



HIGHLIGHTS

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When social support fails:

Tale of a rape survivor

By Innocent Chitosi, Malawi

She neither wants her picture in the papers nor her real name published. Not that she is not brave enough to face the world, but for the sake of her two children, one of them a product of a heart-breaking rape incident.

Thirty-two-year-old Leah moved research, information and advocacy, senior government officials and regional RH experts at the East, Central and Southern Africa-Health Community (ECSCA-HC) meeting in Arusha, Tanzania, on December 11, 2012 when she recounted how she survived sexual violation that she suffered at 28 in an office in broad daylight.

Search for greener pasture blights her life

Leah said she worked as an office receptionist in Nairobi, Kenya, when friend of hers told her how she benefited from an employment agency in Mombasa. She took some days off and went to the coastal city.

In Mombasa, she did not find anyone at the given address but was directed to another purported employment bureau. In the office she met two young men who gave her a book to write her details. She says one of the men walked out leaving Leah and the other man.

“The other man who sat across the table, jumped on me, insulting me that I had gone to look for *wazungu* (white tourists) and that I was just pretending to be a job seeker. He put a *panga* on my throat and said if I screamed he would throw me down from the sixth floor and



Listening to the Tale: Dr Chichi Undie, Population Council

people would think I had committed suicide. “He raped me on the office floor then ordered me to march out. I was so confused and bitter. I blamed myself as to why I had gone to Mombasa,” recounts Leah in an exclusive interview.

Let down by female cop

She then proceeded to a police station where she asked to meet a female officer. She recalls that the police officer had an attitude and did not seem keen to help her.

“She seemed to be in a hurry but reluctantly recorded my statement. We went to the office 45 minutes later but we did not find any person,” she recalls. Leah says she had no money and did not know that public hospitals provided free medical services to sexually assaulted women. She went to her place and took a shower.

The following day she returned to the police station and met the same officer. “She told me that she was rushing for the courts and could not help me. I pleaded with her and by the time we went to the building, the caretaker of the building had gone for

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ECSCA strategizes against SGBV

By Paidamoyo Chipunza, Zimbabwe

East, Central and Southern Africa Health Community (ECSCA-HC) is mulling a regional action plan meant to halt occurrence of sexual and gender-based violence (SGBV) and its implications on health.

The process of coming up with this guiding framework for ECSCA member countries began at an annual experts meeting held in Arusha, Tanzania where eight participating countries initially came up with country specific action plans.

The meeting was held from December 11 to 12, 2012. Officially opening the experts meeting ECSCA director general, Dr Josephine Kibaru-Mbae, said statistics for SGBV and its implications on people's health are appalling throughout the region and calls for collaboration to effectively halt them.

"Somebody has to do something be it policy formulations or raising awareness on SGBV. We want to see what we can do as a region to reduce occurrence of SGBV in the region," said Dr Kibaru-Mbae.

Addressing the same meeting, Mauritius Permanent Secretary for Health Mr Jadoo Oomaduth said the health sector cannot continue pretending as if SGBV does not exist leaving the burden to deal with it to other players.

Mr Oomaduth urged ECSCA member countries to come up with first-class operational frameworks to gradually reduce and subsequently halt SGBV.

Zimbabwe, Malawi, Zambia, Lesotho, Uganda, Kenya, Mauritius and Tanzania participated in formulation of the regional action plan. Priority actions identified by participating countries for the regional response include

resource mobilization to enable countries carry out awareness campaigns and other activities meant to stop SGBV.

Countries also agreed to engage traditional leaders who will spearhead campaigns against cultures that promote SGBV at community level.

Other actions identified by countries are pushing for translation of international and regional instruments into action and media involvement among others.

Programme Manager for Research, Information and Advocacy for ECSCA, Mr Arthur Rutaroh, said countries are expected to submit detailed country specific action plans by January 30, 2013 to allow time for wider consultations with other players back in their countries.

He said once Ministers approve of the action plans, ECSCA in collaboration with various partners will explore possibilities for providing technical and financial support to member countries for implementation.

"We hope by the next Best Practices Forum, a representative from this meeting will be able to present what we have done in response to SGBV as a region," Mr Rutaroh said.

The next Best Practices Forum is expected to be held in July next year.

