesty, tolerance and accountability.
- Promote evidence based health care provision.
- Provide leadership in setting the natural and international health agenda.
- Promote creative, innovative and inventive research for the benefit of mankind.
- Promote meritocracy and team work in research and practice.
- Nurture responsible professionalism through a culture of mentorship.
- Promote sensitivity and responsiveness to social needs.

DEPARTMENTAL MANAGEMENT TEAM

Chairman;	Prof Zahida P. Qureshi
Academic Staff;	Prof. Shadrack B. Ojwang
	Prof. Patrick M. Ndavi
	Prof. J.B. Onjua Oyieke
	Prof. Reuben K. Kamau
	Prof. Joseph G. Karanja
	Prof. James Machoki M'munya
	Prof. James Njogu Kiarie
	Dr. Samsom H. Wanjala
	Dr. Onesmus W. Gachuno
	Dr. Francis X. O. Odawa
	Dr. Joseph Wanyoike Gichuhi
	Dr. Eunice J. Cheserem
	Dr. Anne B. Kihara

Dr. Alice K. Mutungi

Dr. Omondi Ogutu

Administrative staff;

Hellen M. Anching'a-Secretary

Peter Ruigu Kiruri-Driver

Dan Mwasia-Cleaner/Messenger

Technical staff;

Mr Njoroge Waweru- Chief Technician

Mrs. Margaret Waweru-Assistant Chief Technician

Mr. Munyao-

Mr. Njege

CONTENTS

MESSAGE FROM THE CHAIRMAN

INTRODUCTION

In accordance to The Constitution of Kenya 2010, Article 43 (1) (a) “Every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.” *While Vision 2030 goal for health is “Equitable and Affordable Health Care of the Highest Standard.*

Kenya aims to create a globally competitive knowledge-based economy and healthy adaptive human resource base to meet the requirements of Vision 2030. It will be impossible to achieve national and international goals – including the Millennium Development Goals (MDGs) – without greater and more effective investment in training high quality human resource to provide health services, especially in reproductive health.

The Department of Obstetrics and Gynaecology has supported and sustained that focus. Our mission is “**To provide training of high quality reproductive health care practitioners competent in provision of reproductive health services, research and training**”.

The many faculty members, who are clinicians and researchers, are dedicated to doing everything possible to provide women and their families with the most advanced care available anywhere.

Our resolve to provide undergraduate and postgraduate students with the finest education and training experience is second only to our commitment to provide women with exceptional patient care.

The faculty and staff are committed to creating and sustaining an optimal educational environment for acquiring knowledge, developing technical skills, and fostering sensitivity toward women and their families. We pride ourselves on selecting staff members who are energetic, enthusiastic, diligent and dedicated to providing unparalleled patient care.

Our unique strength lies in our ability to seamlessly integrate the use of modern teaching techniques, harnessing ICT to enhance learning.

We have developed and nurtured effective partnerships and collaborations to support research, teaching and service delivery.

Our goal is to train physicians to be excellent clinicians with the ability to continue learning and advancing so they always remain outstanding practitioners. However, in this very challenging healthcare environment, we also focus on helping them prepare for a successful medical practice and leadership in policy & planning RH services. Our broad-scoped opportunities meet the academic and clinical needs of primary care obstetricians and gynaecologists, as well as those who choose to become subspecialists.

We appreciate your interest in our residency-training program and invite you to visit us, evaluate our program and explore the many opportunities that await you in our department.

Thank you

HUMAN RESOURCE

The department of Obstetrics and Gynaecology is the largest department in the university with 19 members of staff consisting of;

Academic staff	**Number**	**Support staff**	**Number**
Professor	1	Administrative assistant	
Ass. Professor	7	Secretary	1
Senior lecturer	5	Support staff	2
Lecturer	3		
TF			
TOTAL	**16**		**3**

In addition to the academic staff listed above, obstetrician/gynaecologist from Kenyatta National Hospital also participate in teaching activities.

FUNDING AND FINANCIAL MANAGEMENT

The department met its recurrent expenditure through University capitation.

Funds are allocated into two main votes; teaching and equipment and furniture and office equipment.

The funds were managed as per College/ University financial regulations and other statutory requirements.

Vote	Amount (2011/2012)
Teaching and office expenses	
Travelling and transport expenses	
Furniture and office equipment	

In addition the department received approximately 800,000 (2012) from the dean's office for improvements in the departmental. This funding went into the seminar room and purchased and automated LCD system and computers for the departmental computer laboratory.

ACADEMIC PROGRAMMES

The department of obstetrics and gynaecology continues to teach undergraduate MBChB and Master in Obstetrics and Gynaecology.

Programmes currently offered by the department of obstetrics and gynaecology are undergraduate and Masters.

1. Bachelor of Medicine Bachelor of Surgery (6 years programme)
2. Masters of Medicine in Obstetrics and Gynaecology (3 years programme)

ADMISSIONS

For the various programmes offered I the department admissions of new candidates for 2012 were;

- Masters of Medicine in Obstetrics and Gynaecology 24

1. KIGOTHO, Sammy Maina
2. ZAVERY, Rashida Bhaiji
3. WAMBUI, Monica
4. MARION, Diana
5. NGANGA, Rebecca Nyokabi
6. KOIGI, Paul Kamau
7. RAUTE, Maurice Nick Ochieng
8. KINYANJUI, Racheal Muruga
9. MWINGA, Stephen Babu
10. KIBUKA, Nyokabi
11. OBIMBO, Moses Madadi
12. MAINA, Geofferey Job
13. MAOGOTO, Edwin Oribu
14. GITHINJI, Janet Muthoni
15. TAPSON, Mulunda
16. MUVIKU, Victoria Mueni
17. MWITA, Victor Buruna
18. MOEMI, Ronald Migiro
19. JUMA, Sylvan Omollo
20. ULALO, Robert Abade
21. TUM, Jane Elizabeth Cheruto
22. CHIURI, David Isaac Mbogo
23. MUMBURA, Cyrus Kamau
24. WAMALWA, Antony Wangila

GRADUATES FOR 2012

From the various programmes in the college the following table shows the number of graduates in MMED OB/GYN for 2012.

