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Tanzania: New System Boosts Access to Clean and Safe Water
4th May, 2019
By Tanzania Daily News (Dar es Salaam)

The adoption of low-cost water purification system in Arusha Region has increased access to clean and safe water to underserved community, reaching 250,000 beneficiaries across the region.

Low-cost water purification system – Nano filter, a new invention from Tanzania designed by the Nelson Mandela African Institution of Science and Technology (NM-AIST) and Gongali Model has also created job opportunities to people who work at water stations as operators.

The project was jointly funded by UKAID through Human Development Innovation Fund (HDIF), NM-AIST, Gongali Model, A-Z Textile Mills, and the government (Arusha water department and RMO/RHO office).

Senior Lecturer at NM-AIST, Dr. Askwar Hilonga said yesterday that the Nano filter innovation has achieved commendable results in various aspects and that sustainability was guaranteed. "Nano filter is sold directly to households and institutions; but for many who cannot afford to buy the whole filter, they can purchase water at any of the water stations where water is sold at a price that is five times cheaper than the market price," Dr. Hilonga said.

He added that the water stations were run by trained operators; young ladies aged 18-30 who were not employed before. Each water station provides clean and safe water to about 100 people daily.

Dr. Hilonga observed that the low-cost water purification system has increased access to safe and clean water and has reduced waterborne diseases. According to the World Health Organisation (WHO), 844 million people lack clean and safe water and at least 2 billion people use drinking water contaminated with faeces, resulting into 502,000 diarrhoea deaths each year. In Tanzania alone, 7,000 children die every year due to waterborne diseases.

"Filters which are currently available in the market, (example hollow fiber membrane filters) are not customised (they solve only specific problems example removal of bacteria), most of them are sophisticated, with parts which cannot be replaced easily because they are imported from outside Tanzania and very expensive," Dr. Hilonga noted.
He added that as the innovation achieved commendable results in Tanzania, processes were underway to take the product to other countries within and outside Africa.

**Uganda: Ebola - Uganda at Risk As Congo Flares Up**

4th May, 2019
By The Monitor (Kampala)

*Health workers assist a patient suspected of having Ebola*

Eastern Democratic Republic of Congo is flaring up again, with a surge in violence that has forced tens of thousands of people to flee their homes.

The attacks, which started on March 30 in Beni, North Kivu, have escalated in recent weeks and could get worse for people that remain trapped between the border of Uganda and an area of DRC that is terrorised by armed groups close to the Ebola outbreak that has claimed 1,000 lives, humanitarian agencies warned on Friday May 3.

Over April alone, local health authorities in these areas report that over 60,000 people were displaced, and about 7,000 of these are sheltering in a school just one kilometre from the border crossing into Uganda.

The area lacks essential items including water--the only water available to drink is from the river and there are only a few toilets at the school, meaning the threat of disease spreading is high.

In addition, no food is being provided, and for many people the only way to get food is to go back to their villages where they are not safe as the risk of violence is high.

"This is a deeply worrying situation. These people fear going back to their homes and are being forced to live in cramped, unsanitary conditions, in an area where Ebola remains a significant threat.

"These people urgently need food and adequate sanitation facilities as well as clean water and health services," said Tamba Emmanuel Danmbi-saa, Oxfam's humanitarian programme manager in the DRC.

Oxfam is one of 18 humanitarian organisations that said the ongoing violence in the area makes reaching people with aid from within DRC extremely difficult and Ugandan authorities are preparing to receive an influx of new refugees.

In Uganda, the displaced people could have greater access to basic services, including healthcare, and the protection they need.

**Concerns**

However, there are serious concerns about reports that people are being prevented
from crossing the border into Uganda using at least sixteen official crossings.

As a result, some displaced people are being left with little choice but to return to the villages they fled, where they are at risk of further attacks, while others are avoiding official border points and choosing to cross illegally through the forests along the border or by boat across Lake Albert.

They increase the risk of Ebola being spread, since people are not being screened as they would be at the official border crossings.

"These unofficial crossings are placing people in search of refuge at an increased, and totally unnecessary risk of sexual exploitation and abuse. Once they enter Uganda, they also are avoiding official immigration procedures and registration as refugees--which means they may not be screened for Ebola and will be unable to use the very services prepared to assist them," says Francis Iwa, the executive director of Care for Forced Migrants.

As the United Nations High Commissioner for Refugees and Uganda government prepare to receive the displaced people, relief agencies want the governments on either side of the border to work with the humanitarian community to protect the displaced people and provide the help they urgently need.

"We estimate at least 30,000 children have been displaced in this violence, and are now living in squalid conditions. Many of these children would have seen terrifying violence, with family members attacked and their homes destroyed.

"Now, they are exposed to diseases like Ebola, which hits children hardest. This is an unacceptable and needs to be resolved, now," says Heather Kerr, Save the Children's country director in DRC.

Humanitarian organisations are calling on Congolese and Ugandan authorities, UNHCR, international organisations and donors to urgently pool resources to ensure people receive the help they need as quickly as possible, in addition to making sure they are prepared to cope with a new refugee influx from the DR Congo.

Tanzania: Doctors' Disquiet over Lawsuits
5th May, 2019

By The Citizen (Dar es Salaam)

Dar es Salaam — Doctors are advocating incorporating professional indemnity insurance in policy and regulatory frameworks. This comes as a result of increasing public awareness regarding
patients' rights - and, thus, avoiding possible litigation against medical malpractice.

Thanks to the Information Communication Technology (ICT) revolution, people are getting more conscious, experts say, citing the relentlessly increasing numbers of patients seeking compensation, compared to twenty years ago.

In trying to cope with the changes, doctors believe that it's time for them to be shielded from risks emanating from negligence - the shield being in the form of professional indemnity insurance cover.

Such a scheme essentially provides professionals with insurance cover in respect of charges or allegations which may be made against them for professional negligence when practicing their profession.

Why now?

