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HEALTH NEWS-CAP EAST AFRICA

16th - 22nd February 2019

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Kenya: Kisumu Allstars Receive New Kit from Sponsors Royal Dental
18 February, 2019
By The Nation (Nairobi)

Kisumu Allstars players pose for a picture in their new kit presented by their sponsor Royal Dental Clinic on February 17, 2019

In Summary

- On Sunday, Dr. Vitalis Ogolla of Royal Dental Clinic handed over the new kit to team manager Alfred Flo
- Since making their NSL debut last season, Kisumu AllStars has had one set of uniform for their home and away matches
- The donation is big boost to the 'Blue Eagles' in their quest to earn promotion to the top tier

Kisumu AllStars will on Monday don new kits during their National Super League clash against Modern Coast Rangers courtesy of their sponsors Royal Dental Clinic.

The company agreed to provide a set of playing uniform per season in the two-year sponsorship deal signed in December last year. The sponsorship also includes free dental treatment to the 31 players and the eight officials.

On Sunday, Dr. Vitalis Ogolla of Royal Dental Clinic handed over the new kit to team manager Alfred Flo.

“It is a great honour to associate with you, therefore we will keep to our word of supporting you. It is our wish to see you in the Kenyan Premier League next season," said Ogolla.

Since making their NSL debut last season, Kisumu AllStars has had one set of uniform for their home and away matches.

The donation is big boost to the 'Blue Eagles' in their quest to earn promotion to the top tier. It comes even as they await two other sets of uniform from Kisumu Governor Anyang' Nyong'o.

The uniforms should be available in a week’s time.

Kisumu County Finance Minister Nerry Achar, who represented his Sports counterpart Achie Alai in the brief ceremony, promised the players that they will receive their salaries for the months of January and February salary as well as per diem arrears before the week ends.

"I am aware that you have not received your salary for January and per diem running to February. The money will be in your accounts before the week ends. In about
three months’ time, you will also have your team bus," promised Achar.

Francis Oduor's charges are ranked fifth in the NSL on 27 points. They take on Modern Coast Rangers at Moi Stadium from 3pm.

Kenya: Alarm as 60 Babies Die at Kiambu Level Five Hospital
16 February, 2019
By The Nation (Nairobi)

A preterm baby inside an incubator.

On January 28 at around 9am, Ms. Naomi Gathoni from Ikinu village in Githunguri was rushed to the Kiambu Level Five Hospital by her mother in-law, Rose Wangari, after she developed labour pains.

Three days later, Ms. Gathoni delivered a bouncing baby girl, weighing 3.8kg through caesarean section.

According to Ms. Wangari, the little one was in perfect health at the time of birth. "I personally held her and dressed her since her mother was still in pain arising from the operation which lasted four hours," she told Saturday Nation. The baby was then taken to the hospital’s nursery as the mother recuperated in the general ward.

NEGLIGENCE

Things started going terribly wrong four days later. A distressed Ms. Gathoni called her mother in-law at about 9pm to tell her that the baby was sneezing terribly.

She informed her the baby girl was also bleeding from the nose and ears, but she was unable to get any doctor to attend to them.

Ms. Wangari comforted her, telling her to keep on looking for a doctor. But none showed up.

The baby died three hours later as her mother watched helplessly.

Four other would-be new mothers were also wailing hysterically after their babies were pronounced dead. To add insult to injury, Ms. Gathoni is currently back at the hospital for a second operation after the wound from the caesarean procedure started oozing pus.

Ms. Gathoni's baby is among 60 newborns who have died at the hospital in the last two months in what families attribute to negligence.

On Friday, the Kiambu County Health executive Mary Kamau, confirmed the deaths but defended the hospital against claims of negligence.

She instead blamed the mothers saying 35 of them were pre-term babies and stood little chance of surviving.
INFECTION

"In the two months of December 2018 and January 2019, Kiambu Hospital conducted 1,703 deliveries. We had a total of 60 neonatal deaths out of which 35 were pre-term babies weighing less than 1.5 kilograms," she noted.

"About 50 per cent of the pre-term cases were referrals from neighbouring private, faith-based and other public facilities. The survival rate for severe pre-term babies is very low worldwide," she argued.

"It is worth noting that Kiambu County has an average neonatal mortality rate of 15 per 1,000 live births compared to the national average of 22 to 1000 live births," she went on.

Her sentiments were echoed by the hospital superintendent Dr. Jesse Ngugi who also exonerated his team from blame.

"We usually request for consent because we want the relatives to know that there are some risks ... wound infection is a known risk after a caesarean section, and I cannot say it is as a result of any technicality used in the procedure," Dr. Ngugi said, specifically referring to Ms. Gathoni’s situation.

INCUBATOR

Another bereaved parent is Mr. Joseph Muriuki, a resident of Ruaraka, Nairobi, who took his wife to the facility following a referral from a private hospital about three weeks ago.

According to Mr. Muriuki doctors told him that his wife, who was 35 weeks pregnant, required a CT scan to establish the condition of the foetus, and had to be admitted awaiting the operation.

Mr. Muriuki said his wife remained at the facility for over a week without the CT scan being done, only for her to be told that the machine had broken down.

The couple was asked to pay Sh3,000 so that they could have the scan conducted at a private clinic near the hospital.

Last Sunday, two days after the CT scan, Mr. Muriuki said his wife developed labour pains and delivered a baby boy weighing 2.7 kilograms. The baby was placed in the incubator. "On Monday, I was called at the hospital and old the baby was dead yet no clear reasons were given," he said.

Rwanda: RSSB to Assess Rising Medical Bills

17 February, 2019
By The New Times (Kigali)

The rise in the money that the Rwanda Social Security Board (RSSB) pays to cover health care costs is not proportionate what people contribute to its medical insurance scheme, a trend that is has raised concerns, its Director General; Richard Tusabe has said.

Tusabe made the revelation on Friday during a press conference on the Fund's performance for the six month period covering July 2018 through December 2018.

For instance, he said that the expenditures that RSSB projected were estimated at Rwf95bn in the financial year that will end on June 30, 2019, or about Rwf47 bn in a six-month period.
However, the half-year expenses alone came to Rwf54.2bn, meaning that it used 14 percent more funds than expected.

The unexpected expenses are attributed to the rise in medical care bills.

Paid benefits were at about 98 percent in Pension scheme, 112 percent in the medical scheme, and 126 percent in Community Based Health Insurance Scheme - Mutuelle de Santé.

"If you compare the trend in the number of subscribers and the amount of money we spend, you realise that there is a huge gap," he said estimating that the former might be growing at between two and three percent against the latter's 20 percent.

He said that preliminary information suggests that there are instances when doctors have prescribed many drugs to a patient so that they can benefit from the high medical bill.

Normally, a doctor prescribes medicine, or records treatment(s) to a patient - subscriber to the scheme - and takes the bill to RSSB which covers 85 percent of the cost.

He said that the measures to respond to that concern should be tactful because it involves the lives of Rwandans, and partners like pharmacies, hospitals.

"What we are doing is to look at which health facilities had higher bills than others, and enter the details to establish whether it is in consultations, drugs (medicine) or other aspects," he said.

He said that the evaluation will help the institution to establish the underlying factors for the rising questions.

"This is an issue of concern for us. We need to know whether it's true that Rwandans had [more] treatments, which is also possible, but we should take a grip on the reality of the numbers growing disproportionately and its root cause," he said adding that a report on these issues might be made available within three months.

