HEALTH NEWS-CAP EAST AFRICA

1st – 7th June 2019

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EAC NEWS RELEASE

South Sudan Private Sector and Civil Society sensitized on opportunities and benefits of EAC integration agenda

East African Community Headquarters, Arusha, 12th June, 2019: A two-day training and sensitisation workshop for private sector and civil society on the opportunities and benefits of regional integration was held on 4th to 5th June, 2019, in Juba, the Republic of South Sudan (RSS).

The training and sensitisation workshop was jointly organized by the South Sudan’s Ministry of Trade, Industry and EAC Affairs; the EAC Secretariat; and the GIZ-EAC Programme, within the framework of the approved EAC Consultative Dialogue Framework (CDF).

Addressing the participants, the EAC Secretary General, Amb. Liberat Mfumukeko commended the Government of South Sudan for the steps it was taking to restore peace as the cornerstone of growth and stability and the continuing implementation of its commitments in the accession Treaty.

The Secretary General, who was represented by the Principal Gender and Community Development Officer, Ms. Generose Minani, noted that private sector and civil society operations can only be meaningfully anchored on predictable stability and policy consistency at the social, economic, and political levels.

He appreciated the cooperation programmes that EAC is implementing with the support of GIZ in South Sudan in line with the roadmap to fast track the new Partner State’s integration into the EAC. He noted that the implementation of the projects and programmes focusing on building capacities of the PSO’s and the CSO’s to enable their effective regional engagement were prioritized in the forgoing roadmap.

He called on the stakeholders to take advantage of the information shared at the workshop to build their capacities and skills so as to be able to effectively engage and benefit from the opportunities available in the region and build lasting partnerships with their counterparts in the wider EAC.

On her part, the representative from the Ministry of Trade, Industry and EAC Affairs of South Sudan, Ms. Robina Gune underscored the commitment and motivation of the stakeholders in RSS and their readiness to push forward the integration agenda and take advantage of the available opportunities.
The Ministry official noted that although RSS was still behind in many areas of integration, the Ministry, Private Sector Organizations (PSOs) and the Civil Society Organizations (CSOs) in the country were committed towards developing the necessary implementation structures and consolidating the required synergies and capacities to implement the EAC Consultative Dialogue Framework.

She called on the PSOs and CSOs to engage the Ministry on the critical support and platforms that the latter should put in place to ensure the implementation of the CDF in RSS to enhance the realisation of a people centred and market driven cooperation with the expected benefits to the citizenry.

Ms. Robina Gune applauded the EAC Secretariat, GIZ - EAC programme for the support in building capacity of the private sector and civil society in RSS on the benefits and opportunities of the EAC integration.

At the same occasion, the Cluster Coordinator of the EAC-GIZ programme, Dr. Focken Kirsten said GIZ-EAC Programme prides itself to be associated with the workshop, which was part of a series of activities that it is supporting the EAC in sensitising, building capacity and elevating the profile of the private sector and the civil society in RSS in order for these two sectors to play a lead role in securing the benefits and opportunities of the integration.

Dr. Focken noted that the EAC regional integration benefits transcend trade, economic development, democratisation, gender development and inclusion of people with disabilities and youth, peace building, investments, infrastructure development, health and human rights, among others, for citizens of EAC including South Sudan’s CSOs and PSOs that can only be realized when these stakeholders are meaningfully engaged.

The EAC sensitization workshop; whose objective was to share information, impart skills, and capacitate the stakeholders in the two sectors to benefit from regional integration of RSS into the EAC; concluded with recommendations on the need for:

1. Focused workshops for related clusters of the civil society and private sector associations in RSS;
2. Availability of simplified documentations on the projects and programmes of the Community and their implementation frameworks in RSS;
3. Seeking opportunities for attachments in the EAC for RSS focal persons in the apex associations should be explored;
4. Mobilization of resources to train trainers to sustain the training momentum in RSS for the CSOs and PSOs and learning visits in the region for benchmarking;
5. Financial and technical support to the Ministry responsible for EAC Affairs to implement the CDF Framework and create the dialogue framework in RSS for the PSOs and CSOs.

Tanzania Government Says Cholera Death Toll Now Three as 55 Others Quarantined
3rd June, 2019

@EAHP Health News-Cap East Africa 1st – 7th June 2019
By The Citizen (Dar es Salaam)

In Summary

- Dar es Salaam — Two more people in Dar es Salaam have died of cholera, bringing to three, the number of victims so far since the outbreak was reported a week ago.

Some 55 other cholera patients are admitted at various isolation centres in the city.

The new figures were released on Sunday, June 02, 2019, by health minister Ms. Ummy Mwalimu during a tour of Jangwani basin.

Ms. Mwalimu said the two deaths have been reported in Temeka district where 34 cholera patients have been identified. The first reported death was in Ilala district last week.