During their meeting in Kenya on April 24 this year, the Coalition of African Medical Associations (CANMA) consisting of 14 African member countries including Tanzania joined hands to raise concerns that all medical professionals and healthcare practitioners must obtain indemnity insurance cover.

Other countries supporting the motive as members of the Coalition were the Democratic Republic of Congo, Ethiopia, Gambia, Ghana, Kenya, Mozambique, Nigeria, Rwanda, Senegal, Somalia, South Africa, Uganda and Zambia.

Representing Tanzania at the meeting, MAT President Elisha Osati told The Citizen that one of the recommendations by the member countries was for doctors to obtain professional indemnity insurance cover to protect doctors from claims of negligence, errors or omissions in the performance of their professional tasks.

Dr. Osati said: "In Tanzania, we have developed initiatives to raise awareness among doctors on how important the indemnity insurance is to their profession. (This is) because the number of cases of people demanding compensation has increased over the years."

The MAT president admits that information technology has contributed to that.

"Currently, we have the so-called 'Google Doctor' on the internet where people can 'screen' themselves and think they have known it all. When they come to the hospital, they want the doctor to do what they have seen on the internet!"

Noting that most doctors don't have professional indemnity cover, Dr. Osati said MAT (Medical Association of Tanzania) is working on ensuring that more doctors obtain insurance cover.

"Now, when a doctor faces litigation, there is the danger that the employer will not be involved. Therefore he (the doctor) will have to meet the claim(s) on his own," he stated.

At the same time, however, it is important to know that not all complications or bad outcomes are necessarily due to negligence by the healthcare provider, be it an individual or an institution.

"In most cases all over the world, only a small percentage of doctors are ever found guilty of negligence," Dr. Osati said.
What insurance authority say

When asked by The Citizen about the availability and accessibility of professional indemnity insurance cover, the Insurance commissioner at the Tanzania Insurance Regularity Authority (Tira), Dr. Baghayo Saqware, said there is an indemnity insurance cover in Tanzania for professions such as doctors, accountants, engineers, etc. to help them in case of litigation. But, the only issue is that the insurance is voluntary - and, so, not all of them have it.

Dr. Saqware further noted that "our society has never had the tradition to hold doctors accountable. But, due to the continuous globalization and related developments, the public has now awoken to it. (The world) has become a society that wants compensations.

"People nowadays know that they can have a (successful) medical negligence claim if something goes wrong during a procedure, or when you've had a 'bad outcome," he added.

Challenges

Speaking to The Citizen, Dr. Saqware explained that the absence of professional indemnity cover makes doctors to constantly worry about litigation. This somehow adversely affects their decision-making.

"I encourage medical practitioners to obtain an indemnity cover because, without it, some doctors developed a defensive attitude, an overcautious behaviour when providing medical services," he said.

Dr. Osati also explained that medical practitioners constantly worry about what might happen if they do a certain procedure, or recommend different medication or treatment because they know they might be subjected to adverse consequences.

He narrated a scenario where a cancer patient who was diagnosed by doctors in a certain hospital at Dar es Salaam to the effect that leg amputation was he only answer.

Three years later, the patient returned to claim compensation from the hospital on the grounds that the doctors who treated him should have known that the amputation procedure was unnecessary.

"That is why we emphasize insurance, as it will increase confidence in the services provided by healthcare practitioners. Indeed, some medical practitioners second-guess their decisions, asking themselves 'what would happen to me if I suggest this - and it doesn't work out that well?' Or: 'what if he dies?'

Way forward

According to the insurance commissioner, Dr. Saqware, Tira as the country's authoritative insurance organ has submitted to the government through the ministry of Finance and Planning a request to make indemnity insurance mandatory for professionals.

Dr. Saqware explained that the aim is to make sure that every professional doctor is obliged by law to have insurance cover.

"Like how you can't operate a vehicle without an insurance cover; this is what it is supposed to be: that a doctor cannot start practicing the profession without first
obtaining the indemnity insurance cover," he said.

He insisted that this will actually improve performance of the medical sector in Tanzania, as the confidence of medical practitioners will be boosted.

Supporting that notation, Dr. Osati stated that MAT also supports the move, and called upon the government to make insurance cover mandatory under the law.

"We need it to be in our Medical, Dental and Allied Health Professionals legislation and policy," he said.

However, Dr. Osati noted that they prefer the indemnity cover to be under the jurisdiction and obligations of the employer. This is especially considering that some doctors will not be able to afford the insurance due to low salaries.

"Paying for professional indemnity cover would be an additional expense on medical workers' salaries, which would be an extra burden on some of them," he explained.

Uganda: Heart Patients Dying Due to Delayed Surgery
6th May, 2019
By The Monitor (Kampala)

Doctors carry out a surgery at the Uganda Heart Institute in Mulago hospital. Thousands of patients wait for surgery but some never make it to the theatre

In Summary

- Reason. Most delays are as a result of many people awaiting surgery.
- Although they have the capacity to treat more than 85 per cent of all heart defects detected at the Institute, Dr. Omagino said they are handicapped by insufficient funding.

Kampala — With her feet swollen, struggling to breathe and suffers constant chest pain, Kalista Nakalembe, 2, was months old when Uganda Heart Institute (UHI) in 2017 detected that she had a heart defect.

However, despite her parents securing Shs19m to fund her surgery, the toddler had to spend the whole of 2018 fighting for her life as she waited for other patients on the institute's long list of pending surgery to undergo the procedure before she could be booked in.
"We had to wait till March, this year, when the operation was done. She would cry every time," her mother Catherine Anyime, 24, said.

She added: "The delays also mean spending more money treating other illnesses that come pending surgery, from the little we would raise from friends and family."

Such delays have worsened many surgery outcomes for patients, according to UHI officials, citing space constraint.

The 52-bed capacity facility handles patients referred with super-specialised cases. It also manages patients who walk in with emergencies induced by other conditions.

Just like Nakalembe, there are currently more than 500 other patients on UHI list, and each has to wait for a minimum of a year before undergoing actual procedure.

