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| **CURRICULUM VITAE** |

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| Name  | Dr. jane owenga |
| **CURRENT POSITION** | LECTURER |
| **university academic position** | doctor of philosophy in public health |
| **INSTITUTION** | JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY |
| **physical ADDRESS**  | p.o box 261 ahero |

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| **PERSONAL DATA** |
| **date of birth** | 11th April 1977 |
| **place of birth** | kisumu county |
| **nationality** | kenyan |
| **PROFESSION** | lecturer |
| **CONTACT ADDRESS** | P.O Box 261 Ahero |

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| 1. SUMMARY of EXPERIENCE |
| I have a teaching experience of 13 years in several cadres of learning institutions including high school, polytechnic and university. I have lectured in JOOUST for five years; four years as a part-time lecturer and two years as full time lecturer.As part of my responsibility as an assistant lecturer, I have successfully supervised several undergraduate students in their project work. |

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| 2. EDUCATION  |
| *Year (from – to)* | *Degree, Institution* |
| 2013-2016 | Doctor of Philosophy in Public Health, Jaramogi Oginga Odinga University of Science and technology |
| 2007-2011 | Masters in Community Health and Development, Great Lakes University Kisumu  |
| 1997-2001  | B.ED Home science and Technology, Moi University  |
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| 3. EMPLOYMENT |
| *Years since* | *Company / Institution* |
| 2013 Sep. to date | Jaramogi Oginga Odinga University, school of Health Sciences |
| 2005-2013 | Chemelil Sugar Company Ltd. Kisumu, Kenya |
| 2004-2003 | Koru Girls High School.  |
| 2001-2002 | Kisumu Polytechnic (food and beverage department) |

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| 4. POSITIONS PREVIOUSLY HELD |
| *Year (from – to)* | *Position, Project / Programme, Company / Institution / Client* *Description of roles and responsibilities* |
| 2013 Sep. to date | Lecturer, Jaramogi Oginga Odinga University, School of Health SciencesLecturing HCD 3213 –Health Education and CommunicationLecturing SBI 3325 – Research methodsLecturing HCD 3314- Community Based Health EducationLecturing HCD 3321- Community Based CounselingLecturing HCD 3316- Foundations of Community developmentSupervising students in research workIso representative for School of Health Sciences  |
| 2005-2013 | Teacher, Chemelil Sugar Company Ltd. Kisumu, Kenya.Teaching Home scienceGuiding and counseling studentsProviding spiritual mentoring to the studentsEnsuring proper hygiene and sanitation in the dormitories Ensuring peaceful coexistence of students in the dormitories.  |
| 2004-2003 | Teacher, Koru Girls High SchoolTeaching Home scienceGuiding and counseling studentsProviding spiritual mentoring to the studentsEnsuring proper hygiene and sanitation in the dormitories Ensuring peaceful coexistence of students in the dormitoriesCoaching netball |

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| 5. EXTERNAL APPOINTMENTS/AWARDS |
| *Year* | *Appointment as/Institution/Project* |
| **Nov. 2015** | Appointed as Board of Management member of St. Peters Konim Mixed Secondary school. |
| **2009** | Awarded Second Best teacher of Homescience in Nyanza Province |
|  | Awarded for facilitating a course entitled “ TRAINING OF TEACHERS ON EXAMINATION ATTACKING TECHNIQUES AND THE NEW KCSE CURRICULLUM” |

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| 6. OTHER LEADERSHIP POSITIONS |
| *Year* | *Position/Programme/Institution* |
| **Aug.2016** | Appointed as course leader Kisii campus –Jaramogi Oginga Odinga University. |
| **April 2014 to date** | Quality Assurance Representative School of Health Sciences Jaramogi Oginga Odinga University of Science and Technology |
| **July 2011** | Training committee member Chemelil Sugar Company |
| **March 2009** | Vision team member for **ISO:9001:2000 QMS Certification** |