Meanwhile, he disclosed that there are people who might be conniving with some RSSB employees to produce fake documents or certificates asserting that they are the next of kin to a deceased person [who was a subscriber to the social security scheme] so that they get undue benefits, yet they did not contribute to the scheme.

He cited a recent case in which some RSSB employees were suspected of this fraudulent act in Northern Province, but fled before they were arrested.

"We are searching for them through Interpol and other means. We are working with all concerned organs to tackle this problem of individuals who are misappropriating public funds," he said.

**Kenya: 3,700 Striking Nurses Face Disciplinary Action, Warns COG**

18 February, 2019
By Capital FM (Nairobi)
The nurses are demanding implementation of their 2017 return-to-work formula that awarded them Sh10,000 in addition to their Sh20,000 nursing service allowance and another Sh15,000 on their Sh10,000 uniform allowance.

Nairobi — Over 3,700 nurses out of 5,631 working in 11 counties affected by the ongoing strike are yet to resume duty in defiance at President Uhuru Kenyatta's directive to return to work.

According to data released by the Council of Governors on Monday, some 1,836 nurses are on duty.

The governors' lobby says only 88 nurses in West Pokot who reported back on Friday will receive their full February pay while the rest will only be paid from February 1 to 4.

Marsabit Governor Ali Mohamud has already issued 250 show-cause letters even as the CoG instructed the remaining 10 counties to effect the same action to those who carry on with the strike and follow it up with salary stoppages.

The nurses are demanding implementation of their 2017 return-to-work formula that awarded them Sh10,000 in addition to their Sh20,000 nursing service allowance and another Sh15,000 on their Sh10,000 uniform allowance.

The document released by the CoG shows that of the 11 counties where the workers went on strike, 620 out of 827 in Kisumu and 871 out of 872 nurses in Homa Bay have resumed duty.

In Kisii County, 326 out of a total of 827 nurses are on strike.

Sixty five nurses at Nairobi’s Pumwani Maternity Hospital are still on strike. The facility has 182 nurses in its registry.

Only one nurse out of Elgeyo-Marakwet's 326 did not show up Monday morning and could now face disciplinary action if she continues the boycott work.

The nurses' union officials led by Secretary General Seth Panyako are expected to give their situation report when they address a news conference in Nakuru County.

South Sudan: WHO Provides Lifesaving Health Care Services to Displaced Populations and Host Communities in 22 Locations in South Sudan
18 February, 2019
By World Health Organization (Geneva)
18 February 2019, Juba – To increase access and strengthen the capacity of emergency lifesaving health care services focusing on outbreak response for epidemic-prone and vaccine-preventable diseases, WHO has been procuring, storing and distributing medical emergency kits to support humanitarian response in South Sudan.

Provision of medical emergency kits for essential lifesaving health interventions is vital to investigate suspected disease outbreaks and respond in a timely manner, and save the lives of displaced populations, said Dr. Olushayo Olu, WHO Representative for South Sudan.

The protracted crises in South Sudan coupled with frequent disease outbreaks, and a high burden of both communicable and non-communicable diseases including mental and psychosocial conditions, has resulted in the deterioration of the health status of the population. In addition, supplies of medicines and medical commodities have been irregular and inadequate, leading to frequent stock-outs and interruptions of essential service delivery.

With funding from the South Sudan Humanitarian Fund and European Union Humanitarian Aid, WHO aims to provide critical lifesaving interventions in Kapoeta South, Magwi, Ayod, Bor South, Duk, Fangak, Nyirol, Pibor, Uror, Koch, Leer, Mayendit, Panyijiar, Rubkona, Fashoda, Longochuk, Luakpiny/Nasir, Maiwut, Malakal, Wau, Tambura and Juba, through the provision of emergency kits for crisis-affected populations and host communities to ensure access to critical medicines and treatments.

In addition, WHO in collaboration with UNICEF and UNFPA conducted a joint harmonized training on forecasting, procurement, distribution and rational use of medical emergency kits, non-communicable disease kits, reproductive health kits and emergency vaccines to familiarize Health Cluster partners on the types and contents of the different kits to prevent needless illness or death because of time-critical health problems and ensure accountability to beneficiaries, health cluster, WHO, Ministry of Health and donors.

As part of the ongoing efforts to ensure that health service is provided without drugs stock outs, a total of 24 participants drawn from 20 health cluster partners (National and International NGOs) were trained on requisition, distribution and rational use of emergency kits from 11-12 February 2019. Similar training will be conducted from 21 – 22 February 2019 targeting 36 precipitants from 30 Health Cluster partners to optimize
the distribution and rational use of life-saving medicines.

An emergency health kit is a reliable, standardized complete set of drugs, supplies, and equipment needed to provide basic health care service to the population in need.

**Headcount for nurses in counties starts as salaries stopped**

February 19, 2019
By Daily Nation

Kenya National Union of Nurses Secretary-General Seth Panyako speaks about their ongoing strike, on February 12, 2019 in Nairobi. They are protesting against the cost of life that they can’t keep up with

**In Summary**

- Nurses defied a directive by President Uhuru Kenyatta to report to work by Friday morning.
- Oparanya orders devolved governments to stop deducting union dues.
- Knun Secretary-General Seth Panyako gave Mr. Oparanya seven days to withdraw the letter “or he faces contempt proceedings”.

A headcount of health workers in counties where nurses are on strike is on, with some receiving show cause letters.

According to a February 18 letter by the Council of Governors, 250 of the 296 striking nurses in Garissa have received the letters.

**NEGOTIATIONS**

Nurses defied a directive by President Uhuru Kenyatta to report to work by Friday morning.

Mr. Kenyatta directed the Health Ministry and devolved governments to dismiss nurses who defy order.

Nurses in Taita-Taveta, Embu and Homa Bay counties have also received letters.

In Samburu, the letters were issued followed by a salary stoppage notice. Only 10 nurses out of the 228 striking ones reported to duty.

Out of the 353 striking nurses in West Pokot County, only 88 who went to work on Friday will get their February pay.

Only four nurses have gone back to work, out of the 366 on strike in Taita-Taveta County.

The situation is different in Elgeyo-Marakwet as all nurses are back to work.

In Trans Nzoia, only nine are back to work. Just three out of 160 reported to the referral hospital in Kitale. Rural hospitals have no nurses.
In Kisumu, 137 nurses are back to work while 686 still on strike. Four nurses reported to work yesterday.

In Embu, only 130 nurses have reported to work. They have since called off the strike “to give negotiations a chance”.

At Pumwani Hospital, Nairobi all 97 nurses belonging to the Kenya National Union of Nurses have reported to work while 45 who are affiliated to the County Workers Union are still on strike.

So far, nurses in 19 counties are on strike. The strike began yesterday in Kakamega, Nakuru, Tana River, Narok, Bomet, Busia and Siaya.

The nurses strike in Uasin Gishu County is expected to start today.

The governor’s council directed county governments to stop deducting union fee.

**ALLOWANCES**

In the Friday letter marked “urgent” Council of Governors chairman Wycliffe Oparanya instructed county bosses not to remit money to the Kenya National Union of Nurses.

The letter said it would no longer be the responsibility of county governments to deduct union dues from the health workers pay and remit to the unions.

“The full salary should be paid to the nurses. They should remit the money to their unions if they so wish,” Mr. Oparanya said.

“The purpose of this letter is, therefore, to inform the county governments of the above provision of law and to recommend that counties adopt it urgently.”