The condition

Dr. Peter Lwabi, the UHI deputy executive director, says the facility has got only four Intensive Care Unit (ICU) beds, which is essential for a patient's stable recovery.

"Being on the waiting list comes with risks because your condition may deteriorate further and there are actually patients we have called after getting a slot only to find that they have passed on," Dr. Lwabi said.

An ICU bed is a high dependency bed where patients are monitored after the procedure with various sophisticated equipment that can help you manage your patients' heart rate, oxygen levels and blood pressures --- all important after the procedure.

Dr. Lwabi declined to share the number of heart patients who have died while awaiting surgery, although he said majority were children.

Statistics

The institute receives 20,000 patients in its four departments; adult surgery, pediatric surgery, adult interventional cardiology and paediatric interventional cardiology. Each of these requires an ICU, but the departments share the four available against a minimum 14 beds threshold.

The space problem at the institute started four years ago when the UHI 12-bed ICU was handed over at the beginning of the Mulago hospital rehabilitation project with the hope it would be handed back better after two years.

Consequently, the number of procedures done by the surgical team are limited that each department has since dwindled to one.

Right now they do not operate at optimum capacity as only 400 procedures are conducted a year despite their potential to do up to 1,000 procedures if there was enough space and resources.

Intervention

The institute is also in the process of finding a potential donor to fund the establishment and equipment of a 200-bed hospital expected to house at least 40 ICU beds and be able to offer comprehensive services. The project is expected to cost Shs170b and the ministries of Finance and Health approved it.

Once the funds are found, the hospital will be established in Upper Mulago Hospital
side where space has been availed as preliminary work and feasibility study have since been done. One in every four adults in Uganda has a heart problem, the survey reveals.

**Funding gaps**

The issue of space.

ICU will only help to step up the number of operations conducted, but not solve all problems if the funding gap is not addressed, according to Dr John Omagino, the UHI executive director.

"We have limitations in terms of space and operational budget. Many people are looking for money to access treatment here... "he told this newspaper last year.

Although they have the capacity to treat more than 85 per cent of all heart defects detected at the Institute, Dr. Omagino said they are handicapped by insufficient funding.

He states that the Shs4.7b that UHI receives to finance its operations each year is a "drop in the ocean" due to increased demand for their services.

The debt-saddled facility requires Shs19 billion for its operations, according to Dr. Omagino.

Cost of surgery. Each heart surgery costs $5,000 dollars (Shs18m), meaning that if they are to operate to their full capacity of conducting surgeries for 1,000 patients a year, the Institute would require $5m (Shs18b), excluding spending on general patients with heart failure and hypertension.

The levies at UHI are lower than the $6,500 (Shs23m) charged in India, the choice country with heart patients seeking treatment abroad.

An estimated 15,000 babies in Uganda are born with heart defects, according to UHI statistics, and half of them require surgery.

**Tanzania: Government Moves to Control Spread of Dengue Fever**

6th May, 2019

By The Citizen (Dar es Salaam)

**In Summary**

- At least two people have died, 1,222 others diagnosed with dengue fever in Dar es Salaam, Tanga and Singida regions 24 days since the government’s declaration on the disease.

Dar es Salaam — Two people have been confirmed dead from dengue fever, with another 1,222 diagnosed with the fever in Dar es Salaam, Tanga and Singida Regions.

In the event, the government has rushed to tackle the malady as the number of infections rises.

Speaking to The Citizen in Dar es Salaam yesterday, the deputy minister for Health, Community Development, Gender, Elderly and Children, Dr. Faustine Ndugulile, said the number of dengue patients rose from 307 diagnosed cases by April 12 this year to 1,222 cases recorded by May 3.
"Two people have died of the disease so far. Dar es Salaam is leading, with 1,145 dengue patients, followed by Tanga with 76 patients and Singida, which has registered one patient," he said.

Outlining efforts to control the disease, Dr. Ndugulile said reagents have already arrived in the country for laboratory investigation of the disease - and that district councils have been directed to procure pesticides and fumigate their respective areas.

"President John Magufuli has directed district councils to allocate funds for purchasing pesticides, as well as carry out fumigation to destroy breeding sites of mosquitoes and other pests," he said.

"We are now mobilizing people to take preventive measures, such as covering water containers in homes, and destroying mosquito-breeding grounds." He also warned against taking drugs containing diclofenac - such as Ibuprofen, Brufen and Diclopar.

In the government's initial warning, the chief medical officer, Prof Muhammad Kambi, said drugs containing diclofenac cause internal bleeding, leading to death when taken by dengue patients.

An Ifakara Health Institute researcher, Dr. Nicholas Govela, named Aedes aegypti as the dengue-transmitting mosquito, noting that it doesn't carry malaria-transmitting parasites due to its morphological differences from the malaria-transmitting Anopheles.

"Similar reasons explain why mosquitoes cannot transmit HIV/AIDS," he said, helpfully adding that dengue-transmitting mosquitos bite during daytime.

**Dengue treatment**

A Dodoma Christian Medical Centre medical officer, Dr. Patrick Kushoka, said dengue fever treatment involves intravenous fluids and fever-lowering antipyrexia.

"We also use paracetamol. Patients are treated in isolation to reduce the possibility of spreading the disease. Also, isolation enables medics to make close follow-up and spontaneously address complications," he said.

In Tanzania, dengue was reported in 2010, 2013 and 2014, with patients suffering from the disease showing symptoms similar to those of malaria.

Medical reports show that most dengue patients have minor illness, while a few cases develop serious illness, including especially bleeding and hypotension.

**Kenya: Cancer Drug Linked to Baby's Death at Shalom Hospital**

6th May, 2019

By The Nation (Nairobi)

**In Summary**

- Morphine is a pain medication of the opiate family which acts directly on the central nervous system to decrease pain.
- The baby had been taken to the hospital for treatment after his left hand was scalded by hot water.
- Mr. Michael Mutinda, another journalist, said he lost his newborn
Morphine, a drug usually administered to cancer patients to relieve pain is suspected to have killed a seven-month-old baby at Shalom Community Hospital on Sunday.

