Highlights:
Magufuli takes issue with EAC border restrictions ................................................................. 2
Dr. Mahiga: One-stop-border-post key for EAC common market ........................................... 3
South Sudan: MSF Helps 157 Women in South Sudan after ‘Dramatic Increase’ in Sexual Violence .................. 4
Many forces conspire to make young people most at risk of HIV ........................................... 4
Big debate on sex education and controversy of teen pregnancies ........................................... 8
Majaliwa graces World Aids Day in Dodoma, launches new health plan ................................... 10
Tanzania Food and Drug Authority becomes the first to reach level 3 of the WHO benchmarking programme .. 12
Tanzania welcomes the new WHO Representative, Dr. Tigest Ketsela ....................................... 13
World Antibiotic Awareness Week commemorations in Tanzania ............................................. 14
Better value, better health: Value for money (Vfm) briefing for WCO staff in Tanzania .............. 14
Grannies, pregnant women raped in South Sudan .................................................................... 16
Condom stock out hits Bukwo hospital ...................................................................................... 17
150 children to get free heart surgeries .................................................................................... 18
Tanzania: Over 200,000 Aids Patients Benefit From New Project ............................................. 19
HIV/Aids still a national threat, says Museveni ....................................................................... 21
Tanzania: PM Pushes for Protection of Girl Students ............................................................... 22
Uganda-People living with Disabilities accuse local governments of misusing their funds ........... 23
Kenya-Milly Odhiambo sets out to stop professional sperm donors ........................................... 24
Innovative DNA recovery techniques could help victims catch rapists in Kenya ....................... 26
Patients without IDs turned away from Kakamega hospital ..................................................... 29
30 years of World AIDS day, HIV vigilance relaxed ............................................................... 30
Three babies die over absence of midwives ............................................................................. 31
Cancer institute imposes new charges on patients .................................................................. 33
East Africa region urged to increase insurance cover ............................................................. 34
EAC NEWS

Magufuli takes issue with EAC border restrictions

DEC 1, 2018
By The Citizen

In Summary

- President John Magufuli spoke during the launching ceremony of the One Stop Border Post at the Tanzania-Kenya border located at Namanga in Longido District, Arusha Region.
- In the company of his Kenyan counterpart, Uhuru Kenyatta, Dr. Magufuli said the newly launched border post would enable people in EAC member states to benefit from doing business without facing restrictions when they wish to cross the Namanga border.

**Arusha.** President John Magufuli said on December 1 that the cost of doing business among East African countries was high because of cross border restrictions.

Speaking during the opening of a One Stop Border Post at the Tanzania-Kenya border in Namanga, Longido District, Arusha Region, and Dr. Magufuli emphasized that the aim of having the East African Community (EAC) should be about easing business.

He said the newly launched border post would enable people in EAC member states to benefit from doing business without facing restrictions when they wish to cross the Namanga border.

The launching ceremony of the One Stop Border Post was also attended by Magufuli’s counterpart, President Uhuru Kenyatta of Kenya.

Dr. Magufuli revealed that since the border post started operating, revenue collection on the side of Tanzania has increased from Sh3 billion to Sh4.5 billion.
"President Uhuru Kenyatta and I have been friends and we will keep cooperating with each other to ensure our people are empowered and benefit from doing business without facing obstacles," said president Magufuli.

For his part, President Uhuru Kenyatta said the efforts to boost economies in the region should not only target large-scale business people, but also small-scale traders.

President Kenyatta called on government executives to avoid being obstacles to small-scale traders.

Dr. Mahiga: One-stop-border-post key for EAC common market
DEC 1, 2018
By The Citizen

In Summary

- Foreign Affairs and East African Cooperation minister Augustine Mahiga said the inaugural of the One Stop Border Post (OSBP) in Namanga would strengthen implementation of Common Market Protocol in the region.

- Dr. Mahiga said political will, trade barriers, free movement of capital and people should be promoted for the bloc to get more benefits.

Arusha. Foreign Affairs and East African Cooperation minister Augustine Mahiga said on December 1 that the inaugural of the Namanga One Stop Border Post (OSBP) would broaden the Common Market Protocol in the East African Community (EAC).

He said the EAC stands a better chance to thrive if there is political will, free of trade barriers, movement of capital and people within the region.

His sentiments were echoed by the Japanese Ambassador to Tanzania, Mr. Shinichi Goto who said the completion of the project is a reflection of the success of Tokyo International Conference on African Development (Ticad).

The conference which is a result of the Nairobi declaration, emphasizes on building a conducive trade environment by putting institutional services under one roof.

Mr. Shinichi said his government issued a loan in collaboration with the African Development Bank (AfDB) for implementation of a road project stretching from Arusha-Namanga to Athi River in Kenya.
"We issued Sh74.2 billion for the project and the impact has been seen. Hopefully, the project will stimulate trade within the region,” he said.

For his part, a tourist from South Korea, Hong Jin Kim said it was his first time to cross the Namanga border and added that the time required to complete immigration processes have significantly declined to 30 minutes.

South Sudan: MSF Helps 157 Women in South Sudan after 'Dramatic Increase' in Sexual Violence
1 DEC, 2018
By (DW) Deutsche Welle (Bonn)

Medecins Sans Frontieres (MSF) said on Saturday that it had given emergency medical and psychological help to 157 women and girls who have been raped, beaten and brutalized in South Sudan's Rubkona County since mid-November.

Mitchell Sangma, MSF's medical coordinator in Juba, told DW that the women had typically traveled from neighboring communities, oftentimes a three-hour walk through sparse jungle, to collect food distributed in Bentiu to take back home to their families.

The MSF clinic in Bentiu has treated women up to the age of 65 with bruises and swelling after they were beaten with clubs and sticks. Some of the younger victims were girls as young as 10 who were treated for genital lacerations. Even pregnant women were targeted.

The perpetrators were reportedly large groups of aggressive assailants, often numbering anywhere from five to 20 men, most of whom were armed, masked and dressed in civilian clothing. MSF also had reports of men wearing military uniforms.

Many forces conspire to make young people most at risk of HIV
DEC 1, 2018
By Daily Nation

The sexual attacks and beatings in South Sudan over the last 12 days have targeted women walking to collect food to take home to their families.
Groups of men numbering up to 20 have been accused of the assaults.
Mombasa residents mark World Contraception Day at Consolata Grounds in Likoni on September 26, 2018. More young people should be taught about use of contraceptives to battle HIV spread.

In Summary

- The “sponsor” factor was cited by UNAids as not only responsible for lower condom use, but also the difference between infections across genders.

- Experts advice age appropriate comprehensive sex education, which parents and religious leaders have opposed vehemently saying such teachings are unacceptable.

Health researchers and experts are marking the World’s Aids Day today with a call for an extra focus on teenagers, who are contributing the largest portion of new HIV infections in Kenya.

Kenya’s national HIV burden stands at 7.7 percent, making it one of the six high burden countries in Africa.

According to a report released last week by the National Aids Control Council (NACC), 17,667 young people aged between 15 and 24 were infected with HIV last year. They accounted for 40 percent of the 52,800 new infections in Kenya.

Dr. Celestine Mugambi, the head of the technical support division at NACC, said apart from contributing to two in every five new infections, the leading cause of death in this age group is Aids-related illnesses, especially when those aged between 10 and 19 are added to the demographic.

“Many adolescents and young people do not know their HIV status and are also ill-informed on the basic facts about HIV and Aids,” Dr. Mugambi told the Saturday Nation.

STIGMA

Dr. Patrick Oyaro, a researcher and Chief Executive Officer at RCTP-Faces, an NGO, which supports HIV research in western Kenya, said while young people are tested and put on treatment, they face challenges when it comes to adhering to the treatment regime.

He cited stigma as one of the reasons for their lack of adherence to medication.
Dr. Abdhalah Ziraba, a public health expert at the African Population and Health Research Centre (APHRC), took a gendered approach, saying a little more focus should be directed towards girls and women.

He wrote: “A lot of new infections are happening in this age group for various reasons including social vulnerability.”

He was referring to transactional sex where, due to poverty and other social challenges, young girls engage in intercourse hoping to get money or other forms of payment in return.

SEX EDUCATION

The “sponsor” factor, where young women engage in sexual relations with older men for money, was cited in a 2017 report by UNAids, the United Nations body responsible for managing Aids, as not only responsible for lower condom use, but also the difference between infections across genders.

Young women were almost twice as likely to acquire HIV compared to young men and accounted for 33 percent of the total number of new infections with young men accounting for 16 percent, according to the National Aids Control Council data.

With sex debuts among children as young as eight, there is a consensus that young people are at great risk of HIV infection, but the approach to save them has caused disagreement among all the concerned parties.

Experts advice age appropriate comprehensive sex education, which parents and religious leaders have opposed vehemently saying such teachings are unacceptable.

RATIONAL

Experts like Prof Ruth Nduati, a paediatrics at the University of Nairobi, cited magnetic resonance imaging (MRI) of the teenage brain to argue the portions associated with critical decision-making — like whether or not to use protection during sex, or whether to seek contraception methods — have not developed during teenage until early 20s.

Young people at this age are also vulnerable to abuse that could lead to infections. Marion (whose identity has been changed for legal reasons because she is now 16), told the Saturday Nation about a day in 2011 when she had went from school to the house she shared with her mother, a younger sibling and her stepfather.