Programme - MMed Obstetrics and Gynaecology

Graduates

1. Ondigo Julius
2. Wanjala Eric
3. Mwangi Lilian Wangui
4. Bosire Alex Nyakundi
5. Nyasoro Nicholas Ogweno
6. Musila B. Nzioki
7. Kuruga M. Wanjala
8. Hafsa M. Zuber
9. Kerubo Diana
10. George Gwako
11. Ritho M. M. Kihara
12. Njoroge Elizabeth W.
13. Gichunuku J. Gikundi
14. Esromo M. Amase
15. Eloto Roberts Abok
16. Muchena R. Mionki
17. Kaliti C.S
18. Chege Macharia Hezron

REG NO	NAME	STUDY	SUPERVISOR
H58/70979/09	GWAKO George N	THE USE AND EFFECTIVESS OF ANTENATAL STEROIDS IN WOMEN WITH PRETERM BIRTH	DR. QURESHI DR KUDOYI PROF WERE
H58/7112/09	MUSILA Boniface N	OUTCOME OF TRIAL OF LABOUR IN PATIENTS WITH ONE PREVIOUS SCAR AS COMPARED TO ELECTIVE REPEAT C/S	PROF KOIGI, DR GACHUNO
H58/71876/08	BOSIRE Alex	SCREENING OF GDM AMONG ANC MOTHERS AT KNH	PROF KARANJA DR QURESHI
H58/71968/08	GICHUNUKU G J	LAPAROSCOPIC FINDINGS IN PATIENTS WITH BLOCKED FALLOPIAN TUBES ON HSG	DR WANYOIKE DR ONGECH
H58/71947/08	NYASORO N	SEXUAL ACTIVITY AMONG SCHOOLGOING GIRLS IN RURAL KENYA	PROF OYIEKE DR KIARIE
H58/71920/08	NJOROGE Elizabeth W	THE MATERNAL AND FETAL OUTCOMES IN OBSTETRIC EMERGENCY REFFERALS TO KNH	DR MUTUNGI DR TAMOOH
H58/71758/08	HAFSA Mohamed Z	TO DETERMINE THE MEDIAN AGE OF SEXUAL DEBUT AMONGST YOUTH AND FACTORSASSOCIATED WITH IT	DR WANJALA, DR MUGO
H58/71988/08	KURUGA Martha	PREVALENCE AND VALUE OF DIFFERENT DIAGNOSTIC TESTS OF BACTERIAL VAGINOSISIN ANC WOMEN	PROF NDAVI, DR KAGEMA
H58/71814/08	ONDIEKI Diana K	MALE INVOLVEMENT IN THE MANAGEMENT OF INFERTILE COPLES AT KNH	DR MACHOKI
H58/7410/02	ONDIGO J	1.FACTORS ASSOCIATED WITH FAILED INDUCTION AT KNH L/W 2.ATTITUDE AND PRACTICE OF CONTRACEPTION AMONG SEXUALLY ACTIVE B/FEEDING WOMEN IN THE FIRST YEAR OF DELIVERY	DR MACHOKI, DR KINUTHIA
H58/7183/08	ESIROMO M	EFFECTIVENESS AND SAFETY OF ORAL MISOPROSTOL COMPARED WITH VAGINAL MISO FOR LABOUR INDCTION	PROF KARANJA, DR ODAWA
H58/70902/07	MURUKA K	CIN FACTORS AFFECTING POST LEEP RECCURRENCE	DR WANYOIKE DR MUGO
H58/71406/07	WAWERU B	MISOPROSTOL ADMN FOR MANAGEMENT OF RETAINED PLACENTA	PROF KARANJA DR KINUTHIA
H58/70909/07	NJUGUNA M W	FETAL AND MATERNAL CHARACTERISTICS OF CASES OF IUFD AT KNH	DR ODAWA DR KAGEMA
H58/70933/07	WANJALA ERIC	PREVALENCE OF CHLAMYDIA INFECTION IN ECTOPIC AND	PROF OJWANG DR KIARIE

		INTRAUTERINE PREGNANCYIN KNH	
H58/70658/07	KWAME G O	MATERNAL RISK FACTORS IN EARLY ONSET NEONATAL SEPSIS	PROF OYIEKE DR KHISA
H58/70980/09	ABOK Eloto	FACTORS DETERMINING MATERNAL SERVICE UTILISATION IN TURKANA AND LOIMA DISTRICTS	PROF NDAVI PROF KOIGI DR GACHUNO
H58/71169/09	MUCHENA M	FACTORS INFLUENCINGEARLY DIAGNOSIS OF CA CERVIX	PROF KOIGI, DR KIHARA

PARTNERSHIPS AND LINKAGES

University of Washington

University of Maryland

New York University

ACADEMIC STAFF ACTING AS EXTERNAL EXAMINERS 2012.

1. Prof. Zahida Qureshi External Examiner, Aga Khan University, Nairobi

2. Prof. Koigi Kamau External Examiner, University of Zimbabwe, Harare
   External Examiner, Makerere University, Kampala

3. Prof. James Kiarie External Examiner, Muhimbili University, Tanzania

4. Dr. Joseph Wanyoike External Examiner, Moi University, Eldoret

CONFERENCES AND WORKSHOPS ATTENDED BY STAFF MEMBERS

Staff members attended various academic conferences or workshops during the year. These include national and international conferences.

S/NO.	NAME	DATES ATTENDED	CONFERENCES/WORKSHOPS ATTENDED
1.	PROF. ZAHIDA QURESHI	15th – 16th February 2012	36th Annual Scientific Conference of Kenya Obstetrical and Gynaecological Society (KOGS), Safari Park Hotel, Nairobi
		7th – 12th October 2012	XX FIGO World Congress of Gynaecology and Obstetrics, Rome
		26th -28th November 2012	The International Centre for Minimal Access Surgery
2.	PROF. S. B. O OJWANG	15th – 16th February 2012	36th Annual Scientific Conference of Kenya Obstetrical and Gynaecological Society (KOGS), Safari Park Hotel, Nairobi
		7th – 12th October 2012	XX FIGO World Congress of Gynaecology and Obstetrics, Rome
3.	PROF. KOIGI KAMAU	15th – 16th February 2012	36th Annual Scientific Conference of Kenya Obstetrical and Gynaecological Society (KOGS), Safari Park Hotel, Nairobi
4.	PROF. JOSEPH G. KARANJA	15th – 16th February 2012	36th Annual Scientific Conference of Kenya Obstetrical and Gynaecological Society (KOGS), Safari Park Hotel, Nairobi
		7th – 12th October 2012	XX FIGO World Congress of Gynaecology and Obstetrics, Rome
5.	PROF. J.B.O OYIEKE	15th – 16th February 2012	36th Annual Scientific Conference of Kenya Obstetrical and Gynaecological Society (KOGS), Safari Park Hotel, Nairobi
6.	PROF. JAMES KIARIE	15th – 16th February 2012	36th Annual Scientific Conference of Kenya Obstetrical and Gynaecological Society (KOGS), Safari Park Hotel, Nairobi
		18th – 29th July 2012	XIX International AIDS Conference, USA, Washington DC