Data show there are 19 patients in Ilala district while Kinondoni has two of the admitted patients, according to the minister.

She said Keko, Tandika, Buza, Kariakoo, Vingunguti, Mchikichini and Kivule were areas prone to cholera.

Meanwhile, Ms. Mwalimu said Dar es Salaam, Morogoro, Pwani and Tanga regions will be fumigated in order to destroy mosquito breeding to fight dengue.

"Owners of bars, hotels, churches, mosques and residential buildings should carry fumigation in respective areas," she said.

Mr. Kunenge said spraying was delayed by absence of spraying equipment but noted that the fire department will be involved to help in the deployment of the equipment.

Uganda: Private Member's Bill Likely to Delay Health Insurance Scheme - Ministry of Health
6th June, 2019
By The Independent (Kampala)
Kampala, Uganda — Uganda might take longer to achieve universal health coverage through a national health insurance scheme. This is according to Commissioner in Charge of Planning at the Ministry of Health Dr. Sarah Byakika.

"You cannot achieve health insurance for all in one year. Even those that started such schemes long time ago are still enrolling people. Ensuring 100 per cent coverage is a process," Byakika said in response to concerns raised on delays in approving legislation for the provision.

The Ministry of Finance, issued a Certificate of Financial Implication for the National Health Insurance Scheme (NHIS) Bill in April 2017, allowing the Health Ministry to present the draft law before parliament for discussion. It was projected back then, that the scheme would start in financial year 2018/2019.

According to the certificate, the government and private employees were to contribute 4 per cent of their monthly salary to the NHIS while employers would contribute 1 per cent of each employee’s monthly salary. Self-employed individuals were expected to pay 100,000 Shillings per year and pensioners to contribute 1 per cent of their monthly pension payment. It further indicates that the government would continue to fund the provision of free health services in health facilities until every Ugandan is enrolled in the National Health Insurance Scheme.

But despite securing the certificate of financial implication, the bill has not been tabled before parliament. Instead, Bukuya County MP Dr. Michael Bukenya started a new process which would enable him to present a private members bill on the health insurance scheme. Reports indicate that the bill was delayed by a disagreement in the cabinet on the omission of the informal sector among contributors to the scheme.

Byakika explains that the reason they had initially left out the informal sector is the fact that determining their contributions would be tricky, unlike the formal sector where information can easily be attained from employers.

"For instance, the draft bill provides for the establishment of a National Health Insurance scheme and yet actually it was only going to look at those that are formally employed for contributions. That's a very small proportion. The informal sector has the richest and the poorest"

Dr. Diana Atwiine, the Permanent Secretary of the Ministry of Health said that most of the contentious issues have since been refined and the draft sent back to cabinet for review.

"The Attorney General wanted to add some things because he felt it wasn't addressing certain aspects and they requested that it's withdrawn. They went and worked on it and then we submitted it again to the cabinet. It is going to be put on agenda before the end of this month", Dr. Atwiine said.

Dr. Atwiine is however positive that there will be a breakthrough this time and warns that starting the whole process afresh by a private member will be more tasking.

"The concern of parliament was that it's taking long. But what is remaining to go to parliament, the processes are shorter on the
cabinet side than an individual MP. Securing a certificate of financial implication alone takes forever," she added.

For instance, Kyenjojo woman MP and Vice Chairperson of the Health Committee Spellanza Baguma Muhenda says having the law in place will help in mitigating the shocks caused by ill health and improve access to healthcare for low-income families.

What is currently available is private health insurance where only about 150,000 people out of the over 40 million Ugandans are insured. The small number is partly because many can't afford the huge annual premiums that come with the service.

A few others are insured through informal schemes under the arrangement of community health insurance where members make small monthly contributions of amounts to the lows of 10,000 Shillings but have no legal frameworks for protection in case of eventualities like fraud or breach of contract.

**Tanzania: Indicative Prices on Pads Ruled Out**

3rd June, 2019

By Tanzania Daily News (Dar es Salaam)

THE government has clarified that it's not its responsibility to set indicative price for sanitary towels, arguing that the product is not in the category of public goods or services.

Industry and Trade Minister Joseph Kakunda revealed in a recent interview with the 'Daily News' that the government has already removed Value Added Tax (VAT) to reduce the prices of the essential items for particularly girls.

He was responding to various stakeholders who pleaded with the government to set indicative prices for the product. Despite the government exempting the towels from VAT, their prices remain high, leading to public complaints and outcries.

The minister said the government is only responsible for setting indicative prices for public products and services like agricultural produce, education and health services.
"It is difficult for the government to set indicative price for the sanitary pads because some are imported and traders are free to arrange the prices according to grades and kinds of the sanitary towel," he said, adding that so far the government, through Tanzania Bureau of Standards (TBS) and Fair Competition Commission (FCC), is ensuring that imported sanitary pads meet the standards and are not counterfeit in order to protect the health of consumers.