“I dropped my bag and headed to my mother’s room to alert her that I was back... My stepfather was alone in bed,” she said.

The relationship between her and her stepfather was contentious and often hostile. “On this day, I was surprised to hear from him that he loved me the most,” she said.
INFECTED

The teenager tearfully described how she was defiled and warned to keep quiet. It did not help that she told her mother, who was also enduring abuse from the same man.

The only response her mother gave was taking her to a boarding school, and it is in school, she said, that she started falling sick.

“I was in and out of school and when I was just about to sit for my Standard Eight examination -- that was in 2015 -- that I got seriously sick and the school administration requested that I go back home for treatment,” she said.

During the treatment, she said she was surprised to learn she was HIV positive.

DENIAL

Her mother died shortly after, and she would learn the cause was Aids.

“At her funeral, I heard people say that my mum had died of Aids but she lived in denial and never wanted to take drugs, and that is how I connected the dots that the man infected me when he defiled me,” she said.

It took patience and love from her godmother — her late mother’s friend — to accept her status

“I am planning to join secondary school God willing,” she said. Marion is now a peer educator and offers counsel to young girls her age. Many young girls share in Marion’s pain.

COUNSEL

In 2017, Child Line — an NGO that runs a child abuse helpline — reported that 1,296 cases of child abuse were reported through more than 800 calls made to the helpline.

Thirty-three percent of the cases were sexual in nature and the rest were physical.

Whether sex with minors is consensual or not, Josephine Odoyo from the Kenya Medical Research Institute (KEMRI) said:

“Parents and guardians do not want to believe this (teenagers having sex) is happening… they are not giving direction, even support the HIV prevention products available like PrEP given to the young people”.

The communication barrier is affecting the survival of those infected. Ms. Odoyo said teenagers do not discuss their issues and dilemmas with adults but among themselves where they feel understood.

AWARENESS

When asked, Kenyan teenagers said they wished to know how to use contraceptives, including condoms, oral pills and injectables, as part of sexuality education in school and at home.

A 2017 study, Paper to Practice: Sexuality Education Policies and Their Implementation
in Kenya by Guttmacher and African Population and Health Research Center, interviewed 2,484 teenagers aged between 15 and 17, and they said they wanted to know where to get contraceptives.

They also said they desired to protect themselves against sexually transmitted diseases and prevent unwanted pregnancies.

**Big debate on sex education and controversy of teen pregnancies**

DECEMBER 2, 2018

By Daily Nation

A young couple looks at pregnancy test results.

In Summary

- Mr. Arthur Muriuki, a consulting psychologist, believes that not all teens are engaging in sex and that could be the starting point in the conversation.

- The teen pregnancy crisis manifested itself during the national examinations that started from October.

- Ms. Esther Mbau from Amani Counselling Centre said girls should be given the right knowledge before they can choose whether to abstain or not.

As renewed debate on sex education continues after controversy over teen pregnancies, Mr. Peter Mogaka rests easy with the knowledge that all his schooling daughters are on birth control.

Mr. Mogaka, a sugarcane farmer in Kisii County, is happy that his daughters are almost done with their secondary education without any risk of falling pregnant.

He made the decision after a double tragedy. His eldest daughter, he says, became pregnant while in Standard Seven. She died while delivering.

“She was still very young and her organs were not well developed so she could not push the baby. They both died,” he recalls.

After that, birth control became an option.

“As a parent, I know the pain of losing a child to reckless sexual behaviour. No one should ever instruct me on how to handle my family affairs. I am not regretting it,” he says.

Mr. Mogaka’s decision is sure to rile the Catholic Church and other religious leaders, as its bishops on Tuesday said it is
“intrinsically wrong” to give children contraceptives.

RESPONSIBLE PARENTING

“We would like to emphasise the importance of responsible parenting instead of picking the short-term unethical solutions such as contraceptives,” said Bishop Philip Anyolo, the chairman of the Kenya Conference of Catholic Bishops.

So, should parents just admit that mere talk won’t help their children who become sexually active from an early age? A study released in April 2017 already concluded that teens want more than just talk.

Researchers from the Guttmacher and African Population and Health Research Centre interviewed 2,484 teenagers aged between 15 and 17 in Homa Bay, Mombasa and Nairobi counties.

The outcome was that most of the teens wanted to know more about contraceptives, an admission that they were already sexually active.

So, sex education or contraception? Our interviews with various individuals yielded varying results.

Ms. Esther Mbau from Amani Counselling Centre said girls should be given the right knowledge before they can choose whether to abstain or not.

LIFE SKILLS

“Before the contraceptives, I would advocate life skills training, and a lot of real talk with the girls,” said Ms. Mbau.

For Mr. Nelson Otowma, the executive director of the National Empowerment Network of People Living with HIV and Aids in Kenya, it is important to give sex education to children before they become sexually active.

“We need to focus more on girls since they mature faster than boys and when they are at their prime stage, they tend to experiment a lot of things,” he said.

Mr. Arthur Muriuki, a consulting psychologist, believes that not all teens are engaging in sex and that could be the starting point in the conversation.

“The question here then might be: Why are these teenagers not having sex and not getting pregnant? What knowledge might they have that their counterparts lack?” he posed.

The starting point, he said, is to have age-appropriate sex education because children are imbued with sexual innuendos all around them: from commercials, videos, house-helps and older children.

PORNOGRAPHY SITES

“This child will want to try and do what they observe. If we ban the pornography sites, we heighten their curiosity. We create a black market ring,” Mr. Muriuki said.
His comment on banning pornography was in reaction to remarks made early last week by Prof George Magoha, the chairman of the Kenya National Examinations Council. who said the blocking of pornographic sites will reduce the pregnancy crisis.

According to a December 2017 report by the United Nations Population Fund, some 78,397 adolescent girls in Kenya aged between 10 and 19 became pregnant between July 2016 and June 2017.

Another report released by the Education ministry in July this year identified Narok, Kilifi, Meru, Bungoma, Busia, Migori, Nairobi and Homa Bay as the counties most affected by the teenage pregnancy crisis.

The teen pregnancy crisis manifested itself during the national examinations that started from October. In Kilifi County, for instance, 13,624 teenage pregnancies had been reported between January and November.

The shocking number led the Gender ministry officials to choose Kilifi as the county of focus during this year’s 16 Days of Activism that are geared towards reducing violence against women.

**PREGNANCIES**

Ms. Faith Kasiva, the Secretary for gender affairs in the State Department of Gender Affairs, told the *Nation* that one of the contributing factors in the Kilifi problem is culture, in that girls are supposed to sleep in houses quite far from their parents.

“For me, what was very disturbing again is that some of the pregnancies were from adolescent boys. It’s really a concern,” added Ms. Kasiva.

The experts we interviewed gave a raft of suggestions towards addressing the problem. Ms. Mbau said a girl who has just hit puberty is usually in a confused state of mind.

I’ll share from my own personal experience. There is a lot of confusion, a lot of self-doubt at that stage. If this girl has not had someone to talk to her and prepare her in advance, she may actually feel dirty. And this erodes her self-worth,” she said.

“What she will do, if she does not find a good mentor to help her through this very crucial stage, she will look for that self-worth in all the wrong places,” added Ms. Mbau.

For Mr. Muriuki, the banning of pornographic websites will do little to help. He says parents should play the biggest role.

**Majaliwa graces World Aids Day in Dodoma, launches new health plan**

DECEMBER 1, 2018

By The Citizen
In Summary

- Prime Minister Kassim Majaliwa graced the World AIDS Day in Dodoma where he also launched the fourth Health Sector HIV and AIDS Strategic Plan (HSHSP-IV).

- Mr. Majaliwa who said the war against HIV/AIDS was huge said HSHSP-IV would help in reviewing the HSHSP III and THIS 2016/17.

- Dodoma. The government has launched the fourth Health Sector HIV and AIDS Strategic Plan (HSHSP-IV) that will be implemented between 2018/19-2020/23.

Speaking after launching the HSHSP-IV in Dodoma, Prime Minister Kassim Majaliwa expressed the government’s commitment to combating the spread of HIV.

Speaking during the event, Mr. Majaliwa said the strategy would be used in reviewing the Health Sector HIV and AIDS Strategic Plan (HSHSP III) implemented between 2013/14 to 2017/18 and findings of the Tanzania HIV Impact Survey (THIS) 2016/17.

He said the strategy would provide various programmes for national response and those implemented through the US President’s Emergency Plan for AIDS Relief (PEPFAR).

Mr. Majaliwa also directed all regions across the country to send him reports describing how they marked this year’s World Aids Day.

"As I said during the launching of ‘Furaha Yangu Campaign’ the findings of the fourth household survey show that only 52.2 per cent of people living with HIV/AIDS know their status,” he said.

The Health, Development, Community, Gender, Elderly and Children deputy minister Faustin Ndugulile said the country aimed at testing over 4.6 million people from June to December 2018, but only 245,296 people had been tested as of November, this year.

Dr. Ndugulile said ‘Furaha Yangu Campaign’ launched by the premier was aimed at encouraging men to take up voluntary testing.

He said 44 per cent of men have tested throughout the campaign and that over 1.5 million Tanzanians have tested positive.

