Highlights:
East Africa: EAC Launches Campaign to Enhance Regional Integration ................................. 2
East Africa: EAC Ministers Convene in Arusha for Their 39th Meet ................................. 4
Tanzania: New Health Policy Set to Address Treatment, Health Care ............................. 5
Tanzania: NHIF to Roll out New Insurance Packages ......................................................... 6
Kenya: Eight Counties Account for 50% of New HIV Cases - Report ............................. 7
Tanzania: Swahili Artificial Intelligence App Launched ......................................................... 9
Kenya: CS - Health Ministry Rushed Buying of MES Equipment ..................................... 11
Tanzania: Mirerani Artisanal Miners More Prone to TB - Study ..................................... 12
Kenya: Medical Practitioners Threaten Strike in Kisumu Over Pending Pay Increase .......... 14
Kenya: Antenatal Care in Kenya Needs Improvement ........................................................ 14
Uganda: Drug Shortage Hits Jinja Mental Hospital .............................................................. 16
Kenya: First Lady Reaffirms Commitment to Enhancing Access to Maternal Healthcare .... 17
Kenya: State Banks on New Policy to End FGM By 2022 .................................................. 19
Tanzania Ports Authority Provides 30m/ - to Support Education, Health Sector in Mwanza .... 21
Kenya: Technology Can Prevent Pregnancy Depression, Improve Mental Health .............. 22
Kenya: How Self-Care Interventions are Advancing Sexual and Reproductive Health in Kenya .. 24
UPCOMING EVENT: .............................................................................................................. 26
East Africa: EAC Launches Campaign to Enhance Regional Integration

26th November, 2019
By The Nation (Nairobi)

The East African Community (EAC) has launched a campaign aimed at creating a new momentum towards its regional integration agenda.

COMPETITION

The campaign dubbed 'The EAC I Deserve', which targets to reach over 10 million East African citizens in the next one year, was officially launched during the regional bloc's 20th anniversary in Arusha, Tanzania, on November 21, 2019.

The campaign will include social media interfaces and a regional youth videos and animations competition involving all EAC partner states where 30 youthful winners will take home $25,000.

"The youth must actively engage in the integration process. Accounting for over 65 per cent of East Africa's total population, capturing and incorporating their dreams and aspirations in the integration agenda through videos and animations in the competition is imperative," said EAC Secretary-General Ambassador Liberat Mfumukeko.

Ambassador Mfumukeko said the video and animations drive is to enable the youth to capture real life stories about benefits the EAC has had on the citizens' lives and the challenges they are facing.

He said the EAC secretariat is keen on capturing dreams and aspirations of every citizen of the region through the citizens’ engagement campaign.

The campaign encourages constructive and innovative coverage on the EAC integration process in print, electronic and online media in a bid to provide ordinary East Africans and potential investors and tourists with insights on the importance of the existence of the bloc and opportunities in store for them.

CAPTURING DREAMS
It also seeks to motivate individual journalists and their media houses to take up regional issues as their key area of interests.

"We need to hear stories from every East African on the impact the EAC has made to his or her life and the future he or she wants," he said.

He said the EAC secretariat is keen on capturing dreams and aspirations of every citizen of the region through the citizens' engagement campaign.

He said the campaign will enable citizens to use the digital space to engage the EAC secretariat, partner states, the East African Legislative Assembly, the East African Court of Justice and all institutions of the bloc.

"This crusade will enable EAC citizens to express how they feel in 20 years of the EAC integration agenda and what should be done for it to work better in the coming years," he said.

INTEGRATION

"The drive will also offer a space for EAC citizens, the EAC Secretariat and partner states' agencies to re-affirm each other's commitments to the integration agenda," he added.

He said the crusade will engage key partners such as the media, civil society, development allies and students, among other stakeholders to create a new momentum towards integration agenda.

Ambassador Mfumukeko said the regional bloc focuses on achieving new milestones set out in the EAC Vision 2050.

He said that living standards had improved in East Africa in the past 20 years.

Mr. Mfumukeko said that the region had achieved progressive and commendable results through various policy initiatives, including new infrastructure, regional industrialisation policies, healthcare approaches, common external tariffs and common higher education area.

"I recognise our children are still in dire need of safer places to play in East Africa and that we need to do better to protect ourselves against effects compounded by climate change," he said.

He underscored the need for simpler trade policies and easier access to credit for economic stability.

"Our nurses deserve improved healthcare facilities, pupils need well equipped schools and our food vendors deserve a roof over their heads to prevent exposure to ultra violet rays from the scorching sun," Mr. Mfumukeko said.

MEDIA FREEDOM

He said to become competitive globally, young artists deserve better technology to produce their content. He said professionals such as accountants, engineers and doctors deserve freedom of working in locations of their choice without having to pay for any business permits.

To enhance economic development, he said that manufacturers in the region deserve incentives to boost production in order to compete with global players who enjoy low costs of production.
In sports, the official said sportsmen and women deserve better facilities for training and exchange programmes.

"Our investors deserve a stable and predictable regional market with a clear regulatory and statutory legal/tax framework," he said.

He said the media deserve better working environments in East Africa. He observed that despite registering growth in intra-EAC trade, more investment opportunities remained untapped.

EAC was revived on November 30, 1999 to unite the region, boost their economies and defend the countries' sovereignties and their natural resources.

**East Africa: EAC Ministers Convene in Arusha for Their 39th Meet**

25th November, 2019
By Tanzania Daily News (Dar es Salaam)

MINISTERS from East African Community (EAC) six partner states have convened here for their 39th meeting of Council of Ministers.

The one-week long meeting comes hot in wake of a postponed EAC Heads of State Summit scheduled for November 30 in Arusha, due to lack of quorum.

According to a statement availed to 'Daily News' yesterday, the EAC Council of Ministers will during the meeting table a report of the Office of the Secretary General, which includes items such as the sixth annual Reporting of the EAC Audit and Risk Committee for the period ended June 30, 2019.

Equally, it will highlight a report of the 20th meeting of the Sectoral Council on Legal and Judicial Affairs and review the request for admission into the EAC of the Democratic Republic of Congo.