Special Seat MP on Chadema ticket Upendo Peneza appreciated the government efforts to remove VAT on sanitary pads but asked the authority to set indicative prices for the products to enable consumers to access them fairly and affordably.

"It is a good step by the government to remove VAT on sanitary pads but their prices remain high.

I advise the government to set indicative prices for the products and look at the possibility of distributing the sanitary towels to schools free of charge," she said.

According to studies conducted by the government through the Ministry of Education, Science and Technology in 2015, about 48 per cent of school girls miss classes during menstruation and 12 per cent of them do not attend school during their periods.

Recently, in Dar es Salaam, the Sanitation Hygiene Specialist and Senior Facilitator Menstrual Management from FID organisation Dhahia Mbaga said studies have discovered that 91 per cent of shops in rural areas don't sell menstrual pads and affordability remains the biggest challenge.

Uganda: Don't Rush Hepatitis B Treatment, Dr. Atwine Tells Doctors
4th June, 2019
By The Monitor (Kampala)

Kampala — Ministry of Health has cautioned doctors to take all necessary tests before administering treatment to suspected patients of Hepatitis B.

During the fundraising dinner for Africa Hepatitis Summit in Kampala on Friday, the Ministry of Health permanent secretary, Dr. Diana Atwine, said not everyone who tests positive to hepatitis needs treatment.

"If you test and find out the person is positive, don't rush to administer the medicine. Sometimes hepatitis particles found in the blood sample need to be re-examined. Some of the people might have particles of the virus in their body when they actually defeated the virus," Dr. Atwine said.
"To determine whether there are many particles of the virus in the body, another test is carried out on viral load to quantify the amount of the virus in the body. If the amount is a lot, then one starts treatment. If the liver is damaged, enzymes start going on top of the liver, then one starts on medication as well," she added.

According to a 2016 Uganda Population-based HIV Impact Assessment (UPHIA) survey, prevalence of Hepatitis B infection among adults stood at 4.3 per cent (5.6 per cent among men and 3.1 per cent among women). The survey indicated that Hepatitis B prevalence is highest in northern sub-region at 4.6 per cent.

This month, Uganda is to host the first African Hepatitis Summit under the theme "eliminating viral hepatitis in Africa."

Dr. Atwine said the summit aims at raising awareness in the sub-region, the need for negotiating platforms of the medicine and how the population can access it.

"Northern Uganda has high prevalence. Possibly it's because of our neighbours South Sudan having very high infection rate. Therefore possibly it could have spilled over. So even if we make an effort here in the country and we make sure we immunize, if our neighbours have high disease burden, still it will spill over to us," Dr. Atwine said.

**Report**

Hepatitis B prevalence. A 2016 Uganda Population-based HIV Impact Assessment survey, prevalence of Hepatitis B infection among adults stood at 4.3 per cent (5.6 per cent among men and 3.1 per cent among women).

The survey indicated that Hepatitis B prevalence is highest in northern sub-region at 4.6 per cent.

**Tanzania: Initiative On to Lower HIV Testing Age to 15**

5th June, 2019

By Tanzania Daily News (Dar es Salaam)

MINISTRY of Health, Community Development, Gender, the Elderly and Children will submit a bill for amendment of law to change statutory age of consent for independently consenting to HIV/AIDS testing and counseling from 18 to 15 years, to control the spread of the epidemic.

Speaking at the launch of the Kilimanjaro Challenge 2019 in Dar es Salaam yesterday, the Deputy Minister Dr. Faustine Ndugulile, said that the new plans come after recent studies. The studies by Tanzania Commission for AIDS (TACAIDS) found that over 80 per
One hundred cent of new HIV infections were to young people aged 15 to 24 years.

"The government has began to take action. The first step is to lower the statutory age of consent for HIV and AIDS services since young people start to have sex at an early age.

Figures show that between the age of 15 and 19, twenty seven percent of girls are pregnant or have children. In this case of infection, we have decided to submit a bill to parliament for the statutory age to be to 15 years. Now it can allow the young people to access the service, because now one has to get the parent or guardian's consent," he noted.

The Kilimanjaro Challenge aims to raise awareness on the HIV and AIDS pandemic, provide financial support to HIV and AIDS initiative and build national team spirit in this noble fight that's also giving local climbers opportunity to climb Mt Kilimanjaro. In addition, he said the ministry would craft a plan to allow people to test themselves to provide self-testing for HIV as research shows many men do not like to get tested or go to hospital.