Baby Ethan Muendo was injected with a 2ml dose of morphine, according to a prescription seen by the Nation.

According to Wikipedia, Morphine is a pain medication of the opiate family which acts directly on the central nervous system to decrease pain.

**CHRONIC PAIN**

It can be taken for both acute and chronic pain. The baby had been taken to the hospital for treatment after his left hand was scalded by hot water. According to the baby's mother Ms. Juliana Mutheu, the infant developed breathing problems and died barely two hours after the injection.

"He suffered a burn on Saturday night but since the burn was not serious, we decided to take him to Shalom Hospital on Sunday morning where he was given an injection to relieve pain. The nurse then dressed the wound," Ms. Mutheu told Nation.co.ke.

Related Stories

She added: "We went home but the baby developed breathing difficulties, he was too weak."

She said she tried to breastfeed the baby in vain. She then called the hospital and was told to take the baby back to the hospital. He died shortly after being admitted to the Emergency Unit.

**JUSTICE**

On Monday, journalists who stormed the hospital in solidarity with their colleague Mr. Jonathan Muendo, demanded immediate closure of the hospital and justice for baby Ethan.

"We are tired of writing stories about Shalom Hospital, we ask the CEO of the Kenya Medical Practitioners and Dentists Board Daniel Yumbya to close this hospital until such a time when it will be ready to offer quality services," said Mr. Erastus Mulwa who is the chairman of Machakos Journalists Association.

Mr. Michael Mutinda, another journalist, said he lost his newborn baby at the facility in 2016 due to negligence.

Two nurses were arrested on Sunday and recorded statements with the police in connection to the death of baby Ethan. The baby's parents also recorded statements with the police.

**NOT QUALIFIED**

The incident happened barely a month after a woman delivered a baby on the floor at the hospital's Athi-River branch as nurses took tea.

It emerged that the said nurse was not qualified to practice. A member of staff at Shalom Hospital in Machakos town told the Nation that after the incident at the Athi-River branch, the nurses were sacked and replaced by qualified ones.
"Some of the nurses are not registered. The unregistered ones are usually deployed in the wards as registered ones work at the outpatient department," she said.

She said that the hospital management did this to make it difficult for health officials to spot the quacks in case of impromptu inspections.

LOW SALARIES

She said the management employs unqualified staff in order to pay low salaries.

"Sometimes when the hospital delays in paying salaries, the director, who also runs a flour mill, gives us two packets of maize flour and this has lowered the morale of staff," she said.

Mr. Frederick Onyango, the hospital director declined to address the press.

Uganda: HIV Infection Rate in Lira Drops
7th May, 2019

By The Monitor (Kampala)

Lira — The HIV infection rate in Lira District has dropped by 1.8 per cent between 2014 and 2019, from 8.9 per cent to 7.1 per cent, according to new estimates from the district health department.

Dr. Patrick Ocen Buchan, the district health officer, attributed what he termed as "good progress" in the fight against HIV/AIDS to the ongoing health education and regular community sensitization by both development partners and the district.

"The prevalence rate of HIV has been very high in Lira, which makes part of northern Uganda, mainly because of the Lord's Resistance Army (LRA) insurgency," Dr. Ocen told Daily Monitor in an interview last Friday.

He, however, said the battle against HIV/AIDS and malaria would only be won if all stakeholders played their role well.

Hot spots

Areas that are still being considered hot spots in terms of new HIV infections include; bars, bus parks, Juba Road, Kitgum stage, and Amach Cattle Market.

"In these hot spots, we have tried our level best to fight the disease through various interventions but HIV is still escalating," Dr. Ochen said.

Dr. Ocen said malaria was also no longer a major threat to the more than 400,000 people living in Lira.

The Lango Cultural Foundation Prime Minister, Dr. Richard Nam, said cultural leaders have been educating their subjects on HIV/AIDS prevention methods.

"Why there are still some cases of HIV/AIDS infections, is the low use of condoms. People practice risky sexual behaviours. But as an institution, we have educated several youth in Lango on HIV/AIDS prevention," Dr. Nam said.

Efforts towards AIDS prevention

In June 2017, President Museveni launched an ambitious five-point plan to end HIV/AIDS in the country by 2030 with the main focus on voluntary testing for men.
"I am now calling upon all men, all of you to go for voluntary testing... if you find you are sick (positive), take the drugs. They will not cure you but when the virus is suppressed you will live longer and not infect others," President Museveni said while delivering his speech at an event in Kampala.

His remarks were triggered by Uganda Demographic and Health survey 2016, which indicated that 60 per cent of the men in Uganda had tested to know their HIV status compared to 83 per cent of the women.

However, Mr. Museveni, who also signed a commitment to end HIV/Aids by 2030, said the fight against HIV in the country has regressed because the Uganda Aids Commission has failed to provide information to the population on how to prevent the epidemic.

Tanzania: State Pledges Recruitment of More Midwives
7th May, 2019

By Tanzania Daily News (Dar es Salaam)

THE government yesterday reaffirmed its commitment to hire more competent midwives in the health delivery systems as it struggles to bridge the gap of over 52,000 midwives, countrywide.

Deputy Minister for Health, Community Development, Gender, Elderly and Children Dr. Faustine Ndugulile said here over the weekend that the country was still facing acute shortage of skilled and competent midwives, promising to meet other stakeholders to deliberate on how best to improve the cadre.

Speaking at the climax of the International Midwives Day, which was commemorated nationwide in Bariadi District in Simiyu region, Dr. Ndugulile appreciated the contribution of the midwives despite the challenges they are facing.

Citing statistics from the Tanzania Midwives Association (TAMA), he said lately Tanzania had 47,870 registered midwives against the country's demand of at least 100,000.

"The ratio of midwives services is one to 11,000 mothers in Tanzania, which is far below the International ratio of one to 4,000 per year.

The government will keep on addressing this challenge and others facing midwives as it works hard to strengthen service delivery in the country's health system," he said.