		7th – 8th August 2012 12th – 14th September 2012	2nd annual MEPI Symposium, ADDIS Ababa, Ethiopia Integration for Impact Conference, Nairobi, Kenya
7.	DR. SAMSON WANJALA	15th – 16th February 2012	36th Annual Scientific Conference of Kenya Obstetrical and Gynaecological Society (KOGS), Safari Park Hotel, Nairobi
8.	DR. WANYOIKE GICHUHI	15th – 16th February 2012	36th Annual Scientific Conference of Kenya Obstetrical and Gynaecological Society (KOGS), Safari Park Hotel, Nairobi
9.	DR. OMONDI OGUTU	15th – 16th February 2012 20th-22nd June 2012 7th – 12th October 2012	36th Annual Scientific Conference of Kenya Obstetrical and Gynaecological Society (KOGS), Safari Park Hotel, Nairobi 12th European Society of Contraception and Reproductive Health. Athens XX FIGO World Congress of Gynaecology and Obstetrics, Rome
10.	DR. F.X.O ODAWA	15th – 16th February 2012	36th Annual Scientific Conference of Kenya Obstetrical and Gynaecological Society (KOGS), Safari Park Hotel, Nairobi
11.	DR. ANNE KIHARA	15th – 16th February 2012	36th Annual Scientific Conference of Kenya Obstetrical and Gynaecological Society (KOGS), Safari Park Hotel, Nairobi
12.	DR. EUNICE CHERESEM	7th – 12th October 2012	XX FIGO World Congress of Gynaecology and Obstetrics, Rome
13.	DR. ONESMUS GACHUNO	15th – 16th February 2012	36th Annual Scientific Conference of Kenya Obstetrical and Gynaecological Society (KOGS), Safari Park Hotel, Nairobi

PAPERS PRESENTED AT CONFERENCES/WORKSHOPS

KENYA OBSTETRICAL AND GYNAECOLOGICAL SOCIETY (KOGS), SAFARI PARK HOTEL, NAIROBI

I. Prof. Zahida Qureshi

1. The World Health Organization multicountry survey on maternal and newborn health. The Near Miss concept and Maternal deaths in the Kenyan data set
2. Active management of the third stage of labour without controlled cord traction: a randomized non-inferiority controlled trial-
3. Advocacy to Increase access to information and use of misoprostol for prevention of postpartum haemorrhage at the community level in Emuhaya District, Western Kenya

II. Prof. Koigi Kamau

1) Severe uterine synechia resulting in recurrent pregnancy loss: case report**.**

III. Prof. S. B. O Ojwang

1. Adenocarcinoma of the uterine body: A review.

IV. Prof. Joseph G. Karanja

1) KOGS - Legal and Policy Reform for safe abortion.

V. Prof. J.B.O Oyieke

1. The CORONIS Trial. International study of caesarean section surgical techniques;

VI. Dr. Samson Wanjala

1) Medical Practitioners and Dentist Board (MPDB)to educate the members on Continuous Professional Development.

VII. Dr. Wanyoike Gichuhi

1. Laparoscopic myomectomy: case selection, safety, controversies.
2. Timed menstrual induction, ovulation and conception: case presentation.

VIII. Dr. Omondi Ogutu.

1) Phaeochromocytoma in Pregnancy – normal delivery
2) Management of peptic ulcer disease in pregnancy.

IX. Dr. F.X.O Odawa

1. Judicious antimicrobial use and the role of the concencus principles.
2. KOGS - Legal and Policy Reform for safe abortion

X. Dr. Anne Kihara

1) KOGS - Legal and Policy Reform for safe abortion

XX FIGO CONFERENCE, ROME (OCTOBER 2012)

A. Dr Omondi-Ogutu

1. Use of clinical audit to improve the quality of care during the antenatal, intrapartum and postpartum period in Kenya**; FIGO Rome August 2012**

FUNDED RESEARCH PROJECTS

OTHER RESEARCH ACTIVITY

PUBLICATIONS

For the year 2012 the following publications were produced by the department.

1. Ndungu Wachira, Tamooh H, **Qureshi Z.** Prevalence of cervical cytology abnormalities among women attending antenatal clinic at Kenyatta National Hospital. Journal of Obstetrics and Gynaecology of East and Central Africa (JOGECA) 2011Vol 23, No 2:37-41.

Abstract

Background: Cancer of the cervix is among the leading causes of cancer related deaths among women in Kenya. Cervical cytology screening programs have been shown to significantly reduce mortality and morbidity associated with cancer of the cervix. Since 90% of pregnant women attend antenatal clinic at least once, the antenatal period offers an opportunity for cervical cytology screening. The local prevalence of abnormal cervical cytology has not been documented.

Objective: To determine the prevalence of cervical cytology abnormalities among women attending antenatal clinic at Kenyatta National Hospital.

Methods: This was a cross-sectional descriptive study, carried out among pregnant women on their first antenatal visit between February and August 2008. A papanicolaou smear was taken for each consenting participant. Obstetrics and gynaecology profiles of the participants were obtained with a structured questionnaire.

Results: A total of 171 participants were recruited. Only 10.5% had had previous screening for abnormal cervical cytology. One hundred and sixty pap smears were satisfactory for evaluation while five (2.9%) were unsatisfactory. The prevalence of squamous intra-epithelial lesions was 5.8% (3.5% LSIL, 2.3% HSIL). Thirty one percent were inflammatory, 1.2% had trichomonas vaginalis, 7% had bacterial vaginosis (diagnosed by the presence of clue cells) and 10.5% had Candid spp. Forty nine percent of the pap smears were reported normal. HIV positive status and abnormal vaginal discharge were significantly associated with the presence of any pap smear abnormality (p value <0.05).

Conclusion and recommendations: The rate of previous screening for abnormal cervical cytology was low at 10.5%, while the prevalence of abnormal cervical cytology was high at 5.8%. Positive HIV sero-status and presence of abnormal vaginal discharge were noted to increase the risk of cervical smear abnormalities. This emphasizes the need for antenatal cervical cytology screening programs especially among HIV seropositive women and women with abnormal vaginal discharge

2. Tonui PK, **Qureshi Z,** Ndirangu G. Estimation of Blood loss after vaginal delivery. Journal of Obstetrics and Gynecology of East and Central Africa (JOGECA) 2011Vol 23, No 2:55-60

Abstract

Background: Thirty to thirty nine percent of maternal mortality is attributed to excess bleeding after childbirth. Amount of blood loss after childbirth is generally estimated visually though it is known that such estimates are grossly inaccurate. Locally, no studies had been done to assess the performance of visual estimation and direct measurement methods of estimating blood loss after delivery. This study aimed at estimating the amount of blood loss after childbirth using three different quantitative methods (visual estimation, direct measurement and laboratory determination). The study also aimed at establishing the incidence of Postpartum Hemorrhage (PPH) in a setting where Active Management of Third Stage of Labor (AMSTL) is practiced.