"Like women who test themselves for pregnancy; now men will be able to self-test at their homes and I believe this will give them encouragement," he said. In addition, the Executive Director of TACAIDs, Dr. Leonard Maboko, said the proposed bill would help young people to access AIDS services quickly without the consent of the parent or guardian as it is now.

In addition, he said the reasons for young people to get more infections are from childhood to adolescence. "They have not been well educated so it is easy for him/her to make decisions that are not well informed. But also young women want to get different things easily.

"That is why we have projects that touch the poor households by helping them get entrepreneurial education in three regions," he said. The AngloGold Ashanti, GGM Vice President Sustainability, Mr. Simon Shayo, said this year, the campaign to contribute to the HIV& AIDS is targeting to raise 2.0bn/- .

However, he explained that so far, they have already collected more than 1.5bn/-, equivalent to 67 per cent of the target for this year's campaign which is now 18 years since its inception. He explained that since its inception, Kilimanjaro Challenge has raised over 13 bn/- that has benefited the organisation and 50 different institutions dealing with HIV&AIDS.

He said since the campaign was launched, more than 800 people have climbed Mount Kilimanjaro, and this year they expect more than 80 people. In addition, the Director of Child Care - Geita, Sr. Adalbera Mukure, noted that since the centre was launched in 2006 by GGM, it has improved the lives of different children.

She said the centre has educated 18 children of kindergarten, primary schools, 70, secondary 29, Form five and six 8, two university, one teacher, two employed in the private sector and two have not yet been employed.

"We are asking for your contributions to facilitate the construction of English medium school to enable children to read and even
out-of-school children to study and the funds available to operate the facility," she added.

**South Sudan: Choose Health Not Tobacco - South Sudan Marks the World No Tobacco Day**

1st June, 2019

By World Health Organization (Geneva)

1 June 2019, Juba - 'I got hooked on cigarettes at the age of 16 and smoked for 30 years. During these years, I tried intermittently to stop without much success due to the very addictive nature of nicotine. In August, 2016, my 11-year-old daughter approached me and said "Daddy, I want you to attend my graduation ceremonies, wedding and many more celebrations. It will not happen if you do not stop smoking!" The harsh reality of this statement was all the motivation I needed to stop this horrible habit. Ten months on, the journey has been difficult but the longer I stay off, the easier it gets, says John Lasuba.

There are many young people like Lasuba in South Sudan, who have been hooked to tobacco use in a similar way but have not been fortunate to quit. Tobacco consumption is one of the major public health threats the world has ever faced, but it can be prevented. Reducing tobacco use and second-hand tobacco smoke exposure is the most effective way to improve lung health and other devastative health effects of tobacco.

On 31 May 2019, the Ministry of Health, Republic of South Sudan with support from the World Health Organization and other partners marked the World No-Tobacco Day with a week-long campaign including interschool football match, schools debate, media programs and a public rally under the theme "Tobacco and Lung Health" reaching over 5000 people. This provided a platform for advocacy and awareness creation highlighting the negative impact that tobacco use on people’s health, tips on what can be done to reduce the tobacco-related risks hence empowering people to make informed choices.

The campaign also served as a call to action, advocating for effective policies to reduce tobacco consumption and engaging stakeholders across multiple sectors in the fight for tobacco control.

South Sudan in-line with the provisions of the WHO’s Framework convention on Tobacco control, has instituted measures to reduce tobacco use. These among others include increasing taxes on tobacco products up to 250% with an aimed of making tobacco unaffordable especially by the young people said Dr. Pinyi Nyimol Mawien , Director General Preventive Health Services at the Ministry of Health.

Dr. Matshidiso Moeti the WHO Regional Director for Africa in her statement read by Dr. Moses Mutebi on behalf of the WHO Country Representative during the public rally said ‘We need to embrace the proven health benefits of stopping tobacco use as well as the feasible actions that the public and governments can take to reduce the risks to lung health posed by tobacco’. She urged governments to adopt and enforce tobacco-control policies aimed at reducing the demand for tobacco; promoting tobacco cessation; and adequately treating tobacco-related diseases.
dependence. Dr. Moeti noted that this should encompass educational institutions, health care facilities, workplaces and sporting environments.

The statement further called upon Member States to respond to the tobacco epidemic by fully implementing the provisions of the World Health Organization’s Framework Convention on Tobacco Control. Treatment of tobacco dependence should be part of a comprehensive tobacco control policy along with the establishment of smoke-free public places, health warnings on tobacco packages and a ban of tobacco advertising. In addition to an individual approach, including behavioural and/or pharmacological interventions, a supportive environment is needed to encourage tobacco consumers to quit.

Dr. Moeti reaffirmed WHO’s continued commitment to promote and strengthen awareness of the benefits of tobacco-free lifestyles and the cessation of tobacco use.

