



Siyenza Edition

Pholela CHC

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Siyenza is an Internal Newsletter for Pholela CHC

KZN HEALTH BETTERS PEOPLE'S LIVES AT
MQATSHENI-kwa Sani Municipality.



picture by—Zakhele Mtolo

uMnyango Wezempilo. Department Van Gesondheid
Fighting Disease, Fighting Poverty, Giving Hope

Clinic Sod Turning and Water Project at Mqatsheni

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The then KZN Minister of health Ms Neliswa Peggy Nkonyeni visited KwaSani municipality in Phosimpi playground at Mqatsheni area. This community is rated as one of the mainly underdeveloped communities in KZN, South Africa. This area have no electricity, no running water, no health centres and no appropriate roads. Community dwellers struggle to get to villages due to the limited amount of transport to take them to towns. Though this is not health related matter Ms Nkonyeni, however promised the community that she will pass the message to her fellow colleague Mr Bheki Cele MEC for Transport .

KZN Department of Health's visit will possibly change community lives as MEC went there to turn a sod for a clinic that will soon be built at the beginning of June this year. This will also open job opportunities for the community of Emqatsheni. The Clinic will be of benefit to Mqatsheni community and surrounding areas. It will be started with qualified medical and clinical practitioners to ensure qual-

ity care and better lives for the community. The minister's visit was not only about sod turning but also about reviewing the wellbeing of the community; she also provided 20 walking sticks, 10 wheel chairs and 20 reading glasses for elders and people with related disabilities.

She also talked about the harm caused by TB to some of the KZN towns. "it was firstly discovered in Greytown in the township called Msinga that XDR (extreme drug resistant) exist in South Africa. This detection caught WHO (world health organization) attention. The KZN health was the first department to find a medication that remedy and afterward cured such TB" added the minister. She also pleaded to the community to vote on the 22nd April general elections. Her visit brought hope to the community that development will soon occur at Mqatsheni.

-by Zakhele Mtolo

Below eMqatsheni community receives assistive devises from the MEC, free of charge.



*uMnyango Wezempilo. Department Van Gesondheid
Fighting Disease, Fighting Poverty, Giving Hope*

Humor

Meaning of WIFE

Husband

asks, "Do you know the meaning of WIFE? It means 'Without Information Fighting Every time!'"

Wife replies, "No, it means 'With Idiot For Ever'!!!"

2. Importance of a period

Teacher: "Do you know the importance of a period?"

Kid: "Yeah, once my sister said she has missed one, my mom fainted, dad got a heart attack & our driver ran away."

3. Confident vs. confidential

A young boy asks his Dad, "What is the difference between confident and confidential?"

Dad says, "You are my son, I'm confident about that. Your friend over there is also my son, that's confidential!"

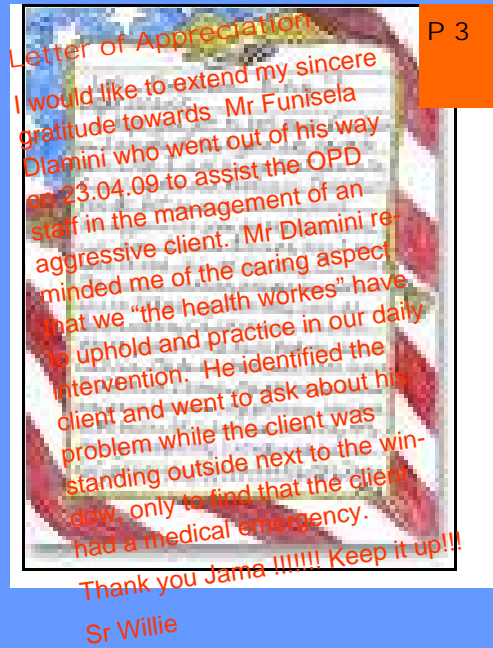
4. Anger management?

Husband: "When I get mad at you, you never fight back. How do you control your anger?"

Wife: "I clean the toilet."

Husband: "How does that help?"

Wife: "I use your toothbrush."



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New recruits - you are welcome



Pholela Staff welcomes you

Zuziwe Chule - Inservice trainee Human Resources



Thandeka Hlophe - Data Capturer TB



Ntombikayise Dlamini - Intern-Procurement

Eat plenty of vegetables and fruit every day

- All types of vegetables and fruit are good for your skin and can be eaten as part of a healthy eating plan
- Try to eat a variety of vegetables and fruit everyday
- Try not to braise or add margarine or oil to your vegetables when cooking or serving them
- Frozen vegetables are as good as fresh vegetables
- Over cooking vegetables destroys the vitamins. Cook vegetables in a little water for a short time
- If you normally make a stew, curry or other dishes containing vegetables that you cook for more than 10 minutes try to eat some uncooked vegetables in the form of salads as as side dish to complement your meal

You may want to try and grow your own vegetables and fruit.