The world's biggest producer of cobalt had officially communicated its intention to join the bloc through its, President Felix Tshisekedi, in a letter to President Paul Kagame dated June 8, this year.

However, the country's desire to join the bloc was informed by its increasing trade ties with the region.

The statement further added that the ministers are also expected to assent to Bills that were passed by the East African Legislative Assembly by the Summit as well as receive a status update on the ongoing activities in preparation for the EAC 20th Anniversary, and; the Status of Observer Organisations in the EAC.
The Council of Ministers that was established under Article 13 of the Treaty for the Establishment of the EAC, is the policy making Organ of the Community.

It consists of the Minister responsible for EAC Affairs of each Partner State, where also any other Minister of the Partner States as an individual Partner State may determine, and; the Attorney General of each Member State.

Tanzania: New Health Policy Set to Address Treatment, Health Care

29th November, 2019
By Tanzania Daily News (Dar es Salaam)

PRESIDENT John Magufuli’s administration is writing a new health policy which seeks to prevent patients from a ray of diseases.

The government is also updating the existing document that has been concerned with treatment measures, Health Minister, Ummy Mwalimu has disclosed.

The minister told reporters that work on the document was at the high-level of decision-making and is being reviewed by a panel of principal secretaries.

"The process is scheduled to be concluded in February next year," she said.

"We can all agree that prevention is better than cure."

The country is currently implementing a health policy that was adopted in 2003 and updated in 2007.

The 2019/2020 health policy, according to the Health, Community Development, Gender, Elders and Children Minister is expected to create a roadmap for the country’s implementation of the universal health coverage.

The minister was concerned that health cost remains relatively high, especially to an ordinary citizen.

She cited, for instance, daily fee at the Muhimbili National Hospital (MNH) to a patient admitted at its Intensive Care Unit (ICU) to reach 500,000/- and for a public outpatient is required to pay 50,000/- daily.

"Just take into account if the same person has to be under intensive care for at least 10 days," she noted, suggesting that the government will take a back seat to favour individuals who believe prevention is ignorance. She said the government has so far completed writing a bill for national health insurance, making it a mandatory requirement for
all. Already the government announced it had launched new insurance packages under NHIF to maximize chances for more people to access the services. Such treatment packages launched in Dar es Salaam include Najali Afya Premium, Wekeza Afya Premium and Timiza Afya. The packages target individuals aged 18-35 years, 36-59 years and over 60 years. The minimum and maximum cost is between 192,000/- and 1,644,000/- depending with service and age limit.

Tanzania Health Symposium (THS) President, Dr. Omary Chillo said surveys show 44 per cent of middle-income earners tend to seek medical care and treatment in private health facilities despite high expenses. He said that a collaborative approach is needed to study the trend and come up with a solution that engage both public and private health service providers in the name of public-private partnership, PPP.

**Tanzania: NHIF to Roll out New Insurance Packages**

27th November, 2019
By Tanzania Daily News (Dar es Salaam)

THE long wait is finally over as the most anticipated National Health Insurance Fund (NHIF) treatment packages will be rolled out tomorrow, giving room for Tanzanians to enjoy more affordable healthcare services.

The new health insurance scheme will involve new packages dubbed: Najali Afya Premium, Wekeza Afya Premium and Timiza Afya.

According to a statement issued by the health insurance provider yesterday, the launch will be preceded by a free health screening exercises along with a public registration campaign, which started on Monday at Mnazi Mmoja Ground.

The new packages' breakdown shows that the package for individual persons between the age group of 18 to 35 years-old will cost a fee ranging from 192,000/- to 516,000/-, while people falling in the 36-59 age category cough up 240,000/- to 612,000/-, and as for 60 years and above the packages will range from 360,000/- to 984,000/-. The list shows that couples with more than one child will contribute between 612,000/- and 1,644,000/-.

"Under the health plan, every citizen will get a chance to enroll as per his/her needs, be it an individual, couples or a person and children," noted the statement.

The Minister for Health, Community Development, Gender, Elderly and Children, Ms. Ummy Mwalimu will grace the launching tomorrow.

The Najali Afya Premium package comprises of services such as up to 30
days admission for in-patients in each year, laboratory services and radiology, while antenatal care will be issued after two years of enrollment under this scheme.

As for Wekeza Afya Premium, beneficiaries will be eligible for in-patient services and admission of up to 45 days, antenatal care after the first year of enrolment and specialist surgeries.

Other services on offer are laboratory, radiology, ultrasound and CT Scans, can be acquired after the first year of membership.

Meanwhile, the Timiza Afya package comprises of up to 60 days of inpatient services, antenatal services after the first year, specialised surgeries and other basic services applicable in other packages.

All the beneficiaries will be eligible to acquire services at the level of the dispensary to regional referral hospitals.

The fund announced last year that it would introduce new health scheme packages that would allow more people to join the health scheme depending on their financial ability.

Earlier this year, the 'Daily News' carried out an interview with NHIF Public Relations Manager Angela Mziray who observed that it is a huge plan, which will allow more people to join the health insurance scheme, especially those who were unable to access health services due to limited financial possibilities.

She added that the entire process had involved different authorities such as the Ministry of Health, Community Development, Gender, Elderly and Children that also gave their views to improve the packages.

A report released last year by religious leaders under the umbrella of Interfaith Tanzania, including the Tanzania Episcopal Conference (TEC), Bakwata and the CCT indicated that 64 per cent of Tanzanians had no health insurance cover.

Statistics show that 32 per cent of Tanzanians have health insurance cover, of which eight per cent have subscribed to NHIF. 23 per cent are members of Community Health Fund (CHF), while only one per cent are members of private health insurance companies.

**Kenya: Eight Counties Account for 50% of New HIV Cases - Report**

26th November, 2019
By The Nation (Nairobi)

**In Summary**

- Samburu had 20 new cases while Elgeyo Marakwet, Kirinyaga and Nyandarua counties had 31, 34 and 38 new HIV infections respectively.
- Arid and semi-arid counties collectively contributed 25 per cent of all new HIV infections in children.