The letter was addressed to governors, county secretaries, health executives and finance executives as well as county attorneys.

Knun Secretary-General Seth Panyako gave Mr. Oparanya seven days to withdraw the letter “or he faces contempt proceedings”.

The striking nurses are demanding uniform and nursing service allowances as they were promised in a November 2, 2017 deal.

Nurses earn Sh20,000 every month in service allowance. It is to be increased to Sh30,000 over three years from 2017.

The uniform allowance was raised to Sh10,000.

Mr. Panyako maintained that the strike is on.

Meanwhile, governors have had to call meetings with Knun in a bid to stop nurses strikes.

Bomet Governor Joyce Laboso held a meeting with Knun and county health officials Monday.

**RESIGNED**

The meeting came barely a day after county health chief officer Zeddy Chepkorir failed to reach an agreement with nurses.

Health executive Joseph Sitonik told the Nation that the authorities would know the way forward after a court ruling.

The county’s 259 striking nurses in 134 hospitals joined their colleagues in other
counties to protest their employers’ failure to implement the salary deal.

Union officials claimed that specialist nurses have resigned and sought employment at Moi Teaching and Referral and other hospitals.

Longisa Referral hospital which has 102 nurses is the worst affected.

Others affected are Tegat, Sigor, Cheptalal, Ndanai and Koiwa sub county hospitals.

The nurses are emboldened in their resolve due to the support they have been receiving from Central Organisation of Trade Unions Secretary-General Francis Atwoli and other leaders.

Mr. Atwoli blamed Mr. Oparanya “for misleading President Kenyatta over the ongoing nurses’ strike.

“He knows very well his colleagues signed the CBA to pay the nurses and the honourable thing to do at the moment is to honour it,” Mr. Atwoli said.

**Senators call for use of data to fix health sector gaps**

By The NewTimes
February 19, 2019

Senator Jean Damascene Ntawukurirayayo speaks during a session of the senatorial committee yesterday

Statistics from Integrated Living Conditions Survey (ELCV 5) published in December 2018 by the National Institute of Statistics of Rwanda exposed gaps in the country’s health sector, despite the significant steps that have been taken to boost the sector.

On Monday, senators on the standing committee on social affairs met Yussuf Murangwa, the Director General of NISR, to discuss how the statistics in the report can be used to pluck the gaps that were found in the health sector.

During the meeting, Senator Gallican Niyongana, the chairperson of the committee, sought the view of the statisticians on whether the growing economy reflected the priorities of the health sector.

“Statistics show that there is major progress in the health sector in the past years but we know that there are still some areas where
people are not satisfied and improvement is needed,” he said.

Senator Jean-Damascene Ntawukuriryayo said it is not enough to appreciate the fact that the situation has improved in the health sector, calling for a critical assessment of areas that still require more effort to fix, including the long distances still made by Rwandans to access health facilities.

According to EICV 5, on average, Rwandans walk 50 minutes to the health centre and, according to Ntawukuriryayo, more investment can go a long way to reduce this distance.

“In 2003 a target was set to ensure that every sector has at least one health centre. Recently, we asked the Ministry of Local Government and we were given a vague response (to the fact) that health centres are more than the sectors we have in Rwanda. However, it doesn’t mean that every sector has a health centre,” he said.

Murangwa said satisfaction in health services stands at 82 per cent among high income earners while among low income earners, the satisfaction rate stands at 88 per cent.

Public satisfaction depends on many things; for instance, effort put in primary healthcare which has worked better for majority Rwandans, especially those living in rural areas, said Murangwa.

“Howver, people in cities need specialised services and, therefore, they are not satisfied with what they get at health centres and hospitals,” he added.

Rwanda Rwf17 billion collected in maternity leave benefits

By The NewTimes
February 19, 2019

Mothers breastfeed their babies in Huye District during a breastfeeding and anti-malnutrition campaign last year

Some Rwf17.9 billion in contributions to the maternity leave benefits Scheme has been collected since the scheme came into force in November 2016.

Statistics from Rwanda Social Security Board (RSSB) show that 5,430 mothers had benefited from the scheme by end December 2018.

Of the funds, Rwf2 billion was paid out to 1,628 employers who claimed the reimbursement of salaries related to the last six weeks of the maternity leave.

Throughout their three-month (or 12 weeks) maternity leave, women get their full salary, which helps them better take care of their new-bornswithout worrying about losing 80 per cent of their salary in the last six months.
of their leave, Oswald Munyandekwe, Director of Pension and Pre-retirement Benefits Department at RSSB told The New Times.

Monthly contributions to the scheme total 0.6 per cent of the employee’s gross salary with both the employer and the employee contributing 0.3 per cent, each.

The contributions are made by all (male and female) employees in Rwanda and by every employer (private or public).

Munyandekwe said that, under the scheme, the employer pays all the due salary to a working mother, who has given birth, for the entire three months, after that RSSB refunds it money equivalent to the employee’s 1.5 month (or six weeks) remuneration.

The law provides that RSSB as the custodian of the maternity leave benefits insurance will cover six weeks of the paid leave starting from the seventh week while compensations for the first six weeks will be met by the employer.

“The employee mother enjoys their benefits without having to deal with RSSB, rather RSSB deals with the employer which gives a list of mothers including the salary paid to them,” Munyandekwe explained.

He said that mothers started enjoying their benefits starting from February 2017, three months after the first contributions were made.

It became effective following the announcement of a Ministerial Order of October 28, 2016 relating to maternity leave benefits scheme, and an earlier law establishing and governing maternity leave benefits scheme.

Dativa Mukaruzima, National Women Leader at Rwanda Workers Trade Union Confederation told The New Times that it is pleasing to see mothers and their babies enjoying their rights to proper care, while the mothers get their full pay throughout the maternity leave.

Before the development, she said, some mothers would return to work when their infant was still at a critical stage of growth (1.5 month old) so that they do not miss their salary, she said, adding that currently, the mother gets their full pay and takes better care of their child.

**Infants sharing incubators at Kiambu Hospital**

February 19, 2019

By Daily Nation

Most of the deaths at Kiambu Level Five Hospital were recorded after the babies were taken to nursery

In Summary
Hospital has eight incubators at the intensive-care nursery in the newborn unit, with an average of 16 pre-term babies at a time.

Many pre-term babies are referred to the facility from other hospitals and even homes while others are cases of abortion.

Some are brought here on motorcycles and by the time they arrive, they have already developed complications and there is little our doctors can do.

Up to three infants share an incubator at the Kiambu Level Five Hospital. The situation at the neonatal intensive care unit is a reflection of the congestion at the health facility. Last week, County Health Executive Mary Kamau confirmed that 60 infants had died at the hospital in two months.

The hospital, which has also been grappling with poor infrastructure and equipment in other units, has eight incubators at the intensive-care nursery in the newborn unit, with an average of 16 pre-term babies at a time.

ONVERGE OF DEATH

In the nursery, where premature babies who are out of danger are taken to gain weight, two to three infants share an incubator, which doctors and the hospital's administrators say is not advisable.

Dr. Grace Aketch, head of the paediatric unit, says the nursery has a capacity for 40 babies but handles about 66 pre-term babies at any given time.

It means nurses must put two or three babies in one cot, depending on their birth weight.

“In the pre-term unit there are eight incubators,” Dr. Aketch said. “We receive babies that are 28 weeks old, with an average weight of a kilogramme. Such cases are complicated. We do not have a general intensive care unit. Despite the problems, we do all we can to ensure that they gain at least a kilogramme.”