The deputy minister warned people, including politicians who throw baseless allegations on services offered by nurses and midwives, saying the profession should be respected and its professionals protected.
He however challenged the midwives to remain ethical and professional, inviting TAMA to contact the ministry for discussions on various issues that were raised especially on ethical dilemmas, capacity building programmes and education.

Deputy Country Representative of the United Nations Populations Fund (UNFPA) Dr. Hashina Begum, delivering the message in commemoration of the day, expressed her office commitment in supporting the country's efforts to reduce maternal and newborn mortality burden.

Despite the ongoing work to redress the matter, Dr. Begum said Tanzania was still among the ten countries with high maternal and newborn mortality rate, with about 11,000 mothers dying every year during pregnancy and childbirths.

"UNFPA, in collaboration with the directorate of nursing and midwifery services in the ministry and TAMA will continue strengthening the competence of midwives and improving regulations governing midwifery practices," she said.

For years, UNFPA has supported a number of health programmes in the country, particularly in Simiyu region.

Dr. Begum cited renovation of 38 health facilities in the region as part of the support that aims at improving provision of maternal and newborn health services, thanks to funding from Korean International Cooperation Agency (KOICA).

She underscored the need to expand midwifery programmes through maintained high global standards and promoting an enabling environment for midwives to effectively provide services.

TAMA President Feddy Mwanga challenged the government to ensure midwives are well trained to work competently and offer the best services possible.

The celebrations were also attended by other stakeholders, including the Arlier Glaser Pediatric Aids Healthcare Initiative (AGPAHI) whose experts offered cervical cancer screening services to women.

**Kenya: Negligence to Blame as 80 Newborn Babies Die Weekly in KNH Wards**

7th May, 2019

By Nairobi News (Nairobi)

Approximately 80 babies die every week at the New Born Unit (NBU) of Kenyatta National Hospital.

This is according to an audit report published in the International Journal of Paediatrics.
The audit revealed that most of the deaths occurred within 48 hours of admission to the NBU.

The report by Dr. Priti Jagdishbhai Tank, Dr. Anjumanara Omar and Prof Rachel Musoke investigated the use of antibiotics in 320 newborns admitted at the unit over a two-month period.

Eighty of the newborns, the report shows, died within seven days of admission.

The doctors blamed failure by health workers to follow the national treatment guidelines for newborns and lack of facilities.

According to the report, there was a poor commitment to newborn treatment guidelines published by the Ministry of Health in 2016.

The guidelines required complete documentation for every admitted newborn. This was not done for any of the 320 babies aged 0-28 days.

**BREASTFEED**

"It was presumed that some clinical features like convulsions, lethargy, and refusal to breastfeed were only documented if they were present," stated the report.

The report went on to state that laboratory test was rarely done to find out the cause of the ailing of the babies even in circumstance where it was requested.

Substances used in the analysis at the lab are sometimes out of stock.

They also observed an overdose of gentamicin for the newborns weighing

There was also prolonged use of antibiotics for the newborns even after they have shown improvement.

"The continuation of antibiotics was more inappropriately done than initiation of antibiotics. Earlier discontinuation of antibiotics was an issue, maybe because of inability to confirm infection, “said the report

**South Sudan Revises Its National Standard Treatment Guidelines to Improve Quality of Care at Community and Health Facility Levels**

8th May, 2019

By World Health Organization (Geneva)

South Sudan Revises Its National Standard Treatment Guidelines to Improve Quality of Care at Community and Health Facility Levels

6 May 2019, Juba - In South Sudan, the health system faces growing health needs and limited resources.

Policy makers at various levels are engaged in designing cost-effective health
interventions that ensure accessible and affordable quality healthcare for all, in particular the poor and vulnerable groups.

With support from WHO, the Ministry of Health (MoH) revised the South Sudan Standard Treatment Guidelines for Boma Health Teams, Primary Health Care Units, Primary Health Care Centers and Hospitals (SS-STGs). The revision reflects the current best practices, recommendations and procedures for appropriate management of common health conditions and drug use in South Sudan.

Standard Treatment Guidelines (STGs) are systematically developed statements that assist health care workers in public and private facilities in deciding on appropriate treatments for common health problems. They usually reflect the consensus on the best treatment options within a health care system and aim at influencing prescription practices of health care workers at all levels of care. They are critical tools for health care providers to give quality standardized care, minimize irrational medicine use and ensure safety and cost effectiveness. The revision of the SS-STGs was based on latest WHO recommendations as well as National, Regional and Global recommendations, guidelines and practices.

"The development and implementation of South Sudan Standard Treatment Guidelines (SS-STGs 2019) and the recently completed National Essential Medicines List (SSEML 2018) is a key milestone to improve health service delivery in the country", said Dr. Ocan Charles, Health Policy Advisor who represented Dr. Olushayo Olu, WHO Representative for South Sudan at the opening of a three-day workshop from 2-4 May 2019. The technical consultative workshop was to review and validate the SS-STGs with 47 experts, clinicians and program managers drawn from MoH and partners at national and sub national levels.

He noted that the current National Standard Treatment Guidelines for Primary and Tertiary Health Care for South Sudan were last updated in 2006. Over the years, the MoH, WHO, and other partners have developed and/or revised a considerable number of health policy documents and guidelines for health service delivery. All these required inclusion and revision of the Standard Treatment Guidelines to ensure consistency and better quality of care.

STGs offer many advantages and benefits for the patients and clients (most important), healthcare providers, drug manufacturers (procurement agencies) and marketing agencies, and the policy makers and the legislative/regulatory system and government of the country, said Dr. Ocan.

The revision of the NSTGs was made possible due to financial support from the European Union (EU) under the European Union-Luxembourg - WHO partnership for Universal Health Coverage (UHC) in South Sudan. "We immensely appreciate the European Union for their continued support to South Sudan", said Dr. Ocan.