WORD OF GOD

"Words don't have wings, but they can fly a thousand miles"

Here is your Thought for today:

Verse: John 15:16

You didn't choose Me! I chose you! I appointed you to go and produce

fruit that will last.

- God has chosen each one of us.

- God has a purpose and a plan for your life.

- The plan is that you should be fruitful and productive.

- With God in our lives this is a possibility!

CHALLENGE: Remember, God has chosen you!

Condoms to prevent STI



During condom awareness week, Pholela CHC staff worked together with Tb/HIV Care, educating clients about goodness of using condom to prevent sexual transmitted diseases. Event consisted of educational talks and stage play for visual demonstration to create easy understanding. Mrs Nzimande, senior nurse, de-briefed clients available during the day about previous talks held.

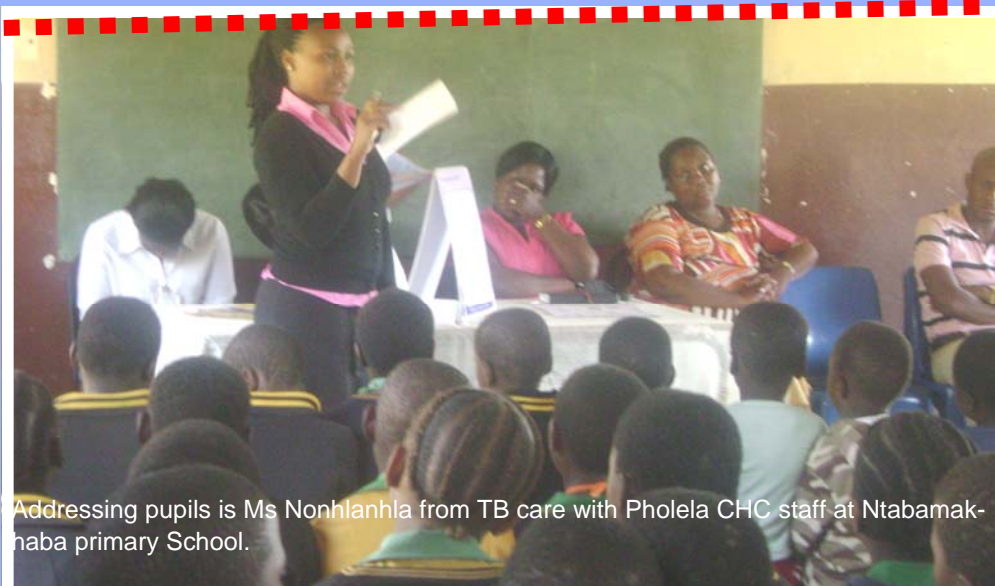
The exact aim of the play was to educate clients about the correct use of Males and Females condoms. Mrs X Mkhulise used relevant demonstration tool to show the use of condoms. The staff also added that one in the couple should wear a condom.

If both couples wear condoms one of them is likely to tear. Staff also edified that females should wait for approximately 60 minutes thus condom should correspond with the body temperature. They also inform clients that even foreplay can result to unintentional transmission of HIV.

Like male condom, female condom must be used once not repeatedly. In rural areas, people believe that sexual diseases do not exist thus condom is a disgrace in their sex life. Pholela CHC team took it as their responsibility to teach them facts thereby overcoming myth attached to the use of condoms. The talks proved to be effective. Afterwards clients interacted in a cooperative manner, showing better understanding of STI's transmission.

by Zakhele Mtolo

Pic 1: CHW's singing a condom song. Pic 2 Mrs Mkhulisi demonstrating how condom is worn. Pic 3 Miss N Dlamini giving a talk on STI's. Pic 4 Sister Mveli Converses on prepared pregnancy.



Addressing pupils is Ms Nonhlanhla from TB care with Pholela CHC staff at Ntabamakhaba primary School.

World TB Day

TB CURE

Treatment should be taken for six months. The initial process ends at two months then a patient sputum is taken to the laboratory for examination. There are two kinds of TB treatment (tablets), one destroys bacteria and the other one stops bacteria from growing rapidly.

FACT

Untreated TB patient is in danger of contracting XDR which does not respond to regular TB treatment. The virus can pass from one person to another in its XDR form.

Treating XDR can be very expensive therefore it is imperative that individual persons and families get treated for TB as early as possible.

WHAT FAMILIES CAN DO?

Families need to support members affected by ensuring that they take their medication. When one member is diagnosed TB positive the whole family should visit the nearest clinic for check ups.

Report compiled from the educational talks by TB care and TB Unit.