This emerged even as Governor Ferdinand Waititu defended the hospital against claims of negligence, saying in most cases babies are referred to the top county hospital when they are on the verge of death.

“Many pre-term babies are referred to the facility from other hospitals and even homes while others are cases of abortion. Some are brought here on motorcycles and by the time they arrive, they have already developed complications and there is little our doctors can do,” Mr. Waititu said.

Reacting to reports that 60 babies died at the hospital between December 2018 and January 2019, Ms. Kamau issued a press release pointing out that 35 were pre-term babies weighing less than 1.5 kilogrammes.

REFERRALS

The Kenya Medical Practitioners and Dentists Board (KMPDB) has demanded an explanation from the hospital's Medical Superintendent, Dr. Jesse Ngugi, on the reported deaths.

Ms. Judy Mukiira, the nursing officer in charge of the newborn unit, said their
facilities were overstretched since they receive referrals from other public and private facilities in Kiambu and Nairobi.

The Director for Health Services, Dr. David Ndegwa, said, “We are not saying there is any justification for any child to die when they are delivered here, but because of the large number and condition of some of the mothers, we find that we are getting this problem (infant deaths),” Dr. Ndegwa said.

But Woman Rep Gathoni Wa Muchomba, who toured the facility alongside her Murang’a counterpart and National Assembly Health Committee chair Sabina Chege yesterday, said the county must expand it.

Governor Waititu said the county had reached out to Health Cabinet Secretary Sicily Kariuki for help from the State to expand the facility, but added that the long-term solution lay in building a new wing at the hospital to ease the congestion.

Tanzania: From the Field - 'Harvested' Rainwater Saves Tanzanian Students from Stomach Ulcers, Typhoid

19 February 2019
Africa Renewal (United Nations)
By UN News Centre

The students in the Tanzanian town of Bagamoyo once had to decide between getting sick and being thirsty all day long.

Students at Tanzania’s Bagamoyo secondary school now have more time to study and less days off sick thanks to a UN Environment-supported rainwater harvesting system, By UN Environment/Hannah McNeish

Drought, rising sea levels and erratic rainfall made the local water well so salty that when they drank, they would get headaches, stomach aches and even ulcers. Unsanitary conditions turned it into a disease-spreading font.

However, thanks to a project run by UN Environment and its partners, the situation took a turn for the better.

They constructed a rainwater harvesting system, which involved rooftop guttering and a series of large water tanks, that provided the students with fresh water for drinking, washing and cooking.

"This water is very sweet and when we drink it, our health gets better because that water is pure," said one happy student customer.

Uganda: Kabarole Leaders Grapple with Malnutrition

20 February, 2019
By The Monitor (Kampala)
In Summary

- Ms. Sarah Mujunasi, another mother of four children from Kichwamba Subcounty, said she has been struggling to improve the feeding of her children but all in vain.

Kabarole. Authorities in Kabarole District are grappling with rampant cases of malnutrition among children. Mr. Aggrey Gwaita, a nutritionist at Fort Portal Regional Referral Hospital, said every Wednesday, the facility receives between 30 and 50 mothers with malnourished children below five years.

“Others come with babies below 2.5 kilogrammes and we have been advising them to feed their children on food that is rich in nutrients, but surprisingly some tell us that they do not have food,” Mr. Gwaita said. He attributed the main cause of malnutrition to poor feeding and diseases such as tuberculosis and HIV/Aids.

Although the district is a food basket, leaders say most of its produce is transported to Kampala and other neighbouring districts. The district chairperson, Mr. Richard Rwabuhinga, told Daily Monitor in a recent interview that many families have abandoned traditional foods that are rich in nutrients and resorted to junk foods.

“As food ambassadors, our role is to engage the public to see that before you eat a meal, your table should have all food types such as dodo (greens) and beans, among others but the problem today is people have abandoned such foods,” Mr. Rwabuhinga said.

South Sudan: Sexual Violence Surging in South Sudan

19 February, 2019

By Inter Press Service
Women and girls continue to face the brunt of violence in the northern region of South Sudan with persistently high and brutal levels of sexual violence, a new report found.

Despite the signing of a peace deal nearly five months ago, United Nations investigators have found an “endemic” rise in cases of sexual violence in South Sudan’s Unity State.

“There’s been very little accountability in South Sudan for what is chronic, endemic problem of sexual violence against women and girls,” said the Office of the U.N. High Commissioner for Human Rights’ (OHCHR) spokesperson Rupert Colville.

“Virtually complete impunity over the years, as a result, very little disincentive for these men not to do what they’re doing,” he added at the launch of the report.

U.N. human rights chief Michelle Bachelet also expressed concern over the widespread issue, stating: “The volatility of the situation in South Sudan combined with the lack of accountability for violations and abuses committed throughout Unity, likely leads armed actors to believe that they can get away with rape and other horrific forms of sexual violence.”

Between September and December 2018 alone, at least 175 women and girls experienced sexual and physical violence. Of these cases, 64 were girls, some as young as eight years old.

U.N. Missions in South Sudan (UNMISS) and OHCHR researchers found that most of the victims were attacked on roads as they traveled in search of firewood, food or water, commodities which have been limited since the start of the conflict in 2013.

One woman recounted her experience, stating: “We women do not have a choice...if we go by the main road, we are raped. If we go by the bush, we are raped...we avoided the road because we heard horrible stories that women and girls are grabbed while passing through and are raped, but the same happened to us. There is no escape—we are all raped.”

The 30-year-old survivor was raped on three separate occasions, each time around the same location to or from food distribution sites in Bentiu.

Almost 90 percent of the women and girls were raped by more than one perpetrator and often over several hours, the report found.

The report also observed that many of the attacks were premeditated and organised, stating: “The ruthlessness of the attackers appears to be a consistent feature of sexual
violence documented during this investigation.”

In another incident in November, a woman who was two months pregnant suffered a miscarriage after being gang-raped.

Survivors also described being beaten with rifle butts, sticks, and cable wires if they attempted to resist or after they were raped.

A 50-year-old survivor told investigators she was beaten after trying to keep armed men from taking her 25-year-old daughter.

“Some of them threw punches and kicks on me for not allowing them to take my daughter. Those armed men were just like my sons, but they were so cruel. They do not have mercy,” she said.

Among the factors that have contributed to the rise in attacks against women and girls is the large number of fighters on “standby” mode awaiting disengagement and withdrawal.

Though a peace agreement was signed in September 2018, the new transitional government will not be put into effect until May, leaving members of numerous armed forces in limbo.

“A lot of these young men who are heavily armed, are just waiting around...This is a very toxic mix, and there are also youth militias which some of these official groups ally with and you don’t know exactly who they are; they’ve been heavily involved as well,” Colville said.

President Salva Kirr of South Sudan. The United Nations has urged Kirr to carry out investigations and seek justice for survivors of sexual violence in the northern region of the country.

Impunity and the lack of accountability have also led to the normalisation of violence against women and girls, and both UNMISS and OHCHR have urged President Salva Kiir to carry out investigations and seek justice for survivors.

Upon hearing about reports of mass report, an investigation was carried out by a South Sudanese committee. However, they denied the allegations and declared that the rapes were “not a true story.”

While the current peace deal seems volatile, it is increasingly urgent for the new South Sudan to act and protect women and girls.

