The Kenya Association of Family Physicians (KAFP)

In conjunction with

The Institute of Family Medicine (INFA-MED)

Celebrating the World Family Doctor’s Day

On Sunday May 19th 2013.

Contact: The Administrative Officer
INFA-MED & KAFP
P. O. Box 63026
Nairobi, 00200. Kenya

Tel: +254 020 4441920, 4441854, 4445542-43
Fax: +254 020 4440306
Email: infamed@chak.or.ke
Mobile Phone: 0733-606 492

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Summary of Family Medicine in Kenya

As medical specialties and subspecialties are increasing popularity in Kenya, the Institute has not been left behind. INFA-MED as is often referred continues to uphold Family Medicine as the ideal specialty that provides continuing and comprehensive health care for the individual, family and community at large. The program lends itself for its knowledge-base of the patient and in the context of the family and the community while at the same time emphasizing primary health care delivery and prevention. To realize the aforementioned, INFA-MED has continued to offer scholarships to Family Medicine registrars at Moi University. The fund has been brought to fruition by well-wishers and donors.

For a physician to demonstrate competency he or she has to continuously engage in lifelong learning among other activities. In order to realize this, INFA-MED has been at the forefront and even accredited as a CPD Provider. The Institute reckoned that this process will facilitate a great deal in increasing knowledge, problem-solving, technical skills or professional performance standards all with the aim of providing better health care. This is besides being a requirement by the Medical Practitioner and Dentist Board (the medical regulatory body in Kenya)

One of the CPD program that the, Institute is licensed to carry out is the Advanced Life Support in Obstetrics (ALSO) and for which we have conducted 23 training sessions and a total of 592 medical personnel. Advanced Life Support in Obstetrics (ALSO) Course is considered to assist health professionals attain knowledge and proficiency in managing emergencies that may arise. This is realized through informative and practical-hands-on workstations with lifelike mannequins. Topics include, assisted vaginal delivery, shoulder dystocia, first trimester complications, vaginal bleeding late in pregnancy, intrapartum fetal surveillance, malpresentations, perineal laceration repair to mention but a few.

The Institute is also host to the Kenya Association of Family Physicians (KAFP) which is the umbrella body for the graduating Family Medicine physicians and the General Practitioners in the country.
Part One: Family Medicine Program in Kenya

1.1 At Moi University, School of Medicine – Eldoret - We are glad to inform you that currently we have 15 Family Medicine graduates who have been posted to several parts of the country namely: Kangundo District Hospital, AIC Kijabe Hospital, Machakos District Hospital, Iten District Hospital, Muranga District Hospital, Mukurwe-ini District Hospital, Busia District hospital, PCEA Chogoria Hospital, Vihiga District Hospital and Gatundu District Hospital. Out of the fifteen, two have been absorbed by the university as faculty, while four are medical superintendents and one is INFA-MED Director. In addition, we have a similar number of registrars currently in the system whereby 4 are at Kangundo District Hospital, 4 at Tenwek Hospital and 7 in Webuye District Hospital. We continue to receive reports from the Department of Family Medicine and Family Medicine Co-ordinators of their enthusiasm and favourable evaluation while at the same time positive interaction with the rest of their colleagues.

At the moment we are offering scholarship to 3 of our registrars at seventy-five percent (75%) and 2 are receiving salary support. However, this is upon application by the registrar and approval by the Management Committee. The Institute remains to encourage the registrars to join the faculty as junior consultants upon completion of their studies while at the same time engage other medical institutions in advocating for the program.

1.2 At the University of Nairobi, School of Medicine – Nairobi. The University leadership is upbeat about the program. Currently, the Family Medicine Curriculum Sub-committee is reviewing the syllabus to incorporate views suggested by the senate. At the same time, the Sub-Committee leadership continues to interact with diverse Family Medicine leadership in a bid to explore areas of collaboration. Last year we received a delegation from the Department of Family Medicine - MacMaster University, Canada. The group was led by Dr. Lynda Redwood-Campbell who is the immediate past chair of the College of Family Physicians of Canada and currently co-chair to the Association of Faculties of Medicine of Canada. The delegation were keen to learn about the University of Nairobi Family Medicine program and seeking connections with those involved in East African Family Medicine development.

1.3 At Kabarak University – Nakuru. - Following the formation of the Task Force Committee there has been a series of meetings whose main assignment has been the development of the Family Medicine Curriculum. We are grateful to inform you that the Task Force Committee has finalized the Family Medicine Curriculum and presented to their Senate. The next step is that of present the Curriculum to the Council of University Education (The Council of University Education (CUE) is a public service organization established in 1985 by an Act of Parliament, Universities Act, CAP 210B as the sole regulatory agency charged with planning, advising, accreditation and expansion of university education in Kenya.) while at the same time updating the Ministry of Health, Medical Practitioner & Dentist Board and other relevant institutions. The Task Force Committee that constitutes of Institute of Postgraduate Studies and Research - Kabarak University, Tenwek Hospital, AIC Kijabe Hospitals, PCEA Chogoria Hospital and INFA-MED.
2.1 The KAFP Executive Committee comprises of:-

Seated on the front row: Dr. Linda Thorpe (Aga Khan Uni. Hosp.), Dr. Joshua Nderitu (INFA-MED Director), Dr. Shem Musoke, (The Nairobi Hosp.), Dr. Franklin Ikunda (PCEA Chogoria Hosp.) Dr. Ravi Sharma (Aga Khan Uni. Hosp.)