SGBV including child sexual abuse is increasingly recognized as a serious public health, human rights and developmental issue.

SGBV results in many negative consequences for women's emotional and physical health and has disastrous implications on the health and well-being of families and communities. According to ECSCA, prevalence of SGBV ranges between 30 and 80 percent in the region.



Participants in the HMC pre-conference on SGBV awareness for PROs Journalists and Senior Government officials. Seen here are (l) Mr Masembe Tambwe Tanzania and Donald Mujiri, Zimbabwe

Tale of a Rape Survivor

(Continued from page 1)

tea break. The officer told me she could no longer wait as she had to rush to the court," she recalls.

"I was heart-broken. I thought rape could only happen during car-jacking or to those people who walked in bushy areas. But for this to happen to me while I was in a long skirt, in a city office at noon, I could not understand," she says.

Insulted by her father

Back in Nairobi, she says, she explained the incident to her father who had long divorced her mother.

She recalls with regrets how her father, a retired PhD holder in engineering, blamed her for the mishap.

"He accused me that I wore a revealing skirt. He asked how I could be in a wrong place at a wrong time. I felt my whole world crumbling down on me." On the other hand, her mother who stayed in Uganda, was sympathetic and supportive.

"I spoke to her on phone and she told me that God had a reason for allowing that to happen to me. She advised me against harming myself and she kept calling me so many times thereafter," she says.

The agony of Aids and a failed abortion

Leah soon found out that she had fallen pregnant from the rape incident. She already had one child and wondered how she could cope with two children without a husband. She recalls how she tried, in vain, to terminate the pregnancy.

"I took jik and other detergents but it did not work. I tried a mixture of tablets but it failed again. I even got some herbal concoction from some women vendors but nothing happened. How could I face the baby. It (the baby) would be a constant reminder of the rape," she says

She thought of going for an HIV test but was afraid of the results if they were to come out positive.

"How could I face the future with Aids, my children and joblessness?" she says

Nights in bus shelters and an attempted suicide

Leah could not go back to her job in Nairobi as she could not trust people,

including her workmates.

"My boss kept on calling me to go back to work. But I just feared that the incident could happen again," she recalls

Consequently, she was thrown out of her rented house as she could not pay her rental.

"My daughter and I slept in bus shelters, churches and mosques. I then decided to kill my daughter and commit suicide because I felt totally rejected. I had red rat (rat poison). I wanted to give my daughter first then take it myself," she says.

Saved by medical personnel

"I decided to inform my friend at Kenyatta Hospital," she says, "so that she could tell my relatives after I die."

Leah says her friend took her to a psychiatrist who tried to counsel her. But she resisted, arguing that there was nothing that would change her life at that point.

"I just looked at the doctor without telling him anything. I felt like he was wasting my time. He told me that it was not my fault. He said that even those girls who lined up the streets only engaged in consensual sex and should not be raped. He then advised me against aborting, saying it was too late but I could give up the baby for adoption," she recalls

Selling groundnuts

Her friend, she says, gave her some money to look for a small house. She got a small house and bought one kilogramme of groundnuts which she roasted and sold on the streets.

"The business grew and I even went into making peanut butter. I moved to a bigger house and I never slept on an empty tummy," she recalls.

She says that her siblings did not help her "as you know in polygamous marriages, my half sisters cared for themselves only."

Birth of Unwanted Baby

Because of the support she got from a survivor support group at the Gender-Based Violence Recovery Centre (GBVRC), Kenyatta National Hospital, Leah decided to keep the baby once delivered. She bought clothes and other necessities for the baby using money from her groundnuts business.

"At the onset of labour pains, I left my five year-old daughter and jumped into a *matatu* (minibus). I gave birth upon arrival at the hospital. I asked the nurses to allow me to return home and they accepted since it was a normal delivery," she recalls.

"My mother named the baby Benjamin Barakah. Barakah is Swahili for 'blessings'. She told me that whatever I wished for the baby, he will become. If I considered him a curse, he will be cursed. If I wished him blessings, he will be blessed," she says while fishing out a photograph of her handsome bouncing child who turned three last October.

Dr Chi-Chi Undie from the Population Council says Leah's story is a classic example of why a multi-sectoral response to gender-based violence is needed.

