



East African Health Platform

Fostering Stronger Ties For Better Health in East Africa

HEALTH NEWS-CAP EAST AFRICA

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Highlights:

1 in 4 health care facilities lacks basic water services – UNICEF, WHO	2
Culture blamed for high number of teen pregnancies in Busia	3
Pain of woman denied treatment in hospital for failing to raise Sh1,950.....	6
Tanzania: GGM Sends More Children for Cleft Lip Surgeries	6
Teenager's road to recovery a year after doctors reattached his hand	7
Africa: Shortage of Personnel in Nuclear Medicine Remains Critical in Sub-Saharan Africa	12
Africa: 3 Kenyans Named Among Best Health Innovators in Africa	13
Uganda: Poor Parenting Affecting Nurses - Government	15
Kenya: KNH to Release 250 Detained Patients After Uproar	16
Cancer patient in viral KHN video undergoes blood transfusion	17
Rwanda: Media Challenged to Raise Awareness On HIV/Aids.....	18
REVEALED: Cause of drugs shortage in Nairobi health facilities	18
Kenya: mPharma Wins Sh150 Million Social Enterprise Award, Buys Kenya's Harlton Pharmacy	19
Kenya to Borrow Biological Methods From Cuba to Manage Malaria	20
Uganda: 800 Eye, Dental Patients Receive Free Treatment	21
Kenyan Doctors in Cuba to Get More Perks Due to High Cost of Living	23
New Lab Machines to Speed Up Tests at Nyeri County Hospital	23
86 Illegal Pharmacies Closed, Fake Drugs Seized in Western	25
Tanzania: Health Concern As Hundreds Flock to Kiteto Gold Mines	26
Tanzania: The Government Spent Sh5.8 Billion to Maintain and Renovate Health Centres	27
Rwanda Terminates Management Contract for Referral Hospital - Sources	28
East Africa: Scorecards Can Help Measure Health Outcomes. an East Africa Case Study	29
Uganda: Government Worried Over Low Response to Cervical Cancer Immunisation.....	31
Uganda: Government Sued Over Lubowa Hospital.....	32

Kenya: Sonko Diverts Sh96 Million "Confidential Budget" to Health Sector	33
Kenya: How Milk Bank At Pumwani Maternity Hospital Will Work.....	34
Paul Kagame orders release of women and girls jailed over abortion in Rwanda	36

WHO SPECIAL NEWS RELEASE

1 in 4 health care facilities lacks basic water services – UNICEF, WHO

3rd April, 2019

One in four health care facilities around the world lacks basic water services, impacting over 2 billion people, according to a new report by WHO and UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP).

The WHO/UNICEF JMP report, WASH in Health Care Facilities, is the first comprehensive global assessment of water, sanitation and hygiene (WASH) in health care facilities. It also finds that one in five health care facilities has no sanitation service*, impacting 1.5 billion people. The report further reveals that many health centres lack basic facilities for hand hygiene and safe segregation and disposal of health care waste.

These services are crucial to preventing infections, reducing the spread of antimicrobial resistance and providing quality care, particularly for safe childbirth.

“Water, sanitation and hygiene services in health facilities are the most basic requirements of infection prevention and control, and of quality care. They are

fundamental to respecting the dignity and human rights of every person who seeks health care and of health workers themselves,” said António Guterres, United Nations Secretary-General. “I call on people everywhere to support action for WASH in all health care facilities. This is essential to achieve the Sustainable Development Goals.”

The WHO/UNICEF JMP report found that just half – 55 per cent – of health care facilities in Least Developed Countries (LDCs) had basic water services. It is estimated that 1 in 5 births globally takes place in LDCs, and that, each year, 17 million women in these countries give birth in health centres with inadequate water, sanitation and hygiene.

“When a baby is born in a health facility without adequate water, sanitation and hygiene, the risk of infection and death for both the mother and the baby is high,” said UNICEF Executive Director Henrietta Fore. “Every birth should be supported by a safe pair of hands, washed with soap and water, using sterile equipment, in a clean environment.”

In an accompanying report, Water, sanitation, and hygiene in health care facilities: Practical steps to achieve universal access for quality care, WHO and UNICEF researchers note that more than 1 million deaths each year are associated with unclean births. Infections account for 26% of

neonatal deaths and 11% of maternal mortality.

“Imagine giving birth or taking your sick child to a health centre with no safe water, toilets or handwashing facilities,” said Dr. Tedros Adhanom Ghebreyesus, WHO Director-General. “That’s the reality for millions of people every day. No one should have to do that, and no health worker should have to provide care in those circumstances. Ensuring that all health care facilities have basic water, sanitation and hygiene services is essential for achieving a healthier, safer, fairer world.”

At the 2019 World Health Assembly to be held in May, governments will debate a resolution on Water, Sanitation and Hygiene in Health Care Facilities which was unanimously approved by the WHO Executive Board earlier this year.

The WHO and UNICEF *Practical Steps* report provides details on eight actions governments can take to improve the WASH services in health care facilities including establishing national plans and targets, improving infrastructure and maintenance and engaging communities. These actions and resulting improvements in WASH services can yield dramatic returns on investment in the form of improved maternal and newborn health, preventing antimicrobial resistance, stopping disease outbreaks and improving quality of care.

According to UNICEF, 7,000 newborn babies died every day in 2017, mostly from preventable and treatable conditions including infections like sepsis. As part of its Every Child Alive Campaign, UNICEF is calling for governments and authorities to make

sure every mother and baby have access to affordable, quality care.

Last year, Fore and Dr. Tedros called on countries to strengthen their primary health care systems as an essential step toward achieving universal health coverage.

Culture blamed for high number of teen pregnancies in Busia

March 31, 2019

By Daily Nation



About 11,977 girls in Busia got pregnant in 2018 with 358 of them being 10 to 14 years old.

In Summary

- The tight-knit nature of the community is a hurdle to addressing the problem. Usually, the children are defiled by close relatives and instead of the issue reaching the courts, relatives opt for alternative dispute resolution mechanisms.

- Victims do not seek medical help because they are afraid their details will be recorded
- Budalang'i MP Raphael Wanjala says chiefs and their assistants are to blame for the increased teen pregnancies in the region.

That 11,977 girls in Busia got pregnant in 2018 is not what has shocked State officials but that 358 of them were 10 to 14 years old.

More shocking are the people responsible: men with families.

Data from the county health department shows that Teso South Sub-County with 2,046 cases and Matayaos (2,665) are the most affected while Bunyala has the least number of pregnant teens.

KANGAROO COURTS

The numbers could be higher as many families do not report the cases. The girls do not go to hospitals for fear of their details being taken.

County Health Director Melsa Lutomia says the risk of health complications is high, putting a lot of strain on the budgets.

Dr. Lutomia said apart from cultural practices that perpetuate teen pregnancies, there is a general lack of knowledge across the Busia community.

“It is not surprising most of victims do not know that sex leads to pregnancy,” Dr. Lutomia said.

The tight-knit nature of the community is a hurdle to addressing the problem. Usually,

the children are defiled by close relatives and instead of the issue reaching the courts, relatives opt for alternative dispute resolution mechanisms.

Budalang'i MP Raphael Wanjala says chiefs and their assistants are to blame for the increased teen pregnancies in the region.

According to the lawmaker, the administrators do not apprehend culprits “while others preside over kangaroo courts”.

“I understand six Busagawa Primary School girls got pregnant but their parents are negotiating with the culprits,” he said.

Dr. Lutomia has since taken the decision to seek help in educating the community and encouraging arrests and prosecutions. Help came in the form of a community public meetings, commonly called barazas.

ANTE-NATAL CLINIC

In Mau Mau village near Budalang'i, about 150 people gather at building whose construction stalled years ago.

A villager named Andere wants area sub-chief Dennis Wanjala to explain when he and others are getting help to build proper toilets.

Another wants an update on school fees paid by the CDF while many others want a vocational training centre built in Bunyinyi.

After the questions, Mr. Wanjala — a reproductive health officer — stands to speak.

He starts with giving the number of women in the area who died for failing to attend ante-natal clinics.

Then he talks of 1,021 expectant women lacking iron. Mr. Wanjala tells the men to get involved in “women matters”.

“If your wife tells you the baby is not playing in her womb that is a sign of danger. The baby could die and that means your wife’s life is in danger too,” the administrator says.

Then he touches on reproductive health and teen pregnancy. There is silence as he switches between Kiswahili and Luhya.

After telling them that having sex with a teenager is a crime, he opens the door for questions.

MEN CRINGE

“How can a 10-year-old get pregnant? Has she even begun having monthly periods?” a man asks.

Another wants to know why a girl would die during delivery when she is “mature”. A third wants to know if a child can have HIV.

The chief then asks the men if they have ever seen their wives giving birth.

He explains how a baby grows in the womb and what would happen if it dies before delivery. The men cringe.

The questions, at times asked in vernacular, show how ignorant most men are.

With men who know little, it means addressing the challenges of reproductive

health in Busia will remain a herculean task for a while.

“Men have a lot of influence on these matters because they are the decision-makers and have the resources, including money,” Mr. Wanjala told the *Sunday Nation* later.