As Kenya prepares to mark the World Aids day on December 1, it is emerging
that eight counties account for the 50 per cent of all new HIV infections.

Six of the counties that experts have raised a red flag over the increasing new infections are in Western and Nyanza. Other cases have been reported in Nairobi and Rift Valley.

All new HIV infections occur among adolescents and young people aged between 15-24 years.

The six counties include Homa Bay which leads with 700 new cases of infections followed by Siaya (620), Kisumu (616), Kakamega (437), Migori (432) and Busia with 318 new HIV infections.

NEW INFECTIONS

Nairobi County, which has the second highest rate of new infections, recorded at 660 new cases while Nakuru County tops in Rift Valley region with 325 new cases.

A recent report by National Aids and Sexually Transmitted Infections Control Programme (Nascop) revealed that at least 10 counties had the lowest cases of new infections.

The report was tabled during the recent Kenya Science Journalists Congress in Mombasa. The event was attended by more than 100 science journalists and experts from Kenya, Uganda, Tanzania, Rwanda and Malawi.

The congress held between November 18-20 was organised by the Media for Environment, Science, Health and Agriculture (Mesha).

The Nascop report tabled by Programme Officer Maureen Inimah further indicated that Wajir County had the lowest new infection rate with six cases.

Other counties with minimal cases were Tana River with 13, Lamu and Marsabit (16) while Mandera and Isiolo had 19 new cases.

FAMILY PLANNING

Samburu had 20 new cases while Elgeyo Marakwet, Kirinyaga and Nyandarua counties had 31, 34 and 38 new HIV infections respectively.

Arid and semi-arid counties collectively contributed 25 per cent of all new HIV infections in children.

The ASAL counties include Kilifi, which overall had 197 new infections, Machakos (185), Kitui (176), Kajiado (163), Turkana (152), Makueni (151), Meru (147), Narok (120), Kwale (115), Embu (66), Laikipia and Taita Taveta each had 61, Garissa (55), Tharaka Nithi (52), Nyeri (51), West Pokot and Baringo each had 39 new HIV infections.

The current mother to child transmission of HIV stands at 12.4 per cent. The government's universal health coverage by 2022 and Vision 2030 aims at reducing HIV infections to 8.5 per cent.

The report revealed that last year, there was 428,807 uptake of family planning among adolescents and youth aged 15-24 years while 430,825 pregnant adolescent cases (10-19 years) were reported.

The report says at least one in every 10 adolescent girl and youth woman was
pregnant while 77 facility maternal deaths among adolescents (10-19 years) were reported last year.

**CONTRACEPTIVES**

In a bid to address the problem Nascop has fast-tracked the procurement and distribution of HIV and STIs commodities that include medicines, contraceptives and nutrition products among others.

It is also providing capacity building and technical support for HIV response and coordinating resource mobilisation and partnerships, advocacy and demand creation for HIV services in all 47 counties.

To minimize the impact and further transmission of HIV and STIs, Nascop is empowering people and communities by coordinating services within and across sectors.

It is also creating enabling environment, strengthening governance and accountability and reorienting the model of care by advocating at national and county level for more allocation of resources to HIV/STI response.

**Tanzania: Swahili Artificial Intelligence App Launched**

23rd November, 2019
By Tanzania Daily News (Dar es Salaam)

SWAHILI version of Artificial Intelligence-based ("AI") symptom-assessment application has been launched with expectations to simplify and unlock access to health information and advice for over 100 million people seeking healthcare in East Africa.

The app, developed by Ada Health, combines a world-class medical knowledge database with intelligent reasoning technology to help users understand what might be causing their symptoms as well as providing localised guidance about what they should do next.

In doing so, the app aims at empowering patients to make informed decisions about their health while also complementing and supporting existing healthcare services, doctors and clinics.

By offering an AI-powered symptom-assessment medical application in Swahili, a language spoken by over 100 million people across the likes of Tanzania, Kenya, Uganda, Mozambique and Somalia, Ada hopes to significantly improve access to quality health
information and advice, particularly for young people and families.

The Swahili version of the Ada app has been developed as part of Ada’s Global Health Initiative (GHI), a long-term programme to help address the global shortfall in health workers - expected to be over 12.9 million by 2035.

Artificial intelligence (AI) in healthcare is the use of complex algorithms and software to estimate human cognition in the analysis of complicated medical data. ... AI does this through machine learning algorithms. These algorithms can recognise patterns in behaviour and create its own logic.

Ada’s partners in developing and localising the app are Fondation Botnar, a Swiss foundation focused on improving the health and wellbeing of young people in low- and-middle-income countries through technology, and the Muhimbili University of Health and Allied Sciences in Dar Es Salaam in Tanzania.

Ada has worked with local partners, clinicians and healthcare organisations to ensure that the app is adapted to the linguistic, cultural and medical context in each region.

In East Africa, English is in many cases the primary language of medicine, with doctors trained and taught in English.

As a result, many medical and anatomical terms simply do not have direct translations in Swahili, and as is the case in other languages and regions, individual health workers typically develop informal ways of explaining medical conditions or terms to patients.

To ensure that the Ada app could be used and understood by both medical professionals and patients alike crucial collaboration with local partners and experts is required.

Adapting to local medical conditions, Ada optimised 160 disease models to ensure that the app would correctly factor in the conditions and symptoms that are more common in Tanzania and East Africa than other parts of the world.

This included many maternal and child health issues, chronic heart and mental health-related conditions and infectious diseases like malaria, HIV and diphtheria, tetanus and pertussis that are more prevalent in the region.

Integrating with healthcare providers in Tanzania: Ada and its partners are also working closely with communities and health workers in underserved areas, to lay the groundwork with the aim of integrating Ada into the local health ecosystem in the future.

Ms Hila Azadzoy, Managing Director of the Ada Health Global Health Initiative said, however, to be truly effective, these technologies must be adapted to the medical, cultural and linguistic conditions in each region.