"Had the police had a strong referral linkage to health facilities, she would not have fallen through cracks. She needed social support but she could not go to her family. If there was support, she would not have gone through all this agony," says Undie.

Population Council is an organisation that provides technical assistance and conducts research to strengthen the evidence base on sexual and gender-based violence in sub-Saharan Africa. Family and Reproductive Health Programme Manager at the ECSA, Dr Odongo Odiyo, stressed the importance of addressing social issues that lead to sexual and gender-based violence. "Why did she want to quit her first job? How do you prevent what happened from happening when it happens in a place you least expect it to happen?" observes Odiyo.

New Role

Perhaps Leah's mother was right when she said that God allowed it to happen for a reason. Leah is now a source of inspiration for many. Her counsellor at the support group asked her to join their school outreach programme. She goes around in primary schools and featuring in radio programmes educating pupils on how to prevent sexual and gender-based violence and how to cope when it happens. "It reaches a time when you have to dust yourself up and move on with life. That is the stage I am at," she says as she gets interrupted by a phone call from a weeping woman who needs advice. Her word to those girls and women who close themselves up after an ordeal like hers: "Counselling will help. It will bring out life. You live in fear if you close yourself up. You stigmatise yourself. Look I am not a victim. I am a survivor," she says with a glow on her face.

ECSCA Forms Regional Expert Committee for Research, Information and Advocacy

By Nkone Mohaeka, Lesotho

The East, Central and Southern Africa Health Community (ECSCA-HC) pooled together media practitioners and health ministry spokespersons from member states to constitute an expert committee with an aim to facilitate the work of its Research, Information and Advocacy (RIA) Programme.

ECSCA-HC Research Information and Advocacy Manager, Arthur Rutaroh, said the mandate of the committee would be to guide and advise the ECSCA-HC, through the Secretariat as well as to ensure that research and information emanating from Member States translates to informing relevant decisions in member states.

Among other mandates that the committee, which will be chaired by Mateboho Mosebeka, the Public Relation Officer of the Lesotho Ministry of Health, is expected to carry out will be to provide guidance and advice on

the development and review of frame works such as re-packaging, documentation of best practices, knowledge translation and sharing, as well as advocacy. While the other task will be to ensure that the information gaps identified by member's states are filled.

In line with the conference theme which was “*scaling up advocacy for Gender –Based Violence and Child Sexual Abuse in the ECSCA Region,*” the member states which include Kenya, Uganda, Zimbabwe, Mauritius, Lesotho, Malawi and Zambia shared ideas through presentation of the state of Gender Based Violence and Child Sexual Abuse in their respective countries as well as the implementation of ECSCA ministerial resolutions.

Furthermore, in an effort to assist one another, all the countries that attended the workshop presented the highlights of their country plans in regard to the SGBV with the aim to discuss the challenges



Ms Mateboho Mosebeka. The newly elected Chairperson of the Committee

and come up with resolutions collectively.

Permanent Secretary in the Ministry of health in Mauritius, said his ministry has worked out a Protocol of Assistance to Adult Victims of Sexual Abuse with the Ministry of Gender Equality and Family Welfare together with the Police department.

Picking up on the prototype policy to fight Sexual and Gender Based Violence

Fluorence Naluyimba, Uganda

Kenya and Zambia have been singled out as shining examples of improved response to Sexual and Gender Based Violence (SGBV) issues within the East, Central and Southern Africa Health Com-

munity, ECSCA-HC. According to Dr Odongo Odiyo, Manager family reproductive health programme for ECSCA-Health Community, Kenya and Zambia are leading in the area. “They have done a lot in programming, passing legislations that address

these issues and have mobilised other stake holders to get involved.” The two countries have started implementing the prototype or model policy which will address the Sexual and Gender Based Violence issues – the policy was

validated by the regional experts and adopted by the health ministers in 2010, after intensive consultations with global and regional experts. “It simply addresses all areas right from concession to prevention and response, while also ad-
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Looking at the Challenges of Health Financing

Dr Mwinyi urges member states to be more creative



Hon. Dr Mwinyi, Minister of Health and Social Welfare, Tanzania

By Masembe Tambwe, Tanzania

East, Central and Southern African Health Community (ECSA-HC) states need to gear themselves towards the creation and supporting of effective and sustainable financing mechanisms if the health of their people is to improve.