However, he warned people misleading Tanzanians that they were supposed to secure permits from village and ward...
executives in order to start antiretroviral treatment.

“They will be dealt with accordingly, once they are caught,” he warned.

Earlier, the director general of the Tanzania Commission for Aids (Tacaids), Dr. Leonard Maboko said 262,114 people have undergone HIV tested during ‘Furaha Yangu Campaign’ launched in June 19, this year.

He said the campaign takes place in Mainland Tanzania with Mwanza topping other regions with 132,226 tested people followed by Tabora (55,958) and Njombe (24,125).

**Tanzania Food and Drug Authority becomes the first to reach level 3 of the WHO benchmarking programme**

By WHO
3rd Dec 2018

The World Health Organization (WHO) plays a pivotal role in supporting countries in strengthening their regulatory systems and promoting equitable access to quality, safe, efficacious, and affordable medical products and health products. In order to strengthen their regulatory functions, the benchmarking of the Tanzania Food and Drug Authority (TFDA) and the Zanzibar Food and Drug Agency (ZFDA) was done in May by a team of Technical officers from WHO HQ and Country Offices and experts from some countries in Africa and Europe.

Benchmarking is done to identify strengths as well as areas for improvement. At the same time, development of an Institutional Development Plan (IDP) to build on strengths and address areas for improvement is done. Afterwards, the WHO will provide technical support in the implementation of the IDP followed by continued monitoring of progress and outcome/impact.

From the benchmark results, TFDA has been classified into maturity level 3 according to its ability to perform the required regulatory functions as follows:

Maturity level 1: The agency has some elements of regulatory system existing

Maturity level 2: Evolving national regulatory system that partially performs essential regulatory functions

Maturity level 3: Stable, well-functioning and integrated regulatory system

Maturity level 4: Regulatory system operating at advanced level of performance and continuous improvement

TFDA was previously benchmarked in 2011 and 2016 by a WHO team of experts for its regulatory functions and in the implementation of recommended activities in the medicines and vaccines regulation as part of the IDP. The benchmarking this time was part of the continuous monitoring and follow-up to evaluate the level of IDP implementation by 2018 and to determine the current level of its maturity.
Tanzania welcomes the new WHO Representative, Dr. Tigest Ketsela

By WHO
3rd Dec 3018

Dodoma, 14 November 2018: The newly appointed World Health Organization Representative to Tanzania, Dr. Tigest Mengestu had the honour to pay a courtesy call to the Honorable Minister of Health, Community Development, Gender, Children and the Elderly, Ummy A. Mwalimu (MP) in her offices in Dodoma. The Honorable Minister gave a warm welcome to Dr. Tigest to the United Republic of Tanzania for her new assignment. She mentioned the current health priorities of the country as follows; maternal and adolescent health, health security and HIV prevention.

She acknowledged the excellent technical support received from WHO in Public Health Security such that the National Plans for Health Security are in place and are operational.

Dr. Tigest thanked the Honorable Minister for her warm welcome and reiterated that Tanzania is one of the priority countries of the Regional Office in Africa and therefore a lot of investment is going on through the new General Plan of Work 13. She was happy to ensure that all the technical guidance that was required from her organization would be accorded to the Ministry of Health in the most credible and efficient manner.
World Antibiotic Awareness Week commemorations in Tanzania

By WHO
3rd Dec 2018
The United Republic of Tanzania joined the global community to observe World Antibiotic Awareness Week from 12-18 November 2018 with the overall theme “Think Twice. Seek Advice”. This year, a number of sub-themes have been introduced to showcase the immense work underway to tackle antimicrobial resistance, and which demonstrate how antibiotics are linked between humans, animals and the environment.

The Education and Awareness Technical Working Group in collaboration with the Multi-Stakeholders Coordination Committee on AMR provided technical support in planning for the week-long events and ensure that the One Health Approach is well communicated in the public awareness messages.

Printed WAAW posters and brochures have been distributed and two AMR awareness symposiums have been organized in Mwanza and Dar es Salaam. The media has also been engaged in message dissemination and press statements by the Ministry of Health, Community Development, Gender, Elderly and Children, Ministry of Livestock and Fisheries and WHO.

Better value, better health: Value for money (Vfm) briefing for WCO staff in Tanzania

By WHO
3rd Dec 2018
Dar es Salaam, 31 October 2018: In its 13th General Programme of Work (GPW13), the World Health Organization is setting forth an ambitious agenda with measurable goals...
and a strategy to bring the world on track to achieve the health-related Sustainable Development Goals. To meet the SDG goals WHO will do all it can to support countries. This is what the GPW13 is about.

As part of the implementation of WHO’s Value for Money (Vfm) framework, WHO management organized a targeted VfM workshop/training course for selected programme staff from each of the six WHO regions and WHO/HQ. Purpose of the training was to create a pool of VfM champions as resource persons for the rest of the organization. The training took place in Amman, Jordan in the third week of October 2018. Dr. Ritha Njau, NPO/Malaria was selected by WHO/AFRO as one of the champions of the Trainer of Trainers for WHO.

Following the training, the Country Office organized a briefing session for staff as part of change management. The meeting was opened by Dr. Adiele Onyeze who gave brief remarks on the importance of the current reforms taking place in the organization. He stressed that Value for Money is an approach which WHO has chosen in order to increase the transparency and accountability of the organization.

Dr. Njau then presented an overview of Vfm and what it means for the organization. She stressed that this is embedded in the GPW 13 where the thrust in reaching the triple billions is on outcomes and impact rather than inputs and outputs. The Value for money approach will enable the organization to realize this impact on all our operations from 2019.

She outlined that Vfm was not new in the corporate world and many bilateral organizations were using it. She also highlighted how Dfid had embarked on it for many years. She highlighted that there is a framework that has been produced by the Executive Board 142/7 that expounds VfM as part of the reform process in the organization. The recently endorsed Investment Case for WHO also stresses the VfM approach in all aspects of our programme cycle. In summary, her presentation covered the following:

- The GPW13 explicitly states WHO’s renewed focus on impact, moving beyond a focus on process and outputs.
- For WHO VfM is about how an organization achieves results to provide for optimal deployment of effort and resources. Its definition includes 5 dimensions: Economy, Efficiency, Effectiveness, Equity, and Ethics.
- WHO intends to address Vfm at 3 complementary levels: global strategic priority-setting; programme design and implementation with a focus at country level; and, leadership and enabling functions
- WHO has developed an implementation plan with 5 strategic objectives, key activities and measures of success, including for emergency programmes in the EMRO region.
• Significant progress has been achieved so far, including an Investment Case, VFM reporting templates, staff training and communications material.

The presentation was followed by discussions moderated by the WR, Dr. Tigest Ketsela.

A thorough training would follow once the VfM champions have finalized an approved implementation plan for training colleagues in all the countries. Dr. Tigist thanked Dr. Njau for her presentation and all staff who were able to attend the briefing session. She mentioned that this is a new way of working and each one should look forward to learning more during the forthcoming training sessions.

Grannies, pregnant women raped in South Sudan

By Caj News- Africa
3rd Dec 2018

From RAJI BASHIR in Khartoum, Sudan

KHARTOUM, (CAJ News) – PREGNANT women, grandmothers and girls are among 125 women raped in the escalating violence in the war-torn South Sudan.

The brutality has been most severe in the northern Rubkona county in the past week. Medical doctors reported some victims of sexual violence by militants were aged under ten years while others were older than 65.

“Even pregnant women have not been spared from these brutal attacks,” said Ruth Okello the midwife for Médecins Sans Frontières (MSF)/ Doctors without Borders. Speaking from Bentiu, Okello said in addition to being raped, survivors had been whipped, beaten or clubbed with sticks and rifle butts. Others have been robbed of their clothes, money and ration cards to receive food distributions.

“In more than three years working in South Sudan, I have never seen such a dramatic increase in survivors of sexual violence arriving at our programmes looking for medical care,” Okello said.

The incidences of sexual and gender-based violence coincide with an increase of population movements as people try to reach food distributions in the Rubkona area.

South Sudan is the world’s newest country after attaining independence from Sudan in 2011.

The country of some 13 million people spilled into a civil war two years
later in the wake of a fallout between its liberators. Rebel forces have flouted a peace agreement signed in August with the government following talks in Sudan.

**Condom stock out hits Bukwo hospital**

December 3, 2018
By The Observer

Bukwo general hospital has run out of condoms. The facility hasn’t had condom supplies for close to five months, with the last supply coming in July this year according to the authorities. Empty condom dispensers can be seen hanging around different corners of the hospital.

Some of the dispensers are covered with cobwebs while others are rusting away - a sign of redundancy. Stephen Yeko, one of the youth in Bukwo town, says he has given up on checking for condoms at the general hospital.

"Every time I come here, I don't see any condoms in those containers. I feel these people just want us to die of HIV. When I ask some of the nurses, they tell me to abstain or marry and be faithful to my wife but am still planning my marriage" he said.

Johnson Zakayo, the case manager at the Antiretroviral Treatment (ART) clinic in Bukwo hospital, says none of the health facilities in the district has condoms. He explains that more than ten youth come asking for condoms daily at the facility.

"I was told that there is a countrywide shortage, and it will take some time. For now, we’re using counseling. Abstain or be faithful because if you’re not faithful you’re going to die." said Zakayo.