**Note to editors**

_Tobacco is the only product if used as advised by its manufacturers kills up to half of its users. It is the only behavioral risk factor common to the four main non-communicable diseases (cardiovascular disease, cancer, diabetes and chronic respiratory disease) that now account for more deaths globally than all other causes combined. Tobacco is also co-morbid with tuberculosis and HIV, two of the major infectious diseases with which developing countries still grapple as they confront fast-rising NCD burdens._

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**Kenya's President Vows to Push for More Women in Power and End FGM**

4th June, 2019

By Thomson Reuters Foundation (London)

The Women Deliver Conference is being held in Vancouver, Canada, 3-6 June 2019.

_Vancouver — Kenyatta said Kenya would make it compulsory for parents to send all children to primary and secondary school, which would boost girls' opportunities and empower them to be future leaders._

Kenya's President Uhuru Kenyatta promised to push for more women in power, keep all girls in school, tackle child marriage and end female genital mutilation (FGM) at the opening of the world's biggest gender equality conference on Monday.

He told delegates attending Women Deliver in Vancouver that Kenya would make it compulsory for parents to send all children
to primary and secondary school, which would boost girls' opportunities and empower them to be future leaders.

Keeping girls in school would also prevent them being married off young, he said.

More than one in five girls in Kenya is wed before the age of 18, according to global campaign group Girls Not Brides.

"(Another) thing that I really want to do is to see that I end FGM in Kenya by 2022," Kenyatta added to huge applause.

U.N. data shows 21% of girls and women in the country have been cut. The East African country is widely seen as a leader in efforts to tackle the internationally condemned practise.

Kenyatta said more women were being appointed to leadership roles in Kenya, but progress was sometimes hampered by cultural or religious opposition.

An equality bill, which stipulates that no one gender should have more than two thirds of seats in parliament, has faced strong resistance in the National Assembly.

"As a country, we cannot grow at the pace we desire to grow if we leave this huge segment of society out of decision making," he said, vowing to keep pushing for the law.

Ethiopia's first female president, Sahle-Work Zewde, told the conference that having women in power was important for changing perceptions.

The country's Supreme Court is also headed by a woman and it is one of several African countries with a gender balanced cabinet.

"It has definitely changed public opinion on what women can do ... (But) for me the work has just started," she said.

"If you are the first to do something and ... a door is opened for you ... what you do is to make sure that this door remains open."

Sahle-Work said it was crucial to get more girls into secondary and tertiary education and tackle high rates of child marriage in the country where 40% of girls are wed before they reach 18.

"It's a fundamental problem for us. We would like to have ended it yesterday," she added. "This is something terrible. This has definitely to stop."

However, she said child marriage was declining through a combination of grass roots work and engagement with community elders, religious leaders and parents associations in schools.

Some 8,000 delegates are attending the four-day conference to debate issues from women's empowerment to reproductive rights.

"In a gender equal world everybody wins," said Women Deliver Chief Executive Katja Iversen.

Uganda: Four Held, 270 Drug Shops Closed
4th June, 2019
Under inspection. A health worker prepares to dispense medicine to a patient in Yumbe District. Government has found that the region has increasing cases of medicines stored in unsuitable conditions, posing risk to the population

In Summary

- There have been registered cases of deaths resulting from unqualified health workers in the region. Last month, a 70-year-old woman lost her hearing in Ogur Sub-county, Lira, after being given toxic medicine by a fake drug shop operator. A 21-year-old man died after a fake surgeon allegedly cut off his tonsils in Otuke District in August 2016.

The National Drug Authority has closed 270 drug outlets in the northern region in an operation aimed at cracking down on unlicensed shops with unqualified personnel.

At least 312 boxes of assorted drugs estimated at Shs109.2m were also impounded and four people arrested.

The operation was conducted in Lira, Gulu, Kitgum, Pader, Nwoya, Lamwo, Agago, Omoro, Kole, Kmania, Oyam, Amolatar, Dokolo, Apac, Alebtong and Otuke districts last week. A total of 486 drug outlets in the region were inspected.

The drug authority noted that the region is flooded with expired drugs sold by unscrupulous traders.

"During the operation, we discovered malaria rapid test kits labelled 'Government of Uganda.' The pilferage compromises the quality of health service delivery and patients in dire need of medicine hence discrediting government programmes," Mr. Samuel Kyomukama, the NDA spokesperson, told journalists in Lira Town last Friday.

"Medicine in the hands of unqualified persons and stored in unsuitable conditions exposes the population to wrong prescription, drug resistance and other health-related complications, including death," he added.

The authority together with police and the Health Monitoring Unit have inspected a total of 945 drug outlets since it began the countrywide operations in March.

So far, 454 outlets have been closed, 764 boxes of assorted medicines estimated at
Shs294.5m impounded and 32 people arrested.