"Working closely with Muhimbili University allowed us to do this for our Swahili app and we'll be continuing to partner with local experts in East Africa to identify more ways that we can improve access to healthcare." she said.
Dr Nahya Salim, Head of Pediatrics at Muhimbili University of Health and Allied Sciences said: "We can make healthcare accessible to every family by making use of the latest technology. By working with the Ada team to make its app available in Swahili and to adapt it to the medical conditions and symptoms prevalent in this region, we're taking an important step in guiding millions of people towards seeking care."

Mr Stefan Germann, CEO, Fondation Botnar, said: "We are proud to be launching the Swahili version of the Ada app and look forward to further collaboration to deliver on our shared vision of using technology to support patients, no matter where they live" Not all diseases have Swahili names, particularly rare diseases.

Some examples are: acute graft vs host disease, acute intermittent porphyria, complement deficiencies and periodic fever, aphthous stomatitis, pharyngitis and adenitis (PFAPA) syndrome.

For these conditions, the English name is used in the Ada app, and a detailed Swahili explanation is provided in the description of what the condition is when a user clicks on the condition name.

Ada is a global health company founded by doctors, scientists, and industry pioneers to create new possibilities for personal health. Ada’s Global Health Initiative (GHI) is a long-term programme to help address the global shortfall in health workers by combining artificial intelligence, human medical expertise and the power of mobile technology to deliver access to health guidance at scale.

Kenya: CS - Health Ministry Rushed Buying of MES Equipment

27th November, 2019
By The Nation (Nairobi)

In Summary

- Mr. Yatani absolved the National Treasury from blame, saying the ministry pulled out before the Treasury conduct a feasibility study on the project.

Details Wednesday emerged how Ministry of Health officials rushed the procurement of the Sh38 billion medical equipment leased to counties.

Acting National Treasury CS Ukur Yatani told the Senate ad hoc committee probing the Managed Equipment Services (MES) project that the ministry changed the initial plan to procure the equipment through public-private partnership (PPP) and instead went for the open tendering.

He added that tendering took a shorter time, but that the ministry’s move was unprocedural.

"They indicated on June 22, 2015, that they had an alternative. The communication from their end terminated the relationship with the Treasury as far as the project was concerned," he said.

Mr. Yatani absolved the National Treasury from blame, saying the ministry pulled out before the Treasury conduct a feasibility study on the project.
"The reason for going for PPP was to ensure that the Treasury checked for compliance but after the letter, we did not bother to find out why the ministry was not keen on going that route," Mr. Yatani said.

The PPP manual requires a feasibility study, which is approved by a PPP committee before evaluation and financial risk assessment, after which the procurement is approved.

"It seems some people avoided the PPP plan to avert accountability. Furthermore, there was no agreement between the counties and the ministry," Dulo said.

But the committee chaired by Isiolo Senator Fatuma Dulo told Mr Yatni that, as the custodian of public money, he should have ensured that the money released for the equipment was spent prudently.

**Tanzania: Mirerani Artisanal Miners More Prone to TB - Study**

27th November, 2019

By Tanzania Daily News (Dar es Salaam)

AN artisanal miner on the sides of Mirerani hills in Simanjiro District is at a higher risk of contracting TB than any other miner in the country, it has been established.

According to a recent study conducted by the Ministry of Health, Community Development, Gender, Elderly and Children and Kibong’oto Infectious Disease Hospital (KIDH), artisanal miners engaging in the exploration of Tanzanite are more likely to acquire the infectious disease usually caused by *mycobacterium tuberculosis* (MTB) bacteria from graphite dust.

Speaking to this paper on the sidelines of a five day national TB and leprosy programme (NTLP) annual meeting on Monday, NTLP coordinator in charge of the private sector, Dr Allan Tarimo, admitted that the miners were more prone to the disease transmitted by air due to the presence graphite dust in mines.

"It will not take artisanal miners more than two years before contracting TB,
which is associated with the thickness of graphite which also causes respiratory diseases such as chronic obstructive pulmonary diseases," noted Dr Tarimo.

He further said inhalation of graphite dust could cause lung disease, mostly in form of mixed-dust pneumoconiosis in individuals working in graphite mines.

According to the TB expert, out of the 75,000 patients diagnosed with the killer disease last year, 1,500 of them were from the mining sector.

Much as the country's mining sector was hit by TB due to workers' exposure to graphite and other forms of dust, the Ministry of Health, Community Development, Gender, Elderly and Children has embarked on public awareness of the killer disease and provides TB experts to test artisanal miners.

Currently, the International Organisation for Migration (IOM) in Tanzania, in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children, is supporting the implementation of the 2012 Southern African Development Community Declaration on TB in the Mining Sector (SADCD).

The SADCD affirms the member states' commitment to eliminating TB and improving practices related to health and safety in the mining sector.

Opening a meeting, the chief medical officer, Prof Muhammad Kambi, outlined strategies of ending TB and leprosy in the country.

Strategies include the supply and distribution of health experts to all districts and regional health facilities in the country.

"We also look into ways of making TB and leprosy drugs freely available to patients," he told participants in the meeting which also included regional and district medical officers.

National TB and Leprosy Control Programme Manager, Dr Beatrice Mutayoba, said Tanzania had 142,000 TB patients last year.

According to Dr Mutayoba, the Ministry of Health, Community Development, Gender, Elderly and Children is determined to reduce TB cases by 20 per cent by next year.

However, 16 district councils in the country still lag behind in the fight against the killer disease.

Among other things, the National Strategic Plan (2015-2020) for TB and leprosy focuses on increasing TB case detection by 29 per cent by 2020 by strengthening routine case notification and addressing vulnerable groups of the elderly, prisoners, miners and diabetics.

It also seeks to reduce new leprosy cases with disability grade 2 from 0.7 to 0.3 per 100,000 populations by 2020 by enhancing early case finding and treatment of leprosy patients.
Kenya: Medical Practitioners Threaten Strike in Kisumu Over Pending Pay Increase
24th November, 2019
By Capital FM (Nairobi)

Doctors and other medical practitioners during a demonstration in Nairobi in March 2019; their counterparts in Kisumu have threatened to down tools in two weeks.

Kisumu — The Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) has threatened to mobilise its members to boycott work in Kisumu County over failure to implement an agreement on a pay increase.