Condoms are recommended for use in the fight against sexually transmitted diseases such HIV/Aids and unwanted pregnancies. Dr. Collins Satya, the acting Bukwo district health officer says the hospital has only had the condom stock out for two months.

He attributes the stock out to the shortage of condoms across the country. He explains that the district is expecting condoms once they are made available from the center.
UPDF launches Ulinzi condoms

In a related development, the Uganda People's Defense Forces (UPDF) has unveiled a new brand of condoms as part of its efforts to fight the HIV scourge. Ulinzi condoms are packed in a digital camouflage pack similar to UPDF uniforms.

The Ulinzi condoms, which are produced in Thailand, were unveiled during the commemoration of the International World AIDS Day in Kawempe Division in Kampala on Saturday.

Col Ignatius Wamundu Cassette, the director HIV/Aids in UPDF, says they conducted a study with the help of the Population Services International to come up with a new strategy of fighting HIV/Aids. He said they resolved to produce the Ulinzi condoms after realizing that HIV/Aids have affected several soldiers in the last 30 years.

"We resolved to come up with something different from what is available on the market and decided to produce Ulinzi (Swahili for defense) condoms because it resonates well with soldiers," he said.

According to Col Wamundu, the army plans to distribute 7 million condoms this year and next year to the general public. About 170 million condoms are used in Uganda annually, which means the army will be contributing about 2 per cent of the total

Some of the people who received the free condoms distributed by the army, said they were eager to test them to discover the feel behind them. Kawempe Division mayor, Emmanuel Sserunjogi appealed to the public to task government through President Yoweri Museveni and parliament to do enough sensitization.

Hundreds of people who turned for the event received free health services such as family planning, HIV/Aids testing, cervical and breast cancer screening provided by Reproductive Health Uganda, UPDF health team and other HIV/Aids service providers.

Francis Amanya, who led the UPDF health team, said three of the 121 people who turned for HIV testing tested positive. Only six women turned up for breast cancer screening. Rachael Nakagwa, who led the team from Reproductive Health Uganda attributed the miserable turn up on poor sensitization.

150 children to get free heart surgeries

DECEMBER 3, 2018
By Daily Monitor
Kampala. A total of 150 children suffering from Rheumatic Heart Disease (RHD), a fatal condition which damages heart valves, will receive free surgeries starting January next year.

The development comes after different rotary clubs including that of Kampala, Naalya, Mengo, Bukoto together with other international partners donated a $272,500 (about Shs1b) to the Uganda Heart Institute (UHI) last Friday.

Mr. James Serugo, who represented the Rotary Club of Kampala, said under the grant, 30 children will receive open heart surgeries, 20, closed heart surgeries, and 50, interventional catheterisation procedures while government pays for other 50 cases.

“In addition, the project will enhance the RHD outreach and treatment programming in Gulu District which currently is caring for 200 RHD children,” Mr. Serugo said on Friday at the event where the grant was officially handed over to UHI.

From 2012, officials at the UHI say, they have been compiling a registry where they store all information on patients with RHD and it is from this pool that they will pick the beneficiaries.

Dr. Peter Lwabi, the UHI deputy executive director, said the registry now has more than 1,500 patients where priority is given to the pediatric group and that least one out of 100 children born have a heart problem.

Generally, the subsidised cost of each RHD procedure at UHI goes for $5000 (about Shs18m), considering that government and other partners pay for the utilities and labour, meaning it would be much higher in a private setting.

The heart institute carried out its first open heart surgery in 2007 and can now carry out cardiac procedures to more than 75 per cent of the children.

Tanzania: Over 200,000 Aids Patients Benefit From New Project
3 DECEMBER, 2018
By Tanzania Daily News (Dar es Salaam)
At least 239,170 people living with HIV/AIDS in Mwanza, Mara, Shinyanga and Simiyu regions have benefited from 'Boresha' Project implemented by Ariel Glaser Paediatric AIDS Healthcare Initiative (Agpahi) for the past three years.

Agpahi Communication and Advocacy Manager Agnes Kabigi, speaking to 'Daily News' at the weekend, said 72,206 men living with HIV/AIDS were receiving healthcare in the four regions, equivalent to 30 per cent.

"At least 153,556 women (equivalent to 64 per cent) and 13,408 children (equivalent to 6 per cent of people living with HIV/AIDS in the regions) are receiving healthcare, thanks to Boresha Project," said Ms. Kabigi.

She noted that at least 2.7 million people in the four regions went for medical check-up to know their HIV/AIDS status for the past three years of which women were 1.5 million and men were 1.2 million.

"Some 22,383 babies were born without HIV/AIDS from mothers living with HIV/AIDS thanks to the project, which facilitates better healthcare to prevent HIV/AIDS from pregnant mothers to new-borns," she said.

Ms. Kabigi noted further that 54,248 women had undergone medical check-ups for cervical cancer and 2,910 women were found with preliminary symptoms of cervical cancer.

"Some 25,289 women who have undergone medical checkup for cervical cancer are living with HIV/AIDS," she noted. Ms. Kabigi explained that Agpahi had offered training on cervical cancer to 170 health service providers and nongovernmental organisations had funded the project worth 4.2bn/- to repair 158 buildings in health facilities to improve the provision of healthcare.

"We also donated medical supplies worth 4bn/- to health facilities in four project beneficiary regions," she noted. Ms. Kabigi said Agpahi also facilitated the formation of 414 associations of people living with HIV/AIDS, saying they served as platforms for the people living with HIV/AIDS to share information and doing consultation.

She said Agpahi had been implementing Boresha Project in 473 public and private health facilities, saying 266 health facilities
were dedicated to the provision of healthcare to people living with HIV/AIDS.

"Other 207 health facilities offer health services to prevent HIV infection to babies from mothers," she observed.

Agpahi, which is an affiliate of the US-based Elizabeth Glaser Paediatric Aids Foundation, is a nongovernmental organisation dedicated to preventing HIV/AIDS and eliminating paediatric HIV/AIDS through research, advocacy and prevention and treatment programmes.

**HIV/AIDS still a national threat, says Museveni**

**DECEMBER 3, 2018**

By Daily Monitor

Vice President Edward Ssekandi

**In Summary**

- **Obstacle.** Failure to embrace voluntary HIV/AIDS testing to know their sero-status remains a challenge in the fight against the pandemic, says President.

**MANAFWA.** President Museveni has said the persistent high prevalence of HIV/AIDS infection among Ugandans remains a national threat hurting the country’s economic progress.

“We are challenged to stop new HIV infections, support those infected with HIV and remember those who have lost their lives to HIV related diseases. I would like to remind Ugandans that HIV/AIDS has no cure and that’s why it is a threat to national development,” Mr. Museveni said in his speech during the commemoration of World Aids’ Day on Saturday at Bugobero Health Centre III, Manafwa District.

In the speech read for him by Vice President Edward Ssekandi, the President said people’s failure to embrace HIV/AIDS testing and counselling remains a challenge in the fight against the scourge.

“I want to re-echo my words that HIV is an easy disease to deal with because it is not contagious like flu,” Mr. Museveni observed.

This year’s World Aids Day celebrations were marked under the theme “Know Your Status”.

President Museveni explained that in 2017, he was forced to launch the fast track initiative to end HIV/AIDS infections by 2020 after realising that Uganda had lost momentum in combating the scourge.

“The initiative is meant to reawaken us in the fight against HIV/AIDS, like we did at the beginning when there was no treatment but managed to reduce new infections from 18...
“We have brought the HIV prevalence down to 6 per cent from 7.3 per cent in 2011. But a lot more remains to be done to achieve zero prevalence,” he added. He called upon men to engage in HIV prevention programmes in order to realise results in the elimination of the scourge. The President also launched an ambitious five-point plan to end HIV/Aids infections by 2020 with the focus on voluntary testing for men.

Ms. Army Cunningham, who represented the United States ambassador to Uganda, said the country is on track to end HIV/Aids. “These efforts are well aligned through 90-90-90 goals; that by 2020, 90 per cent of people diagnosed with HIV will be on anti-retroviral therapy and 90 per cent of people receiving the anti-retroviral therapy will achieve viral suppression,” Ms. Cunningham said.

**Tanzania: PM Pushes for Protection of Girl Students**

4 DECEMBER, 2018
By Tanzania Daily News (Dar es Salaam)

Dodoma — PRIME Minister (PM) Kassim Majaliwa has expressed concern about the incidence of pregnancy among students, directing regional authorities to protect girl students to ensure they finish secondary education.

Addressing a leadership training workshop for regional commissioners and regional administrative secretaries yesterday, Mr. Majaliwa said cases of school dropout due to pregnancy were increasing.

"At least 74 girls have dropped out of school due to pregnancy from January to September in Nyang’wale District (Geita Region) alone," said the PM, while opening the leadership training workshop.

The weeklong leadership training workshop, organised by Uongozi Institute, brings together regional commissioners and regional administrative secretaries from...
across the country to train in leadership skills.

Mr. Majaliwa said regional authorities should make a follow-up on the truancy of girl students, saying in most cases it was a result of pregnancy and child marriage.