Objectives: To determine the amount of blood loss and the prevalence of PPH after vaginal delivery.

Design: Analytic cross-sectional study.

Setting: Pumwani Maternity Hospital (PMH) in Nairobi, Kenya.

Subjects and methods: One hundred thirty four pregnant women delivering vaginally at PMH were recruited and studied. Sampled pregnant women were interviewed using a structured data collection form, pre- and post delivery venous blood samples were taken for determination of hematocrit and blood loss after delivery estimated visually by the primary clinician conducting the delivery and directly measured by the researchers.

Main outcome measures: Visually estimated blood loss, directly measured blood loss and pre-and post-delivery hematocrit values.

Results: The mean age of the study population was 24.7 ± 4.8 years. The mean visually estimated, directly measured and laboratory determined blood loss was 121.1 ml, 300.2 ml and 257.0 ml respectively. Prevalence of PPH (blood loss ≥ 500 ml) by visual estimation was zero percent and 13.4% (95% CI 5.3 - 21.5) and 11.2% (95% CI 4.0 - 18.8) by direct measurement and laboratory determination respectively. Visual estimation consistently underreported the most significant risk factor for PPH was performance of an episiotomy.

Conclusion: Visual estimation is not sensitive and grossly underestimates the amount of blood loss after delivery, magnitude of underestimation increases with increasing amount of blood loss. Direct measurement of blood loss is both highly sensitive and specific in the detection of PPH.

3. A M Gulmezoglu, P Lumbiganon, S Landousli, M Widmer, HA Aleem, M Festin, G Carroli, , **Z Qureshi** J Psouza, et al., Active Management of the third stage of labour with and without controlled cord traction: a randomised controlled non-inferiority trial. The Lancet 379, Issue 9827, 172-1727 5th May 2012

Abstract

BACKGROUND: Active management of the third stage of labour reduces the risk of post-partum haemorrhage. We aimed to assess whether controlled cord traction can be omitted from active management of this stage without increasing the risk of severe haemorrhage.

METHODS: We did a multicentre, non-inferiority, randomised controlled trial in 16 hospitals and two primary health-care centres in Argentina, Egypt, India, Kenya, the Philippines, South Africa, Thailand, and Uganda. Women expecting to deliver singleton babies vaginally (ie, not planned caesarean section) were randomly assigned (in a 1:1 ratio) with a centrally generated allocation sequence, stratified by country, to placental delivery with gravity and maternal effort (simplified package) or controlled cord traction applied immediately after uterine contraction and cord clamping (full package). After randomisation, allocation could not be concealed from investigators, participants, or assessors. Oxytocin 10 IU was administered immediately after birth with cord clamping after 1-3 min. Uterine massage was done after placental delivery according to local policy. The primary (non-inferiority) outcome was blood loss of 1000 mL or more (severe haemorrhage). The non-inferiority margin for the risk ratio was 1·3. Analysis was by modified intention-to-treat, excluding women who had emergency caesarean sections. This trial is registered with the Australian and New Zealand Clinical Trials Registry, ACTRN 12608000434392.

FINDINGS: Between June 1, 2009, and Oct 30, 2010, 12,227 women were randomly assigned to the simplified package group and 12,163 to the full package group. After exclusion of women who had emergency caesarean sections, 11,861 were in the simplified package group and 11,820 were in the full package group. The primary outcome of blood loss of 1000 mL or more had a risk ratio of 1·09 (95% CI 0·91-1·31) and the upper 95% CI limit crossed the pre-stated non-inferiority margin. One

case of uterine inversion occurred in the full package group. Other adverse events were haemorrhage-related.

INTERPRETATION: Although the hypothesis of non-inferiority was not met, omission of controlled cord traction has very little effect on the risk of severe haemorrhage. Scaling up of haemorrhage prevention programmes for non-hospital settings can safely focus on use of oxytocin.

FUNDING: United States Agency for International Development and UN Development Programme/UN Population Fund/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Department of Reproductive Health and Research

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1. Hughes JP, Baeten JM, Lingappa JR, Magaret AS, Wald A, de Bruyn G, **Kiarie J**, Inambao M, Kilembe W, Farquhar C, Celum C; the Partners in Prevention HSV/HIV Transmission Study Team. Determinants of Per-Coital-Act HIV-1 Infectivity Among African HIV-1-Serodiscordant Couples. J Infect Dis. 2012 Feb;205(3):358-365.

Abstract

Knowledge of factors that affect per-act infectivity of human immunodeficiency virus type 1 (HIV-1) is important for designing HIV-1 prevention interventions and for the mathematical modeling of the spread of HIV-1.

2. Drake AL, Roxby AC, Ongecha-Owuor F, **Kiarie J**, John-Stewart G, Wald A, Richardson BA, Hitti J, Overbaugh J, Emery S, Farquhar C. Valacyclovir Suppressive Therapy Reduces Plasma and Breast Milk HIV-1 RNA Levels During Pregnancy and Postpartum: A Randomized Trial. J Infect Dis. 2012 Feb;205(3):366-75. Epub 2011 Dec 6.

Abstract

The effect of herpes simplex virus type 2 (HSV-2) suppression on human immunodeficiency virus type 1 (HIV-1) RNA in the context of prevention of mother-to-child transmission (PMTCT) interventions is unknown.

3. Drake AL, Roxby AC**, Kiarie J**, Richardson BA, Wald A, John-Stewart G, Farquhar C. Infant safety during and after maternal valacyclovir therapy in conjunction with antiretroviral HIV-1 prophylaxis in a randomized clinical trial. PLoS One. 2012;7(4):e34635. Epub 2012 Apr 11.

Abstract

Maternal administration of the acyclovir prodrug valacyclovir is compatible with pregnancy and breastfeeding. However, the safety profile of prolonged infant and

maternal exposure to acyclovir in the context of antiretrovirals (ARVs) for prevention of mother-to-child HIV-1 transmission (PMTCT) has not been described.

4. Slyker JA, Chung MH, Lehman DA, **Kiarie J**, Kinuthia J, Holte S, Tapia K, Njiri F, Overbaugh J, John-Stewart G. Incidence and correlates of HIV-1 RNA detection in the breast milk of women receiving HAART for the prevention of HIV-1 transmission. PLoS One. 2012;7(1):e29777. Epub 2012 Jan 11.

Abstract

The incidence and correlates of breast milk HIV-1 RNA detection were determined in intensively sampled women receiving highly active antiretroviral therapy (HAART) for the prevention of mother-to-child HIV-1 transmission.

5. Hubacher D, Olawo A, Manduku C**, Kiarie J**, Chen PL. Preventing unintended pregnancy among young women in Kenya: prospective cohort study to offer contraceptive implants. Contraception. 2012 May 25.