The union issued a 14-day strike notice to the county government of Kisumu on Saturday over a 2016 Collective Bargaining Agreement (CBA).

The medics led by branch Chairman Lameck Omweri accused the county government of failing to fully implement the CBA and signed with doctors.

In the letter addressed to Kisumu Governor Anyang Nyongo, Omweri said the dispute on the breach of the CBA has dragged on for long, with no efforts to resolve it.

"Your Government has failed to implement the 2017 Collective Bargaining Agreement, the Return to Work Formula signed on 24th, June 2019 and failed to respond to our demand letter dated 28th October, 2019," read the letter also sent to media houses.

He however, said the union remains available for dialogue within the 14-day window period after which all the Union members will down tools in all public health facilities in Kisumu County.

Kenya: Antenatal Care in Kenya Needs Improvement
25th November, 2019
By The Conversation (Johannesburg)

Maternal and neonatal mortality has remained high in low-resource settings despite progress in recent years. The estimated maternal mortality ratio in Kenya is 342 per 100,000 live births, a startling 18 times the rate in the United States.

High quality prenatal care can address these high levels of mortality. High quality prenatal care means women receive all the recommended services needed to ensure a successful pregnancy. But it’s not just about receiving services; the woman’s experience matters. High quality care is person-centred, meaning that it is respectful and responsive to the woman’s needs and preferences.
This kind of care can prevent or identify and manage complications or pre-existing conditions that could cause problems during the pregnancy. Receiving quality prenatal care can also make it more likely that women will go to a facility for skilled care during birth, which is critical for managing complications at birth to prevent morbidity and mortality.

Kenya’s national guidelines for obstetrics and perinatal care recommend four comprehensive and targeted prenatal care visits. The guidelines also urge providers to treat each visit as though it may be the only one to ensure patients are getting thorough care.

The guidelines say:

*Antenatal care should be simpler, safer, friendly and more accessible. Women are more likely to seek and return for services if they feel cared for and respected by their providers.*

A recent Bixby Center study surveyed around 1,000 women in a rural county in western Kenya, to see how the prenatal care they received measured up. It is one of few studies to look at both provision of services and women's experiences of care. The study found gaps in both provision of services and women's experiences of care, indicating that women are not reaping the full benefits of prenatal care.

**Gaps in quality care**

The study found that most women received basic services like blood pressure monitoring and urine tests at least once during pregnancy. However, it found that they were not receiving them consistently at every visit as recommended by the guidelines.

The situation is even more dire for advanced services like ultrasounds, which fewer than one in five women received. Women with complications - for whom ultrasound is recommended - were not more likely to have one. Young women 15-19 years old were less likely to get an ultrasound, in addition to being less likely to have a good prenatal care experience. Given that this group has a high risk of complications, poor quality care may be playing a big role in their outcomes as complications may not be identified early or at all.

Women from the wealthiest households and those with college educated partners, however, had about two times higher odds of receiving an ultrasound than women from the poorest households and those with partners with primary education or less.

In the provision of person-centred care, the major gap was in communication. Only around two-thirds of women understood the purposes of tests performed or medicines received most or all of the time. Less than two-thirds felt they were able to ask questions and only half were consistently asked if they had questions. Most women felt respected by providers and felt they were treated in a friendly manner, which was encouraging.

But there is still room for improvement - one in 10 women didn't feel that way. A significant number of women also said they never got the opportunity to discuss issues in private. Prior research shows that
women sometimes experience verbal and physical abuse during prenatal care.

As in many areas of health care, the most disadvantaged and disempowered women received the lowest quality care - both in terms of services provided and their experiences of care. Women who received all their prenatal care in lower level facilities, however, had better experiences than those who received some prenatal care in higher level facilities.

Some women may get better treatment because they are able to access facilities that offer higher quality care, are able to pay for higher quality care or have the knowledge and ability to advocate for themselves. Structural factors and provider attitudes could also contribute to the low quality of care. Providers simply aren't able to take weight and blood pressure measures or do blood and urine tests if they don't have the right equipment and laboratories. They can't give out medication if it's not in stock.

The need for supplies and equipment has an obvious connection to providing services, but it can also have an impact on person-centred care if it manifests as frustration in providers' interactions with women. Poor communication could be due to time constraints - it takes less time to just provide services than to talk to women and answer their questions. But that means that women might not adhere to treatment and recommendations for further tests because they don't understand why it's important.

What next

While it's important to get women to health facilities, much more is needed to achieve the full benefits of prenatal care. A lot of work remains to improve both dimensions of quality prenatal care. And the momentum behind improving person-centred care during childbirth should spread to prenatal care.

There must be special attention to disparities based on demographic factors, social status and facility type to move towards the sustainable development goal of "no woman left behind".

As countries like Kenya update their national guidelines, they must consider how to strengthen providers' ability to provide person-centred care to all women in all types of facilities and hold them accountable for providing it.

Uganda: Drug Shortage Hits Jinja Mental Hospital

26th November, 2019
By The Monitor (Kampala)
The psychiatric unit of Bugembe Health Centre IV in Bugembe Town Council, Jinja District, has been hit by drug shortage due to a big number of patients.

The unit in-charge, Ms Proscovia Nakamuume, said every month, they receive 120 mental health patients but the drugs are not enough.

"We have a challenge of mental drug shortage yet patients are financially incapacitated.

"Each Carbamazepine tablet costs Shs200 yet a patient takes three tablets daily; while each sodium tablet costs Shs1,000 and Fluphenazine, which is a monthly injection, is also very expensive," she said.

She was speaking on Saturday at the launch of a Shs1.7 billion five-year strategic plan for Uganda Mental Health Fellowship (UMHF), an association of people living with mental illness in Busoga sub-region, based at Bugembe Health Centre IV.

Ms Nakamuume said psychiatric patients are not like malaria patients who stop taking drugs after recovery.

Mr Phillip Kintu, a patient, said he started psychiatric medication in 1982 when he was 16 years due to depression following the gruesome murder of his father.

But the biggest challenge he has encountered, he said, is the inadequate drugs in government health facilities.