He said there was no reason for a student to absent oneself from school after the government gave 23.8bn/- every month to cover education costs from primary to secondary education, noting that parents and guardians were only required to cover costs of school uniform, exercise books and pens.

He directed regional authorities to cooperate with law enforcers to ensure the culprits of teenage pregnancy were held and arraigned.

"It's a shame for a district to record over 100 cases of teenage pregnancy, while there is the security and defence committee," he stressed.

State Minister in the President's Office (Public Service Management and Good Governance) George Mkuchika said the training workshop was crucial to improve good governance among regional leaders.

"We have witnessed great strides since the introduction of a leadership training workshop from district level," he said.

Mr. Mkuchika noted that his ministry was receiving a number of cases related to the violation of regulations from leaders, saying some district commissioners were abusing the law, which authorised them to detain a person for 24 hours.

"I have served the post of district commissioner for 14 years and the post of regional commissioner for eight years, but I never detained any person. The law is only used to protect such person," he explained.

He said the leadership training workshop had helped leaders to abide by a hierarchical leadership system, pointing out previously the DCs would write a letter to head of state instead of the regional commissioner.

"Under the hierarchical leadership system, the district commissioner should report to the regional commissioner and the latter shall report to head of state," he noted.

State Minister in the President's Office (Regional Administration and Local Government) Selemani Jafo said the leadership training workshop would help address relationship challenges between regional commissioners and regional administrative secretaries (RASs).

Uganda-People living with Disabilities accuse local governments of misusing their funds
DECEMBER 4, 2018
By Daily Monitor
A man makes his way to the venue

In Summary

- Ms. Night Grace, the national vice chairperson of NUDIPU said the disability grant from government has not served its purpose. She said that the money is being diverted by corrupt individuals at the local government level.

- Ms. Safia Nalule, the woman Member of Parliament for PWDs, asked government to increase the size of the disability fund and to change the manner in which the funds are disbursed. She said that a report on the same will be submitted to Cabinet soon.

People living with Disabilities (PWDs) have accused local governments of misappropriating money meant for projects meant to help them.

The revelation was made by officials from the National Union of Disabled Persons of Uganda (NUDIPU) in Nakeseke District where this year’s celebrations to mark the International Day for PWDs were held.

Ms. Night Grace, the national vice chairperson of NUDIPU said the disability grant from government has not served its purpose. She said that the money is being diverted by corrupt individuals at the local government level.

“Most of the steps taken in the direction of the disability grant have fallen short of serving the intended persons with disabilities as direct beneficiaries due to high corruption in local government and the meagre sums of the disability grant,” Ms. Night said.

Ms. Safia Nalule, the woman Member of Parliament for PWDs, asked government to increase the size of the disability fund and to change the manner in which the funds are disbursed. She said that a report on the same will be submitted to Cabinet soon.

The event, attended by thousands of PWDs, was organized by government and the Ministry of Gender and Social Development under the theme ‘empowering people with disabilities and ensuring inclusiveness and equality for all in Uganda’.

Kenya-Milly Odhiambo sets out to stop professional sperm donors

DECEMBER 5, 2018
By Daily Nation
The Assisted Reproductive Technology Bill that is aimed at addressing issues surrounding donation of sperms and ova to childless couples, if approved, will make surrogacy for women below 25 illegal.

IVF

The bill sponsored by Suba North Millie Odhiambo says a man who donates sperm, will not claim child ownership.

While briefing the National Assembly Health Committee about the Bill on Tuesday, Ms. Odhiambo said the intention of the proposed law is to deal with cheats who emerge after death to claim that they were children of so and so.

The bill proposes the formation of Assisted Reproductive Technology Authority that will oversee donation of sperms and ova storage.

It specifies who qualifies for the service and instil discipline among the practitioners who carry out artificial insemination.

The authority will develop standards, regulations and guidelines on assisted reproductive technology, establish and maintain a confidential national database on persons receiving the services or providing sperms and embryos for use, among other functions.

This is the second attempt by the third-time legislator to push for the bill that intends to regulate issues surrounding In Vitro Fertilisation (IVF).

A bill seeking to curb ‘professional’ sperm donors and the thriving surrogate mothers business, has been re-introduced in Parliament.

In Summary

- There is currently no law in Kenya that regulates surrogacy arrangements and IVF has been happening largely without clear-cut guidelines and rules.
- Doctors estimate that about 20 per cent of couples will require general assistance in conception with 10 per cent requiring serious assistance.
- IVF, with a success rate of between 40 and 45 per cent, is gaining momentum in Kenya.
IVF is a process where an egg is fertilised by a sperm outside the body – in a test-tube – after which the embryo is transferred to a woman’s womb.

A similar bill was previously tabled before the National Assembly and passed in the last House but was watered down at the Senate.

“A person shall undertake assisted reproductive technology only for procreation purposes,” says the bill.

**UNDER 18s**

The bill also prohibits obtaining sperm or ovum from minors who are under 18.

“The parties to a marriage shall not give any monetary or other benefits to the surrogate mother other than for expenses reasonably incurred in the process of surrogacy,” the bill proposes.

“A child born out of assisted reproductive technology under this Act shall have the same legal rights under the Constitution or any other written law as that of a child born through sexual intercourse,” it adds.

There is currently no law in Kenya that regulates surrogacy arrangements and IVF has been happening largely without clear-cut guidelines and rules.

Doctors estimate that about 20 per cent of couples will require general assistance in conception with 10 per cent requiring serious assistance.

IVF, with a success rate of between 40 and 45 per cent, is gaining momentum in Kenya.

“Infertile couples can thus revive their hopes of parenthood through this process,” Ms. Odhiambo told the Sabina Chege-led Committee.

In her bestselling book, Becoming, former US First Lady Michelle Obama reveals that she had a miscarriage and used IVF to conceive both children, Malia and Sasha.

She said when she was around 34 years old, she realised that “the biological clock is real” and that “egg production is limited”, which made her decide to seek IVF services.

**Innovative DNA recovery techniques could help victims catch rapists in Kenya**

December 4, 2018

By The Conversation

One way to tackle this violent crime is through DNA profiling.
A huge global health challenge is physical and sexual violence against women and girls, affecting more than one third of all women globally.

One way to tackle this violent crime is through DNA profiling. Since its discovery in 1984, it has revolutionised criminal investigations and prosecutions. It has become a reliable tool for identifying perpetrators and supporting claims of sexual contact. It’s particularly effective when the perpetrators are either unknown to the victim, are repeat offenders, or in situations where they deny allegations of sexual contact.

But in places with displaced communities, and with high rates of conflict and poverty, cases of sexual violence are frequently under-reported and victims rarely get justice. This is often because there aren’t effective responses to sexual violence and because DNA often can’t be recovered in these settings.

Kenya is a country that faces some of these challenges. As a result, prosecution levels for sexual violence are extremely low. While 14% of Kenyan women aged between 15 and 49 have experienced sexual violence at least once in their lifetime, very few cases get reported to authorities or go to court. We learned from the Nairobi Women’s Hospital that fewer than 10% of the 4000 rape cases reported were to the police.

Of the crimes reported to the police, more than half are committed by a stranger to the victim. DNA evidence could be invaluable in identifying the perpetrator in such cases. But it’s often not recovered due to a lack of access to trained medical professionals and facilities.

As part of a project to overcome barriers to DNA evidence collection in these environments, my colleagues and I are developing innovative recovery techniques. These won’t need medical expertise and can support criminal investigations and prosecutions. One of these products is a self-administered, intimate DNA swab.

We challenge the prevailing assumption that intimate DNA swabs must be collected by trained medical professionals for evidence. And, after testing a self-administered DNA swab in a proof-of-concept study, our results show that women can collect DNA themselves after sexual violence.

We have discussed this approach with stakeholders from across Kenya’s criminal justice sector. It is clear from these engagements that there is a significant need for such swabs, and for other ways of collecting DNA.

Evidence kits

DNA is often not collected in low-resource environments because women can’t get to medical facilities or trained personnel. Survivors may also be reluctant to be
medically examined – often by male doctors – and the procedures they go through to report the abuse might not be safe.

Adopting self-examination DNA collection techniques can help to overcome some of these barriers. We are still working on the final design of the swab but the prototype we used in the proof-of-concept study was very similar to a tampon.

The swab must be comfortable to use, safe for the user and have instructions that are easy to follow. We will use a specially designed applicator, to reduce the risk of contamination, and tamper-proof packaging to meet international criminal justice system standards.

To test the effectiveness of a self-administered swab we recruited heterosexual couples who engaged in consensual, unprotected sex. Female participants then used self-administered intimate swabs between 12 and 36 hours after intercourse. This helped us to determine whether this method could successfully recover male DNA.

We analysed the results and confirmed that the self-administered swabs could successfully collect male DNA up to 32 hours after intercourse. Only one of the 14 samples failed to detect the male DNA profile; this was the swab that was used after the longest delay since intercourse (34 hours).

**Barriers to forensics**

Following the study, we travelled to Nairobi. We wanted to discuss the barriers to forensic science and the design of DNA kits with key stakeholders in Kenya. These included NGOs, the Directorate of Criminal Investigations and the Government Chemist.

Based on our discussions, the DNA kits will include the intimate DNA swab, packaging for clothing, mouth rinses, and swabs for external use. The kits will ideally be distributed to clinics so they can be used when cases of sexual violence are reported.