While closing the workshop, Dr. Richard Lino Laku, Director General for Policy, Planning, budgeting and Research, who represented the Undersecretary, noted that the revision of the SS-STGS was very timely as many implementing partners and health care workers have been requesting for the revised guidelines. The revised SS-STGs was much better than the older version since the revision was more participatory, widely
consultative, bottom up and involved national experts, Dr. Laku emphasized. The revised SS-STGs also include the guidelines for the Boma health teams who are rolling out Boma Health Initiative (BHI).

He underscored MoH’s leadership commitment to ensure that the revised SS-STGs is implemented and used to improve delivery of quality health service in the country.

WHO will support the MOH and partners to ensure the finalization of the STGs, roll out the implementation and use of these guidelines to improve the quality of care at facility and community levels.

**Tanzania: Overweight, Obesity Haunt Many Tanzanians**

8th May, 2019

By Tanzania Daily News (Dar es Salaam)

CASES of overweight and obesity are on the rise, with 10 per cent of Tanzanians at high risk. Deputy Minister for Health, Community Development, Gender, Elderly and Children Dr. Faustine Ndugulile told the National Assembly here yesterday that many people in the country were struggling with obesity and overweight.

He was responding to a question from Special Seats Member of Parliament (MP) Zainab Mwamwindi (CCM), who charged that malnutrition was a serious problem haunting many children in the country.

The MP wanted the government to support nutrition committees from the grassroots level, arguing that many Tanzanians were eating excessively without considering the quality of food.

"We noted that problem, and that's why we launched a national strategy on nutrition under the coordination of the Prime Minister's Office to reduce malnutrition and stunted growth," said the deputy minister.

He added that plans were afoot to employ at least two health officials at community level who will be providing education on nutrition.

The deputy minister said the government was fully committed to implement the objectives of the global health council as well as other resolutions to reduce malnutrition at regional and global levels.

At national level, he said the government was reviewing the 2007 national health policy, which, among other things, seeks to improve nutrition services.

According to World Health Organisation (WHO) overweight and obesity are defined as abnormal or excessive fat accumulation that presents a health risk.
A crude population measure of obesity is the body mass index (BMI), that is, the person's weight in kilogrammes divided by the square of his or her height in metres.

A person with BMI of 30 or more is generally considered obese. A person with BMI equal to or more than 25 is considered overweight.

**Kenya: Ministry to Distribute Mobile Clinics to Counties**
8th May, 2019
By The Nation (Nairobi)

**In Summary**

- The Parliamentary Select Committee on Health says some of the medical equipment fitted in the containers have been vandalised.

The Ministry of Health has been instructed to distribute and operationalise the Sh800 million controversial mobile clinics stored at the National Youth Service (NYS) yard in Miritini, Mombasa.

This is after the Ethics and Anti-Corruption Commission (EACC), which is probing the matter that involved a relative of senior government officials, gave the ministry a clean bill of health.

However, the Parliamentary Select Committee on Health says some of the medical equipment fitted in the containers have been vandalised.

Investigations by the EACC have delayed delivery of the clinics, but Coast Regional Commissioner John Elungata says the probe is almost complete, assuring counties that the portable facilities will soon be dispatched to the 47 devolved units across the country.

Mr. Elungata refuted MP's reports that the equipment in the portable clinics have been vandalised.

**VANDALISM**

The controversial mobile clinics have for almost four years remained unused, enduring the sun and rain at the NYS yard having been rocked by a scandal that has been a double loss for taxpayers.

Last week, Senior Deputy Director of Medical Services Fridah Govedi and other senior government officials pitched camp at the NYS yard inspecting the clinics as they assured Kenyans that the facilities are 'safe'.

"We are happy to announce that EACC has given the Ministry of Health a clean bill of health and instructed it to go ahead and distribute the containers as the legal process continues to full finalisation.

"We request the Health Committee to provide us with funds to quickly move the containers and operationalise them to alleviate the unnecessary sufferings and deaths of our beloved Kenyans," Dr. Govedi said.

**QUALITY**

The senior deputy medical services boss said the funds used in procuring the containers went into good use, adding that the facilities have been furnished and refurbished into ISO standards of a hospital.

The facilities are partitioned into consultation, delivery, pharmacy and
laboratory rooms. They are fitted with high functioning machines, diagnostic equipment among others.

Kenya Revenue Authority filings revealed that Estama Investments, the firm contracted to bring in the medical equipment, bought each of the 100 clinics at Sh1.4 million and sold them to the government at Sh10 million each, making a good profit.

**Kenya: e-Health Platform Mydawa Secures U.S.$3 Million Funding for Expansion**
8th May, 2019

By Capital FM (Nairobi)

Nairobi — E-healthcare platform MYDAWA, has received a $3,000,000 investment from Africa HealthCare Master Fund.

The funds will go into accelerating a planned countrywide expansion and further advance the company's overall vision of providing access to affordable, genuine and high-quality medicine as well as health care products.

This is the first round of external funding the company has accepted since its inception in 2017. The company received an initial $5M investment from Irish investor who is also the Founder and Chairman Neil O'Leary.

"Our goal at MYDAWA has always been to be trusted partner for busy Kenyans by a providing convenient, private access to authentic medication and wellness products at very good value. It was very important that a new partner shared this goal which is inspired by the Kenyan aim of improving access to healthcare for all.

I am delighted to add The Africa HealthCare Master Fund to the team which brings expertise and international reach as well as funds," stated Neil O'Leary Founder and Chairman of MYDAWA.

Users of the platform are assured of genuine medicines and products as the application has secured the entire supply chain by getting medicines and other products directly from manufacturers and branded drugs that are made by World Health Organization (WHO) approved centres, tackling the counterfeit issue in the market.

A unique track and trace mechanism have also been put in place to allow users to authenticate products through the app with a QR code or SMS to verify its source and genuineness.

All products and medicines are secured with tamper proof seals that contain the scratch to reveal authentication code.
Additionally, convenience is a key attraction for busy people - everything you want is delivered free and quickly and all medicines are delivered by qualified professionals.