He added that men could be the problem but also the solution.

DEFILEMENT

Mr. Patrick Mukolwe, a children’s officer, alluded to the contradiction by pointing out to Port Victoria where men take advantage of the poverty in families to lure girls into sex.

“If a child goes to bed hungry and is offered Sh50 for food by a man the following day, she will likely give in to his advances,” he said.

He added that it is men who meet during Kangaroo court sessions to deliberate on rape and defilement cases, “most of which involve close family members”.

“We sometimes take these people to court but witnesses do not show up. That means evidence is not gathered,” he said.

“We have laws but implementing them is difficult because of these gaps.”

That is why the strategy has started from the grassroots.

Mr. Asa Lelei of Action against Hunger, the organisation that supports the barazas, said the conversations have been helpful as they

have made men realise that they need to support women.

Security agencies in Busia County had not responded to the *Sunday Nation* by the time we were going to press.

Pain of woman denied treatment in hospital for failing to raise Sh1,950

By Nairobi news
March 31st, 2019

A video of a woman overwhelmed by emotions after her sister was reportedly denied treatment at Kenyatta National Hospital has been trending on social media.

The video clip captures the middle-aged woman wailing loudly while lamenting how the hospital had turned her and her sister away over a small medical fee.

The women claims her sister, who is standing beside her, had been denied medical attention after failing to raise a Sh1,950 fee.

She says her sister has been suffering from cervical cancer.

“It is okay. If they have denied you medication, we will go home and die there,” she is heard saying.

“She has been sleeping at the hospital since yesterday and no one has attended to her. It looks like the poor cannot be treated in this hospital and the bills settled thereafter.”

“This country belongs to the rich, the poor only suffer. I only wash clothes to earn a

living but nobody has time for the poor,” she continue lamenting.

Tanzania: GGM Sends More Children for Cleft Lip Surgeries

31st March, 2019

By Tanzania Daily News (Dar es Salaam)



OVER 1,700 children with cleft lip and palate from different villages in Geita Region have received surgical treatment for the last 17 years, yet survey indicates that the problem is far from being solved.

Medical experts have failed to obtain the exact nature of cleft occurrence among the increasing number of people in the region and neighbouring areas, but it is believed that the defects are likely the result of genetic and environmental factors.

On Friday, another team of 25 children left for surgical treatment at the Sekou Toure Regional Referral Hospital in Mwanza Region in a series of such missions sponsored by the Geita Gold Mine Ltd (GGM) in collaboration with Rafiki Surgical Mission to Tanzania.

"This is the 17th year since GGM started helping cleft lip and palate sufferers in 2002, with more than 1,700 children and adults benefiting so far, 10 patients of whom were successfully operated in November last year as part of the second phase of the bi-annual mission," said the GGM Acting General Manager, Mr. Wayne Louw.

According to him, cleft lip and palate deformity is a worldwide problem and unfortunately it is one of the major problems facing children around Lake Victoria, where GGM is located.

He said the mining company through Rafiki Surgical Mission to Tanzania was dedicated to helping children and adults in the region who suffer from unrepaired cleft lips and palates by providing free surgical treatment so that they can have new smiles and hopes for the future.

Mr. Louw, however, said the number of patients who will receive surgery as part of the two week mission that will be undertaken at the Sekou Toure Hospital will also depend on the turn-up at the hospital and according to the Surgeon's scrutiny.

Teenager's road to recovery a year after doctors reattached his hand

By Daily Nation
March 31st, 2019



Joseph Theuri lifts the hand that was reattached by doctors during the interview on March 29, 2019 at his home in Gachie, Kiambu County, where he spoke about his recovery process since the reconstruction surgery.

In Summary

- Teenager made headlines in 2018 as he fought to save his right hand that had accidentally been chopped off by a sharp blade as he cleaned a chaff cutter.
- A look at the hand reveals the miracle that has unfolded over the period. One can spot the scars denoting areas where the skin on the severed hand reconnected with that on the arm.
- There is also a distinct spot showing the part of his hand that plastic surgeons patched up with skin grafted from elsewhere in his body.
- Reattachment of body parts does not happen like one would fix broken bones; every vessel, bone and

tendon has to be stitched to the other.

- KNH experts used microscopes to magnify the wounds so as to account for all components.

As soon as he bids the *Lifestyle* team farewell, Joseph Theuri starts his motorcycle and powers it away, disappearing fast into the maze of roads in Gachie, Kiambu County.

One year ago, the teenager made headlines as he fought to save his right hand that had accidentally been chopped off by a sharp blade as he cleaned a chaff cutter.

It was later reattached by a team of 15 medics led by plastic surgeons at Kenyatta National Hospital (KNH). The lead surgeon said it was the first successful surgery of its kind in Kenya.

BLACK GLOVE

That the hand has regained functionality so fast as to enable 18-year-old Theuri become a boda-boda motorcyclist within just a year is baffling many, including the young man himself.

“I was never sure,” Theuri says when asked if he thought the reattached hand would ever recover that well.

His guardian, Ms. Virginia Gathoni, who raised him after he was orphaned at an early age, is equally wowed.

“I thought it would take years and years. But even before one year was over, the hand had already recovered,” she says.

The right hand of a motorcyclist controls injection of fuel into the engine and handles the front brake.

From the way he controls the Boxer motorcycle, one can tell that Joseph’s right hand, which he has clad in a black glove, is doing those tasks perfectly.

March 27, 2018, is the day he was discharged after spending two months at KNH following the surgery that had happened on the night of January 26, 2018.

He left the hospital with the plastered right hand in a sling. No one could see the wires holding together his arm and the once severed hand, but surgeons knew the wires would offer support to the stitching they had done to reconnect the components — nerves, blood vessels, tendons and bones.

REGENERATION

KNH’s head of the Department of Plastic and Reconstructive Surgery, Dr. Benjamin Wabwire, said then the chances of Theuri’s hand recovering were between 70 and 75 per cent.

“We want it to go back to as near normal as possible but the process is slow since the nerves have to regrow. Nerve tissue regenerates at the rate of approximately one millimetre a day and, considering that the hand is approximately 15cm long, we can only estimate that it will take a minimum of three months for him to feel any sensation in his hand,” said the surgeon.

Occupational therapist Paul Kirui told journalists on the day of Theuri’s discharge

that the teenager would continue experiencing pain for many months.

“He will feel a great deal of pain over the next six months or so as we work to restore full function to his hand,” the doctor said.

Theuri, who spoke to *Lifestyle* this week, reckons that it was a painful recovery as had been predicted. He had to visit KNH three times every week for therapy.

“I had to push myself, alongside my (adoptive) mum, and continue medication on the hand, which kept improving. When the pain subsided, I decided to start working,” he says.

So, when did he realize that the hand had recovered enough?

“When I could lift items like metals,” he answers. “Whenever I went for therapy at KNH, I would lift items. And I kept trying till I was able to do it to some perfection.”

He admits that the hand is not yet fully recovered — that it still needs more work.

PRECAUTION

A look at the hand reveals the miracle that has unfolded over the period. One can spot the scars denoting areas where the skin on the severed hand reconnected with that on the arm.

There is also a distinct spot showing the part of his hand that plastic surgeons patched up with skin grafted from elsewhere in his body.

Dr. Wabwire explained last year that the surgeons left the “gap” to create room for

swelling and patched it up before Theuri could be discharged.

“If you are going to return blood which was cut off, a swelling will be expected in the first three or four days. The muscles in a limb are usually enclosed with something we call fascia which cannot expand. You always make a cut in that to give room for swelling,” he told *Lifestyle*.

With all the procedures turning right, Theuri can now afford to smile.

“I’m comfortable riding the motorbike. It is not painful. I ride to get money for my upkeep,” he says of the machine parked outside as we do the interview.

As a precaution, he avoids speeding and endeavours to carry only one passenger at a time.

“If I fall and injure the hand, it might cause problems,” he says. “When it’s cold, I have to wear a heavy glove.”

THERAPY

Interestingly, he did not know how to ride a motorbike before the reattachment surgery. He only learnt to do it as he recovered.

“I had nothing to do and I had needs. I had to train to ride and asked for a motorcycle from a friend who employed me. We agreed that I would be paying him per day,” he says.

His dream is to have a motorcycle of his own so he can have all the profits to himself. That way, he believes, he can attend therapy sessions more regularly at KNH, because his

visits to the hospital have been limited by meagre resources.

“If someone helps me acquire my own bike, I would be saving the money I give to my employer. That will help me meet my expenses, like hospital costs,” he says.

He adds that he will be happy to get another job, not necessarily as a boda-boda.

His guardian, Ms. Gathoni, also hopes that he can secure a job elsewhere so he can be away from the dangers of traffic.

As he continues with recovery, he has also decided to move out of his guardian’s home to stay in a rented house on the outskirts of Gachie, where he pays Sh3,000 a month.

Because the hand is not fully recovered, Theuri says, one task he cannot do is wash clothes. Someone has to do it for him.

“I also cannot lift heavy items. But I keep feeling the strength returning as days go by,” he says.