We are working in Kenya because there is some forensic infrastructure and the possibility of developing a national DNA database in the near future to support criminal investigations. Kenya is also increasingly committed to tackling sexual violence. These factors make the country a promising environment for implementing these novel kits and we hope to scale up this activity in other countries and environments in the future.

But despite these positive factors, Kenya still has a long way to go. Its criminal justice system is impeded by insufficient budgets. There’s inadequate forensic science infrastructure, poor training, and considerable case work backlogs.

This means that in remote areas and during times of conflict, like the 2007 and 2017 elections when thousands of women were raped, survivors aren’t able to access medical facilities and trained professionals.
In these circumstances, the self-administered DNA kit we’re designing would make it possible to obtain valuable DNA evidence when there are no other means of doing so.

**Patients without IDs turned away from Kakamega hospital**

DECEMBER 5, 2018

By Daily Nation

Patients stranded outside the Kakamega County General Teaching and Referral Hospital on December 5, 2018 after they were turned away by guards for failing to produce their ID cards

In Summary

- Only emergency cases would be exempted from the security checks.
- The hospital’s management said the move was part of measures to deal with security lapses.
- Though the county argues that the new policy is meant for the safety of patients and the hospital staff.

Patients without national ID cards were Wednesday morning turned away by security guards at the Kakamega County General Teaching and Referral Hospital, fuelling controversy over a new screening policy.

The hospital’s management said the move was part of measures to deal with security lapses identified at the hospital.

But the move resulted to a huge crowd that was seeking medical attention being stranded outside the hospital.

“All patients must present their ID cards and be thoroughly screened before being allowed into the hospital,” said a security guard at the main gate.

**EMERGENCY CASES**

Only emergency cases would be exempted from the security checks.

The checks slowed down activities at the hospital’s main gate as the guards frisked those entering and scrutinised their documents.

Doctors, nurses and other hospital staff were not spared and had to produce their official badges before being allowed to report for duty.
The hospital’s management has hired guards from a security firm to enforce the checks. The guards sent away several patients who could not produce identification documents. They said they were under firm instructions to enforce the directive.

PLEAS REJECTED

Patients who had travelled from distant parts of the county were stranded at the main gate and their pleas to be allowed to seek treatment were rejected.

Though the county argues that the new policy is meant for the safety of patients and the hospital staff, it brought to question just how the officials had communicated it to the public.

A number of patients said they had left their homes early in the morning unaware they were required to carry their ID cards before seeking treatment at the hospital.

“We are being treated unfairly by the hospital’s management who have disregarded out pleas to be allowed to be attended to,” said a patient at the hospital’s main gate.

DATA

The hospital’s medical superintendent, Dr. Victor Zimbulu, said all patients will be required to carry an ID card or any other form of legal photo identification documents before being allowed in.

He said the hospital is using the system to come up with data on the number of patients visiting it for planning purposes.

“We are trying to discourage people showing up at the hospital without any identification documents and later end up engaging in suspect activities. We have established that there are cases of individuals who sneak into wards and are served food meant for patients,” said Dr. Zimbulu.

30 years of World AIDS day, HIV vigilance relaxed

December 5, 2018
By The Observer

It is 30 years since World Health Organization (WHO) declared December 1, as the World AIDS day, in 1988.

The day was established at the height of the AIDS crisis to create awareness around HIV/AIDS, promote potential cures, and remember lives lost. WHO emphasized the need for worldwide HIV/AIDS education, the free exchange of information and the protection of human rights and dignity.

In Uganda, the patients then not only suffered from the pains of the diseases but also stigma, isolation and other injustices. The sharing of knowledge and advancement in medical research relieved a great number of them of that pain. The medications have improved so much that you can get to the point now where, if one took the medication
regularly, the virus in the body can become undetectable.

And when it is undetectable, then the risk of transmitting to another person is almost nil. Many people living with HIV have access to the medicine they need. Today with adequate drugs, people living with HIV can avoid getting AIDS. The virus is more manageable and patients are able to live relatively normal lives. But the advancement in treatment and availability of drugs (both preventive and otherwise) have presented other challenges to the country.

Whereas the stigma persists, the vigilance against HIV seems to be ebbing especially among the young people. Before, a positive test for HIV/AIDS would be treated like a death sentence; now, it is regarded like life imprisonment with a promise for parole.

The number of people living with HIV is going up, thanks to ARVs; that means there are less deaths, but young people are not concerned about having protected sex. The longer life expectancy has caused some people to lower the vigilance especially when it comes to prevention.

Truth is, the same vigilance that was deployed in the 1980s and 1990s ought to be strengthened as there is no cure yet. There is more to be done. The children in schools need to be educated about the pandemic.

At policy level, government should invest more in research. Whereas donors have played a crucial role in financing HIV/AIDS projects, government needs to own the projects wholly.

There is still a challenge with persistent drug stock-outs and with the lines of treatments. Only the first line of treatment is relatively available nationally at no cost. The second and third lines of treatments are only available at a few centres at costs that may not be afforded by many patients.

There is also a challenge of reinfection with another type of HIV; this is largely due to engaging in unprotected sex with another infected person. Therefore, as a country, we should not be complacent and lower our vigilance. HIV/AIDS is still real and dangerous. And our sometimes-reckless lifestyles may undo the progress we achieved in the last 30 years.

We don’t need to be comfortable with relief from advanced medications; we need to roll back HIV/AIDS. And yes, we can.

**Three babies die over absence of midwives**

**DECEMBER 6, 2018**

By daily monitor
BUSIA. Buteba Health Centre III in Busia District was a scene of grief on Tuesday after two mothers lost their babies due to alleged absence of midwives at the facility. Both mothers had delivered twins with the help of a traditional birth attendant (TBA) identified as Ms. Theresa Akatekit, 70, who had stood in for the midwives. However, three of the babies died thereafter, drawing the wrath of residents. Area residents and patients told Daily Monitor that the health workers regularly assign Ms. Akatekit to stay at the health centre, especially at the weekends, and help in the delivery of mothers whenever the midwives are absent.

The TBA confirmed the claims. “I am always left here to deliver mothers whenever midwives are away but they do not pay me. I just volunteer,” she said. Ms. Sarah Nambuya, one of the mothers who lost her twins, said she arrived at the health facility at 11pm on Monday night but there was no midwife or health worker to attend to her.

“When I started experiencing labour pains, I came to the hospital but I only found the traditional birth attendant. She tried to help me to deliver but she failed. I lost all my babies in the process,” the teary Akatekit said.

Ms. Scovia Namutosi, who lost one of her two babies, said she also reached the facility in time but she did not find any midwives. “We tried to ask if any of them was present but we were informed that we would be helped by the old woman [TBA] we found at the facility,” she said.

Ms. Namutosi said although the traditional birth attendant delivered her safely, one baby died in the morning hours. “But at about 5am, one of the babies passed on while the other baby developed complications and is breathing with difficulty,” she said.

Police then moved in and arrested the health workers, including the in-charge of the facility, Mr. Kitara Ojok, Mr. David Were, a clinical officer, a nurse and two midwives.

Mr. Eriya Eletot, the district police commander, said the suspects are currently held at Busia Police Station on charges of negligence of duty. Ms. Bena Nanyama, the district health officer, who visited the facility following the incident, said it was unbelievable that qualified medical staff had left the maternity wing to a TBA.
The Chief Administrative Officer, Mr. Walter Iriama, said the medical staff will also be interdicted.

Ms. Khadija Nowerina, a resident, said they have for long raised the issue of absenteeism of the health workers at the facility with the authorities in vain.

**Cancer institute imposes new charges on patients**

DECEMBER 6, 2018
By Daily Monitor

Dr. Jackson Orem (R), the executive director
UCI

In Summary

- **Background.** The institute has previously not been charging any fees for radiotherapy treatment.

  **KAMPALA.** The Uganda Cancer Institute (UCI) has started charging Shs300,000 for patients seeking radiotherapy treatment, which was previously free-of-charge.

Radiotherapy treatment is where radioactive waves are used to kill cancer cells to stop them from spreading in the body. It is usually used in combination with drugs and surgery.

The money, according to the memo issued by the UCI management on October 30, caters for all the 25 radiotherapy sessions. The patients on private arrangement pay Shs500,000 while international patients are charged $2,000 (about Shs7.4m). Dr. Jackson Orem, the UCI executive director, confirmed that the charges started last month.

“Yes, we started like a month ago after a board decision. It is not my personal decision as Dr. Orem. Non-tax revenue is government policy and we have to generate revenue,” Dr. Orem said by telephone yesterday.

Asked if the fees will not strain the patients, he said there is a waiver for critically ill patients who cannot afford.

“You tell your doctor and they write a recommendation to me. There is that provision,” Dr. Orem added.

However, the different patients interviewed by this newspaper disputed Dr. Orem’s claim of a waiver.

“If you come here without the money, they tell you to go back and look for it. Of course you have to look for it or else you die,” said a patient who preferred anonymity because she is not authorised to speak to the media.