“Sad, we have continued to receive reports of rape and gang rape in northern Unity since the beginning of this year,” Bachelet said.

“I urge the Government of South Sudan to take adequate measures – including those
laid out in the peace agreement – to protect women and girls, to promptly and thoroughly investigate all allegations of sexual violence and to hold the perpetrators accountable through fair trials,” she added.

**Uganda: Doctor Reveals Rot in Health**

20 February, 2019
By The Observer (Kampala)

Prof Anthony K. Mbonye’s book; *Uganda’s Health Sector Through Turbulent Politics (1958-2018)*, serves up nearly 156 pages of a scathing critique of the ministry of Health and its officials, which makes it that much more controversial – coming from a senior medical doctor and former employee of the ministry.

In the book, the former ministry of health official says top jobs at Uganda’s ministry of Health were not awarded on merit but depended on who was closer to the first family and who lobbied best.

The book, released to bookshops around Kampala last month, describes in fine detail the extent to which one’s connectedness determined one’s place. Mbonye, a former acting Director General of Health Services, lifts the lid on how top positions were stuffed with underserving political appointees, killing staff morale and leading to resignations of experienced personnel.

Its insider revelations make for a gripping read which probably explains why copies were allegedly bought off the bookshelves hours after release, probably to limit circulation. It also shows the extent to which intrigue at the top of one of the country’s most critical sectors paralyzed work.

Mbonye, who resigned in January 2018, says the ministry is now grappling with “demoralized staff who feel that the institutional mechanisms to advance their professional careers are no longer relevant.”

“Thus, there is little incentive to work harder since they feel they have little hope for promotion,” he writes.

During his time at the ministry of health, Mbonye didn’t have a good working relationship with the current permanent secretary, Dr. Diana Atwine. Atwine was the all-powerful head of the health monitoring unit in State House, which enjoyed the patronage of President Museveni.

He was also not seeing eye-to-eye with then Director General of Health Services, now the minister of Health Dr. Jane Ruth Aceng. Often, their disagreements spilled into public view and the media. It is little wonder then that the book picks particular interest into how these officials reportedly wormed their way into the ministry largely as political appointees.
In 2008, I had met Dr. Diana Atwine on a trip to Cape Town, South Africa to attend a conference on cervical cancer, organised by Princess Nicky from Nigeria. She was accompanying the first lady Mrs. Janet Museveni to the same conference and it was the first time I had spoken with her.

After exchanging pleasantries, she began complaining about corruption in the health sector and poor service delivery...I didn’t take these allegations seriously at the time since I don’t engage in discussion where no valid evidence is presented. Little did I know that she had been spreading this discourse to justify her appointment as the director of health monitoring unit based in State House. Indeed, her strategy seems to have succeeded and she was appointed as its first director.

Mbonye alleges that the job that was given to Dr. Aceng had a more deserving candidate.

“Dr. Nathan Kenya-Mugisha was interviewed as the sole candidate for the post of Director of Health Services, and he [had] already successfully passed the interview phase. Given his experience, it was assumed that the president would sign swiftly and confirm his appointment, as had always happened,” he writes.

Instead, Mbonye notes that the whole ministry was left bewildered when a junior officer, Aceng, was announced to the position (Director of Health Services).

“Nobody imagined that a junior doctor, not even a superintendent of a hospital, would apply for the post of permanent secretary and pass the interviews at the Public Service Commission,” Mbonye writes “...Perhaps we had believed in the traditional practice of an open interview and appointing the best officers based on merit.”

“...Dr. Jane Aceng from Lira Hospital, after failing in her application for the post of medical superintendent, was accelerated to the post of Director General of Health Services and later minister of Health. She engaged in infighting with staff and fellow ministers.”

He notes that rumors of Aceng’s appointment had been “largely ignored because these were at the time little-known junior doctors who lacked adequate experience, and it was assumed that they wouldn’t pass interviews anyway.”

Mbonye writes that for Dr. Christine Ondoa, who was in 2011 appointed minister of Health, there was no rumour but her appointment replacing Dr. Stephen Malinga sent shockwaves around the ministry.

“Even appointed officials seemed shocked at their selection,” he writes.

“Dr. Ondoa had earlier began calling herself ‘Pastor Ondoa’, and while we were in Oyam district to launch the Prevention of Cancer of the Cervix campaign, she told me and others around her table that she was a prophet! She was a member of the ‘born-again Christians’, and it was said they would go to the State House to pray,” writes Mbonye.

Mbonye writes that the new crop called themselves “The New Team” and they targeted “experienced and more senior
officers, initiating a campaign of harassment to have them removed from their posts” as part of their supposed cleaning-up of the health sector.

“During several meetings, they openly abused, ridiculed, and humiliated officers, and in 2012/13 several experienced staff had to leave the ministry.”

“I, then the commissioner of community health, was amongst them and took a sabbatical leave to concentrate on research and teaching.”

He writes that other officials who left included; Dr. Paul Kagwa, assistant commissioner health promotion; Dr. Rachel Seruyange, the programme manager Uganda National Expanded Programme for Immunisation; Dr Jenifer Wanyana, assistant commissioner reproductive health.

Mr. Paul Luyima in charge of environmental health chose early retirement. Mbonye writes that it was when these power struggles at the ministry threatened to completely derail Uganda’s health sector that President Museveni re-assigned some of the ‘New Team’, including Ondoa.

When Ondoa was dropped as minister of health and appointed the Director General of Uganda AIDS Commission, Mbonye recalls that she “set off the same fights and confusion, as had taken place when she was a minister of Health.”

“... her clash with the board chairman at UAC Prof. Vinand Nantulya, again attracted the attention of the president; and to the relief of many, she was again relieved of her position and Dr. Nelson Musoba replaced her as Director General,” he writes.

Mbonye also claims that at times, posts would be advertised at the ministry but because the applicants were not favoured by the ‘New Team’, they re-advertised the positions. He gives the example of the post of Director of Health Services (clinical and community) which was advertised in 2012 after Dr. Kenya-Mugisha was hounded out.

“I, as well as a number of other commissioners and doctors applied and five of us were short-listed.”

“At 9am when the interviews were supposed to start, the members of the Health Service Commission were summoned at the ministry of Health headquarters for an urgent meeting with Dr. Ondoa. We waited until 11am to be interviewed. We believe they were given instructions to fail us”.

The post was re-advertised in 2014 and when Mbonye reapplied again, he says, Aceng ensured that they passed over him.

Mbonye also notes that when Dr. Ruhakana Rugunda was appointed premier and left Dr. Elioda Tumwesigye, who was then minister of state general duties, as acting minister of Health, some New Team members refused to respect him.

Here, Mbonye pulls out Dr. Sarah Opendi, minister for Primary Health Care. Dr. Opendi had been a minister before Elioda and “she felt she was senior to him in that sense”.

Speaking to The Observer yesterday, Atwine did not directly respond to the issues raised in the book. She instead said that there are...
“many things that one can talk about but this book is not worth talking about.”

She said the book was written from “pure hate.”

“That is it. There is nothing more,” she said. “It is okay; let people who want to read it read but someone who can analyse knows it is nothing. I would expect someone who was a professional in the health sector to discuss situational analysis and systems for young people to read instead of being trivial and attacking personalities.”

“There is nothing, really nothing, nothing in that book.”