SCRIBBLES

It is, nonetheless, a sight to behold as Theuri scribbles his name on a notebook. The way he holds the pen will remind anyone that the recovery is still a work in progress, as the grip is quite loose.

Theuri’s guardian runs a clinic in Gachie and, though she was away in Nairobi on the day he cut his hand, phone calls she made were instrumental in administering first aid and the preservation of the hand before he was rushed to Kiambu Level Five Hospital and later to KNH.

Theuri reached KNH at around 5pm that day. Medical officer Alex Okello was in the accident and emergency department when the ambulance carrying Theuri from Kiambu Hospital rushed in, with a nurse in tow. The severed hand was in a cool box and his arm had been bandaged.

“We opened the cooler box, identified the amputated part and stored it properly. That means we wrapped it in a piece of cloth, put it in an airtight bag then placed it in a cool box. We added some water in the cool box; and that is how it should be appropriately stored before you transport it: Wrap it in cloth, place it in an airtight bag and then place it in water that has some ice,” Dr. Okello told Lifestyle a few weeks after the surgery.

The saving grace for Theuri was that the chaff cutter had chopped off his hand in an instant, which caused what medics call a clean cut.

“Clean cuts are way easier to repair compared with those that have been crushed or have been pulled apart,” said Dr. Okello.

NUTRIENTS

Celebrated surgeon Stanley Khainga was the specialist on call and Dr. Okello reached out to him.

Prof Khainga wasted no time in mobilising a team to attempt the surgery. He linked up with another plastic surgeon, Dr. Ferdinand Nang’ole.

Together with Dr. Okello and another trainee, Prof Khainga quickly gathered a

team of 15 with all the experts needed for surgery.

“We wanted to start re-planting the hand in three hours. We really wanted to reduce ischemic time (duration between cooling and re-attaching with the body) because by the time he arrived he had spent five hours out there,” Prof Khainga told Citizen TV weeks after the operation.

Prof Khainga led the team that was dealing with the severed hand while Dr. Nang’ole was in charge of the group that dealt with the arm before the joining could start.

Reattachment of body parts does not happen like one would fix broken pieces of wood.

Every vessel, bone and tendon has to be stitched to the other, and the experts used microscopes to magnify the wounds so that all components could be accounted for.

“You really have to identify the arteries, the veins, the nerves and the tendons,” said Prof Khainga. “We do the arteries first because we want oxygen and nutrients into the amputated hand. That’s what we started with.”

The seven-hour surgery was the first successful one of its kind in Kenya, Prof Khainga noted.

MALE ORGAN

“In the 1990s, there was an attempt to do a similar operation but I don’t think they did it the right way because of lack of capacity,” he said. “Within three days, the limb was dead.”

Prof Khainga and Dr. Nang’ole would also team up earlier this year to re-attach the male organ of a 16-year-old boy at KNH.

The hospital said in a statement that the “successful penile re-implantation was the first reconstruction surgery in Kenya and the region”.

Theuri says Prof Khainga and his team, after reattaching the boy’s organ, called him to KNH to examine him.

Theuri’s guardian considers the turn of events a product of God’s intervention.

“There are some things you will have to reckon are God’s doing. I was shaken at the possibility of a young man losing a hand. But I thank God because at least now it has been restored and he can work and ride a bike,” she said.

“But I usually tell him to check the speed. He can’t compare himself with somebody whose hand has not been cut then reattached. He is different,” added Ms. Gathoni.

TRAUMA

Medics hope that the story of Theuri and other people whose body parts have been reattached will encourage more Kenyans to act fast whenever they are involved in accidents.

“Many of such cases occur, and they are due to assault and industrial accidents. If you are from Western region, Kisii and Meru, most of them are from assaults. If you are from towns, cities and so on, it is because of industrial accidents. The sooner the limb and

the patient are brought to a trauma centre with microvascular surgery facilities, the better. Because then, the chances of success are very high,” Prof Khainga, a lecturer at UoN, said during the TV interview.

Stakeholders also hope plastic surgery will be understood better.

According to Dr. Okello, people often associate plastic surgery with the repairs that happen after burns. But there is much more to it.

TESTIMONY

“It also involves hand surgery. We repair cut tendons. We also deal with very small nerves and vessels. We do a lot of reconstruction. That means, after cancer tumours have been removed from parts of your body and they leave wounds, we come and cover or reconstruct them,” he said.

For Theuri, he will never tire thanking those who gave him a lease of life: God, medics at Kiambu Hospital who preserved the severed hand so well to make the reattachment possible, the KNH surgeons and his guardian.

When he spoke with Lifestyle in a KNH ward last year, he said that after recovery, he would take up lighter jobs that the left hand could handle. But now it appears that the right hand might return to full service soon.

“Theuri will remain a living testimony and add onto the list of successful major surgeries that KNH and the UoN College of Health Sciences have performed in the recent past,” KNH said in a statement announcing the successful reattachment.

Africa: Shortage of Personnel in Nuclear Medicine Remains Critical in Sub-Saharan Africa

1st April, 2019

By The Citizen (Dar es Salaam)



Dar es Salaam — Tanzania remains one of the countries in Sub-Saharan African that is still hit by a critical shortage of health professionals in the field of nuclear medicine despite the increasing number of nuclear medicine services in the region.

These professionals include nuclear medicine physicians, nuclear medicine technologists and medical physicists.

This was said by Prof Muhammad Kambi, the Chief Medical Officer today revealed this when delivering his opening remarks to officiate the opening of the Training course on Quality Control Practices in Nuclear Medicine at Ocean Road Cancer Institute (ORCI).

The CMO who represented the Health Minister Ms. Umy Mwalimu further

revealed that Tanzania has only five medical physicists.

He, however, cited that the government has embarked on establishing Masters of Science in Medical Physicist training aimed at recruiting more nuclear medicine professionals.

"I am told that in Africa, most of the medical physicists are in Northern Africa such as Egypt, Algeria, Morocco and in the Republic of South Africa" said Prof Kambi.

He added: The training of medical physicists is not available in all countries in Africa. I, therefore, urge all African countries to ensure they establish a joint training programme to recruit more nuclear medicine professionals.

The training course which runs through to April 6 has brought together health professionals from Kenya, Sudan, Ghana, Zimbabwe, and the host Tanzania, among others.

The training is meant to tackle important techniques on quality control practices for nuclear medicine coordinated by International Atomic Energy Agency (IAEA) in partnership with ORCI.

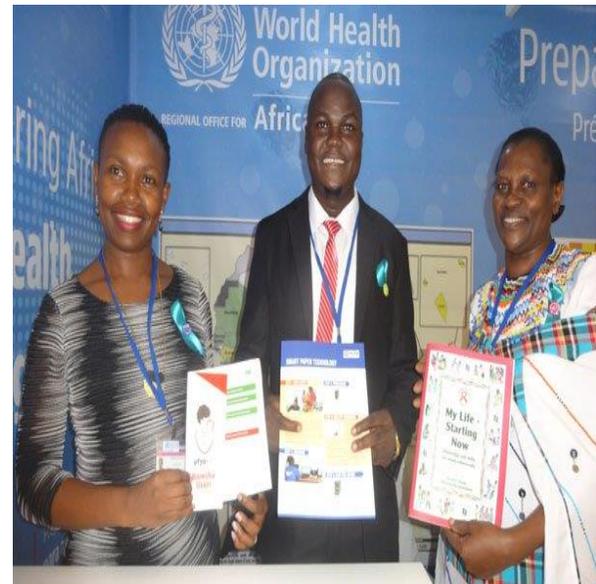
Referring to the cancer burden in Tanzania, Prof Kambi highlighted that each year there are about 42, 060 new cases of cancer and about 28, 610 die annually from the disease.

The World Health Organization (WHO) data shows that cancer is becoming a burden to developing countries including Tanzania.

Africa: 3 Kenyans Named Among Best Health Innovators in Africa

1st April, 2019

By The Nation (Nairobi)



Dr. Fridah Njogu, a medical doctor, Mr. Geoffrey Omondi, a bio-statistician working with Plan International and Moi University Professor Eunice Kamaara have been feted by WHO after their health apps were picked among the best in a global competition.

In Summary

- 30 of the best health innovators picked in the global challenge are from Africa, with 7 from East Africa.
- Kenya and Nigeria tied in Africa each with three innovators picked among the best.
- Dr. Friday Njogu, 37, and Mr. Geoffrey Omondi, 30, showcased technological innovations that are aimed at strengthening the health system, particularly maternal and child safety.

Three Kenyans have been feted by the World Health Organisation (WHO) as among the best 30 health innovators in Africa after their apps emerged top in a global challenge.

Prof Eunice Kamaara of Moi University, Dr. Friday Njogu and Mr. Geoffrey Omondi, a bio-statistician with Plan International, showcased their winning projects to Cape Verde President Jorge Fonseca and the WHO regional head for Africa Matshidiso Moeti at the bi-annual conference in Praia, Cape Verde.

The 30, seven of them from East Africa, were selected from over 2,471 entries in the first-ever WHO innovation challenge in just four weeks of opening.