Commenting on the new partnership, Africa Health Care Master Fund Director Susumu Tsubaki said, "It is commendable that start-ups such as MYDAWA are leveraging on the power of new technologies to disrupt the healthcare industry to tackle the region's challenges of access, quality and affordability of healthcare.

Our mission has always been to support healthcare related initiatives in Africa to help them accelerate their operations towards a healthy continent."

Established in 2017, the Africa HealthCare Master Fund is focused on investing in the healthcare industry in Africa.

"Kenya is seen as a leader in innovation and with solutions such as MYDAWA, the future of healthcare in Kenya and Africa is set for transformation where access to affordable and safe healthcare products will be experienced by all," said Susumu Tsubaki.

Since officially launching in 2017, MYDAWA has continued to experience tremendous growth and has signed up over 80,000 registered users.

Also commenting on the new investment, MYDAWA Managing Director Tony Wood said, "We remain focused on building a platform that enables Kenyans to access quality medication and products without having to dig deeper into their pockets".

In addition, the platform has also partnered with a number of Insurance companies to ensure that medical policy holders also benefit from the solution - a move that gives longevity to their insurance cover since prescription medicines are on average 20% cheaper.

The insurance companies are also beneficiaries as there are less fraudulent and illegitimate claims. For customers with no insurance cover, a partnership with innovative payments processing solution iPai Limited has increased customer payment options such as through loyalty points, Equitel, Mastercard, PesaLink, and VISA.

**Kenya: Medics Rule Out Cholera as Chetoto Pupils are Taken Ill**

8th May, 2019

By The Nation (Nairobi)

**In Summary**

- The pupils were experiencing diarrhoea and vomiting on Wednesday.
- Ms. Lipesa, who cited contaminated water or food as the possible cause of the infection, revealed that a teacher had also been infected.

Medics in Trans Nzoia County were Wednesday evening carrying out further tests on dozens of pupils of Chetoto Primary School in Kipsongo, Saboti Constituency, who were rushed to hospital with cholera-like symptoms.

At least 100 pupils were being treated at Kitale County Referral Hospital where they were admitted after complaining of...
vomiting, diarrhoea and stomach ache earlier in the day after drinking water from a nearby river.

Although preliminary tests ruled out cholera, medical officials said they were conducting further tests to be sure none of them had contracted the deadly disease.

Kitale County Referral Hospital Medical Superintendent Lilian Lipesa said the pupils had been given drugs to contain diarrhoea and stop the vomiting.

"We are managing them for diarrhoea. Most of them, let's say 95 per cent, are stable," said Dr. Lipesa. "The laboratory results we have from sampled pupils are negative (for cholera). But we are still doing more investigations," she said.

POTABLE WATER

The Medical Superintendent said they were suspecting food poisoning or contaminated water caused the diarrhoea. A teacher was also among those admitted.

Residents said water from a nearby river, which pupils drink while in school, could have been contaminated by a burst sewer.

The school, located in Kipsongo slums within Kitale town, does not have tapped water, forcing pupils to drink from the nearby spring.

"The pupils and teachers drank water from the local spring suspected to be contaminated by raw sewer," said Gilbert Simiyu, a resident.

Last evening the county sent clinical officers to the school to take more samples for tests.

"We have dispatched medical staff to the ground to carry out health education and sensitise the community around the area on water treatment and chlorination," added Dr. Lipesa.

Some of the pupils, whose condition had improved, were discharged but several still remained admitted.

The Public Health Surveillance officer for Saboti, Mr Stanley Kirwa, assured members of the public that the situation was under control.

Last year, a cholera outbreak in the same area saw a number of people treated in nearby facilities. The county then issued a ban on roadside eateries to contain the disease.

Kenya: Kisumu County to Build Sh248 Million Paediatric Research Hospital
9th May, 2019
By The Nation (Nairobi)
Kisumu Governor Anyang’ Nyong’o officiates the groundbreaking ceremony for the first paediatric hospital in Kombewa town in Seme on May 7, 2019. The hospital is expected to reduce child mortality rate in Kisumu County and to improve general healthcare for Kisumu people.

In Summary

- It will have four isolation rooms, six high dependency units, a 15-bed mothers’ hostel and a playroom.
- The hospital will also have an eight-bed incubator nursery, an eight-bed isolation nursery and a 12-bed research ward.
- Novartis will pump in Sh168 million while the county government will put in Sh80 million.

The process of building a paediatric research hospital in Kisumu has started with a ground breaking ceremony on Wednesday.

The Sh248 million hospital is a joint collaboration between the Kisumu County government and global healthcare company Novartis.

The hospital is expected to be completed in the next 18 months and will have a 30-bed inpatient unit.

It will also have four isolation rooms, six high dependency units, a 15-bed mothers’ hostel, a playroom, an eight-bed incubator nursery, an eight-bed isolation nursery and a 12-bed research ward.

The hospital will also have an outpatient wing.

**FUNDING**

Novartis will pump in Sh168 million while the county government will put in Sh80 million for equipment and staff.

Kisumu County has a high burden of infectious diseases and high maternal and child mortality with an estimated 79 out of every 1,000 children dying before their fifth birthday.

According to a 2011-2015 survey by the Global Health Action in Kombewa, Kisumu County neonatal pneumonia is a leading cause of deaths in new-born children with birth asphyxia causing 20.6 percent of deaths in the region.

Other causes of deaths in the region include unspecified neonatal causes taking 22.1 percent, abnormalities from birth which accounted for 2.9 percent of deaths with preterm deaths accounting for 20.6 percent of new-born deaths in the region.

**CHILD MORTALITY**

Speaking Wednesday during the launch at Kombewa, Governor Anyang’ Nyongo said that the hospital will help reduce child mortality and will also go a long way in improving healthcare in the region.

"We are in the process of equipping our health facilities to ensure that each of our seven sub-counties has fully functional comprehensive emergency obstetric and neonatal facilities. This paediatric hospital will go a long way in helping us to achieve this goal," said Governor Nyong’o.