**Tanzania: Sh7bn to Up Health Education**

20 February, 2019

By The Citizen (Dar es Salaam)

![Prof Ephata Kaaya, the Reforming and Transforming Education project chief researcher speaks during its launch in Dar es salaam yesterday](image)

**In Summary**

- Three medical universities in Tanzania have launched a joint project dubbed “Transforming Health Professionals Education in Tanzania (THET),” which is aimed at enhancing the delivery of healthcare services in the country.

- Implementation of the proposed project will cost at least $3 million (equivalent to Sh6.9 billion), to be run for five years.

Dar es Salaam. Three medical universities including the Muhimbili University of Health and Allied Sciences (Muhas) have embarked on a joint project to come up with a common training curriculum to boost education for health professionals in Tanzania.

To begin with, the proposed project, which was officially launched on Tuesday February 19, dubbed: “Transforming Health Professionals Education in Tanzania (THET),” will involve health professionals pursuing medicine and nursing courses. The programme will later be scaled up for other health experts, with a view to enhancing delivery of healthcare services in the country.

Other project partners include the Kilimanjaro Christian Medical University College (KCMUCos), the Catholic University of Health and Allied Sciences (CUHAS), University of California, San Francisco (UCSF) and Duke University. Upon its approval by the Tanzania Commission for Universities (TCU), the common curriculum will be used by all the medical universities across the country.
“The aim is to ensure that graduates from different learning institutions have good quality and harmonized competencies to attend patients including those with HIV/AIDS,” said Prof Ephata Kaaya, the THET’s principal investigator during the launch of the project held at MUHAS’s premises.

Currently there is no common training curriculum used in training Health Professionals in Tanzania that unifies graduates from different medical institutions.

As a consequence, the universities have not been able to generate competent health experts. Prof Kaaya said the project will cost at least $3 million (equal to Sh6.9 billion), funded by the Fogarty International Centre.

Through the National Institute for Health (NIH), to be run for five years.

Further referring to the project, MUHAS director of Continuing Education and Professional Development, Dr. Doreen Mloka, said: “The project seeks to make a curriculum that will unify Tanzanian medical graduates in terms of giving them clinical research competencies.”

Adding: “Each medical university is now using its own training curriculum. That’s why they produce graduates of different competencies,” said Dr. Mloka.

The launching ceremony was graced by MUHAS Vice-Chancellor, Prof Apolinary Kamuhabwa, attended by various health professionals and other key stakeholders.

Kenya: MoH, Governors Agree to Employ Nurses on Contract to Mitigate Nurses' Strike
20 February, 2019
By Capital FM (Nairobi)

Counties that have illegally paid allowances shall be guided by the Controller of Budget

This arrangement will ensure operations run smoothly in county health facilities where nurses have kept off their work places, despite the Court order and the Presidential directive.

In the medium term, they both agreed that it’s also necessary to amend some existing laws to provide recruitment of medical personnel on contract in emergency situations.

In a joint statement, they warned nurses participating in the strike despite last week’s Presidential directive that they of risk being dismissed.

“It is hereby reiterated that the defiant nurses at both levels of Government will face disciplinary action and in accordance with existing government regulations. In addition
mechanisms will be in place to ensure that dismissed officers are re-hired at any level of Government” reads the statement.

Even with that, they reaffirmed their commitment to the ongoing conciliatory talks initiated by the Labor Ministry aimed at addressing nurses’ grievances.

They have agreed to deliver their report to the employment court within 60 days.

On matters regarding remuneration and benefits, and specifically counties that have signed the return to work formula, the two parties said they will be guided by the Salaries and Remuneration Commission so as to ensure they have no financial implications.

 Counties that have illegally paid allowances shall be guided by the Controller of Budget.

Already, the Controller of Budget Agnes Odhiambo has a written to Mombasa County Government requesting them to stop paying enhanced nurses allowances until the approval is granted by SRC.

She also directed the County to recover all the enhanced allowances already paid to nurses on grounds that they were paid contrary to the law.

Tanzania Hit By the Shortages of Condom
20 February, 2019
By The Citizen (Dar es Salaam)

In Summary

- Some regions in the country are experiencing acute shortage of condoms, the government reveals
- The condom shortage is attributed to recent changes made in the supply of the product.

Dar es Salaam. Risks of increase of sexually transmitted infections, HIV as well as unplanned pregnancies might increase in Tanzania, following reports of shortages of condoms.

This comes after being reported that some regions in Tanzania mainland are currently hit by critical shortages of condoms, according to information obtained by The Citizen.

Deputy Minister for health Dr. Faustine Ndugulile revealed this on Tuesday February 19, when he visited an orphanage center located in Kurasini.

The deputy minister named some of the region, which have been hit by the shortage, as Njombe and Shinyanga.
Dr. Ndugulile said the shortage is attributed to the recent changes made by the government in the supplying system of the product.

Under the current arrangement the government procure and supply the product to the users free of charge. Under the old system private suppliers were responsible for the job.

However, Mr. Ndugulile allayed the users fear that the government will soon ensure swift supply of condoms across the country.

“It is true that there is shortage of condoms, which is attributed to the change of supplying system...however, this signifies that the Tanzanian population are educated enough to use the protection,” he added.

**Tanzania: Ocean Road Guarantees Availability of Medicines to Cancer Patients**

21 February, 2019
By Tanzania Daily News (Dar es Salaam)

MEDICINE availability at Ocean Road Cancer Institute (ORCI) has improved by 91 per cent in the past three years, thanks to increased government funding to the institute.

ORCI Director of Planning Daudi Maneno said in Dar es Salaam recently that availability of drugs has greatly improved, reducing patients' complaints for they are assured of drugs at the hospital.

He said in 2015, medicines availability at the institute was four per cent but through the government support, the situation improved to 95 per cent in June last year.

Mr. Maneno explained that the increase in budget allocation for procurement of drugs from 790m/- in 2015 to 7bn/- in June last year has improved treatment services at the hospital.

"This has helped a lot to improve the situation at our institute, reducing patients' complaints since they are guaranteed to obtain the medicines from the hospital," Mr. Maneno said.

He, however, said that apart from providing treatment services, the institute also provides training to increase the number of cancer experts. Mr. Maneno said that in 2010 ORCI had five cancer specialists but the number has increased to 25.

"This is huge improvement... the institute does not only provide training to local specialists but also to foreign experts, we have so far trained 17 cancer experts from Kenya, Uganda, DR Congo, Comoro, Ethiopia and Nigeria, this has been possible through our collaboration with Muhimbili University of Health and Allied Sciences (MUHAS)," Mr. Maneno noted.
ORCI Director of Cancer Prevention Services Dr. Crispin Kahesa said the institute has taken steps to improve services as it envisages becoming the centre of excellence in East Africa.

"Our cooperation with other institutions and universities aims at enhancing capacity of our experts and establishing links that will help to sign deals that will allow our institutes to work together," he said.

He mentioned some of the universities that cooperate with ORCI as Copenhagen and University of San Francisco.

According to statistics from ORCI, cervical cancer among women was the leading killer followed by breast cancer while Kaposi sarcoma leads among men followed by oesophagus.

About 52,000 people were being diagnosed with cancer annually, with 70 per cent of the diagnosed victims visiting the hospital while their ailments are already at advanced stages.

According to World Health Organisation (WHO) the global cancer burden is estimated to have risen to 18.1 million new cases and 9.6 million deaths in 2018.

**Tanzania: Seriously, Non Communicable Diseases Is a Grave Matter**

21 February, 2019

By Tanzania Daily News (Dar es Salaam)

ON Tuesday, the Tanzania media fraternity was shaken by the loss of two individuals who had their lives snuffed out the way a candle is blown out in a windy night.