The competition drew entries from 77 countries, 44 of which are African.

“A panel of independent evaluators assessed and profiled the innovations in terms of the potential for making impact as well as ability to be scaled up in a sustainable way. More than a third of the submissions came from women,” said Dr. Moeti. She pledged to support the projects grow.

WINNING APPS

Ms. Njogu, 37, and Mr. Omondi, 30, showcased technological innovations that are aimed at strengthening the health system, particularly maternal and child safety.

“The problem we are solving is that most health managers in sub-Saharan Africa lack information or records on the quality of health service they give and therefore cannot make decisions as to which areas

need improvement,” said Ms. Njogu, who is a public health specialist with experience in implementing HIV/Tuberculosis and maternal, newborn and child health programmes.

Her team conceptualized, designed and developed a platform called Afyakit that can house digital supervision tools in a health facility and provide analytics.

“Giving an example of the case where many infants died in a Kiambu hospital... if the hospital had installed Afyakit, they would have easily looked at the analytics to deduce the possible causes, whether lack of capacity to remove retained uterus or to administer antibiotics and so on,” she said.

“Without a system of knowing these challenges, managers cannot make proper decisions or optimal supervision of health services and therefore lack actionable data. Resources are allocated without the benefit of correct information and this wastes time and money and affects service quality,” Ms. Njogu added.

Similarly, Mr. Omondi’s project, known as the Smart Paper Technology (SPT), allows for mother and child health data to be captured on paper by health workers and then scanned, digitised, and uploaded onto a hospital management system even without electricity connectivity.

“The innovation delivers all the benefits of electronic health record systems, and enables smooth implementation in clinics and areas without electricity, connectivity and security,” he said.

rites of passage

Prof Kamaara's project titled African Character Initiation Programme (Acip) was in the social category and is focused on educating adolescents on self-awareness among other things.

He said unlike the past when indigenous African societies had elaborate rites of passage from childhood to adulthood, transition for social and character formation and identity, today identity and belonging are visibly riddled with various tensions associated with modernisation, leaving the young confused, lacking confidence and self-esteem as well as feelings of alienation.

"The results of this are youth vulnerability to high-risk behaviour manifested in high rates of HIV infection, pregnancies, alcoholism and drug abuse. In Kenya alone, the adolescent pregnancy rate is 18 percent, where the highest number of new HIV infections is among adolescents.

"Acip has been tested in a multitude of areas within Kenya, as well as Malawi and Nepal. Over the last 13 years, the programme has directly assisted over 2,000 boys and girls through workshops and camps and directly mentored over 1500 individual boys and girls," she said.

In the competition, Kenya and Nigeria tied with the highest number of best innovators having three each. Other countries had only one representative.

Uganda, Rwanda and Burundi also represented the EAC.

Uganda: Poor Parenting Affecting Nurses - Government

2nd April, 2019

By The Monitor (Kampala)



Celebrations. Dr. Joyce Moriku Kaducu, the State minister for Primary Health Care, addresses the 378 students of Rwenzori School of Nursing and Midwifery, who graduated with certificates in Nursing and Midwifery on Saturday in Kasese Town . Photo by Enid Ninsiima

In Summary

- Dr. Moriku urged them to upgrade to higher levels in their field adding that health care services in the country are still lacking due to lack of professionals.

Kasese — the State minister for Primary Health Care, Dr. Joyce Moriku Kaducu, has attributed the unprofessionalism among the nurses and midwives to poor parenting.

Dr. Moriku said there have been complaints among the patients that some nurses and

midwives are rude, adding that all this is as a result of domestic violence in their homes.

She said nurses need to be equipped with good morals in order to be responsible citizens.

"My dear parents, these nurses and midwives, who have graduated today (Saturday) are your sons and daughters, and tomorrow, you are the very people who will complain about them, so it is your responsibility to show true love and care at your homes so that they can portray that love to mothers and patients," Dr. Moriku said while presiding over the first graduation ceremony of Rwenzori School of Nursing and Midwifery in Kasese Town.

Ethics of nursing

The minister, who represented the Minister for Education and Sports, Ms. Janet Museveni, cautioned the 378 graduates, who attained certificates in Nursing and Midwifery on professional code of conduct and ethics. She condemned abortion and administering contraceptives to children.

Abortion and administering contraceptives to young children is illegal in Uganda but some midwives and nurses have been doing it but I want to caution you now. When you go out to work, please ensure good morals and uphold the professional standards," she said. She said the graduates are the future of the nation in provision of primary health care.

Higher education

Dr. Moriku urged them to upgrade to higher levels in their field adding that health care

services in the country are still lacking due to lack of professionals.

The minister said the directors and leadership of the nursing school should strive to maintain the standards of academic excellence adding that the numbers should be limited for proper management.

The executive director for Rwenzori School of Nursing and Midwifery, Mr. Erifaz Muhindi Bukombi, said the school that started in 2014 with 120 students has now a total enrolment of 410 with the highest number of females.

Kenya: KNH to Release 250 Detained Patients After Uproar

2nd April, 2019

By Nairobi News (Nairobi)



Kenyatta National Hospital says it will release 250 patients who have been detained at the referral hospital because of unpaid bills.

The hospital says it will explain its decision on Tuesday afternoon at a press briefing.

"In the last few weeks there has been a public discussion on the topic of discharge of patients from the hospitals and the financial strain in several hospitals nationally," said the hospital management on Tuesday morning.

DETAINED

"The Board of Management of Kenyatta National Hospital has taken a decision to release 250 patients from the hospital wards."

Last week, KNH acting Chief Executive Officer (CEO) Thomas Mutie told members of the parliamentary committee on Health that the hospital is owed more than Sh5.9 billion by families of 387 people who had died at the facility and whose bodies it had detained.

He revealed that 184 patients have been detained at the hospital after they were unable to settle bills, despite the detention being against their wish.

Cancer patient in viral KHN video undergoes blood transfusion

By Daily Nation
April 2nd, 2019

The woman who was denied treatment at the Kenyatta National Hospital for failing to pay a Sh1,950 bill has since been assisted by a Good Samaritan and is undergoing blood transfusion.

Esther Wambui, who was in the company of her sister Gladys Mwihaki, was turned away from the referral hospital for failing to pay the bill.

Mwihaki, who was helping the pain-stricken Wambui walk back to their Satellite Estate house, attracted the attention of a Good Samaritan after she was filmed wailing uncontrollably outside the facility. The video was later shared by Sema Ukweli Kenya.

"I didn't know they were taking a video of me but I'm happy a Good Samaritan paid the money we had been asked for and we were admitted. Wambui is now undergoing blood transfusion after which her chemotherapy will start," Mwihaki told *Nairobi News*.

PLEA TO WELL-WISHERS

The mother of three, who works as a mama fua, has become the sole caregiver of her sister and her two children.

This is after Wambui's husband deserted her in 2016 just two years before she was diagnosed with cervical cancer.

"Right now I'm from washing some clothes to raise money for our food today. I'm now preparing some porridge that I will take to my sister over lunch hour," Mwihaki told *Nairobi News*.

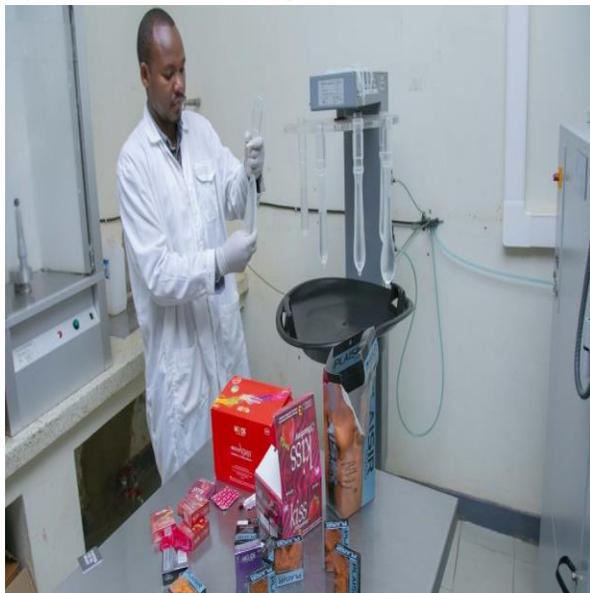
The two sisters are glad that a Good Samaritan came to their aid for the Sh1,950 and they are now appealing for any well-wisher who can assist them with paying the bill to contact Mwihaki through 0725295414.

“After paying the Sh1,950 I was asked for deposit but when I told them I do not have they still agreed to admit my sister. Now I have to raise money for the bill and with my vibaruas and five children plus my sister to feed, I will need help from well-wishers to clear the bill,” she explained.

Rwanda: Media Challenged to Raise Awareness On HIV/Aids

3rd April, 2019

By The New Times (Kigali)



Rwanda Biomedical Centre (RBC) has appealed to the media fraternity to intensify efforts to raise public awareness about HIV/Aids.

The appeal was made during a two-day fellowship in Bugesera District where journalists, through ABASIRWA, a network of journalists, committed to fighting the HIV/Aids scourge.