Cost of treatment

"I am currently taking chlorpromazine, which costs Shs2,000 per 10 tablets, yet I am supposed to swallow two every day. The same applies to Carbamazepine and Artane (Trihexyphenidyl)."

"I also receive a monthly injection of fluoxetine at a cost of Shs50,000 to help me calm my mood, but getting these drugs on the open market is expensive," he said.

The executive director of UMHF, Mr Joel Ssemwanga, said many of the psychiatric patients depend on drugs but accessing them has been a problem.

"Government needs to include drugs for mental health problems among the core essential drugs so that they are provided for like other drugs so that people can access them within the government system," he said.

Official responds

The Jinja Assistant District Health Officer, Mr Nathan Bagagire, said they resolved that in case of a shortage of drugs, they get from other health centres where there are few patients.

"We have nothing to do as a district because we have little money. We, however, agreed that if there is a shortage, the Ministry of Health allows us to get the drugs from other hospitals or other districts with lower uptake cases," he said.

Kenya: First Lady Reaffirms Commitment to Enhancing Access to Maternal Healthcare

30th November, 2019
By Capital FM (Nairobi)

Nairobi — First Lady Margaret Kenyatta has reaffirmed her commitment to ensuring mothers have access to antenatal care and skilled deliveries so as to eliminate obstetric fistula and maternal morbidity.

The First Lady called for concerted efforts to ensure women, especially those living in marginalised or hard to reach parts of the country receive quality maternal healthcare.

"Maternal health is an area that remains close to my heart. I want to ensure that mothers get access to antenatal care and skilled deliveries so that their lives are not put at risk," the First Lady said.

The First Lady spoke last night at the Karen Golf and Country Club in Nairobi during the closing ceremony of the 2019 African Medical and Research Foundation (AMREF) Health Africa’s Fistula Challenge Golf tournament.

The tournament helped to raise Sh2 million that will be used to meet the cost of reconstructive surgery for women living with complications caused by obstetric fistula.

First Lady Margaret Kenyatta noted that although maternal morbidity and obstetric fistula are preventable, the two health conditions have continued to be a major challenge to women due to lack of access to proper care during delivery.

"The two conditions have devastating consequences on childbirth. They are also a stark example of health inequity in the world," she said.

The First Lady pointed out that the two conditions are most prevalent in rural areas and that is why she initiated programmes aimed at providing screening and surgical repairs for women with reproductive health challenges.

Acknowledging that the country has made great strides in the health sector, the First Lady regretted that over 600,000 women in rural areas continue to give birth at home annually.

The First Lady at the same time urged Kenyans to embrace physical exercises as a way of promoting healthy living and curbing non-communicable diseases.

"It is also a sure way of protecting ourselves against the emerging upsurge of diseases such as Cancer, Heart diseases, Diabetes and other non-communicable diseases," the First Lady said.

The winner of this year's AMREF Health Africa Fistula Challenge Golf tournament...
was Tom Simba while Norah Njeri took the second position.

Health Cabinet Secretary Sicily Kariuki who also spoke at the event said obstetric fistula is a painful and shameful condition that continues to deny women and girls their rightful position in society.

The CS commended the First Lady for her efforts in tackling health issues facing women by partnering with stakeholders to eliminate some of the most dehumanising health challenges.

"Fistula has continued to deny women and girls economic, social and political empowerment. In our modern day, one would liken obstetric fistula with leprosy of the past where those who suffered from it were shunned and treated as outcasts, where all hope was lost and the future was not promised," the CS said.

Vice Chair of the Board of AMREF Health Africa, Paul Kasimu said over 2,400 women experience obstetric fistula condition every year in Kenya and called for more stakeholders to come out and partner with the foundation to eliminate the health condition.

Other speakers included AMREF Health Africa country Director Dr. Meshack Ndirangu and Ruth Punyua, a fistula champion who benefitted from Beyond Zero Medical safaris camp held in Narok County.

Kenya: State Banks on New Policy to End FGM By 2022

26th November, 2019
By The Nation (Nairobi)

In Summary

- Prof Kobia said the policy is anchored on the UN’s Sustainable Development Goal (SDG) number five, on promoting human rights among women and girls.
- It is estimated that at least 15 per cent of medical professionals perform FGM in total disregard to the professional code of conduct and the relevant laws.

In the last two decades, significant efforts to eradicate Female Genital Mutilation (FGM) in the country have been made through enhanced law enforcement.

However, despite these interventions by the government and stakeholders, the practice among some communities has remained relatively high.

According to the Kenya Demographic and Health Survey (KDHS), 2014, 21 per cent of women and girls aged between 15 and 49 have undergone the cut in Kenya.

And despite a decline in national prevalence, the practice is still high in some communities: Somali at 94 per cent, Samburu (86 per cent), Kisii (84 per cent) and Maasai (78 per cent).

Hardly a week passes by without cases of FGM being reported in different parts of the country.

Last weekend, police in Bomet arrested 10 women at Roborwo village in Chepalungu during a crackdown on the practice.
Those arrested included eight women aged between 21 and 24 -- who had already undergone the cut -- a circumciser and a caregiver.

Their arrest came in the wake of another that saw 15 women rounded up at Kapsegon village in the same area. The women will be charged Tuesday.

**AMBITIOUS POLICY**

Two weeks ago, police in Thika arrested three women for subjecting four girls to the outlawed rite.

Thika West Sub-County Police Commander Beatrice Kiraguri said the arrests were made after a tip-off from the public.

It is against the realisation that the vice is still rife that the government, early this month, launched the "National Policy on Abandonment of Female Genital Mutilation 2019".

The government is banking on the new policy to completely eradicate FGM by 2022.

Speaking during the launch, Public Service, Youth and Gender Affairs Cabinet Secretary Margaret Kobia said the policy is anchored on the UN's Sustainable Development Goal (SDG) number five, achieve gender equality and empower all women and girls.

Prof Kobia said apart from seeking to end FGM, the policy also aims to promote education empowerment, eliminate early marriage, adolescence pregnancy, child labour, reduce risk of gender-based violence and HIV infection.