What is drug-resistant TB?
Drug-resistant TB (TB that does not respond to drug treatment) has become a very serious problem in recent years in certain populations. For example, INH-resistant TB is seen among patients from Southeast Asia. The presence of INH-like substances in the cough syrups in that part of the world may play a role in causing the INH resistance. Drug-resistant cases are also often seen in prison populations. However, the major reason for the development of resistance is poorly managed TB care. This can result from poor patient compliance, inappropriate dosing or prescribing of medication, poorly formulated medications, and/or an inadequate supply of medication. Multidrug-resistant tuberculosis (MDR-TB) refers to organisms that are resistant to at least two of the first-line drugs, INH and Rifampin. More recently, extensively (extremely) drug resistant tuberculosis (XDR-TB) has emerged. These bacteria are also resistant to three or more of the second-line treatment drugs.

XDR-TB is seen throughout the world but is most frequently seen in the countries of the former Soviet Union and Asia.

Preventing XDR-TB from spreading is essential. The World Health Organization (WHO) recommends improving basic TB care to prevent emergence of resistance and the development of proper laboratories for detection of resistant cases. When drug-resistant cases are found, prompt, appropriate treatment is required. This will prevent further transmission. Collaboration of HIV and TB care will also help limit the spread of tuberculosis, both sensitive and resistant strains.

The Foster Child Grant



This grant is for people who care for children who are not their own, and who have applied through a **Children's Court**

to become the foster parents of the child. The amount is currently R620 per month, per child.

To become foster parents, contact a social worker through the Department of Social

Development or Child Welfare Society.

Meet EAP Practitioners

Mr VJ Khumalo

Ms NS Ntombela

Ms EN Khwela

Mrs BT Khumalo

A surprise party organized by HAST team blew Dr Mike. It cropped up on 27 March 2009 where Dr Mike and some staff appeared in traditional outfit. Addressing his colleagues, tactful Dr Mike expressed his delight for humbly treatment he received from Pholela family. When called to be in the clinic on the day, little did he know about the party. Being a workaholic that he is, he only thought there were more ARV initiations to be carried out on that day.

Amongst visitors who were present on the day was Mr S Makhaye from Sisonke Health District and Chris from Edzimkhulu NGO. Mr Makhaye complemented Edzimkhulu for good work relationship and the human resource assistance that Edzimkhulu has been offering Sisonke Health since its inception. Dr Mike and his wife bagged home some traditional items as gift from staff.

*Luk @ him he is a
real Zulu boy*

Social Relief of Distress

This is temporary assistance for people in a crisis and in need of immediate help.

You can apply for Social Relief of Distress if:

- you are waiting for another grant to be processed
- a disaster has occurred, such as your house burning down
- you do not qualify for a grant, but are in a desperate situation
- you are unable to work because you are medically unfit or sick for less than six months
- the breadwinner in the family has died or been sent to prison for less than six months
- you are unable to get maintenance from your child's other parent.

The payment of a grant may be suspended, but you can apply at the Department of Social

Development for it to be restored. Grants may be suspended for various reasons:

- Change in your circumstances – admission to a State institution when the period of temporary disability has lapsed, etc.
- Failure to cooperate when your grant is reviewed
- Failure to claim the grant for three months in a row
- Absence from South Africa for six months or longer.



Zethu is delighted at speakers jokes at a farewell party organized by Administration staff for her and Zukiswa.

Inserted pic. Is Mr S Makhaye from Sisonke health office.

Zukiswa is overwhelmed after receiving gift from her colleagues on her farewell party held on 25 March 2009.



Visit by, Chiva-Children Living with AIDS & HIV

Representatives from CHIVA NGO in UK came to give a support visit to all ARV sites in Sisonke District. Pholela CHC was amongst sites that were visited and the NGO arrival took place on the 04th of March 2209. They concentrated on areas like PMTCT, VCT, Ekuphileni and Pharmacy. The purpose of the visit was to give updates on policies and guidelines regarding preparation and caring for children with HIV for ART's. The group explored paediatric step by step guideline 3rd edition for 2008 and challenges facing South Africa versus United Kingdom.



"CHIVA-NGO headed Pholela CHC on 04 March 2009".



Staff who attended stress management workshop



Stress Management Workshop

A workshop having been ushered from the 23rd to the 27th of February 2009 by the Human Resource Department, Occupational Health Unit and Social Worker had proved to be a success. This was due to the large number of staff who grace the sessions with their presents. The purpose was to enable employees identify signs of stress within themselves and to augment statistic for EAP utilization.

STRESS DEFINITION

It is an unpleasant, unwanted, unplanned and an awkward situation that one faces at a certain period.