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| **7. RESEARCH ACTIVITES/PROJECTS (Past and Present)** |
| *Years/Duration* | *Position /Title / Sponsor* |
| 2013-2015 | Principal investigatorASSESSMENT OF HEALTH RELATED QUALITY OF LIFE AND PALLIATIVE CARE NEEDS OF CERVICAL CANCER PATIENTS AT JARAMOGI OGINGA ODINGA TEACHING AND REFERRAL HOSPITAL IN WESTERN KENYASelf / NACOSTI |

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| 8. TRAININGS /WORKSHOPS/SYMPOSIA ATTENDED |
| May 2016 | E-Learning workshop |
| Feb. 2012 | Leadership and Management skills –Elective course Great Lakes |
| Feb. 2012 | Disaster Management skills-Elective course Great Lakes |
| May 2007 | Consequence Management Course |
| July 2011 | Internal Audit –short course |
| July 2011 | Trainer of Trainers-short course |
| **Aug. 2011** | ISO 14001 Environmental Management System training |

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| 9. MEMBERSHIP TO COMMITTEES/BOARDS |
| **2015-To date** | Board of management member in Konim Secondary School |
| **July 2011** | Training committee member Chemelil Sugar Company |

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| 10. CONFERENCES ATTENDED |
| Nov.2016 | KENYA INTERNATIONAL CANCER CONFERNCE 2016 THEME: TAKING CANCER CARE TO THE COMMUNITY |
| July 2015 | 9th STOP CERVICAL, BREAST AND PROSTATE CANCER IN AFRICA CONFERENCE (9 SCCA): JULY 19-21, 2015, NAIROBI, KENYA |
| June 2015 | “HARNESSING SCIENCE, TECHNOLOGY AND INNOVATION FOR SUSTAINABLE DEVELOPMENT AND GOOD GOVERNANCE” June 24-26, 2015, JOOUST MAIN CAMPUS-BONDO  |
| Dec. 2014 | MEDICINE AND MARGINALITY WORKSHOP, MASENO UNIVERSITY |

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| **12. ABSTRACTS FOR CONFERENCES** |
|  | **Title**: **Palliative care challenges: A case of cervical cancer patients in Jaramogi Oginga Odinga Teaching and Referral Hospital in Western Kenya (JOOTRH)****Abstract****Background**Palliative care improves the quality of life for patients and families who face life-threatening illnesses, from diagnosis through to end of life and bereavement. In the developing world the majority of cancer patients present at an advanced stage of disease making palliative care an essential part of management. Despite recognition of the importance of providing palliative care, studies show that the service provision in Africa remains patchy and inconsistent.**Methodology**The study employed cross-sectional design using both quantitative and qualitative data collection methods. A structured questionnaire, and in-depth interview guide were used to collect data. Quantitative data was analyzed using SPSS version 20. Descriptive statistics and chi-square analysis were conducted to examine the relationship between socio-demographic, clinical characteristics of patients and their palliative care needs. Qualitative data was analyzed through content analysis by examining emerging themes.**Results**A total of 365 patients were sampled for the study, 31withdrew and did not complete their questionnaires hence, 334 cervical cancer patients participated in the study. The most commonly reported challenges were pain 324(97.1%), financial problems 291(87.1%), difficulty in having sex 283(84.7%), lack of access to professional counseling 281(84.1%), vaginal bleeding and discharge 260(77.9%), inadequate spiritual support 250(74.9 %) and inadequate support from friends and relatives 221(66.2%). Care providers reported cancer management challenges such as inadequate equipment, supplies and experts in oncology and palliative care. **Recommendation** The government need to provide resources for cancer palliative care management especially in the major referral facilities. If possible pain killer- oral morphine to be offered free for cervical cancer patients with severe pain in the wards. |

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| 13. PUBLICATIONS |
| 1. **Owenga** et al., (2015) Perception of Cervical Cancer Patients on their Quality of Life in Western Kenya
2. **Owenga** et al., (2015) Psychosocial Wellbeing and Needs of Cervical Cancer Patients in Western Kenya
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