Tanzania Minister of Health and Social Welfare, Dr Hussein Mwinyi, said that while the population in various countries was growing, the global financial crisis was taking its toll the economies of many nations.

Dr Mwinyi was speaking during the opening of 56th Health Ministers Conference in Arusha saying that these factors would continuously put pressure on health care delivery both in rural and urban centers.

“Things are bound to get worse considering the fact that most of our countries have not achieved the 15 percent of government expenditure being dedicated to health as stipulated in the Abuja declaration,” he said.

The Minister said that the region’s policy guidance and direction should be geared towards sustainable financing mechanisms and that he was optimistic by looking into best practices for optimum investment in health.

He said that health was not only a development issue but also a human right and that as the region continues to struggle with providing affordable and accessible health care, the need to remind each other that the longer it took to reach the people, the more human rights were abused.

“Today, we are talking about of the health sector, a sector that if not given sufficient attention has the potential to slow down our socio-economic progress. As we work on health, let us collaborate with other mutually reinforcing factors especially those meant to reduce poverty,” he said.

Dr Mwinyi advocated for a multi-stakeholder and collaborative approach which he said had long proven to be the best practice that worked.

During the last ECSA Directors’ Joint Consultative Committee meeting in August 2012, it was noted that the major challenges being faced in the region include HIV and Aids funding dwindling, TB and its programmes stagnated, malnutrition and food insecurity, reproductive health and non communicable diseases.

Dr Mwinyi said that there was need to address these issues in a regional, systematic and sustainable manner.

He said that Tanzania was committed to the unity and togetherness of the ESCA Health Community and had shown this by allocating 30 acres of land for the construction of the new ESCA Secretariat Headquarters which will house the centre for health

Zambia adopts Patients Centred Care model

By Faith Kandaba, Zambia

Patients in Zambia may soon have a new lease on life as the Ministry of Health has adopted the Patients Centred Care model which was launched at the East, Central and Southern Africa (ECSA) health ministers’ conference in Arusha, Tanzania on December 15

The model is an approach that will give patients a right to get more information on their disease or ailment and treatment. They will also have the right to refuse treatment especially if there are better options.

Ministry of Health deputy director of technical services Dr Tasilla Pitters said that

the adoption of the model would improve relationships between patients and health care providers.

Health Deputy Minister Christopher Mulenga represented Zambia at the conference.

Prototype policy to fight Sexual and Gender Based Violence

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dressing legislation to help advocate for either resources or **social support** at the community level to effect prevention,” Dr Odongo says, adding “It is a **generic** policy that can be used according to the needs of the country and any stakeholder within the region and the countries.

ECSA region covers a population of over 200 million people, but one with very poor health indicators of family, child and maternal health including SGBV, which is now a growing menace. Uganda is one country within the region that still grapples with this problem. The 2011 Uganda Demographic and Health survey points out that six out of every 10 women believe that it is okay for husbands to beat their wives for some reasons.

According to annual police reports, over 8,000 cases of defilement, rape and other sex related offences are reported each year.

“Majority of the cases however are not reported when we go to the communities,” says Miriam Namugerere, the Focal person on SGBV issues in Uganda’s Ministry of Health.

According to Dr Chi-Chi Undie, the Associate in charge of Sexual and Gender Based Violence issues at the Population Council, this has slowed the process of tackling it.

“We tend to forget that SGBV is a maternal health issue and when we think of maternal health we only think of family planning and antenatal care, forgetting that some of the women seeking these services are actually victims of violence themselves.”



Dr Odongo Odiyo, Manager Family and Reproductive Health, ECSA Health Community

She says that the myth around SGBV is that it is a private and personal issue yet in actuality it is everyone’s issue because it has profound health, economic and social implications.

“If we address this problem, we will probably be addressing a large proportion of the other health problems that patients present with and reduce the burden that some of the clients place on health care providers,” says Dr Undie.

“It is why we feel we cannot pretend to be addressing other health matters without addressing matters of gender based violence and child sexual abuse” Dr Odongo asserts with finality.

It is apparent that the effects have been much felt by those in the health sector so the ministers of health in the ECSA-Health Community are taking the lead. How-

ever, there is a need for a multi-sectoral approach.