Kisumu County has allocated Sh63 million for hiring 179 additional healthcare providers who will include nurses, clinical officers and laboratory personnel on contract.
This comes after concerns of understaffing were raised by the Kombewa Medical Superintendent, Dr. David Okeyo.

"Improvement of health facilities leads to an increased number of patients visiting the facility and the staff available are forced to overwork to meet the demand," said Dr. Okeyo.

"Kombewa for instance does not meet the minimal threshold of workers in a sub-county health facility," he added.

HEALTHCARE PROVIDERS

The additional healthcare providers will help attend to the rising numbers of patients in the region, which will in turn improve the healthcare in the region.

President Uhuru Kenyatta launched universal health care (UHC) in the County in December last year.

The county has allocated Sh132 million to UHC, which will be used to train community health workers and pay for community dialogue and engagements.

The community health workers were last month awarded a monthly stipend of Sh2,500 each following a budgetary allocation of Sh40 million by the county, covering the period up to June 2019.

Kenya: Bob Collymore Appointed Member of National Cancer Institute
9th May, 2019

By Capital FM (Nairobi)
appoints David Makumi, Mercy Oburu, Bob Collymore and Evangeline Njiru to be members of the Board of the National Cancer Institute,” the notice stated.

**Kenya: Samburu County Referral Hospital Runs Out of TB Drugs**
9th May, 2019
By The Nation (Nairobi)

Patients suffering from tuberculosis (TB) in Maralal town, Samburu County are now living in fear due to lack of essential drugs at the Samburu County Referral Hospital.

According to patients who spoke to the Nation, since Monday last week, their visits in search of the drugs have been futile.

"I have TB and have been coming here since Monday but there are no drugs. I'm not alone, we are many; we don't know what to do. We are afraid that we might succumb to TB or even spread this disease to other people," said Mr. Francis Lotukai, a TB patient.

**RESTART TREATMENT**

But despite the fears, some patients like John Mwangi of Loikas village within Maralal town are hopeful that they will find relief, even though they might be forced to begin treatment afresh.

"I'm suffering from TB and since last Monday I have not taken my drugs. At first I was afraid I might die but now am hopeful I will be okay. We just hope we won't be told to start the treatment afresh when the drugs arrive," he said.

Efforts by the Nation to get a comment from the hospital's administration were unsuccessful as journalists were barred from entering the hospital.

Security officers at the hospital said they had been warned by their boss not to allow journalists in.
**Rwanda: Experts Call for National Strategy on Mental Health and Healing**

10th May, 2019

By The New Times (Kigali)

A two-day National Trauma Symposium ended yesterday with different stakeholders calling on the Government to put in place a national strategy on mental health and healing as one of the lasting solutions to the issue of trauma which continues to be a challenge to many survivors of the Genocide against the Tutsi.

Speaking on a panel on the theme, 'Healing the Trauma generated by the Genocide against Tutsi - Policy analysis and way forward', the Executive Director of 'Never Again Rwanda, Joseph Nkurunziza Ryarasa, said that while major milestones have been made in the mental health sector, including putting in place a national policy, there was need to invest more if what the nation has achieved in the last 25 years is to be sustained.

"Of course there is a policy but there is need for a national strategy on mental health and healing. Just in the same way the Government has invested in malaria, non-communicable diseases, AIDS and Hepatitis," he said.

Nkurunziza pointed out that there was a lot to thank the Government for.

He explained that, in 1995, the nation needed at least 7,500 psycho-therapists. Today, the country has 1,284.

"We are lucky to be led by strategic thinkers but for the children who were born around the Genocide or after, there are wounds. We need children who are going to inherit the greatness of this country to be healed and not to be victims of trans-generational trauma," he said.

He also called for a regulatory body so that therapists have laws, procedures and are beneficiaries of capacity building so that quality assurance is guaranteed.

Speaking at the symposium, the president of Rwanda Psychological Society, Dr. Vincent Sezibera, also called for a regulatory body saying that it would go a long way in clearing the confusion in the profession.

"We need to know where to begin, where to stop and the process in between. The body can specify for us for instance how a psychiatrist and psychologist work together, when the psychiatric nurse or even a social..."
worker comes into the whole healing process.

"There is need for specific definitions on the scope of procedures and other things like licensing," he said.

The Manager of the Mental Health Division Rwanda Biomedical Center Dr. Yvonne Kayiteshonga reminded the participants that though the country was not exactly where it wanted to be, commendable progress has been made over the years.

She explained that there was need for parents to nurture healthy minds by giving the young, especially adolescents an opportunity to think for themselves.

"Most health issues begin when most people are still very young, around the adolescence period. Let us stop thinking for them and change the approach and instead ask them what they want. Give them a chance to teach us," she said.

Uganda: Oxygen Crisis Hits Mbarara Hospital
10th May, 2019
By The Observer (Kampala)

Five people have reportedly lost their lives at Mbarara regional referral hospital due to lack of oxygen.

Information obtained by our reporter shows that the hospital hasn't had oxygen for the last two weeks. Apparently, patients in need of oxygen therapy are advised to try private facilities.

Mbarara hospital medical superintendent Dr. Therestine Barigye confirmed the oxygen crisis but did not divulge details. A medical worker at Mbarara hospital who declined to be named said they are currently advising financially capable clients to opt for private facilities while those who cannot afford have been left in God's hands.

The medical worker said at least 5 people lost their lives due to the shortage of oxygen. Jennifer Tushemerirwe, a patient attendant at the hospital, says they were advised to secure an oxygen cylinder outside the facility before they could get their ailing mother operated on.
She says one has to part with at least Shs 300,000 to secure an oxygen cylinder from a private facility. Johnson Katungi, another patient attendant, says they have spent two weeks at the facility waiting for his wife to be operated upon when the hospital gets fresh supplies.

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**UP-COMING EVENTS:**

**INTEGRATING AFRICA: BRIDGING THE HEALTH GAP**

Join our Health Partner from 7th - 9th October 2019 at AHBS IV in Addis Ababa - Ethiopia

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