Abstract

Subdermal contraceptive implants have low discontinuation rates but are underused among young women in Africa. This study aimed to isolate the role initial contraceptive method has on preventing unintended pregnancy.

6. Balkus JE, Jaoko W, Mandaliya K, Richardson BA, Masese L, Gitau R, **Kiarie J**, Marrazzo J, Farquhar C, McClelland RS. The posttrial effect of oral periodic presumptive treatment for vaginal infections on the incidence of bacterial vaginosis and Lactobacillus colonization. Sex Transm Dis. 2012 May; 39(5):361-5.

Abstract

We previously demonstrated a decrease in bacterial vaginosis (BV) and an increase in Lactobacillus colonization among randomized controlled trial (RCT) participants who received monthly oral periodic presumptive treatment (PPT; 2 g metronidazole + 150 mg fluconazole). Posttrial data were analyzed to test the hypothesis that the treatment effect would persist after completion of 1 year of PPT.

7. Hubacher D, Olawo A, Manduku C, **Kiarie J**, Chen PL. Preventing unintended pregnancy among young women in Kenya: prospective cohort study to offer contraceptive implants. Contraception. 2012 May 25.

Abstract

Subdermal contraceptive implants have low discontinuation rates but are underused among young women in Africa. This study aimed to isolate the role initial contraceptive method has on preventing unintended pregnancy.

8. Roxby AC, Drake AL, Ongecha-Owuor F, **Kiarie JN**, Richardson B, Matemo DN, Overbaugh J, Emery S, John-Stewart GC, Wald A, Farquhar C. Effects of valacyclovir on markers of disease progression in postpartum women co-infected with HIV-1 and herpes simplex virus-2. PLoS One. 2012;7(6):e38622. Epub 2012 Jun 12.

Abstract

Objective: Herpes simplex virus type 2 (HSV-2) suppression has been shown to reduce HIV-1 disease progression in non-pregnant women and men, but effects on pregnant and postpartum women have not been described.
Methods: We analyzed data from a cohort of Kenyan women participating in a randomized clinical trial of HSV-2 suppression. Pregnant HIV-1-seropositive, HSV-2-seropositive women who were not eligible for antiretroviral therapy (WHO stage 1–2, CD4.250 cells/ml) were randomized to either 500 mg valacyclovir or placebo twice daily from 34 weeks gestation
through 12 months postpartum. Women received zidovudine and single-dose nevirapine for prevention of mother-to-child HIV-1 transmission. HIV-1 progression markers, including CD4 count and plasma HIV-1 RNA levels, were measured serially. Multivariate linear regression was used to compare progression markers between study arms.
Results: Of 148 women randomized, 136 (92%) completed 12 months of postpartum follow-up. While adjusted mean CD4 count at 12 months (565 cells/ml placebo arm, 638 cells/ml valacyclovir arm) increased from antenatal levels in both arms, the mean CD4 count increase was 73 cells/ml higher in the valacyclovir arm than placebo arm ($p = 0.03$). Mean increase in CD4 count was 154 cells/ml in the valacyclovir arm, almost double the increase of 78 cells/ml in the placebo arm. At 12 months, adjusted HIV-1 RNA levels in the placebo arm increased by 0.66 log10 copies/ml from baseline, and increased by only 0.21 log10 copies/ml in the valacyclovir arm (0.40 log10 copies/ml difference, $p = 0.001$).
Conclusion: Women randomized to valacyclovir suppressive therapy during pregnancy and postpartum had greater increases in CD4 counts and smaller increases in plasma HIV-1 RNA levels than women in the placebo arm. Valacyclovir suppression during pregnancy and breastfeeding may improve outcomes and delay antiretroviral therapy for HIV-1/HSV-2 co-infected women.

9. Mullan F, Frehywot S, Omaswa F, Sewankambo N, Talib Z, Chen C, **Kiarie J**, Kiguli-Malwadde E. The Medical Education Partnership Initiative: PEPFAR's effort to boost health worker education to strengthen health systems. Health Aff (Millwood). 2012 Jul;31(7):1561-72.

Abstract

The early success of the President's Emergency Plan for AIDS Relief (PEPFAR) in delivering antiretroviral medications in poor countries unmasked the reality that many lacked sufficient health workers to dispense the drugs effectively. The 2008 reauthorization of PEPFAR embraced this challenge and committed to supporting the

education and training of thousands of new health workers. In 2010 the program, with financial support from the US National Institutes of Health and administrative support from the Health Resources and Services Administration, launched the Medical Education Partnership Initiative to fund thirteen African medical schools and a US university. The US university would serve as a coordinating center to improve the quantity, quality, and retention of the schools' graduates. The program was not limited to training in the delivery of services for patients with HIV/AIDS. Rather, it was based on the principle that investment in medical education and retention would lead to health system strengthening overall. Although results are limited at this stage, this article reviews the opportunities and challenges of the first year of this major transnational medical education initiative and considers directions for future efforts and reforms, national governmental roles, and the sustainability of the program over time.

10. Baeten JM, Donnell D, Ndase P, Mugo NR, Campbell JD, Wangisi J, Tappero JW, Bukusi EA, Cohen CR, Katabira E, Ronald A, Tumwesigye E, Were E, Fife KH, **Kiarie J**, Farquhar C, John-Stewart G, Kakia A, Odoyo J, Mucunguzi A, Nakku-Joloba E, Twesigye R, Ngure K, Apaka C, Tamooh H, Gabona F, Mujugira A, Panteleeff D, Thomas KK, Kidoguchi L, Krows M, Revall J, Morrison S, Haugen H, Emmanuel-Ogier M, Ondrejcek L, Coombs RW, Frenkel L, Hendrix C, Bumpus NN, Bangsberg D, Haberer JE, Stevens WS, Lingappa JR, Celum C; Partners PrEP Study Team. Antiretroviral prophylaxis for HIV prevention in heterosexual men and women. N Engl J Med. 2012 Aug 2;367(5):399-410.

Abstract

Antiretroviral preexposure prophylaxis is a promising approach for preventing human immunodeficiency virus type 1 (HIV-1) infection in heterosexual populations.

11. Rositch AF, Gatuguta A, Choi RY, Guthrie BL, Mackelprang RD, Bosire R, Manyara L, **Kiarie JN**, Smith JS, Farquhar C. Knowledge and acceptability of pap smears, self-sampling and HPV vaccination among adult women in Kenya. PLoS One. 2012;7(7):e40766.

Abstract

Our study aimed to assess adult women's knowledge of human papillomavirus (HPV) and cervical cancer, and characterize their attitudes towards potential screening and prevention strategies.