A health worker at Hospice Africa-Uganda, a
non-government organisation offering palliative care, informed this newspaper that the fees came as a shocker to their patients, many of whom had to sell their property to raise the money. “We currently cannot help because the cancer institute has not yet sent us an official communication about the new fees, which the organisation needs to solicit funding from donors to sponsor our patients,” the health worker said on condition of anonymity. The source also said many critically ill patients have since returned to the villages, resigned to fate. Dr. Eddie Mwebesa, the chief executive director of Hospice Africa Uganda, was not available as his telephone remained switched off the whole of yesterday. Cancer patients are also required to undertake additional ear, heart and blood tests most of which are recommended to be done in private clinics at a cost ranging between Shs50,000 and Shs80,000 before one goes for radiotherapy.

Most cancer patients are also recommended to undertake radiotherapy in combination with drugs which they usually outsource at a cost of Shs220,000 to Shs700,000 per week.

**East Africa region urged to increase insurance cover**

DECEMBER 6, 2018
By The East Africa

---

Rwanda’s health insurance card commonly known as Mutuelle de Sante

**In Summary**

- The East and Central Social Security Association (Ecassa) cites high levels of poverty as a reason for the low health insurance coverage in the region.
- In Tanzania, with a population of over 50 million people, only 10 million have health insurance cover.
- Kenya, East Africa’s largest economy has a booming insurance industry, and has increased its health insurance service through the National Hospital Insurance Fund. Social security experts are calling on East African governments to emulate Rwanda in subsidising community-based health insurance schemes to widen universal healthcare coverage.
The East and Central Social Security Association (Ecassa) — a regional lobby for social protection — cites high levels of poverty as a reason for the low health insurance coverage in the region. This means the bulk of people in countries in the region are unable to pay health insurance premiums.

According to the association, which held its 11th Social Protection Policy Makers Conference in Kigali on November 22 and 23, Rwanda, which heavily subsidises its community-based health insurance — Mutuelle de Santé — has increased the population under health insurance cover.

Official data indicates that the health insurance cover has grown from 7 per cent in 2004 to 92 per cent mid-November 2018, boosted by the informal sector.

The coverage grew from 74 per cent in 2007 to 85 per cent in 2008, reaching 86 per cent in 2009, and 91 per cent in 2010.

The World Health Organisation says every government should ensure that all citizens are able to access essential quality health services without facing financial difficulties.

The Rwandan government directly pays 16 per cent of premiums for the needy, who are estimated to be two million people, according to Health Minister Diane Gashumba.

To sustain the scheme, Rwanda also widened its revenue generation base by imposing a levy on tobacco, alcohol and also a Rwf10 per ($0.011) per minute fee on mobile phone airtime.

There is also a 5 per cent contribution by public and private health insurance schemes to Mutuelle de Santé to ensure that the scheme remains affordable.

Health also has the biggest allocation, with at least 15 per cent of the budget — above the 10 per cent benchmark set by WHO.

In Tanzania, with a population of over 50 million people, only 10 million have health insurance cover.

Kenya, East Africa’s largest economy has a booming insurance industry, and has increased its health insurance service through the National Hospital Insurance Fund.

**Alternative rite of passage saves over 200 girls from FGM - Kenya**

December 6, 2018

By Capital News
NAIROBI, Kenya, Dec 6 – Counties that are known to carry out Female Genital Mutilation are slowly embracing Alternative Rite of Passage (ARP) for girls, a ceremony that replaces and Female Genital Mutilation/Cutting (FGM/C) and girl’s transition into womanhood without being circumcised.

Last weekend, 287 girls between the ages nine and 16 years proudly graduated at Olmapinu Primary School in Rombo Village in Oloitokitok, Kajiado South County.

The elders who are custodians of culture and traditions blessed the girls and declared their commitment to protect them against the deeply rooted harmful cultural practice.

Sixty-year-old Chief Moran Martine Leshinka who heads Rombo village elders is a dedicated elder whose mission is to convince all Maasai elders to advocate against FGM/C.

“Given how some elders still believe in FGM/C, it has been hard to convince some of them to stop the practice. However, we have come a long way. Today, a number of elders have changed their minds and are now against FGM. As elders, we have set our own target to end FGM in our community by 2020,” said Leshinka.

Fourteen-year-old Damaris Siyangoi, a class seven pupil at Soit Primary school could not contain her excitement to be a woman without the cut. She has two sisters who were all circumcised and married off immediately. They were not lucky to finish school.

Damaris said the series of ARP trainings she has participated in since the age of nine have helped her understand her rights and why FGM/C is dangerous.

“I warned my parents not to plan any FGM/C ceremony for me because I would report them to the chief. My bravery made them respect my decision. I have no fear to tell my friends who are at risk of going through the cut that it is their right to refuse the harmful tradition.”

The Maasai morans who marry the circumcised girls were also not left behind in the ceremony as they publicly vowed to support girls against FGM in the community.

They pledged to stop FGM, protect young girls who are at risk of going through the harmful practice and not refuse to marry the uncut girls.
The positive embrace towards Alternative Rite of Passage among the Maasai comes after the community was involved in a three-day Amref Health Africa in Kenya Alternative Rite of Passage and Water, Sanitation and Hygiene project (ARPWASH) together with the county government, where they were taught about reproductive health, child rights, harmful and good cultural practices among the Maasai community.

Present during the ceremony was Anastacia Mashindana who runs a community-based organization in Rombo that works to eradicate FGM, fight for the rights of children and an end to child marriages.

The Enduet Women group’s chairlady expressed the need to educate the communities on the implications of undergoing the cut as well demystify myths around the vice.

The ARP Project Manager Lugayo Denge noted that they have so far trained 78 teachers and 50 Trainers of Trainees (ToT) on the dangers of FGM/C, 24 traditional female circumcisers on alternative sources of live hoods instead of the ‘cut’ and 1,225 girls have been trained as ARP champions to advocate against FGM/C and promote education for girls.

The program has also been rolled out in Samburu, Marsabit, Kajiado East and West.

Other organisations involved in the project include the network for Adolescents and Youth in Africa, UJAMAA Africa, PLAN International, Center for the Study of Adolescents (CSA) and AMREF who form the YES I DO Alliance.

This Alliance is funded by the Ministry of Foreign Affairs of the Dutch government with a vision to eradicate FGM, Early child and forced marriages and teenage pregnancies.

Uganda stands out in refugees hospitality

By Africa Renewal:
December 2018 - March 2019
The country hosts the largest number of refugees in Africa – more than a million

Refugee students in a classroom in Uganda.

As thousands of desperate men, women and children flee conflicts and natural disasters in search of a place of refuge, some countries are debating whether to accept or reject asylum seekers. But Uganda has opened its doors to refugees in record numbers.
Thirteen-year-old Robert Yatta was living with his aunt and going to school in South Sudan’s capital, Juba, when fighting broke out in early 2017.

“One night we woke up to heavy gunfire,” he recalled in an interview with Africa Renewal. “Schools were closed and we were locked up in the house for a week before we made our escape to the Bidi Bidi refugee settlement in northwest Uganda.” More than a quarter of a million refugees are living there.

At the peak of the fighting in South Sudan in 2016, Bidi Bidi received thousands of refugees every day. The 234 square kilometres settlement is used for residential and agricultural purposes. It is about the size of the city of Birmingham, in the UK.

$8.2 billion is required to fund refugee operations in 2018

“Life in Uganda is good,” reflects Yatta, though he is separated from his parents. “I am once again going to school.”

The teenager is one of the brightest pupils in his class. He speaks English fluently and even provides academic guidance to his peers and older children.

Largest host country

Though poor, Uganda is the largest refugee-hosting country in Africa, with over a million refugees, most of them from South Sudan, the Democratic Republic of the Congo (DRC), Burundi and Somalia. Kenya, Sudan, DRC and Ethiopia are also among the top refugee-hosting countries on the continent.

The United Nations High Commissioner for Refugees (UNHCR) reported in early 2018 that there are about 68.5 million forcibly displaced people worldwide, including 40 million who are internally displaced. And developing countries, mostly in Africa, host 85% of the refugee population.

Mugisha Willent, 26, a refugee from the DRC, remembered fleeing Goma in 2000. “All I knew was that there was fighting going on.” Now, “Uganda has given us peace, land and more. I call Uganda home,” she told African Renewal.

This year, Ms. Willent was one of three women to win a Voices of Courage Award from the Women’s Refugee Commission in New York.

While in Uganda, she helps out-of-school girls, young mothers and survivors of gender-based violence. She also serves as a UNHCR youth ambassador and has recently spoken at the UN in Geneva on behalf of her peers in Uganda to advocate for free movement in host countries, access to international travel documents and parity in school fees between refugees and national students.

Open-door policy

The refugee population in Uganda has been growing since 2013. Currently about 200 asylum seekers arrive daily in the country.

“Uganda has continued to maintain an open-door policy to refugees based on traditional African hospitality and not turning away
anybody who is running to us for safety,” says Hilary Onek, Uganda’s Minister of Relief, Disaster Preparedness and Refugees.

Addressing the UNHCR’s governing executive committee meeting in Geneva in October, Mr. Onek noted that his government continues to maintain a policy of accepting refugees despite the country’s challenges.

At 4.5%, Uganda’s economy is “growing at a slower pace recently, thus reducing its impact on poverty,” notes the World Bank. During the 1990s and early 2000s, the economic growth rate was 7%.

Humanitarian experts applaud Uganda’s open-door refugee policy as the most generous in the world. The government’s strategy integrates refugee issues into its national planning framework.