Last month, government said the teams also conducted operations in five major flea markets in Bukedea, Soroti, Bulambuli and Serere and impounded 31 boxes of medicine while 19 suspects were arrested.

Government discovered that there are hawkers of medicine in the flea markets who have no knowledge in handling drugs, hence exposing the unsuspecting population to health risks.

Dr. Patrick Buchan Ocen, the Lira District health officer, welcomed the operation, saying it will help them get rid of unethical and unqualified medics.

He said they have written to National Medical Stores halting the distribution of malaria test kits in the district because some health facilities have excess.

"This search is mainly to protect the community. We shall start redistribution since there are health facilities with few malaria test kits," he said.

Mr. Michael Orech, the community liaison officer at Lira Central Police Station, said they have been handling cases of drug theft and unqualified medical operators in the area.

"The most paramount thing is to have the public sensitised and we need the media to help us in this," he said.

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**Kenya: Crisis as Patients Flock Embu after Kirinyaga Hospital Crisis**

4th June, 2019

By The Nation (Nairobi)

Embu County Assembly Health Committee Chairman Muturi Mwombo consoling patients at the Embu Referral Hospital. on June 4, 2019. The hospital is experiencing a huge influx of patients from neighbouring Kirinyaga County where doctors and nurses are on strike.

**In Summary**

- In some wards, patients are forced to sleep on the floor as there are no enough beds.
- Due to the continuous influx at the Embu hospital, patients are forced to share beds.
- Mr. Mwombo said the hospital had not budgeted for extra patients and
urged the national government to step in fast.

The Embu Referral Hospital has been plunged into a crisis due to high numbers of patients from the neighbouring Kirinyaga County seeking treatment there.

Health workers at the Kerugoya Referral Hospital have gone on strike protesting poor working conditions.

The workers laid down their tools on Wednesday last week and vowed to remain put until Governor Anne Waiguru’s government meets their demands.

Due to the continuous influx at the Embu hospital, patients are forced to share beds and doctors are finding it difficult to cope with the situation.

SLEEP ON THE FLOOR

In some wards, patients are forced to sleep on the floor as there are no enough beds to accommodate all of them.

County Chief Health Officer Grace Muriithi admitted that the situation is serious and called on the Kirinyaga County government to dialogue with its doctors, clinical officers and nurses in order to end the strike.

"We have been overwhelmed by the high numbers of patients from the neighbouring region who are in dire need of healthcare," she told the Nation in Embu town.

Ms. Muriithi noted that the patients are flocking the level five hospital on daily basis because the Kerugoya Hospital and other health facilities in Kirinyaga are not operating due to the strike.

DEPLETING RESOURCES

"For instance, in Ward Nine of our hospital, [some] patients are sleeping on the floor and something urgent should be done to resolve the problems facing the Kirinyaga health sector," said Ms. Muriithi.

The hospital’s Chief Executive Officer, Dr. Daniel Mugendi, admitted that 60 percent of outpatients seeking treatment there are from Kirinyaga County, adding that it is becoming hard to handle all of them.

"Patients from outside are depleting our medical resources," said Dr. Mugendi, adding that the situation is getting worse every day.

Embú County Assembly Health Committee Chairman Muturi Mwombo expressed concerns over the crisis and appealed to the national government to provide the hospital with drugs and other medical supplies.

He explained that the hospital had not budgeted for extra patients and urged the national government to step in fast.

CALL FOR HELP

"The national government should assist us to attend to the extra patients coming from Kirinyaga. Our hospital is overcrowded with patients and we do not have enough medical resources for everybody," said Mr. Mwombo who is also the Ruguru-Ngandori Ward MCA.

The Kirinyaga health workers boycotted work accusing Governor Waiguru's
government of failing to address their demands.

**DEMANDS**

They vowed to keep away from Kerugoya Hospital and other health facilities in the region until their demands are met.

They complained that the government had failed to reinstate all the 346 casual workers it sacked in April and also failed to pay three doctors who are pursuing master's degrees their salaries for ten months.

The workers claimed the hospital is still not fully functional as the autoclave machine for sterilizing medical equipment is faulty.

They also said that some of the laboratory test machines had broken down and they have not been repaired.

**Kenya: Explain Kilifi Teen Pregnancy Figures, MP Tells NGOs**

5th June, 2019

By The Nation (Nairobi)

Kilifi North MP Owen Baya who says he suspects that teen pregnancy figures given by NGOs in the county are exaggerated and for selfish gain

**In Summary**

- Mr. Baya said efforts to confirm that Matsangoni Ward was leading, with 27 cases at Kiloli Primary School, disproved the report.
- He said the school's head teacher said there were six cases in 2018.
- He warned NGOs against generalisations by assuming that what they find in one school happens in all schools.