The argument is that a **considerable proportion of** victims report to the police stations first after being violated, so if the police had strong linkages with health facilities and the health facilities **had linkages with resources such as** support groups or safe houses, “then this would be a welcome holistic approach instead of **relying on** one sector,” says Undie.

The Population Council is seeing to it that major components of **such a multi-sectoral response** are applied in five countries within the East and Southern Africa region: Kenya, Malawi, South Africa, Swaziland and Zambia

Zambia committed to implement the Abuja Declaration

By Faith Kandaba, Zambia

Government of Zambia is hopeful that it will meet the 2015 Abuja declaration target of allocating 15 percent of the national budget to the health sector.

Health Deputy Minister Honourable Christopher Mulenga said that about 11.3 percent of the national budget was allocated to the Ministry of Health, in the last budget.

Hon. Mulenga was speaking at the East, Central and Southern Africa Health ministers' conference in Arusha Tanzania on December 15, 2012.

Hon. Mulenga said most of the challenges faced in reducing diseases and death especially in women are not entirely a Ministry of Health concern. He said government needed the partnership of non-governmental organisations, the faith community and the private sector if it is to reduce illnesses and deaths among women and children.

He called for continued partnership between government and its partners to facilitate access to health and education to vulnerable individuals.

Winning the maternal mortality fight ...

Meanwhile, Zambia has continued to make steady progress in its fights to reduce high maternal mortality rates. This was revealed by the World Health Organisation (WHO) at the East, Central and Southern Africa (ECSA) Health Ministers Conference in Arusha, Tanzania on December 14, 2012.

WHO Director of Reproductive Health and Research Michael Mbizvo said Zambia has successfully completed a scale up plan for mobile health (M-Health), to safeguard the lives of expectant mothers and newly born babies.

He said that there has been an average of a two percent decrease in maternal mortality in the region.

M Health is a project embarked on by the Ministry of Health and its partners in 2006 where pregnant women are reminded through text messages on their mobile phones that they are due for their antenatal visit.

The project covered all provinces.

About 591 women die from child birth every year in Zambia out of 1,000 live births.

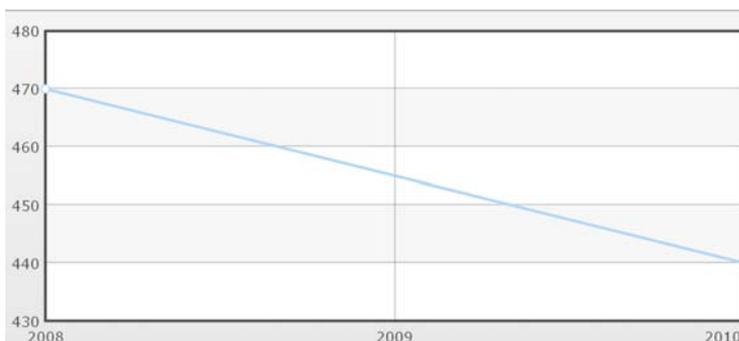
And ministry of Health deputy director of technical services Dr. Tasila Pitters attributed the progress to improved systems and funding within the ministry.



Hon Minister Christopher Mulenga



Hon. Mulenga with part of his delegation to the HMC



Maternal mortality rate (deaths/100,000 live births) -Zambia

Source: CIA World Factbook January 2011

PICTORIALS

Health Ministers and Heads of Country Delegations at the Conference



Hon. Beth Mugo, Minister of Public Health, Kenya



Hon. Pinky Manamolela, Minister of Health, Lesotho



Hon. Halima Daud, Deputy Minister of Health, Malawi



Omaduth Jadoo, PS Ministry of Health, Mauritius



Hon. Benedict Xaba Minister of Health, Swaziland



Hon. Hussein Mwinyi Minister of Health, Tanzania



Hon. Sarah Ndoboli, Minister of Health, Uganda



Hon. Christopher Mulenga, Deputy Minister of Health, Zambia



Hon. Henry Madzorrera, Minister of Health, Zimbabwe



East, Central and Southern Africa Health Community

Founded in 1974, the East, Central and Southern Africa Health Community is an inter-governmental regional organization consisting of ten member states namely Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe

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