The workshop aimed at enabling participants to learn more about the

country's current state of pandemic diseases and efforts to tackle them.

The media was challenged to accurately inform the citizens on the status of HIV/Aids.

Specifically, participants were reminded to mobilise and sensitise local communities on the use of condoms, which are free in health centres, abstinence and testing for their HIV/Aids status.

Innocent Bahati, the Executive Secretary of ABASIRWA, said during the two day event they visited various hospitals and health centres to witness how HIV/Aids related services are delivered to patients.

Rwanda has HIV/Aids prevalence rate of 3 per cent.

REVEALED: Cause of drugs shortage in Nairobi health facilities

By Nairobi News

April 2nd, 2019



The Nairobi county government failed to supply drugs and other non-pharmaceutical items to sub-county pharmacists and health facilities, according to the audit report.

In the year 2017/2019, the health facilities were to receive Sh 107, 525, 922 but the money was not disbursed and no reason was given during the audit.

The Kenya Medical Supplies Authority (Kemsa) cut the supply over a Sh309 million debt that it is yet to recover from the county.

County Deputy Director for Medical Services Irene Muchoki told the public health services committee that the finance department had not honored an agreement where it was to pay Kemsa Sh30 million a month.

EXPIRED DRUGS

According to the audit, the health facilities were stocking expired drugs which are a hazard to the resident of Nairobi and its environs.

According to the report, the last time the health facilities received any drug was in September last year and that many of them are grappling with drug shortage.

According to Muchoki, her department received Sh747 million in the current financial year. Of this, only Sh70 million was used to repay the debt that has accrued since 2014.

MEDICAL CERTIFICATE

The county's medical certificate unit has also failed to issue medical certifications to food handlers in the city.

This has been attributed to the fact that the county lacks funds to purchase laboratory commodities, certificate books, toners, and stationery.

The suppliers of certificate books, toners, and stationery have stopped supplying to the county due to the millions of shillings the county owns.

"I paid for my license in January and until now I have not received the certificate. They told me the certificate books have not been printed. On further inquiring, I was told the supply stopped since the county has a lot of his money," said a business vendor in the CBD.

Kenya: mPharma Wins Sh150 Million Social Enterprise Award, Buys Kenya's Harlton Pharmacy

2nd April, 2019

By Capital FM (Nairobi)



mPharma has scooped the top position in the 2019 Skoll Award for social entrepreneurship as it announced its

intention to acquire Kenya's 2nd biggest pharmacy chain, Haltons Pharmacy.

"What excited me about Haltons was its vision to bring high quality and safe medicines to the mass market. The pharmacy plays an important role in increasing access to affordable healthcare in Africa. We look forward to using our experience in vendor managed inventory and conversion franchising to build Haltons into a mass market retail pharmacy brand in Kenya," said mPharma Chief Executive Officer Gregory Rockson

He said the award has encouraged the company to work harder to serve all patients.

The recognition comes with \$1.5 million that will assist mPharma scale their work and increase impact.

The pharmaceutical company stood out for its ability to create a vendor managing inventory model for pharmacies in Ghana.

Pharmacies do not manage their own inventory but instead, mPharma sources, procures and finances it for them at no cost to the pharmacy.

The pharmacy then pays mPharma for what they dispense to patients which aids in reducing inventory stock-outs and the need for pharmacies to have access to capital to purchase their inventory.

The Skoll Foundation is known for awarding social entrepreneurship each year, selecting entrepreneurs whose innovations have had an impact on the worlds pressing problems and creating a great impact at sale.

By investing in organizations when innovation is ripe for accelerated and scaled adoption, the Skoll Awards help unleash the full global potential and reach of social entrepreneurs.

Currently, over 250 pharmacies across Ghana, Nigeria, and Zambia using mPharmacy model have been able to serve 400,000 patients in 2017.

The company also gains leverage through their long-term participation in a global community of visionary leaders and innovators dedicated to solving the world's most pressings problems.

Kenya to Borrow Biological Methods From Cuba to Manage Malaria

2nd April, 2019

By Capital FM (Nairobi)



Speaking after holding bilateral talks with Cuba's Vice President of council of state and Ministers Ines Maria Chapman, Deputy President William Ruto on Tuesday said that

this is a major milestone towards eradicating Malaria which is one of the country's major health threats/DPPS

Nairobi — Kenya and Cuba have finalised negotiations on a Malaria Vector Control project, which will see Kenya implement the Cuban biological larvicides technology to malaria prone areas.

Despite Cuba being an Island, it has remained malaria free due to the application of this technology which is set to be applied here in Kenya later this month.

Speaking after holding bilateral talks with Cuba's Vice President of council of state and Ministers Ines Maria Chapman, Deputy President William Ruto on Tuesday said that this is a major milestone towards eradicating Malaria which is one of the country's major health threats.

"We have agreed to expedite the malaria vector control project that will be anchored on Cuban biological larvicides control and that exercise has already been approved by our pest control board and therefore we are ready to go and upon the introduction of this technology we will be able to manage the Malaria prevalence in the country," said Ruto.

Ruto said that Kenya would continue to cooperate with Cuba in the expansion of the health sector, one of the pillars of the Big Four Agenda.

"Kenya and Cuba will continue working together in the expansion of training of doctors, nurses and community health workers on family health as part of the efforts to transform the sector," he added.

The Cuban VP thanked Kenya Government's leadership, for enhancing the historic bilateral ties between the two countries, saying the ongoing exchange of expertise in the health sector will go a long way in cementing relations between the two countries.

The leaders of the two countries said they were keen on strengthening relations and cooperation for the benefit of the two countries by improving the social welfare of their citizens.

They also discussed other important issues in the fields of agriculture, fisheries, trade, human resource management and water among others.

The Cuban delegation on Monday met with President Uhuru Kenyatta at State House and discussed a wide range of issues of mutual benefit to the two countries.

Uganda: 800 Eye, Dental Patients Receive Free Treatment

3rd April, 2019

By The Monitor (Kampala)

About 800 patients with dental and sight illnesses have been treated for free.

Patients received treatment during a one-day health camp organised by the newly created chartered Lions Club of Bwambara in Rukungiri District at Bikurungu Health Centre 111 on Saturday.

According to organisers, the objective was to give back to the community.

The President of the Lions Club of Bwambara, Mr. Jotham Tugumisirize, in the company of other members of the club from Kampala and those within Rukungiri, lined up a team of dentists and ophthalmologists from Mulago hospital led by Dr. Grace Ssali to attend to hundreds of patients.

"We are grateful to the North India Cultural Association that sponsored this health camp in which about Shs40 million was used to facilitate the exercise. We were able to purchase drugs and other medical equipment that was used," said Mr. Tugumisirize.

He was flanked by the Monitor Publications manager-in-charge of circulation, Mr. Justus Katungi, on the eve of the health camp.

Mr. Tugumisirize said their team distributed sanitary towels to about 300 girls of Bwambara Secondary School besides giving career guidance to all the students in the same school.

The official-in-charge of Bikurungu Health centre 11, Mr. Godfrey Tucungwirwe, said the facility registers about 20 cases of patients with sight and dental illnesses but they are usually referred to Nyakibale Hospital in Rukungiri Town about 30 kms away because they do not have specialised personnel to handle them.

Mr. Tucungwirwe said there is need for government to fund a research programme to generate a report on the increased cases of such complications and also come up with solutions.

"We appeal to the government for increased funding for health education because the

current Shs200,000 allocated to health education is too little to handle hundreds of patients that visit our facility per quarter. If we can get about Shs4m per year for health education, this dental problem will be solved," he said.

The Lions Club members promised to organise more health camps to help the needy.

Mr. Tugumisirize said his facility registers about 1,500 out-patients and about 45 pregnant women per month and some of them come from the neighbouring districts of Kanungu and Mitooma adding that drugs from National Medical Stores worth Shs3.7m per quarter is not enough.

He said other common diseases in the area include malaria, cough, skin diseases, and diarrhoea among other diseases related to harsh climatic conditions.

The mayor for Bikurungu Town Council, Mr. Arthur Tugume, applauded the Lions Club of Bwambara for their generosity and called on other well-wishers to supplement government efforts of delivering quality health services.

Background

Cause. Mr. Tucungwirwe said cases of dental illnesses are common because of poor oral hygiene in the local communities.

The affected. He said majority of the patients affected by sight and dental diseases are the elderly and children.

Kenyan Doctors in Cuba to Get More Perks Due to High Cost of Living

3rd April, 2019

By Capital FM (Nairobi)

Nairobi — Kenyan doctors in Cuba will now get enhanced allowances from the current Sh50,000 to Sh144,000 monthly.

Health Cabinet Secretary Sicily Kariuki on Wednesday said that the decision was made after a team sent by the ministry to Cuba found out that cost of living there is relatively expensive.

"The team observed that the cost of living in Cuba is very high and the Ministry of Health has already moved to address the challenges by providing an enhanced allowance," she said.

According to the CS, the team was sent to Cuba on March 20, 2019 to assess the progress regarding the academic programmes and the welfare of the students sent to study there.