Non-governmental organisations (NGOs) tackling gender-based violence in Kilifi County have been asked to explain how they determined that the county recorded 17,000 teenage pregnancies last year.

Kilifi North MP Owen Baya said he suspects that they exaggerated the figures in bad faith and for selfish gain.

Speaking during Madaraka Day celebrations, Mr. Baya said efforts to confirm that Matsangoni Ward was leading, with 27 cases at Kiloli Primary School, disproved the report, which he said had brought shame to residents and their leaders.

Mr. Baya said the school's head teacher said there were six cases in 2018.

**MAKE MONEY**

"We know NGOs want to make money and forward proposals to receive donor funds
but do not use Kilifi to enrich yourself," he said.

Mr. Baya warned NGOs against generalisations by assuming that what they find in one school happens in all schools in the constituency and told them to be truthful in their work.

Last month, Governor Amason Kingi directed the county's law enforcement officers to carry out impromptu inspections of bars and palm wine dens that admit children in a bid to address rising cases of teenage pregnancies.

He said the licences of bars that serve alcohol to minors would be revoked.

Tanzania: Myths, Misconception Draw Back Family Planning - Cleric
5th June, 2019
By Tanzania Daily News (Dar es Salaam)

WHILE according to the World Health Organizations (WHO) that most countries have made great strides to increase their access to and voluntary use of family planning, myths and misconception still hinder the campaign in Zanzibar.

That was said yesterday here by Sheikh Fadhil Soraga, adding: "Islam allows family planning because there are verses in the Quran (Muslims Holly book) such as breastfeed a baby for two consecutive years.

It is unfortunate, that we still have people with misconception." Sheikh Soraga said that with such negative perception in the public, a challenge in reducing maternal and child mortality would not be addressed.

Mr. Soraga made the comment while presiding over a one-day workshop organized by the 'Jiongeze Tuwavushe Salama' as a seminar for religious leaders to get fully involved in the campaign to reduce maternal and child mortality deaths in the country.

"Through collaborations along with increased awareness we can definitely make changes," he pointed out. The seminar held in the Island was a continuation of other similar workshops for other groups, including editors, journalists and religious leaders to sensitize the public to get engaged in reducing maternal and child mortality deaths.

The United Republic of Tanzania (include Zanzibar) is among the top ten countries globally with highest child and maternal mortality, which prompted the launch of the 'Jiongeze Tuwavushe Salama' project being coordinated by the 'True Vision Production (TVP)' to be set up and joined with UNICEF Tanzania and the Union Ministry of Health,
Community Development, gender, Elderly and Children.

However, in a brief presentation made by Mr Abdulrahman Kwaza from Zanzibar's Health Ministry, participants were told that according to a survey made in 2018, the maternal prevalence was 191/100,000 live births high from the target to reduce to at least 110/100,000 live births.

He said Zanzibar government has been improving health facilities by increasing the number of its skilled workers and better equipping them, adding : "Now there are more pregnant mothers who visit Hospitals than in the past, but it is unfortunate that acceptance of family planning still remains a challenge as only 14 percent of women capable of conceiving are on family planning."

Mr. Kwaza observed that the ongoing 'Jiongeze Tuwavushe Salama' campaign was good and anticipated to bring changes.

Kenya: Hospital Management in a Spot After Woman Dies During CS
5th June, 2019

By Nairobi News (Nairobi)

The management of Longisa County Referral hospital in Bomet County is in a spot over the death of a woman three days after undergoing a surgical operation during delivery.

Bomet Senator Christopher Langat has demanded an explanation on the circumstances under which Ms. Florence Tompos who delivered through caesarean section, was released, re-admitted, referred and transferred to a private referral hospital where she died while undergoing treatment.

Ms. Tompos, 38, was admitted at the hospital on Monday last week where she delivered her second born. The child is well and under the care of relatives.

Dr. Langat said the matter should be investigated to establish whether or not it was a case of negligence in part of the medics who treated and discharged her at the government hospital, before her condition worsened leading to re-admission.

"How did the hospital release a mother who had delivered through caesarean before she could fully recover? There are many questions the hospital management must answer in relation to the case," said Dr. Langat.

HANDLING OF THE PATIENT

The hospital's Medical Superintendent Dr. Isaac Birech, however, sought to clear the hospital of any wrong doing in regards to handling of the patient.

"She had anemia in pregnancy and later underwent delivery through caesarean section due to fetal distress. She delivered a female infant who scored well. After the operation, she was transfused two units of whole blood and did well," stated a report prepared by Dr. Birech.

Dr. Birech stated in the report dated Tuesday, June 4, 2019 that on the third day of admission, the patient was discharged and given drugs including antibiotics.
However, two days after discharge, she was re-admitted, on Saturday June 1, 2019, at the facility as she had developed complications while recovering at home.