According to family and friends, the two, Glory Mziray, the Tanzania Forestry Services Agency Public Relations officer and Timothy Kitundu, a veteran journalist, collapsed and died at separate times on the same day.

Speaking to local medical experts, they have on numerous times spread the alarm that NCDs are on the rise, claiming young and old lives with impunity every single day.

Globally there is evidence of the growing burden of Non Communicable diseases (NCDs) especially in developing countries including Tanzania.

The main risk factors for NCDs namely smoking, alcohol intake, unhealthy diet and low physical activity are prevalent in both rural and urban communities.

There are initiatives to control the burden of non-communicable diseases in the country. However, there is need to focus more on
primary prevention at population level targeting interventions to reduce exposure to tobacco, reduce alcohol intake, reduce salt intake, promote healthy diets and physical activity.

Historically, acute illnesses have been the most important health problems in sub-Saharan Africa (SSA). However, there is growing evidence that the burden of chronic diseases (CDs), in particular that of non-communicable diseases (NCDs), is increasing rapidly in the country.

The World Health Organisation estimates that deaths from NCDs in the African region will increase by 27 percent by the year 2030, which is 28 million additional deaths. In Tanzania, at least 31 percent of all deaths have been associated to NCDs, with the main killers identified as Cardiovascular Diseases at nine percent and Cancers at five percent.

According to latest estimates at Dar es Salaam Ocean Road Cancer Institute, Tanzania registers around 50,000 new cases of cancer every year. But the country's largest cancer referral hospital can only handle 5,000 patients. Cancer is just a fraction of the burden of non-communicable diseases in the country.

For the country to stay healthy, change of lifestyle should be encouraged and this should start from family level.

**Tanzania: Kagera Struggles to Eliminate Malnutrition**

21 February, 2019  
By Tanzania Daily News (Dar es Salaam)

MORE efforts are needed to ensure that unnecessary deaths among children aged below five years are brought to an end. A recent survey shows that almost 41.7 per cent of children in Kagera Region are suffering from malnutrition.

The survey indicates that the rate of stunting stands at 34.7 per cent. Underweight at 13.4 per cent, wasting at 3.8 per cent, anemia among children at 59 per cent.

Vitamin A Deficiency stood at 33 per cent, anemia among pregnant women stood at 53 per cent while Low Birth Weight (LBW) stands at seven per cent.

Kagera Regional Nutrition Development Officer, Yusuf Hamis said a national survey conducted last year revealed that Kagera Region topped ten regions in Mainland Tanzania, where malnutrition stood at 41.7 per cent among children aged below five years while the national average stood at 34 per cent.

Other regions include Dodoma, Mwanza, Kigoma, Mbeya, Dar es Salaam, Geita, Tabora, Ruvuma and Lindi.
Expounding, he said about 469,943 children aged between six months to fifty nine months received Vitamin A Vaccine, an equivalent of 101.5 per cent. While 425,960 children aged one year to fifty nine months received Worms medicines, implying 102.6 per cent.

Kagera Regional Administrative Secretary (RAS), Prof. Faustin Kamuzora appealed for joint efforts in fighting malnutrition among children. We have to ensure that all children are free from malnutrition.

The region is rich with fertile soils and plenty of food. There is no reason why children should suffer from malnutrition. Efforts should be directed to ensure that no child dies due to malnutrition.

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and longterm well-being. It also has far-reaching consequences for human capital, economic productivity, and national development.

Malnutrition is associated with inadequate diet, poor health and sanitation services, and insufficient care for young children.

Persistent exposure of the affected households to inadequate food consumption could worsen the already vulnerable nutrition status of children. Investing in nutrition is essential for Tanzania to progress.

It is estimated that the country will lose US$20 billion by 2025 if the nutrition situation does not improve.

In contrast, by investing in nutrition and improving the population's nutritional status, the country could gain up to US$4.7 billion by 2025.

Given the importance of nutrition in the overall physical and cognitive development of children, there is a need to focus on the first 1,000 days of a child's life to prevent the negative effects of malnutrition from becoming irreversible.

This requires a multi-pronged approach to address risk factors ranging from inadequate food and illness to poor access to safe drinking water, sanitation and hygiene. Significant progress was made in the nutritional status of children under 5 years of age between 1992 and 2015.

Stunting or chronic malnutrition decreased from 50 to 34 per cent, acute malnutrition from 7 to 5 per cent and underweight from 24 to 14 per cent. Children under 6 months who were breastfed exclusively increased significantly in Tanzania, from 29 to 59 per cent between 1996 and 2015.

Anaemia among children aged 6 months to 5 years decreased from 72 per cent in 2005 to 59 per cent in 2010. The coverage of Vitamin A supplementation among children aged 6 months to 5 years rose from 46 per cent in 2005 to 72 per cent in 2014.

The proportion of households using adequately iodized salt increased from 47 to 61 per cent between 2010 and 2015. Qualified nutrition officers have been appointed in all districts and regions of Tanzania.
Tools are in place to track progress in scaling-up nutrition interventions such as quarterly scorecards, annual nutrition reviews, biannual national nutrition surveys and public expenditure reviews of the nutrition sector every three years.

Average spending on nutrition at local government level has increased from TZS 65 million to TZS 125 million between fiscal years 2011/12 and 2015/16.

In 2015, more than 2.7 million Tanzanian children under 5 years of age were estimated to be stunted and more than 600,000 were suffering from acute malnutrition, of which 100,000 were severe cases.

There are huge variations in the nutritional status of children under 5 years of age.

Ten regions account for 58 per cent of all stunted children and five regions account for half of the children suffering from severe acute malnutrition in Tanzania. All three forms of under nutrition are higher among children from the poorest quintile than the richest quintile and higher among boys than girls.

Progress on various indicators has been either stagnant or has slipped. Coverage of Vitamin A supplementation among children aged 6 months to 5 years decreased from 72 to 41 per cent between 2014 and 2015.

Anaemia among women aged 15-49 years reduced slightly over a decade being 48 per cent in 2004 and 45 per cent in 2015, while anaemia amongst children aged 6 months to 5 years has barely changed from 59 per cent in 2010 to 58 per cent in 2015.

The prevalence of low body mass index among girls aged 15-19 years remained unchanged between 2010 and 2015 (approximately 18 per cent). There are high rates of anaemia among women (45 per cent overall).

Fiftyseven per cent of pregnant women and 46 per cent of breastfeeding mothers are anaemic. Key high-impact interventions such as the promotion of infant and young child feeding practices and management of severe acute malnutrition are underfunded, resulting in inadequate coverage.

**Tanzania: Education Project to Help Improve Health Services**

22 February, 2019

By The Citizen (Dar es Salaam)

The principal investigator of the project, Prof Ephata Kaaya, (right) speaks to the Muhimbili University of Health and Allied Sciences Vice Chancellor, Prof Andrea Pembe, (centre), and the permanent secretary in the Ministry of Education,
In Summary

- Health sector stakeholders have expressed optimism over the newly launched project titled “Transforming Health Professionals Education in Tanzania” that it will transform the delivery of health services.

Dar es Salaam. Health sector stakeholders on Thursday expressed optimism over the newly launched project—the Transforming Health Professionals Education in Tanzania (THET).