The team held a series of meetings with Kenyan Embassy officials, Kenyan student doctors and interacted at length at both postgraduate and undergraduate level with the Cuban Minister for Public Health, among others.

This came after Hamisi Ali Juma who is one of the 50 Kenyan doctors sent to Cuba for specialised training died in unclear circumstances.

The incident caused outrage among Kenyan doctors, with some citing frustrations and depression due to tough living conditions might have led to his death.

The deceased was brother to Likoni Member of Parliament Mishi Mboko.

CS Kariuki was put to task by journalists to explain the findings of his death, but said the report was with family of Juma and they requested to be given that space hence it wouldn't be made public.

Kariuki further said the Kenyan Embassy in Cuba and Cuba's Public Health Ministry will ensure that the student doctors' welfare is taken care of.

The team also reported that the students have officially commenced medical training after successfully completing a course in Spanish which is used in Cuba, and that they expressed satisfaction with the quality of teaching and the academic staff.

New Lab Machines to Speed Up Tests at Nyeri County Hospital

3rd April, 2019

By The Nation (Nairobi)



Nyeri Governor Mutahi Kahiga (left) Sh15 Million modern diagnostic equipment at the Nyeri County Referral Hospital on April 3, 2019. The lab equipment was jointly donated Analyticon Biotechnologies and Prime Health Pharma Ltd.

In Summary

- Governor Mutahi Kahiga Wednesday received the machines which will speed up diagnosis and treatment for patients.
- Previously, the haematology analyser at the hospital could do a

maximum of eight tests every two hours.

- The equipment donation is aimed at speeding up diagnosis for patients.

Patients seeking treatment at the Nyeri County Referral Hospital will now spend less time waiting for laboratory results as the county has received equipment worth Sh15 million which will help increase efficiency.

Governor Mutahi Kahiga Wednesday received three laboratory machines which will speed up diagnosis and treatment for patients.

The machines were jointly donated by Prime Health Pharma Ltd and a German manufacturer, Analyticon Biotechnologies.

UHC

The equipment donation is aimed at speeding up diagnosis for patients as well as support the universal health coverage agenda.

The Nyeri referral hospital received a haematology analyser, a coagulyser and a urinalysis machine.

Previously, the haematology analyser at the hospital could do a maximum of eight tests every two hours, thus making patients wait long for results.

"With the new machine now, the automated haematology machine will conduct at least 400 tests in an hour. It will significantly reduce waiting time and increase efficiency at the hospital," noted Governor Kahiga.

The donation was as a result of a public-private partnership between the county and the German company.

86 Illegal Pharmacies Closed, Fake Drugs Seized in Western

4th April, 2019

By The Nation (Nairobi)



Pharmacy and Poisons Board officials load cartons of counterfeit drugs seized during a crackdown in Nyanza into a vehicle in Kisumu on February 22, 2019.

In Summary

- The board reported on Thursday that 20 of the 86 pharmacies were in Kakamega, 10 in Bungoma, seven in Vihiga and two in Busia.
- Officer Dominic Kariuki said the board also seized poor quality drugs worth millions of shillings from the outlets in the crackdown that kicked off on Monday.
- Those arrested were charged with offences including possession of part 1 poisons and carrying on the

business of a pharmacist while not registered and at premises that are not registered.

The Pharmacy and Poisons Board (PPB) has shut down 86 pharmacies Kakamega, Vihiga, Bungoma and Busia counties over illegal operations.

Dr. Dominic Kariuki, the board's officer in charge of surveillance, inspections, enforcement and ports of entry, reported this on Thursday, saying 39 people were arrested - 20 in Kakamega, 10 in Bungoma, seven in Vihiga and two in Busia.

Dr. Kariuki said the board also seized poor quality drugs worth millions of shillings from the outlets in the crackdown that kicked off on Monday.

PPB inspectors also confiscated drugs supplied by the government that were being sold to the public.

"Government drugs were found in three private pharmacies in Kakamega County. Those operators were arrested and the chemists closed," he said.

He added that the operators of Amanda, Murhanda and Lugosh chemists in Kakamega town were arraigned.

CHARGES

Those found operating illegal pharmacies were charged with, among others, possession of part 1 poisons and carrying on the business of a pharmacist while not registered and at premises that are not registered.

Mr. Kariuki said they were concerned about the absence of superintendents at licensed pharmacies, which he said were left in the hands of unqualified people, putting Kenyans' lives in danger.

"We have summoned professionals who have been found engaging in the malpractices for disciplinary action by the board's disciplinary committee," he said.

CLOSURE NOTICES

The PPB has introduced the use of closure notices (banners) with unique serial numbers that are displayed on the doors of affected chemists.

"We have handed copies of the closure forms to local police to ensure the premises are not opened without permission of the board," Dr Kariuki said.

"The notices acts as a warning to members of the public to keep off such chemists," he also said, and advised to use of the safety codes displayed in registered chemists to verify their legality.

EXPIRED DRUGS

PPB inspectors, who addressed journalists at Golf Hotel in Kakamega town, asked pharmacies with expired drugs to isolate them and get in touch with the board's regional inspectors for safe disposal.

Dr. Kariuki also said the board had distributed minilabs to regional officers for random sampling and testing of medicines to ensure they are of good quality.

He added: "We have trained health workers and other stakeholders on how to identify poor quality drugs and use the PPB's reporting tools."

Tanzania: Health Concern As Hundreds Flock to Kiteto Gold Mines

4th April, 2019

By The Citizen (Dar es Salaam)

Kiteto — new gold mines have been discovered in Kiteto District in Manyara Region, causing an influx of people in the area.

Over 600 artisanal miners have been reportedly invaded the area, posing serious risks of outbreak of epidemics.

Sensing the danger of epidemics, a section of the miners are calling on the government to facilitate the construction of key infrastructures, including toilets.

One of the miners, Mr. Hassan Abdul, told The Citizen yesterday at Meresa Village in Sunya Ward that the number of artisanal miners at Mangwendwa mines has been soaring daily as people from different areas try their luck.

"After news of new gold mines broke, we have seen huge crowds of artisanal miners here. However, we are worried that outbreaks of epidemics may occur because of poor sanitation facilities," he said.

For his part, Kiteto District Commissioner Tumaini Magessa directed the miners to construct the sanitary facilities and observe

the laws governing the mining industry in the country.

According to him, the government was supporting the miners in their endeavors, adding that they were making a close follow up on them to ensure that they abide by the laid down regulations.

He explained that his district had repositioned itself to ensure a mineral market was constructed in the area in order to implement President Magufuli's directive.

The district commissioner also called upon entrepreneurs to seize on that opportunity of the gold mining activities by providing restaurant and shopping services in the area.

Tanzania: The Government Spent Sh5.8 Billion to Maintain and Renovate Health Centres

4th April, 2019

By The Citizen (Dar es Salaam)

Dar es Salaam — President John Magufuli said today, April 4, 2019, that more than Sh184 billion has been spent by the government for the construction and maintenance of 352 health centres across the country.

The President revealed this when launching Mbonde health centre at Masasi District in Mtwara Region whose construction cost the government a total of Sh500 million.

The President launched the centre during his official tour of Mtwara Region, which started on Tuesday.

"The 352 centres includes; nine council hospitals, 304 medical centres, and 39 dispensaries," he said.

According to him, Mbonde health centre is among seven facilities projected to be set up in Mtwara Region.

President Magufuli said: "In Mtwara Region health centres have constructed and maintained seven healthcare facilities. Apart from Mbonde, there is Nagaga, Tandahimba, Jinyecha, Majengo, Kilomba, and Likombe."

Mtwara regional commissioner (RC) Gelasius Byakanwa said the government released more than Sh5.8 billion for the construction of 13 health centres in the region. Mbonde being one of them received Sh500 million.

"Through the project period people were able to secure jobs because we used local constructors and technicians," he said.

Mr. Byakanwa said the region also received Sh4.5 billion for the construction and maintenance of the district hospitals.

The minister of State in the President's Office responsible for Regional Administration and Local Government, Mr. Selemani Jafo, said of the Sh500 million funds spent on Mbonde hospital, Sh200 million was used to purchase medicines, medical and laboratory equipment from the Medical Stores Department (MSD).

For her part, the minister for Health, Community Development, Gender, Elderly and Children, Ms. Ummu Mwalimu, said currently the ministry used the direct health facility financing in which funds were

directed specifically to the centres and not through the district councils.

"This initiative helps the centres to allocate resources in their most prioritised areas," she said.

Rwanda Terminates Management Contract for Referral Hospital - Sources

4th April, 2019

By The East African (Nairobi)

Rwanda's largest national referral hospital, King Faisal Hospital (KFH), has terminated its contract with Angolan private firm Oshen Healthcare, sources familiar with the matter have said.

Multiple sources within government and the hospital say that the firm's contract was terminated this week over consistent poor services at the referral.

"Government received complaints every day that the services were getting worse. It had reached a level where smaller hospitals were offering better services than KFH...the investment no longer made sense to government because what Oshen was offering did not match our expectations," said a source who requested anonymity.