“It is necessary for the international community to recognize that Uganda has had an exemplary refugee policy in the past and even today, faced with the largest refugee inflow of the past year, Uganda remains a symbol of the integrity of the refugee protection regime that unfortunately is not being respected everywhere in the world,” UN Secretary-General António Guterres said in June 2017.

Uganda’s refugee policy guarantees freedom of movement and the right to employment, education and health, as well as the right to start a business. The government also provides refugees plots of land so they can farm and construct shelters.

It empowers refugees to become economically self-reliant, while granting them the same rights that citizens enjoy.

Angèle Dikongué-Atangana, UNHCR’s Deputy Director for the East and Horn of Africa region reminds critics that refugees have knowledge and skills to contribute to host countries.

“In Uganda, some refugees have established businesses and employed nationals, while others are boosting food production through agricultural activities. Additionally, some are working as professionals,” said Ms. Dikongué-Atangana, underscoring that, if given the opportunity, refugees can immensely contribute to their host countries.

Last June, Congolese refugee Robert Hakiza, now based in Uganda, told the annual UNHCR-NGO consultations in Geneva that the organization he cofounded—Young African Refugees for Integral Development (YARID)—was helping to empower refugees and contribute to their host community. YARID, whose motto is “Refugees may be forced to leave their homes, but they don’t leave behind their skills and knowledge,” creates the space for refugees and host communities to meet, discuss challenges and explore communally sourced solutions.

“Closing borders to refugees is not the solution. Among refugees are doctors, lawyers and other university graduates that can make valuable contributions to host communities,” says Mr. Hakiza, advocating...
free movement in host countries and across borders.

Speaking to *Africa Renewal*, UNHCR’s director for Africa, Valentin Tapsoba, said, “Uganda’s assistance to refugees is commendable, as they have a progressive policy for hosting refugees. We are trying to encourage other countries to follow the same model as Uganda.

**African hospitality**

“Africa’s hospitality towards refugees is remarkable. African countries are opening their borders and their hearts to receive refugees. Host communities are welcoming refugees even before UNHCR and the international community can assist.”

Mr. Tapsoba would like to see more international support for host communities, warning that inadequate funding affects the protection of refugees, the food supply, health, shelter, and education, among other services.

According to UNHCR data, based on contributions to date, funding for 2018 is expected to be a mere 55% of the required $8.2 billion. This compares to 56.6% in 2017 and 58% in 2016. As of October 2018, funding to Uganda was just 42% of the total budget.

While funding remains a massive challenge, Mr. Tapsoba notes that UNHCR is collaborating with partners to enable hundreds of refugees to voluntarily return home. “There are ongoing repatriation operations for Ivorian, Somalian, Mozambican, Burundian and Central African Republic refugees,” he says.

Besides its operations in Uganda, UNHCR highlights the plight of thousands who are taking great risks to cross the Sahel into Libya and the Mediterranean and then into Europe. UNHCR is collaborating with some governments and the International Organization for Migration, the UN migration agency, to evacuate and sometimes resettle this group.

The chief executive officer of the World Bank, Kristalina Georgieva, says poverty, conflicts, natural disasters and climate change are key drivers of displacement. Under its International Development Association programme, the World Bank will spend $2 billion between July 2017 and June 2020 in support of African refugees.

Development experts believe that prevention is key to solving the refugee and migrant crisis. “The best way to deal with a humanitarian crisis is not to have it in the first place,” stresses Ms. Georgieva.

**Uganda, Congolese officials meet over Ebola**

DECEMBER 6, 2018

By Daily Monitor
A delegation from Uganda’s Ministry of Health led by the minister Jane Ruth Aceng and their counterparts from Congo led by Dr Se, Llunga after the meeting in Goma yesterday

**Kampala.** Health ministers from Uganda and Democratic Republic of Congo (DRC) have met to find a lasting solution to the Ebola epidemic that normally strides both countries.

Dr. Jane Ruth Aceng, the Ugandan Health minister, said the meeting that ended yesterday was necessitated by rampant outbreaks that has resulted in deaths of several people, mainly in the Congo.

“[We met] to agree on a harmonised mechanism for responding to the common epidemic across our common borders,” reads part of the statement issued by Dr. Aceng last evening.

Uganda shares a border with Congo and districts such as Kasese and Bundibugyo have in the past been hit by the deadly viral disease that is spread to humans through contact with infected bodily fluids such as blood.

In September, Health minister issued an alert after several Congolese nationals died from the disease that presents with symptoms such as fever, headache, and muscle pain, among others. Uganda has had five outbreaks mostly along its western regions close to the DRC in the past, although the country has managed to contain the disease before it escalates into an epidemic. Currently, both countries have started vaccination against the disease.

According to Dr. Aceng, the two countries have agreed to strengthen information exchange which will enable tracing of infected people, strengthen border surveillance through collaboration with local health zone both countries and a joint risk assessments in case of Ebola outbreak at border.

Other things the two countries agreed on include, mapping common crossing points with significant population movements for joint screening and monitoring and deployment of technical experts in such areas.

Ebola has on several occasions ravaged DR Congo for many years and the latest outbreak this year killed more than 200 people in Beni Province, near the Uganda-Congo border.

“*My period has become like a terrible sickness*”

6 December 2018
By UNFPA

Nyanjuma Gatloth with fellow internally displaced women at Juba PoC 3. © UNFPA South Sudan/Juma Delu

JUBA, South Sudan—“My periods are a nightmare as they are very painful, and I can’t get [access to] any sanitary products.”

For millions of women and girls displaced by conflict and natural disasters in Africa, adequate hygiene facilities and privacy during menstruation are rare. Nyanjuma Gatloth, 20, is one of them.

As she describes her monthly ordeal with menstruation, she recalls how her life, and that of her family of seven, has changed since they fled Bentiu, the capital of Northern Liech state. They have taken shelter in one of the United Nations Protection of Civilian sites (PoC) in Juba. PoC sites are settlements within the United Nations premises in which civilians seek protection and refuge when fighting breaks out in surrounding communities.

Living in a PoC is difficult, as we depend on food handouts from humanitarian actors.

“Living in a PoC is difficult, as we depend on food handouts from humanitarian actors,” says Ms. Gatloth.

She had her first period in 2013, at the age of 15. This was also the year the current conflict began in South Sudan between the government and opposition forces, just two years after the country gained independence from Sudan in 2011.

Nyanjuma had her first period in 2013, at the age of 15, the same year the current conflict began in South Sudan between the government and opposition forces. © UNFPA South Sudan/Juma Delu

The conflict has had a devastating impact on the human population. Thousands have been killed or wounded, a large part of the country’s infrastructure has been destroyed, livelihoods have been lost, and basic health services have been disrupted.

As many as four million people have been displaced and seven million are in need of humanitarian assistance.

The situation has been compounded by a severe economic crisis and continued depletion of resources; affected families in the country are reported to be surviving on yam and wild fruit.
Ms. Gatloth believes that without the support of her mother, who helped her through the process of managing her first menstruation, she would have found it impossible to continue attending school.

*I have managed to go through primary and secondary [school] because she supported me and taught me that I should never be ashamed about having my periods.*

“I have managed to go through primary and secondary [school] because she supported me and taught me that I should never be ashamed about having my periods,” she says.

**Managing menstrual hygiene**

Menstruation is a biological process that about half of the world’s population experiences for a significant proportion of their lifetime. To manage their menstrual hygiene adequately, women and adolescent girls need clean menstrual material to absorb or collect the menstrual blood.

They need to be able to change the absorbent material in private and as often as necessary for the duration of the menstrual cycle, using soap and water for washing the body as required. They should also have access to facilities to dispose of used menstrual management materials.

When she was at school, Ms. Gatloth and her friends received free sanitary pads from a non-governmental organization (NGO) working in the area.

The South Sudanese NGO Health Support Organization-THESO supplies schoolgirls with reusable sanitary pads twice a year, as part of their emergency reproductive health services.

“I would wash my pads and put them to dry for reuse,” says Ms. Gatloth. But once she had completed her primary and secondary school education, the situation changed for the worse.

“Besides the pain that I have to try and manage, I can’t get any sanitary products to use,” she says. As a result, her period has become like “a terrible sickness”.

*[On] the days that I am lucky, I get a few sanitary pads from my friends, while other days I end up using rags to absorb the blood flow.*

“[On] the days that I am lucky, I get a few sanitary pads from my friends, while other days I end up using rags to absorb the blood flow.”

She washes herself inside her small hut made of tarpaulin, and disposes of the used pads or cloths by wrapping them in a polythene bag and dumping them in a pit latrine.

*“I was dreaming of becoming a pilot”*
Today, Ms. Gatloth feels far removed from the future she hoped for. Her parents cannot afford to send her to university in another country to achieve her dream career.

“It bothers me a lot as the future looks bleak. I was dreaming of becoming a pilot but the crisis killed it,” she says.

With the signing of the recent peace agreement in South Sudan, she hopes to return one day to her home in Bentiu – but for now, she remains sceptical: “For us, even going back home and settling is very difficult as we lost everything. Everything was taken [from us],” she says.

For now, she feels safe and secure in the PoC, a place she calls home – but a home far from home, nonetheless.