Standing at the back row: Dr. Patrick Chege (Chairman, Dept of Family Medicine – Moi University), Dr. Gulnaz Mohamoud (Aga Khan Uni. Hosp.) Ms. Edith Kabure INFA-MED & KAFP Programs Officer, Dr. Ernst Tenambergen (Family Medicine Consultant), Dr. Jacob Shabani (Aga Khan Uni. Hosp.) and Dr. Ajay Chhaniyara (The Nairobi Hospital)
2.2 Activities for Year 2013.
The KAFP Executive Committee held their first planning meeting on February 12th, 2013 at The Aga Khan University Hospital. The purpose of this meeting was to evaluate activities for the previous years while at the same time approve the plan of activities for year 2013. The activities were highlighted as:-


ii. Saturday April 13th, 2013 at MP Shah Hosp. Lecture Theatre
   Headache, Dementia & Alzheimer, Movement Disorders and Cerebral Vascular Accidents

iii. Prostate Cancer Presentation – Friday April 19th, 2013 at Mayfair Hotel.


v. Optimizing Patient Care in Gastroenterology & Cardiology – Sat. June 15th 2013 Hotel Intercontinental (a whole day event).

vi. Optimizing Care in Asthma & Allergic Rhinitis: One Airway, One Disease?
    Friday June 21st 2013 at Mayfair Hotel (an evening event).


viii. Saturday July 20th 2013
     Update on Hyper & Hypothyroidism, Update on Type 2 Diabetese, Hypertension
     Dyslipidemia & Metabolic Syndrome, Nutrition


x. Saturday September 14th, 2013
   Respiratory diseases, Asthma and COPD


xii. Saturday November 16th, 2013
    Emergency medicine, Update on resuscitation and Basic Life Support skills
Part Three: Commemorating the World Family Doctors Day on May 19th 2013

This was a joint venture of the Institute of Family Medicine (INFA-MED), the Kenya Association of Family Physicians (KAFP) and the Presbyterian Church of East Africa - Ruiru Parish.

Our program started with attending a church services at the Presbyterian Church of East Africa – Ruiru Parish. Thereafter we had **Dr. Jacob Shabani (a Family Medicine Lecturer at the Aga Khan Uni. Hospital and member of the Kenya Association of Family Physicians)** deliver a talk on Lifestyle Diseases. He alluded that our modern day life is contributing enormously to the burden of healthcare. He further enunciated that our poor eating habits, lack of enough sleep and inactive routine are factors towards lifestyle diseases such as diabetes and hypertension to mention but a few.

In his presentation, he put forward that diabetes occurs when the blood glucose (also referred to as blood sugar) levels are above normal. He noted that after a meal, the body breaks food down into glucose, which the blood carries to cells throughout the body. Cells use insulin, a hormone made in the pancreas, to help them convert blood glucose into energy. He further observed that diabetes develops when the pancreas fails or does not make enough insulin. The other reasons being the cells in the muscles, liver and fat do not use insulin properly. This translates to an increase in the amount of glucose in the blood whereas the cells are starved of energy. In the long-term and treatment is taken high levels of blood glucose damage the nerves and blood vessels, which can lead to complications such as blindness, nerve problems, heart disease, stroke and kidney disease to mention but a few cases.

He further reminded the congregation that there are 2 main types of diabetes and are mainly referred to as type 1 and type 2. There is also a third form of diabetes is called gestational diabetes. Type 1 diabetes is mostly first diagnosed in children, teenagers, and young adults. In this form of diabetes, the pancreas no longer makes insulin because the body’s immune system has attacked and destroyed the pancreatic cells specialized to make insulin. As for Type 2 diabetes, he reckoned that it is the most common and can be developed at any age, even during childhood. In this instance, one experiences insulin resistance whereby the muscle, liver and fat cells do not use insulin properly. This implies that, the body needs more insulin to help glucose enter cells to be used for energy. When this does not take place it means that the pancreas is not up to the demand of secreting more insulin and therefore losing its ability to produce enough insulin in response to meals. As for the gestational diabetes, he said that it occurs during pregnancy. When a lady is expectant her need for insulin tend to increase and may result gestational diabetes. He was also quick to note that this form of diabetes often reduces after the baby is born. However, a woman who has had it is more likely to develop type 2 diabetes later in life.

In managing diabetes, he reminded the congregants that they need to regularly:-

- Follow their diet plan.
- Be physically active.
- Take their diabetes medicines every day.
➤ Check their blood glucose as recommended.
➤ Keep daily records.