Oshen Healthcare Rwanda Ltd, a subsidiary of Oshen Group South Africa, signed a management contract with government in February 2017 to manage the referral hospital for a period of five years. It was tasked to upgrade its services and facilities to international standards.

With an initial investment of \$23 million, the private firm pledged to equip the 160-bed hospital with modern facilities and recoup its investment within the five years.

The Rwandan government also offered to clear the hospital's outstanding debt of over \$361,000, as an incentive to the investor.

However, two years later, the government has cancelled the deal after the hospital failed to invest, to turn a profit and make the referral hospital a health centre of excellence in East Africa.

The EastAfrican could not independently verify why the government terminated the contract. However, the hospital has been in the news for the wrong reasons since it was handed over to Oshen.

Its pharmacy was constantly under-stocked forcing patients to buy medicines elsewhere.

Doctors and nurses who spoke to The EastAfrican also complained of heavy workload following the retrenchment in 2017 of 70 workers.

The termination of Oshen's contract comes after President Paul Kagame's surprise visit to the hospital last week.

President Kagame was visiting a delegation of three MPs from Sierra Leone that had been admitted at the hospital after being involved in a minor car accident.

Oshen also manages Centro Médico Internacional in Luanda and Angola.

Oshen's performance under the concession in Rwanda is overseen by the Rwanda Development Board.

East Africa: Scorecards Can Help Measure Health Outcomes. an East Africa Case Study

4th April, 2019

By The Conversation (Johannesburg)

Information is important for high level managers to make informed decisions. The advance of information and communication technology means that information is generated in abundance and at a fast pace. But this has led to managers facing information overload. This is particularly true in the health domain - a sector fragmented with information systems from a variety of data sources.

One way round the problem is to visually present the information from different sources on a single screen. This can enable data managers to monitor a comprehensive set of performance indicators at a glance and make informed decision.

A tool that enables this is the scorecard, or dashboard, which gives a full view of an organisation's performance by using a "traffic light" visualisation to link short and long term goals. This concept was introduced by Robert Kaplan and David Norton in 1996 and has since been used by managers in various sectors.

I conducted a study over four years to understand how scorecards could be used in the East Africa Community to strengthen regional collaboration and address common

health agendas. During the study a regional scorecard was developed, made up of indicators measuring health performance of partner states based on set targets.

The scorecard

The developed scorecard was used in the six partner states that make up the East African Community. These are Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda.

The research was part of the larger global Health Information System Program. The initiative has been ongoing for the last 20 years and involves software development and country implementation of District Health Information Software in several countries in Africa, Asia, South America and Europe. I am part of the global network and have been engaged in implementing and evaluating health information systems in several of these projects in Africa.

The East African Community scorecard was first used to monitor maternal and child health care.

A set of indicators measuring countries' maternal and child health care performance were selected in the design of the regional scorecard. Data populating the selected indicators were periodically pulled from the national level health information system.

For example, one indicator included in the scorecard measured the percentage of women who visit health facilities at least four times during pregnancy. This indicator was based on World Health Organisation (WHO) recommendations which have since been increased to eight visits.

The scorecard was designed and developed by regional and national health information systems experts as well as officials responsible for maternal and child health policies in the partner states' ministries of health. The development process entails a series of face to face meetings complimented with off-site discussions. Members from health information initiatives were also part of the implementation process.

The regional scorecard measured the countries' performance by displaying a red colour where performance was off track, a yellow colour for progress but requiring more effort, and the green colour indicating the target achieved.

The first regional scorecard was launched on 2015 in the East African Community. The event brought together ministers in the region responsible for health, selected parliamentarians, the academia and development partners.

Using a colour coded approach, the scorecard managed to capture the attention of leaders from the region by quickly identifying the indicators with poor performance as well as those that needed more drive to achieve agreed targets.

By arranging the countries together while showing their performance, the scorecard generated a competition element among leaders. For example, while progress was observed from Rwanda and Tanzania in reducing child mortality, progress towards maternal health goals was slow across the rest of the region.

This awareness prompted ministers of health and parliamentarians to commit resources to areas with lower performance.

In addition, the leaders of the East African Community endorsed the first regional scorecard, and asked for it to be produced annually.

Lessons learnt

A few useful lessons were learnt from the research. It showed that the scorecard was:

An effective communication tool. By using the traffic light display, managers could track performance of several indicators. Its visualisation enabled information to be understood at a glance.

Useful as the basis for performance benchmarking: understanding areas that affect the success or failure of the organisation is of a paramount importance in the management of complex system like health sector.

A good advocacy tool. It can be used in discussions among technical and non-technical stakeholders in viewing the progress and address challenges.

Way forward

Based on the experience in East Africa Community we believe the scorecard can be useful in creating awareness among high level managers and engaging them in a broader discussion on improving the maternal and child health care. Managers can rely on the scorecard to quickly inform them of the performance of their

organisation as well as what progress is being made towards a defined set of targets.

We are working on a third version of the scorecard for the East Africa community to be integrated into other health programmes such as HIV and TB.

Uganda: Government Worried Over Low Response to Cervical Cancer Immunisation

5th April, 2019

By The Monitor (Kampala)



Government worried over low response to cervical cancer immunisation

In Summary

- **Preparedness.** The Centre on HPV and cancer warns that with the absence of a national prevention and control programme, cervical cancer cases will continue to rise.
- **Burden.** A new report by the consortium of the Uganda Cancer Society has put the cervical cancer

burden at 45 per every 100,000 women, compared to the global incidence of 15 per every 100,000 women.

Kakumiro — The government of Uganda risks losing the fight against cervical cancer over low response to the countrywide immunisation exercise, an official has said.

Cervical cancer is caused by the Human Papillomavirus (HPV), which is sexually-transmitted.

According to a 2016 report from the National Information Centre on HPV and cancer, Uganda's cervical cancer prevalence rate stands at 33.6 per cent.

Mr. Robert Kahaibare, the coordinator of the HPV immunisation programme in the Ministry of Health, said government rolled out a two-phase vaccination campaign in October 2015, targeting girls aged 10 years.

However, he said the target population has shunned the exercise.

"It has been discovered that 20 per cent of women with cancer are found to be suffering from that of the cervix. The young girls are not completing immunisation doses and this does not give them total protection against the virus," said Mr. Kahaibare.

"The immunisation is carried out in two phases where the first dose is given on the first contact and the second is administered after six months. We have, however, found out that girls are not completing the dose," he added.

Low response in Kakumiro

Mr. Kahaibare, who was on a sensitisation drive in Kakumiro on Tuesday, said the district is performing poorly in terms of responding to the campaign.

He explained that in 2016, 27 per cent of girls in the district got the first HPV1 dose and another 3 per cent got the second dose (HPV2). He added that in 2017, only 16.5 per cent of women in the district got the first dose and only 20.5 per cent the second one.

Last year, Mr. Kahaibare said 52.6 per cent got the first dose and 23.9 per cent got the last dose.

"We have found out that Kakumiro has been performing poorly in this immunisation exercise. That is why we came for this meeting. May be it could be poor information flow or because the community has a misconception about the immunization campaign," he added.

Mr. Kahaibare said the government is now engaging all stakeholders, especially health workers and school administrators, to step up the immunisation campaign.

"We also want those ones out of the school to get immunised. That is why we have brought local leaders. Each head teacher is supposed to register all those children aged 10, inform the nearby health centre and make sure that they are all immunised," he said.

The in-charge of Kakumiro Health Centre IV, Ms. Mary Assumpta, said the findings from the ministry have put them in the worst position. The country's response to immunisation against HPV stands at 41 percent.

"I want to urge all people to embrace cancer screening on a regular basis because about 99 per cent of people get to know that they have cancer infections after developing symptoms," Ms. Assumpta said.

Mr. Jackson Kabagyire, a resident of Mukarere Village in Kisengwe Sub-county, who has three girls aged between nine and 13 years, said they have never been immunised because of inaccessibility to the services.

The Chief Administrative Officer, Mr. Stephen Monday, said the only solution lies in stepping up efforts in the immunisation campaign.

"We will embrace the immunisation programme and we will at least be going to schools to immunise the girls," Mr. Monday said.

The District Health Officer, Dr. Robert Senteza, admitted that people with children in the targeted age bracket are yet to appreciate the HPV immunisation campaign.

"But with concerted sensitisation efforts, we are optimistic the people will embrace the service for better protection and enhanced general public health," he said.

Uganda: Government Sued Over Lubowa Hospital

5th April, 2019

By The Monitor (Kampala)

In Summary

- The petitioners are also seeking a court declaration that the purported

approval by Parliament on March 12 of a proposal by government to issue promissory notes of \$379.71 million (about Shs1.4 trillion) to FINASI /Roko Construction SPV Limited for financing of the design, construction and equipping of the hospital be set aside.

- The petitioners are seeking an order that Parliament ensures that the citizenry participates in the inception, and approval of the public-private partnership project.

A civil society organisation has dragged government to court, seeking nullification of all agreements made with an investor for the construction of international specialised hospital in Lubowa, Wakiso District.

Initiative for Social and Economic Rights (ISER), in a suit filed before the Constitutional Court yesterday, argues that the agreements contravene the Constitution of Uganda.