12. Rositch AF, Cherutich P, Brentlinger P, **Kiarie JN**, Nduati R, Farquhar C. HIV infection and sexual partnerships and behaviour among adolescent girls in Nairobi, Kenya. Int J STD AIDS. 2012 Jul;23(7):468-74.

Abstract

Early sexual partnerships place young women in sub-Saharan Africa at high risk for HIV. Few studies have examined both individual- and partnership-level characteristics of sexual relationships among adolescent girls. A cross-sectional

survey of sexual history and partnerships was conducted among 761 adolescent girls aged 15-19 years in Nairobi, Kenya. Rapid HIV testing was conducted and correlates of HIV infection were determined using multivariate logistic regression. The HIV prevalence was 7% and seropositive adolescents had a younger age at sexual debut ($P < 0.01$), more sexual partners in 12 months ($P = 0.03$), and were more likely to report transactional or non-consensual sex ($P < 0.01$). Girls who reported not knowing their partner's HIV status were 14 times as likely to be HIV-seropositive than girls who knew their partner's status (adjusted odds ratio: 14.2 [1.8, 109.3]). Public health messages to promote HIV testing and disclosure within partnerships could reduce sexual risk behaviours and HIV transmission among adolescents.

13. Roxby AC, Liu AY, Drake AL, **Kiarie JN**, Richardson B, Lohman-Payne BL, John-Stewart GC, Wald A, De Rosa S, Farquhar C.T Cell Activation in HIV-1/Herpes Simplex Virus-2-Coinfected Kenyan Women Receiving Valacyclovir. AIDS Res Hum Retroviruses. 2012 Sep 4.

Abstract

Herpes simplex virus-2 (HSV-2) suppression with acyclovir or valacyclovir reduces HIV-1 viral RNA levels; one hypothesis is that HSV-2 suppression reduces immune activation. We measured T cell immune activation markers among women participating in a randomized placebo-controlled trial of valacyclovir to reduce HIV-1 RNA levels among pregnant women. Although valacyclovir was associated with lower HIV-1 RNA levels, the distribution of both CD4(+) and CD8(+) CD38(+)HLA-DR(+) T cells was not different among women taking valacyclovir when compared to women taking placebo. Further study is needed to understand the mechanism of HIV-1 RNA reduction following herpes suppression among those coinfected with HIV-1 and HSV-2.

14. Kahn TR, Desmond M, Rao D, Marx GE, Guthrie BL, Bosire R, Choi RY, **Kiarie JN**, Farquhar C. Delayed initiation of antiretroviral therapy among HIV-discordant couples in Kenya. AIDS Care. 2012 Aug 6.

Abstract

Timely initiation of antiretroviral therapy (ART) is particularly important for HIV-discordant couples because viral suppression greatly reduces the risk of transmission to the uninfected partner. To identify issues and concerns related to ART initiation among HIV-discordant couples, we recruited a subset of discordant couples participating in a longitudinal study in Nairobi to participate in in-depth interviews and focus group discussions about ART. Our results suggest that partners in HIV-discordant relationships discuss starting ART, yet most are not aware that ART can decrease the risk of HIV transmission. In addition, their concerns about ART initiation include side effects, sustaining an appropriate level of drug treatment, HIV/AIDS-related stigma, medical/biological issues, psychological barriers, misconceptions about the medications, the inconvenience of being on therapy, and lack of social support. Understanding and addressing these barriers to ART initiation among discordant couples is critical to advancing the HIV "treatment as prevention" agenda.

15. Choi RY, Levinson P, Guthrie BL, Payne B, Bosire R, Liu AY, Hirbod T, **Kiarie J**, Overbaugh J, Stewart GJ, Broliden K, Farquhar C. Cervicovaginal HIV-1 Neutralizing IgA Detected among HIV-1-Exposed Seronegative Female Partners in HIV-1-Discordant Kenyan Couples. AIDS. 2012 Aug 31.

Abstract

Cervicovaginal HIV-1-neutralizing immunoglobulin A (IgA) was associated with reduced HIV-1 acquisition in a cohort of commercial sex workers. We aimed to define the prevalence and correlates of HIV-1-neutralizing IgA from HIV-1-exposed seronegative (HESN) women in HIV-1-serodiscordant relationships.

16. Guthrie BL, Lohman-Payne B, Liu AY, Bosire R, Nuvor SV, Choi RY, Mackelprang RD, **Kiarie JN**, De Rosa SC, Richardson BA, John-Stewart GC, Farquhar C. HIV-1-specific ELISpot Responses in HIV-1 Exposed, Uninfected Partners in Discordant Relationships, Compared to Low-Risk Controls. Clin Vaccine Immunol. 2012 Sep 12.

Abstract

A number of studies of highly exposed HIV-1-seronegative individuals (HESN) have found HIV-1-specific cellular responses. However, there is limited evidence that responses prevent infection or are linked to HIV-1 exposure. Peripheral blood mononuclear cells (PBMC) were isolated from HESN in HIV-1-discordant relationships and low-risk controls in Nairobi, Kenya. HIV-1-specific responses were detected using gamma interferon (IFN-γ) enzyme-linked immunosorbent spot (ELISpot) assays stimulated by peptide pools spanning the subtype A HIV-1 genome. The HIV-1 incidence in this HESN cohort was 1.5 per 100 person years. Positive ELISpot responses were found in 34 (10%) of 331 HESN and 14 (13%) of 107 low-risk controls (odds ratio [OR] = 0.76; P = 0.476). The median immunodominant response was 18.9 spot-forming units (SFU)/10(6) peripheral blood mononuclear cells (PBMC). Among HESN, increasing age (OR = 1.24 per 5 years; P = 0.026) and longer cohabitation with the HIV-1-infected partner (OR = 5.88 per 5 years; P = 0.003) were associated with responses. These factors were not associated with responses in controls. Other exposure indicators, including the partner's HIV-1 load (OR = 0.99 per log(10) copy/ml; P = 0.974) and CD4 count (OR = 1.09 per 100 cells/μl; P = 0.238), were not associated with responses in HESN. HIV-1-specific cellular responses may be less relevant to resistance to infection among HESN who are using risk reduction strategies that decrease their direct viral exposure.

17. Heffron R, Mugo N, Ngure K, Celum C, Donnell D, Were E, Rees H, **Kiarie J**, Baeten JM; for the Partners in Prevention HSVHIV Transmission Study Team. Hormonal contraceptive use and risk of HIV-1 disease progression. AIDS. 2012 Oct 17. [Epub ahead of print]

Abstract

For HIV-1-infected women, hormonal contraception prevents unintended pregnancy, excess maternal morbidity, and vertical HIV-1 transmission. Hormonal contraceptives are widely used but their effects on HIV-1 disease progression are unclear.