"She was re-admitted through casualty with respiratory issues, difficulty in breathing, chest pains, and epigastric pains," stated Dr. Birech in a brief prepared for the County Executive in charge of Medical Services and Public Health Dr. Joseph Sitonik.

**POSSIBLE PNEUMONIA**

Dr. Birech added that she was subjected to an evaluation for possible pneumonia.

"Empiric treatment with blood thinner, antibiotics, and oxygen were instituted. Laboratory investigations showed elevated white count and anemia. She was transfused one (blood) unit," stated the report.

It further noted that the patient's respiratory distress worsened and she was referred for Intensive Care Unit (ICU) at Tenwek hospital, a few kilometres away, where she succumbed.

"A comprehensive morbidity/ mortality audit has been done by the relevant hospital committee and the full report will be forwarded to your office in due course," concludes Dr. Birech in the report.

On his part, Dr. Sitonik said the preliminary report had indicated that the operation was successful and there was no case of negligence among the doctors both during and post-surgery.

"It is very unfortunate that she died, but a postmortem report will reveal the actual cause of death. It is a requirement when such an incident occurs that a comprehensive report is authored and forwarded to the Kenya Medical Dentist and Practitioners Board (KMPD), which will be done," said Dr. Sitonik in an interview.

**Kenya: MPs Urges Waiguru to Talk with Striking Kerugoya Hospital Staff**

2nd June, 2019

By The Nation (Nairobi)

Kirinyaga Governor Anne Waiguru who has been told to soften her stance in a bid to end the ongoing workers' strike which has paralysed health services at Kerugoya Referral Hospital.

**In Summary**

- Mr. Wambugu said gone are the days when leaders used to refuse to dialogue when things went bad.
- The workers abandoned patients in the wards, forcing relatives to evacuate them.
- Dr. Yumbya gave the hospital a clean bill of health even as the workers insisted that it was still filthy.

Kirinyaga Governor Anne Waiguru has been told to soften her stance in a bid to end the ongoing workers' strike which has paralysed health services at Kerugoya Referral Hospital.

Kirinyaga Central MP Munene Wambugu has told the governor to humble herself and agree to dialogue with the workers and their union's officials so that the strike that has left hundreds of residents who seek treatment at the hospital suffering can be called off.

"The governor should stop being adamant. She should allow dialogue in order to address the problems the residents are facing since the day the more than 1,000 workers laid down their tools," he said Saturday Karaini Primary School during Madaraka Day celebrations.

**GHOST HOSPITAL**

He said Kerugoya has become a ghost hospital after people transferred their patients to private clinics and other public hospitals outside the region following the strike.

Mr. Wambugu said gone are the days when leaders used to refuse to dialogue when things went bad.

"If the governor has the interests of residents at heart, she should urgently intervene to resolve the crisis in the health sector," he added.

The workers boycotted work on Wednesday accusing Governor Waiguru's government of failing to address their demands.

They vowed to stay away from Kerugoya and other hospitals in the region until their demands are met.

**ABANDONED**

The workers abandoned patients in the wards, forcing relatives to evacuate them.

"There are no doctors and nurses to take care of our parents, sons and daughters who are in the wards. We are now transferring them to other places before they all die here," said Mr. James Kamau.

Susan Wanjiku also transferred her father, Johnson Kariuki, to a private hospital outside Kirinyaga County.

"My father was very sick and I had to take quick action. I know a private hospital is very expensive but I had no option as Kerugoya Hospital is in a major crisis," she said.

**CLEAN BILL OF HEALTH**

The Kenya Medical Practitioners, Pharmacists and Dentists Board Chief Executive Officer, Dr. Daniel Yumbya, visited the hospital and cleared it to continue admitting patients.

Dr. Yumbya gave the hospital a clean bill of health even as the workers insisted that it was still filthy and vowed to go on with their strike.
A spot check by the Nation has established that most of the wards are empty due to mass transfers of patients.

The outpatients department is completely deserted as residents have kept away from the hospital due to the doctors' strike.

Workers laid down their tools protesting against the failure by Ms. Waiguru to meet them to discuss the problems facing the health sector.

COMPLAINTS

They complained that the county government had failed to reinstate all the 346 casual workers it sacked in April and also refused to pay three doctors who are pursuing master's degrees their ten-month salaries.

The workers claimed that the hospital is still not fully functional as the autoclave machine for sterilising medical equipment is faulty.

They said some of the laboratory test machines broke down and have not been repaired.

Led by officials of their four unions, the workers also accused the government of refusing to promote them and provide a conducive working environment for all staff.

"All workers are demotivated. Some have contracted diseases for working in a filthy hospital and this is unacceptable," said the central region KMPDU Secretary Gor Goody.