Signs can be,

- | | |
|--------------------|--------------------------------|
| Headache | Insomnia |
| Poor concentration | Isolation |
| Depression | Increased appetite or anorexia |
| Irritability | Paranoid |
| Tiredness | |

How can one deal with stress

- Good communication is essential
- Immediate problem solving
- Patience
- Knowing your goals and plan them
- Supportive friends and family
- Avoid stressors
- Vacation leave

Lifestyle

- | | |
|------------------|-------------------------|
| Sleep adequately | Adequate fluid intake |
| Exercise | Balanced diet |
| Budgeting | Regularly debts payment |

Work

Positive interventions by the employer e.g conflict resolution.

Bhema ukholwe-Ixoxwa ngezithombe

U Ms Nobuhle Njilo wakwa TB Care ubexoxisana nomunye weziguli eMqatsheni

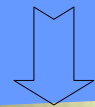


uMiss Thokozile Zuma ubehlola ama BP ngelanga lokuphendulwa lwesoyi lokwakihiwa komtholampilo eMqatsheni



Uvaeliswe ngendlela yesintu u Dr Mike obesebenzela eKuphileni CLinic

Bekuyinjabulo yodwa khathi kuvaleliswa uZethu Mnguni kanye no Zukiswa Thobela



Abanye beziguli khathi uKhanya ehambele eKhilmon kanti uSni Mncwabe ubengumabhalane.



Ngu Ms Sebe Shezi no Mrs Masiko benikezela usizo lwezokewelashwa



Ngu Mrs Mokapela ehlola esinye seziguli izinga likashukela khathi uMnyango wezempilo uvakashele eMqatsheni.

KUQHABEKANI EMITHOLAMPILO

sizothuthuka indlela ebukeka ngayo imitholampilo. Lokhu kuza ngemuva kokuthi uMnyango wezempilo ukhiphe isamba semali ukulungisa imitholampilo. Kulindeleke ukuthi yonke imitholampilo ibe namagumbi okubelethisela kuphinde kwengezwe amagumbi okubonela labo abagula ngokwe- jwayelekile.

Selokhu luqalile loluhlelo sekuvele amathuba emisebenzi asiza labo abakhele lemitholampilo. Enku- lumweni esibe nayo nophethe in-

kontileka esebenza eGqumeni Clinic, uMnu Thulebona Sithole uveze ukuthi nakuba zibe khona izingqinamba mayelana noku- qashwa komphakathi, umsebenzi uqhubeka kahle kakhulu. "Sizosebenza size sifike ezindlini zabasebenzi siphinde sandise in- dawo yokulindela iziguli" kachaza u Sithole.

Umsebenzi walomtholampilo ulin- deleke ukuthi uphele ngo Febwari ngonyaka ozayo. Emtholampilo wase Underberg umsebenzi usuya ngasemaphethelweni nakuba kun- gakacaci ukuthi umtholampilo omusha uzoqala nini ukusebenza. Emtholampilo waseNcwadi umse-

benz kulindeleke ukuba uphele ngenyanga ka August kuwo lonyaka. eGwala Clinic nakhona usuqalile umsebenzi. Kanti emitholampilo efana nase San- danezwe, Mnyamana, Tsatsi kanye nase Pholela umsebenzi kulindeleke ukuthi uqale maduze nakuba lungakabi khona usuku olunguququ.

Lona Umtholampilo wa- seNcwadi. Umsebenzi ulin- deleke ukuthi uphele ngo Au- gust. Abasebenzisi bawo bangalindela igumbi lo- kubelethela, elokubona izigulo ezejwayelekile kanye nelokuhlalela I HIV/AIDS.



Lona indlela obukeka ngayo umtholampilo omusha wase Under- berg



Uthayela lo obukeka usumdala uzoshintshwa kanti ingxenye ka veranda izokwenziwa indawo yoiulindela iziguli.



Lapha U Mr Sithole ubentshengisa umsebenzi asebewen- zile.



Siyenza is an internal newsletter for Pholela CHC. If you wish to make contributions please drop us a line on extension 106 or alternatively come in person to the Public Relations Office. You can also send an Email to: mlungisi.dlamini@kznhealth.gov.za Website: www.kznhealth.gov.za

Pholela Health Centre – The beginning

The story of Pholela Community Health Centre dates back to 1940 when the first ever, Health Centre to be established by the Union Health Department. Following the report of the National Health Services Commission about the Centre in 1944, the government decided to establish Health Centres in various parts of South Africa during this time Pholela Health Centre was considered a useful pilot project in this new service.

Medical Officers and other staff appointed to the newly created Health Centres were first sent to Pholela to gain experience in the Health Centre practice and also to study methods evolved there. Pholela remained the teaching and investigation base in a service to be provided for various types of communities in South Africa, this resulted in the Centre becoming the rural section of an Institute of Family and Community Health which was established with headquarters in Durban.