18. Kavanaugh BE, Odem-Davis K, Jaoko W, Estambale B, **Kiarie JN**, Masese LN, Deya R, Manhart LE, Graham SM, McClelland RS. Prevalence and correlates of genital warts in kenyan female sex workers. Sex Transm Dis. 2012 Nov;39(11):902-5.

Abstract

Our goal in the present study was to investigate the prevalence and correlates of genital warts in a population of female sex workers in Mombasa, Kenya. Because of the high prevalence of human immunodeficiency virus type 1 (HIV-1) in this population, we were particularly interested in the association between HIV-1 infection and genital warts.

19. Guthrie BL, Lohman-Payne B, Liu AY, Bosire R, Nuvor SV, Choi RY, Mackelprang RD**, Kiarie JN**, De Rosa SC, Richardson BA, John-Stewart GC, Farquhar C. HIV-1-Specific Enzyme-Linked Immunosorbent Spot Assay Responses in HIV-1-Exposed Uninfected Partners in Discordant Relationships Compared to Those in Low-Risk Controls. Clin Vaccine Immunol. 2012 Nov;19(11):1798-805

Abstract

A number of studies of highly exposed HIV-1-seronegative individuals (HESN) have found HIV-1-specific cellular responses. However, there is limited evidence that responses prevent infection or are linked to HIV-1 exposure. Peripheral blood mononuclear cells (PBMC) were isolated from HESN in HIV-1-discordant relationships and low-risk controls in Nairobi, Kenya. HIV-1-specific responses were detected using gamma interferon (IFN-γ) enzyme-linked immunosorbent spot (ELISpot) assays stimulated by peptide pools spanning the subtype A HIV-1 genome. The HIV-1 incidence in this HESN cohort was 1.5 per 100 person years. Positive ELISpot responses were found in 34 (10%) of 331 HESN and 14 (13%) of 107 low-risk controls (odds ratio [OR] = 0.76; P = 0.476). The median immunodominant response was 18.9 spot-forming units (SFU)/10(6) peripheral blood mononuclear cells (PBMC). Among HESN, increasing age (OR = 1.24 per 5 years; P = 0.026) and longer cohabitation with the HIV-1-infected partner (OR = 5.88 per 5 years; P = 0.003) were associated with responses. These factors were not associated with responses in controls. Other exposure indicators, including the partner's HIV-1 load (OR = 0.99 per log(10) copy/ml; P = 0.974) and CD4 count (OR = 1.09 per 100 cells/μl; P = 0.238), were not associated with responses in HESN. HIV-1-specific cellular responses may be less relevant to resistance to infection among HESN who are using risk reduction strategies that decrease their direct viral exposure.

20. Choi RY, Levinson P, Guthrie BL, Lohman-Payne B, Bosire R, Liu AY, Hirbod T, **Kiarie J**, Overbaugh J, John-Stewart G, Broliden K, Farquhar C. Cervicovaginal HIV-

1-neutralizing immunoglobulin A detected among HIV-1-exposed seronegative female partners in HIV-1-discordant couples. AIDS. 2012 Nov 13;26(17):2155-2163.

Abstract

Cervicovaginal HIV-1-neutralizing immunoglobulin A (IgA) was associated with reduced HIV-1 acquisition in a cohort of commercial sex workers. We aimed to define the prevalence and correlates of HIV-1-neutralizing IgA from HIV-1-exposed seronegative (HESN) women in HIV-1-serodiscordant relationships.

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1. **Ndavi, M**, Rotich EC, Chindia ML, Macigo FG, Were F. 2012. Craniofacial anomalies amongst births at two hospitals in Nairobi, Kenya, International Journal of Oral & Maxillofacial Surgery 41:5, 596-603,. International Journal of Oral & Maxillofacial Surgery 41:5, 596-603

Abstract

The pattern of congenital oral and craniofacial anomalies (CFAs) in the Kenyan population remains unknown. The objective of this study was to describe the pattern of occurrence of CFAs at two hospitals in Nairobi. A descriptive cross-sectional study at the Kenyatta National Hospital and Pumwani Maternity Hospital was carried out from November 2006 to March 2007. Mothers who delivered at the hospitals consented to an interview and physical examination of their babies within 48 h of delivery. The anomalies were classified for type and magnitude. Data were analysed to determine the association of these anomalies with ages of the mothers, gender, weight, birth order, mode of delivery and birth status of the babies. During the study period, 7989 babies were born. The CFAs manifested in 1.8% of the total births and were more common in female (1.4%) than in male (1.0%) live births. 12.8% of stillbirths had CFAs, with lesions manifesting more in males (16.7%) than in females (6.9%). The commonest CFA was preauricular sinus (4.3/1000) followed by hydrocephalus (1.9/1000) then preauricular tags and cleft lip and palate (1.5/1000 and 1.3/1000 total births, respectively).

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1) **Omondi-Ogutu**, Olang' PR; Benefits of Shirodkar stitch in women with failed McDonald stitch .East African Medical Journal Vol. 88 No. 6 2011

Abstract

This is a case series presentation of 14 cases where Shirodkar stitch was inserted after failed McDonald stitch. The patients were either self referrals or from Obstetricians in Eastern Africa region. All the patients were able to carry

the pregnancies to term and were delivered by Caesarean section. The findings show that Shirodkar stitch has a place in management of patients with recurrent pregnancy loss. There is need to familiarise obstetricians on the insertion of Shirodkar stitch.

2) Mdachi E, **Omondi-Ogutu**. The DNA genotype of human papilloma virus infection among the adolescent/youth girls at Kenyatta National Hospital youth clinic
East African Medical Journal Vol. 88 No. 6 2011

Abstract

Background: Adolescents have risky sexual behaviour exposing them to the Human Papilloma Virus (HPV) infection. With clear causal relationship between high risk the HPV(16 and 18) infection and invasive cancer, this study focuses on the distribution of HPVgenotypes among the female adolescent and youth at the Kenyatta National Hospital (KNH) youth clinic.

Objective: To determine DNA genotype of HPVinfection among adolescent girls at KNH- Youth Clinic and use it as an advocacy tool for the introduction of the HPVvaccine provision in the clinic.

Design: Cross-sectional study.

Setting: Kenyatta National Hospital Youth clinic.

Subjects: Adolescent (and youths) girls aged between 12-24 years.

Results: Two hundred and sixty four participants were recruited into the study for a period of three months. The recruitment was done in the clinic till the required sample size was obtained. The prevalence of cervical HPVinfection was 9.8% (95% CI: 6.13 to 13.41). There were multiple serotypes with 27% infected with HPVstrain type 18 and 66. Type 16 was 5%, type 18 was 9%, and there were mixed genotype infections in the rest. There were no low risk strains isolated and 18% of the respondents who tested positive for HPVDNA had uncharacterised strains.