The three pacts that the petitioners want quashed are the project works investment agreement of May 27, 2015, the project services agreement of January 27, 2016 and the lenders' direct agreement of December 4, 2018.

"The agreements are in contravention of several provisions and articles of the Constitution, including the requirement to obtain approval of Parliament before borrowing or guaranteeing loans," reads in part the court documents.

The petitioners are also seeking a court declaration that the purported approval by Parliament on March 12 of a proposal by

government to issue promissory notes of \$379.71 million (about Shs1.4 trillion) to FINASI /Roko Construction SPV Limited for financing of the design, construction and equipping of the hospital be set aside.

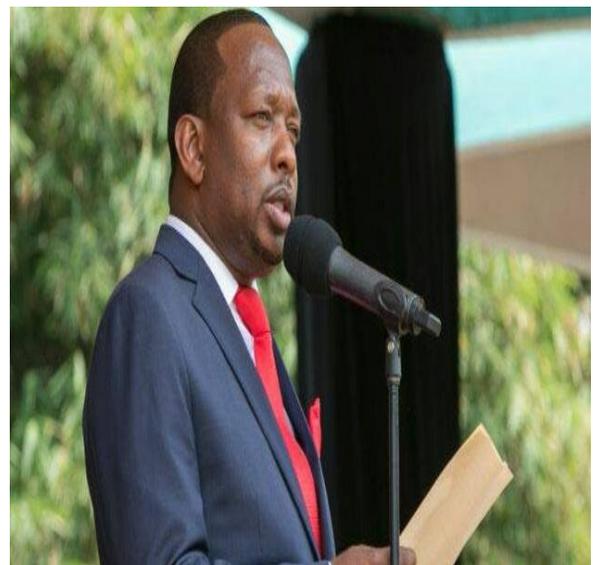
"In March 2019, the Parliamentary Committee on National Economy, in its report, observed that necessary parliamentary approval had not been obtained but went ahead and recommended that the House approves the proposal for government to issue promissory notes not exceeding \$379.71 million," they further state.

The petitioners are seeking an order that Parliament ensures that the citizenry participates in the inception, and approval of the public-private partnership project.

Kenya: Sonko Diverts Sh96 Million "Confidential Budget" to Health Sector

5th April, 2019

By Capital FM (Nairobi)



Sonko said his office won't require the "confidential budget" which had been approved by the Nairobi City County Assembly for his office operations for the 2019/2020 financial year

Nairobi — Nairobi Governor Mike Sonko has directed that the Sh96mn "confidential budget" allocated to his office be diverted to the health sector.

Sonko said his office won't require the "confidential budget" which had been approved by the Nairobi City County Assembly for his office operations for the 2019/2020 financial year.

He has now directed that the funds to be diverted to upgrade health facilities in Nairobi City.

"I want to say that although the Sh96 million "confidential budget" had been allocated for operational expenses in my office, I won't utilize the funds. I now want the funds to be used to upgrade our health facilities across Nairobi," he stated.

Sonko had already indicated that he will only utilise the funds in the Nairobi City County Government budget if he's able to account for each and every coin.

In the 2018/2019 financial year, the office of the Governor had been allocated a total of Sh50 million in the confidential budget.

Kenya: How Milk Bank At Pumwani Maternity Hospital Will Work

5th April, 2019

By Capital FM (Nairobi)



News of a milk bank at Pumwani hospital has attracted mixed reactions, with those reluctant about the noble initiative simply saying they don't understand how it will work

Nairobi — Would you mind your baby having someone else's breast milk?

A question that one might not be quick to answer since the options might be limited.

But there is hope for new born babies who unfortunately might lose their mothers or she is unwell or the child is abandoned.

Mother's milk is hailed for helping a baby's immune system.

News of a milk bank at Pumwani hospital has attracted mixed reactions, with those reluctant about the noble initiative simply saying they don't understand how it will work.

Capital FM News sought to clear the air and understand the 'chemistry' behind the

project and what it means to mothers and their babies.

-Breast milk is sensitive -

Mary Agnes is aware of the milk bank and she has a set of queries.

"My auntie, who had a baby had issues with lactating. When she could finally breast feed, the milk was in excess and so she had to store it in a bottle since she had no refrigerator. But it would turn its colour at some point. Is this not likely to happen?" she asked.

But not all mothers have the same thoughts as Agnes, and they fully support the scheme and wouldn't mind donating.

One of the supporting mothers is Anastasia Mwende, she said the project will help a lot of mothers.

"When I gave birth to my daughter it took a while before I could lactate. The struggle was real, as a mother I felt so much pain as I watched her yearn for something to feed on. This is why I support this because I know the suffering." Mwende said.

- No cause for alarm -

A section of the mother's has their doubts, but authorities say they will be cleared once the milk bank is completely functional.

Faith Njeru a nurse in the new unit narrates the process of donating to storing the milk.

She said that the first process is you would have to be a patient from Pumwani Hospital

to be a registered donor and for the baby to be provided with the milk.

Njeru explains that one has to have surplus milk to donate.

"We have a nutritionist who will assist us in finding mothers with excess milk. After the mother feeds their baby that is when they are allowed to donate," Njeru clarified.

When the mothers are done donating they go for a counselling session where they are enlightened more on why it is important for them to help.

After the counselling the mother is taken for screening to identify if the milk will be of help to the infants for their growth.

"Breast milk provides nutrients and immune factors that protect the baby against infections, allergies and illnesses."

A sample of milk is taken from the mother then taken to the laboratory where it is tested using a high-tech machine that finds any micro-organisms.

If the breast milk is found negative this is a go ahead of pasteurizing it.

The milk is pasteurized by a pasteurizer machine by heating it at high temperatures of 62.5 per cent where the whole process takes two hours.

During this process the milk is already in the freezer to prevent it from going bad.

After the pasteurizing process is over, a sample of milk is collected from the end

product for more lab test to be certain the milk is free from any micro-organisms.

"All this stages are done to ensure the milk is harmless for consumption. So the parents of the babies should trust the milk will be of great use to the babies," Njeru said.

"The milk is stored in freezers at low temperatures and can be stored for a period of six months only and still help in the growth of the infants," she added.

- First milk bank -

The Governor of Nairobi Mike Sonko launched the first human milk in East and Central Africa aimed at decreasing the mortality rate of infants in Nairobi and its environs.

The launch of the milk bank at Pumwani is a great relief to mothers and families who had lost hope in breastfeeding their young ones.

Paul Kagame orders release of women and girls jailed over abortion in Rwanda

5th April 2019

By The Guardian

Women's rights activists welcome presidential pardon of 367 female prisoners as evidence of progress.



Paul Kagame, who has used presidential prerogative to secure the release of women and girls jailed for abortion, amended the law last year to allow terminations in some circumstances.

Rwanda's president has pardoned hundreds of girls and women jailed for abortion.

The women are expected to be released immediately under the presidential prerogative.

"Pursuant to the powers conferred upon him by the laws ... the president of the republic informed the cabinet meeting that he has exercised his prerogative of mercy and pardoned 367 persons convicted for the offences of abortion, complicity in abortion and infanticide," read a statement published after a cabinet meeting on Wednesday, when the decision was approved.

"The government has proven once again that Rwanda is a cradle of women's rights," said Athanase Rukundo, director of programmes at Health Development Initiative, a human rights organisation.

“We are very pleased by the decision taken by the president, Paul Kagame, as it reflects the rights and freedoms of women and girls enshrined under the constitution of Rwanda, regional and international human rights instruments, and particularly the Maputo protocol. It is a positive step, taken to realise the sexual and reproductive health of women and girls in Rwanda.”

Asia Russell, executive director of the Health Global Access Project, said: “Rwanda is responding to the public health and human rights crisis that is created as a result of criminalising access to abortion. Of course, those people never should have been the target of criminal proceedings in the first place, and much more must be done to ensure the bodily integrity and human rights of women.”

In August last year, the government of Rwanda revised its penal code, which had previously imposed prison sentences on anyone having an abortion or assisting someone to terminate a pregnancy. Under the new law, abortion is allowed in cases of rape, forced marriage, incest, or instances where the pregnancy poses a health risk to the mother or foetus.

The new law requires that abortion be carried out after consultation with a doctor;

in the past, the final decision was taken by the courts.

Figures published by the Guttmacher Institute in 2013 – the latest available – found that an estimated 60,000 abortions are carried out annually, almost all of which are unsafe.

The institute also found that an estimated 22% of all unintended pregnancies end in abortions, while 63% result in unplanned births and 15% end in miscarriage.

Tom Mulisa, executive director for the Great Lakes Initiative for Human Rights and Development, commended the decision, but said more needed to be done to “address the sheer number of women and girls that continue to be imprisoned for seeking healthcare services”.

Mulisa said: “Although we cannot comment on the particular cases, in general, there is an ongoing trend of charging women for infanticide when that is factually incorrect. A study conducted by Great Lakes initiative found that women were being charged for infanticide and murder, while some were arrested for abortions when in fact they miscarried. Imprisoning women for seeking a health service is a clear violation of their human rights.”

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