"In Kenya, the prevalence rate of FGM varies among the practicing communities, although the practice has been on the decline in the last decade. Consequently, the policy aims at building on this achievement to ensure acceleration in the eradication of FGM," she said.

**EMERGENT BARRIERS**

The minister said that together with the Anti-FGM Board, they will provide leadership in the implementation, monitoring, evaluation and reporting on the policy.

Gender Affairs Principal Secretary Safina Kwekwe said the framework is informed by the views of those involved in the implementation of anti-FGM initiatives, those subjected to and at risk of FGM, law enforcers, religious leaders, traditional justice systems in FGM practising communities and stakeholders involved in anti-FGM advocacy.

Objectives of the new policy include accelerating the eradication of FGM, strengthening multi-sectorial interventions, partnership and community participation in fighting the vice, addressing emerging trends in FGM and strengthening research and data collection on the management of FGM.

The government, however, contends that emerging trends in the way the outlawed practice is done is one of the key issues posing the greatest challenge in the fight against the vice.

They include reduction of the age at which the cut is performed, change in the type of the cut, increased demand for...
traditional circumciser services, secrecy, cross-border cutting and medicalisation of FGM.

According to the policy, the proportion of women aged 15 to 49 circumcised by a traditional circumciser has increased from 75 per cent (2008-2009) to 80.5 per cent in 2014.

KEY CATALYSTS

It also indicates that celebrations that used to accompany FGM are no longer there, with the practice largely changing to a private affair for most families. Girls also undergo FGM individually, as opposed to en masse.

It is estimated that at least 15 per cent of medical professionals perform FGM in total disregard to the professional code of conduct and the relevant laws.

The policy identifies rite of passage, religious beliefs and culture among communities, social norms, behaviour, economic and monetary gains as the key drivers of FGM.

It also singles out inadequate data, weak coordination framework, inadequate resources, weak enforcement of the laws relating to FGM, community resistance to the implementation of the anti-FGM laws and stigma as some of the challenges hampering its eradication.

The last three KDHS surveys - between 2003 and 2014 - do not capture all communities that practice FGM. The Anti-FGM Board is also yet to establish a data bank.

The government, according to the policy, is banking on the favourable legal foundation, prevailing political good will, community led approaches, strategic partnerships and media engagements to win the war.

RETROGRESSIVE PRACTICE

The Protection against Domestic Violence Act, 2015 classifies FGM as violence. The Act provides for protective measures for survivors and victims of domestic violence including FGM.

In an effort to win the war, the policy seeks to employ intergovernmental coordination, human rights activists, survivor centres and gender responsive approaches to address the scourge.

While launching the national policy, President Uhuru Kenyatta described the cut as an archaic cultural practice that assaults the wellbeing of individuals and society, and pitched for its complete eradication.

"FGM is a retrogressive practice whose continued existence in our country, in actual fact, assaults our individual and our national consciousness. The practice is inimical to our shared fundamental values as enshrined in our very own Constitution that we as Kenyans passed," said the President.

Tanzania Ports Authority Provides 30m/- to Support Education, Health Sector in Mwanza

27th November, 2019
By Tanzania Daily News (Dar es Salaam)

In a bid to improve health services and boost education in Mwanza Region, the Tanzania Ports Authority (TPA) has provided medical equipment and education materials worth 30m/-.

The authority has extended the support to Nyamagana and Ilemela municipal councils in the region in form of corporate social responsibilities.

Speaking during the handling of the items, the head of Lake Victoria Ports, Mr Morris Mchindiuza said TPA has donated the items to support both education and health sectors, which are crucial for both social and economic development.

"Our aim is to provide part of our revenues to the community and ensure education and health sectors record good performance," he noted.

Nyamagana District Commissioner (DC), Dr Philis Nyimbi urged other government institutions to emulate the move shown by TPA in order to support the fifth phase government in its efforts to improve education and health infrastructures in the country.

The DC who received two oxygen concentrator machines and 486 bed-sheet worth 15m/-, said her district still needs more support in the health sector as the demand for healthy infrastructures and medical equipment are still high.

"On behalf of the government and the public, I thank TPA for this support, which has come at the right time," she explained.

On her part, the Mwanza City Council (MCC)-Nyamagana Acting Director, Ms Betiller Massawe thanked TPA management for the support and asked them to continue helping the MCC management.

Speaking to the same event, the hospital Medical in charge, Dr Florence Talange said the support would bring positive changes in the area and asked other organisation to emulate the good example.

Kenya: Technology Can Prevent Pregnancy Depression, Improve Mental Health

27th November, 2019
By The Nation (Nairobi)
Opinion By Dr. P.M. Mutua, immunologist, Makueni
More than 300 million people suffer from episodes of depression, the World Health Organisation estimates. In Kenya, mental breakdown cases are increasing alarmingly with women and adolescents being the most affected.

There is strong evidence that pregnant women and mothers who have just given birth are at greater risk of depression. This is associated with below low birth weight of newborns as well as preterm deliveries. After giving birth, a woman is likely to suffer from prenatal depression with serious negative impacts on her child’s health and her family as well.

Targeting preventive therapies against depression among pregnant women and those who have just given birth will, therefore, not only improve the mental well-being of the mothers but babies and, hence, a healthier generation.

Australia has one of the largest online-based depression courses to educate the public, especially mothers and adolescents, on coping with the condition. The Moodgym interactive programme website https://moodgym.com.au has more than a million followers and is estimated to have reduced depression levels among the target audience by over 26 per cent.

There are two main web-based training methods to eschew or attenuate depressive experiences.

The cognitive behavioural therapy entails training an individual to learn the relationship between thoughts and behaviour and moods. The trainees are then taught how to choose thoughts that lead to desirable behaviour and selectively avoid those that could be suicidal or make one moody.

The other is the use of interpersonal therapy, where one is trained on effective communication with family and work colleagues.

Web-based therapies are important because, first, there are very few trained psychiatrists and psychologists to reach all mentally ill patients. Secondly, they reduce the cost of treatment for mental illnesses, especially in Kenya and Africa, where it is prohibitive.