Conclusion: The prevalence of HPVamong the adolescent girls at KNHyouth clinic was 9.8%. Twenty seven percent had co-infection with type 18 and 66

3) **Omondi-Ogutu**, Machoki James. Parental acceptance of vaccination of their prepubertal and teenage daughters against Human papilloma virus East African Medical Journal Vol. 88 No. 5 April 2011
Abstract

Objective: To determine the factors influencing parental acceptance of the HPV vaccine for their pre-pubertal (age group 9-14 years) daughters.

Design: Cross sectional study.
Setting: Four primary schools within Langata constituency in Nairobi County in June 2010.
Subject: Girls in Standard five to eight were selected for the study. A self explanatory one page questionnaire was given out to take to their mothers/guardian and returned in one week. Fifty mothers were then randomly selected from the returned questionnaires and an in depth telephone interview was conducted. The data entry and coding was done and analysed using SPSS version 15.
Results: In this study 68% of parents/guardians accepted that vaccination should be done but only 58% agreed that their daughters should be vaccinated, majority of the respondents were females, (women 82% and men 18 %). This observed difference across the genders was not statistically significant p=0.078. The level of education of the respondent (nil 2.7%, primary 6.6%, college /university 47.7% secondary 45.7%) the observed difference across the educational levels of agreeing to vaccination was not statistically significant p=0.898. The knowledge/awareness on cervical cancer and its relationship to HPV infection correlated with the level of education was found to have been statistically significant. The parents recommended age of vaccination was 11-13 year (58%). Parent/guardians suggested age of vaccination and HPV vaccine acceptance was significant correlated with the vaccination acceptance by the parents p=0.009. This study has shown that the recommended age of vaccination by parents is 11-13years age group which was similar to findings done in many countries.

Conclusion: There was poor knowledge on the relationship between HPV infection and cervical cancer. The acceptable age of vaccine administration was 11-13 years.

TRAININGS/WORKSHOPS ATTENDED BY POSTGRADUATE STUDENTS

PRONTO; Simulation Emergency Obstetric and Neonatal care

Organised by PRIME-K on 13-17th February, 2012

Attended by: Dr. Tanwira Chiraghdin

Dr. Nicholas Muasya

Dr. Vincent Oyiengo

Basic Skills in Laparoscopic Surgery

Organised by ICMAS (International Centre for Minimal Access Surgery) on 20th Feb 2012

Attended by:

Dr. David Momanyi

Dr. Habib Hussein

Dr. Wanyoike Gichuhi

IMPLEMETATION SCIENCE

Held on MARCH 12-16, 2012

Organised by PRIME-K

Attended by:

Dr. Carolyne Kaminja	Dr. Wanjiku Ndungu
Dr. Mwithiga Thuo	Dr. Ondieki Otwori
Dr. Bukhite Balleith	Dr. Vincent Oyiengo
Dr. Idyoro Ojukwu	Dr. Tanwira Chiraghdin
Dr. David Momanyi	Dr. Ashery Biyoboke

Training-PROGRAM MANAGEMENT

Held on 14-19, APRIL 2012

Organised by PRIME-K

Attended:

Dr. Carolyne Kaminja	Dr. Mwithiga Thuo
Dr. Wanjiku Ndungu	Dr. Ondieki Otwori
Dr. Bukhite Balleith	Dr. Vincent Oyiengo
Dr. Idyoro Ojukwu	Dr. Tanwira Chiraghdin
Dr. David Momanyi	Dr. Ashery Biyoboke

Dr. Boniface Wendo	Dr. Rosa Chemwey
Dr. Mufida Shabiby	Dr. Fredrick Kairithia

Complications in Laparoscopic Surgery

Organised by ICMAS on 2-4th May, 2012

Attended by:

Dr. Faiza Nassir	Dr Mufida Shabiby
Dr. David Momanyi	Dr. Ondieki Otwori
Dr. Habib Hussein	

Maternal Newborn and Child Health (MNCH)

Held on 21-25 MAY, 2012

Organised by PRIME-K

Attended by:

Dr. Carolyne Kaminja	Dr. Mwithiga Thuo
Dr. Wanjiku Ndungu	Dr. Ondieki Otwori
Dr. Bukhite Balleith	Dr. Vincent Oyiengo
Dr. Idyoro Ojukwu	Dr. Tanwira Chiraghdin
Dr. David Momanyi	Dr. Ashery Biyoboke

September 2012- New postgraduate intake

November 2012

Symposium on prematurity

Organised by Dept of Ob/Gyn, Dept of Paeds and KNH

Attended by all postgraduate students and faculty

Training-IMPLEMENTATION SCIENCE

Held on 12-16 NOVEMBER, 2012

Organised by PRIME-K

Attended by:

Dr. Claire Kinuthia	Dr. Lemmy Oginga
Dr. Rukiya A. Maawiya	Dr. Ruth Kavuma
Dr. Virginia Musau	Dr. Dorcus Muchiri

CONSULTANCIES

Full list of consultancies will follow.

Departmental academic staff continues to offer consultancy services to the KNH.

FACILITIES AND INFRASTRUCTURE

New facilities acquired in the 2012 year include a new LCD with motorised screen for the departmental board room. These were kindly supplied through funding from the office of the dean.

Work continued on the video link between the main theatre complex and lecture theatre 2. Last phase remains and anticipated to be operational by early 2013.

COMMUNITY OUTREACH

OBS/GYN community outreach

Light Sisters Organization - Pumwani, Majengo Medical Camp (10/11/2012)

Light Sisters Organization is a Non –Governmental Organization. Their main objective is to make a difference in life through education and health.

Staff and students from the **Department of Obstetrics and Gynaecology University of Nairobi** led by **Prof Zahida Qureshi** joined the Light sisters organizers in organizing a free medical camp on 10th November 2012. This was also done in collaboration with **Muslim Students Association of the University of Nairobi (MSAUN)**.

The group worked very closely with the staff of the local health centers and the locals in Pumwani in the preparation of the camp date and on the very material day for the camp.

Free medical services were provided on 10th November, 2012 as one of the activities for the organization in the year 2012. The different units in the camp comprised of:

- Registration area
- Nursing Station
- Pharmacy
- VCT

- General Physicians
- Dental
- Gynecology
- Pediatrics
- Laboratory
- Security Team

A total of 545 patients were registered. Many had multiple consultations that included medical, dental and gynecological assessments; this meant that the actual number of patients consulted was about **800**. The total number of volunteers was 63.

Gynaecology unit saw 64 patients who were subjected to via/ vili tests to check for cervical abnormalities and breast examinations. Six abnormalities were detected and patients referred for further tests.

In the pictures:

Patients waiting in an orderly manner to be registered

A patient being attended to at the Gynaecology unit