THET, a Sh7-billion project that seeks to transform health education training in Tanzania, is a consortium of three medical universities, including the Muhimbili University of Health and Allied Sciences (Muhas), Catholic University of Health and Allied Sciences (Cuhas) and Kilimanjaro Christian Medical Centre College (KCM College).

Speaking during the project’s stakeholder meeting held in Dar es Salaam on Thursday, the Permanent Secretary in the ministry of Education, Science and Technology, Dr. Leonard Akwilapo, said THET has come at the time when the government is working to streamline healthcare delivery services.

Dr. Akwilapo further commended the universities for coming up with the initiative to boost health professionals’ education.

“The government encourages health professionals to deliver quality healthcare services to the members of the public living in both rural and urban areas,” emphasised Dr. Akwilapo.

The PS called upon the stakeholders to closely work with THET to ensure that the project becomes successful and useful to the country. Stakeholders believe the project’s aim to come up with a competency-based curriculum to boost health professionals education in the country, would enable the medical universities to generate competent healthcare providers who are ready to work in both urban and rural areas.

The meeting involved representatives from the Medical Council of Tanganyika (MCT), the Tanzania Commission for Universities (TCU) as well as several other medical colleges from across the country. The THET team, involves Muhas, Cuhas, and KCM College in collaboration with the California, San Francisco (UCSF) and Duke University.

For his part, the deputy Vice-Chancellor (Academics) for Cuhas, Prof Stephen Mshana, said the country needed such a curriculum to ensure that patients were served by high quality graduates.

“For years, we didn’t have a common training curriculum for health professionals’ education in Tanzania, as a consequence, the graduates from medical universities lacked adequate competencies to deliver quality healthcare services to patients,” said Prof Mshana.
Uganda: Report Shows How Laws Discriminate Against HIV Positive People

22 February, 2019
By The Monitor (Kampala)

KAMPALA- Various existing laws criminalise people living with HIV/ Aids, according to a new report released in Kampala on Thursday.

The report is titled: "Draft report on the assessment and mapping of the legal environment on provisions of HIV and TB services to let populations, persons living with HIV and tuberculosis"

"The existing legal framework is not favourable for some categories of the key, vulnerable and priority populations to freely access health services in Uganda. Specifically, the lifestyles sex workers, men who have sex with men, transgender persons and makes them most affected by the existing legal framework in Uganda," read part of the report

It adds: "The laws criminalise sex work, same sex relationships and drug use. This results into violence, harassment, disappointment of sex workers and their legal recourse to address injustice against them." "The other law, the HIV and Aids prevention and Control Act although not specifically targeting key vulnerable and priority populations, has implications for both the general affected by HIV in Uganda."

The report indicates that the HIV and Aids Prevention and Control Act 2014 provides for voluntary HIV testing in Sub Section 9. However, the voluntarism is not considered if a person commits a sexual offense as part of the criminal proceedings and yet Section 8 provides for identity of a person tested with HIV not to be disclosed or released to any person except in accordance with the law and medical standards.

The report was carried out by civil society organisation Center for Health, Human Rights and Development (CEHURD) in conjunction with Aids and Rights Alliance for South Africa (ARASA).

The current criminal justice system is also discriminative as it hands down more deterrent jail terms to those suspects found to be living with HIV than their counterparts that are not.

Reacting to the aforementioned finding, a law professor at Makerere University, Prof. Ben Twinomugisha, explained that sometimes it's prudent for the prosecution to take an HIV test of a suspect accused of committing a sexual offense for purposes of securing a conviction.

However, he was also quick to say that this compulsory HIV testing will lead to violation
of their human rights and that this will drive those infected away instead of going to hospital to get medication.

"But a civil society organisation and I, have since petitioned court challenging Section 43 of the HIV Prevention and Control Act about criminalization of HIV," Prof. Twinomugisha said

"Why is it that a person suffering from Hepatitis B, which is more deadly than HIV are not subjected to a test when they commit a crime," he wondered.

The study was carried out in three districts of Gulu, Mbarara and Tororo.

The study was mainly about the extent to which laws and policies protect and promote the rights of persons living with HIV/ Aids, let populations like sex workers, truck drivers and fishermen can access health care and services.

The HIV prevalence in Uganda stands at 6.2%. In 2016, approximately 1.4 million people were living with HIV and 28,000 Ugandans were estimated to have died of Aids-related illness.

South Sudan: UNFPA Receives U.S.$13 Million Support From Sweden for Sexual and Reproductive Health and Rights
22 February, 2019
By UNFPA East and Southern Africa (Johannesburg)

Juba — UNFPA, the United Nations Population Fund, and the Government of Sweden have signed an agreement worth 120 million Swedish Krona (approximately US$13 million) to boost sexual and reproductive health programmes in the country.

The contribution will support the implementation of UNFPA’s 3rd Country Programme for South Sudan over a period of three years (2019-2021), which seeks to improve access to maternal and newborn care, family planning, youth-friendly health services, and prevention and response to gender-based violence, among others.

UNFPA Country Representative Dr. Mary Otieno said Sweden's contribution will go a long way towards bringing South Sudan closer to UNFPA's transformative agenda of ending preventable maternal deaths, ending unmet need for family planning, and ending gender-based violence and other harmful practices.

"Sweden's support demonstrates its strong commitment to UNFPA's mandate as we celebrate our 50th anniversary this year, as
well as the 25th year of the adoption of the Programme of Action of the International Conference on Population and Development (ICPD)," Dr. Otieno said.

Swedish Ambassador His Excellency Hans Henric Lundquist said Sweden is proud of its support to UNFPA's Country Programme in South Sudan, encompassing the next three years.

"Sweden and UNFPA have had a fruitful collaboration over the past years and we are looking now to strengthening it even further to improve the outreach to some of the most vulnerable populations in need of critical services," Ambassador Lundquist said. "We in particular welcome the central role of the Ministry of Health of South Sudan and its engagement with UNFPA, which is of paramount importance for ensuring the successful implementation of the Country Programme. The work of UNFPA is fully in line with and resonates with Sweden's strategy for development cooperation in South Sudan."

South Sudan remains in the grip of a humanitarian crisis, despite the signing of the revitalized peace agreement in September last year. The reproductive health indicators in South Sudan are among the worst in the world, including its high maternal mortality ratio of 789 deaths per 100,000 live births (UN, World Bank estimates, 2015); a high adolescent birth rate of 158 births per 1,000 girls; low contraceptive use at 4.5 per cent for all methods (with only 1.7 per cent for modern methods); and 30 per cent of new HIV infections occurring among young people aged 15 to 24 years.

Gender-based violence is a key feature of the conflict and is prevalent across the country. A 2017 study in three states by the International Rescue Committee showed a prevalence of GBV of 65 per cent. The GBV Information Management System reported 3,585 cases in 2017, with 97 per cent committed against women and girls. Intimate partner violence accounted for 46 per cent of the cases, while sexual violence accounted for 17 per cent.

Sweden was also a major partner for UNFPA's midwifery project in South Sudan from 2015 to 2018, which contributed to the improvement of maternal health through the training and deployment of midwives and other health professionals, equipping of health facilities and strengthening midwifery and nursing policies in the country.

In 2011, South Sudan had only eight qualified midwives but through the support of the strengthening midwifery services project, was jointly funded by Sweden and Canada, and with the support of the Ministry of Health, the country now has more than 700 qualified midwives. In addition, South Sudan has more than 25 obstetricians and gynaecologists, up from a dismal six obstetricians in 2011.