With reference to blood pressure, Dr. Shabani brought to the attention of the congregation that blood pressure measures the force of blood against the walls of the blood vessels. When there is extra fluid in the body it increases the amount of fluid in blood vessels and makes blood pressure higher. Another situation is that of narrow, stiff or clogged blood vessels, this also raises blood pressure. In other words, hypertension can result from too much fluid in normal blood vessels or from normal fluid in narrow, stiff, or clogged blood vessels.

**To manage blood pressure, he advised the following:-**

➤ To routinely maintain weight at a level close to normal.
➤ Eat fresh fruits and vegetables, grains, and low-fat dairy foods.
➤ Limit their daily salt or sodium intake.
➤ Do some exercise at least 30 minutes of moderate activity such as walking, cycling or swimming, most days of the week.
➤ Avoid consuming too much alcohol.
➤ Medications: Many people need medicine to control high blood pressure.

As he was concluding his presentation, he also talked about Cardiovascular (Heart) Disease. He explained that the blood flows through the blood vessels in our body to deliver oxygen, glucose, nutrients etc. needed to run our body and keep our cells alive. When blood can’t get to cells and tissues, these tissues or cells may die. The symptoms of heart disease may include:

➤ Swelling
➤ Lightheadedness
➤ Excessive perspiration
➤ Shortness of breath
➤ Pain in your chest, jaw or arm
➤ Fatigue and weakness

**Dr. Joy Mugambi (a Family Medicine Registrar, Moi University and member of the Kenya Association of Family Physicians) made a presentation on Breast Cancer and Cervical Cancer.**

She informed the congregation that breast cancer occurs when cells in the breast divide and grow without normal control. As for the warning signs, she enlisted the following:-

➤ Lump, hard knot or thickening inside the breast or underarm area
➤ Swelling, warmth, redness or darkening of the breast
➤ Change in the size or shape of the breast
➤ Dimpling or puckering of the skin
➤ Itchy, scaly sore or rash on the nipple
➤ Pulling in of your nipple or other parts of the breast
➤ Nipple discharge that starts suddenly
➤ New pain in one spot that doesn’t go away
With reference to cervical cancer, she mentioned that it is also referred to as cancer of the cervix and it is at the entrance to the uterus (womb). She further explained that the cervix is the narrow part of the lower uterus which also known to as the neck of the womb. As to the causes of cervical cancer, she reported that the Human Papillomavirus (HPV) is found to be the main cause of cervical cancer cases. Most HPV infections will clear up on their own, but an ongoing HPV infection can lead to cervical cancer. Other factors that increase a woman's risk include smoking and a weakened immune system. The signs to look out for include pain during sex, vaginal bleeding after sex, between periods or after menopause and increased vaginal discharge.

As she was concluding her presentation, she brought to the attention of the congregation of a Pap Smear or Pap Test procedure. She explained that the main function of the test is to help prevent cancer. The exercise reveals whether one has abnormal pre-cancerous cells in their cervix. If you have a test that shows abnormal cells, you can also be monitored regularly to check the health of the cervix. It is recommended that women under the age of 70 and who are or who have ever been sexually active should have a Pap smear every two years. The category is that of women who have had abnormal cell changes should be tested more often.

**The County Women Representative - Ms. Ann Nyokabi**

In her remarks, she liked the exercise as a preventive measure to thwart some of the most common lifestyle diseases. She alluded to the saying that “prevention is better than cure”. In this, she mentioned that it is much cheaper to prevent a disease or situation than managing or containing the same. Besides, the presentations made, she gave other examples of preventive measure to include immunization, hand washing and breastfeeding to mention but a few.

She encouraged the congregation that upon adhering to advice given by the medics, this will improve their health and a meaningful life as well. While concluding, she extended her gratitude to the Institute of Family Medicine and the Kenya Association of Family Physician through the Programs Officer for having considered to conduct the exercise at her county and looks forward to working together in the future.

**Scheduled Activities**

We offered screening services for Blood Sugar level, Blood Pressure and Body Mass Index (BMI) and consultancy services. This session was led by Dr. Catherine Gathu and assisted by Ms. Edith Kabure the Programs Officer for INFA-MED and KAFP.
Part 4: Photo Gallery.

Setting up of the workstations continues in earnest.

Dr. Ravi Sharma (KAFP Education officer) briefs Ms. Ann Nyokabi (in the middle) on the importance of the day.
Dr. Sam Mucheru (KAF0), Ms. Anne Nyokabi (Women’s County Rep), a friend and Ms. Edith Kabure (Program Officer INFA-MED & KAFP) before the screening exercise take off.

The ladies are queuing for registration, then proceed to BMI exercise followed by blood sugar and blood pressure.
Having obtained their results, the congregation proceed to see the consultation station for interpretation of the results and appropriate referral. On the overall we had 156 women and 51 men who were attended to. Of the total 8 ladies were advised to see a physician immediately.

Respectfully submitted,
INFA-MED & KAFP

Ms. Edith Kabure
Administrative Officer