Thirdly, they can be personalised. Many mothers and adolescents have access to smartphones and home computers, which helps to reduce the stigma associated with mental illness.

The suicides by students is an indication that schools are among the best sites for web-based depression courses and therapies.
Kenya: How Self-Care Interventions are Advancing Sexual and Reproductive Health in Kenya

29th November, 2019
By allAfrica.com

Nairobi — In June 2019 the World Health Organisation published consolidated guidelines on self-care interventions for sexual and reproductive health. It defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health-care provider.

"The primary target audience for this guideline is national and international policy-makers, researchers, programme managers, health workers (including pharmacists), donors and civil society organizations responsible for making decisions or advising on delivery or promotion of self-care interventions. The secondary target audience is product developers. This new guideline is also expected to support persons affected by the recommendations: those who are taking care of themselves, and caregivers", said Dr. Manjulaa Narasimhan at the WHO’s Department of Reproductive Health and Research.

A number of organisations are working tirelessly on projects in Kenya that ensure that vulnerable populations affected by the WHO self-care guideline recommendations have access to affordable quality sexual and reproductive health methods. Population Services International is one of these organisations. Through its global network of more than 50 country programs, PSI made a Family Planning goal youth pledge (PF2020) to equip 10 million people under the age of 25 with modern contraceptive methods by the end of December 2020. By December 2018, PSI had surpassed that target, it had recorded 14 million users under the age of 25 already on modern contraceptive methods.

Denis Michiri, a mobilizer demonstrates how the HIV oral self-test works at the kahawa West market in Nairobi.

Some of the interventions include self-sampling for Human Papilloma Virus (HPV) and sexual transmitted infections, pre-exposure prophylaxis (PrEP), self-injectable contraceptives, HIV self-testing and self-management of medical abortion. In Kenya where stigma remains a challenge, some of the self-care methods help to avoid it.

The health ministry says with the HIV self-test kits they are targeting partners of antenatal care and post natal clients, key populations and men. Men usually do not take the time to go to health facilities unless they are sick. In the Nairobi county health workers go to bus stops and taxi ranks where men work as public transport drivers to encourage them to test for HIV or to take the self test kits home.

Populations Service Kenya, a division of Population Service International working to advance sexual and reproductive health in Kenya, also shares the same sentiments with the Kenyan health ministry. For the past two years PS Kenya
has been working with privately-owned pharmacies for subsidized distribution of HIV self-testing kits that allows users to collect, perform, and interpret an HIV test in private.

"When we introduce and explain how the HIV self-testing kits work the communities are usually very receptive and feel that it is safe to use. But one of the challenge we faced as mobilisers was the community thinking that because we are mobilisers we are HIV positive ourselves", Zacharia Kahwai, a mobiliser working at the Kahawa West Market, said.

He says they are able to get 300 or more people in one day either doing the test at a set tent or taking the self-test kit to test in the comfort of their home. Before one takes the kit home, the mobilizers explain how both the oral and blood based tests work. The kit comes with instructions and a 24-hours toll-free number clients may call for more information and to be connected to the nearest public health facility. Should they be HIV positive, need counseling or even HIV negative and need information on prevention measures like PrEP they are encouraged to call the hotline number.

Modern contraception is another self-care intervention that allows women to decide if and when to have children. Although self injectable contraceptives are not available for women to take home and administer themselves yet, many other modern contraceptives and information on these are available for women and girls in Nairobi.

Over two million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method and women who have recently given birth are among those with the highest unmet need for contraception, according to PSI.

In Their Hands is a project designed to put girls at the centre of their healthcare. Girls are equipped with a digital platform that connects 15-19-year-olds to the different services including contraceptives and self-HIV tests. "The overall goal for the project is to let young girls take control of their own bodies, reduce pregnancy among adolescents and also put girls at the centre of their health care", said Mercy Mwongeli, In Their Hands project manager in Nairobi.

The girl enrolls to the platform through a friend (peer to peer) or they self enroll by hearing about the offer through social media. Once enrolled onto the platform, they access the offer on phone (SMS) or via a membership card called a t-safe card (for girls with no phone). They are then able to access a subsidised sexual reproductive health service or product, and every time they use services like visits to a pharmacy or clinic they get rewarded, even just for rating the session at the facility they get rewarded with points they can redeem at selected retailers of their choice.

Eighteen-year-old Roser Ever, who has been using the platform for over a year, said she uses her points to buy her two-year-old child's diapers, milk and cosmetics. Ever lives with her grandmother and said she's not told her grandmother that she is on contraceptives. Her grandmother is "old-fashioned and believes that
contraceptives are not a good idea for women”. She accesses services at the Milele Integrated Medical Services in Githurai, Nairobi.

"We wanted to offer a safe space for the youth so we created a youth friendly environment, the staff are well trained and friendly", says Dr Patrick Mburungu, at the Milele Integrated Medical Services. The facility where Ever accesses services has an alternative entrance and exit door at the back of the health facility in an effort to encourage girls to access sexual and reproductive health facilities without being seen by others who know them as they might face stigma in the community. When the girls are empowered and have knowledge they are in a better position to negotiate safe sex which will in turn prevent pregnancy and sexual transmitted infections.

The WHO says the self-care is neither a replacement for quality primary care, nor a shortcut to universal health coverage, but rather an integral and complementary component of overall health care systems.

Dr Manjulaa Narasimhan says she thinks the self-care interventions will help reach the 2030 Universal Health Coverage target faster. "Self-care interventions offers more choice to individuals. These interventions provide an important opportunity to improve health and well-being for even the more vulnerable, marginalized and criminalized populations", Dr Manjulaa Narasimhan says.

UPCOMING EVENT:

LAUNCHING OF THE EAHP- SPECTARIS GERMANY GOVERNMENT FUNDED PARTNERSHIP PROJECT IN SUPPORT OF PRIVATE SECTOR IN THE EAC REGION FOR THE PERIOD OF 2019-2022

Place: Ramada Hotel, Dar es Salaam – Tanzania

Date: 10th–11th December 2019

Time: 08:30 am – 05:30 pm
