

HEALTHUSULLETIN

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KZN HEALTH CHAT BULLETIN SPOKE TO A FEW RESIDENTS OF MBALI UNIT 14 TO FIND OUT HOW THEY FELT ABOUT THE #ISIBHEDLELAKUBANTU PROGRAMME

VOX POPS



SYLVIA MAZULE,

Age 64 years old. I always go to health facilities for screening and I'm fine just taking treatment for my BP. We are very excited that the health services are closer to the people today, we don't have to travel a long distance in order to get our medication



JEREMIAH NDLOVU

Age 81 years old. I heard that the Department will be close by and I said let me try and get there so that I can get screened. I have challenges with my eyesight, I hope the doctors can help me.



NAME WITHHELD

Age 14 years old. I'm a mother of a 4 month old baby but I am here for my own health needs. I just could not miss the opportunity to access health services at my doorstep. I'm here to screen for various diseases including cancer



HLANGANANI MTOLO

Age 59 years old, We are very excited that the government has brought health services to our community. As the elderly, we didn't have to walk long distances to pick-up our chronic medication.



LINDA MSHENGU

Age 29 years old. We are very grateful to the KZN Health MEC Nomagugu Simelane-Zulu for bringing the health services closer to the community. This will assist the elderly people in not walking long distances to pick-up their chronic medication. It will also make it easier for us to screen for ailments.















"PULL UP YOUR SOCKS AND MANAGE OR FACE THE CONSEQUENCES," KZN HEALTH

MEC Ms NOMAGUGU SIMELANE-ZULU ISSUES

STERN WARNING TO HOSPITAL CEOs,

CLINICIANS AND DISTRICT MANAGERS



KWAZULU-Natal Health MEC Ms Nomagugu Simelane-Zulu says that the days of health facility managers, clinicians and health district leaders who are failing to manage, or who commit costly yet avoidable mistakes, with impunity, will soon be over.

While pointing out that the vast majority of healthcare professionals and managers are dedicated to their jobs, the MEC says that time is up for the minority "bad apples" at clinical and management level who are sullying the good name of the Department.

She wants stern action against those responsible for unnecessary loss of life and/or limb, which results in much pain and suffering and an escalated medico-legal bill for the Department – instead of taking decisions that will save lives, service delivery.

"You are paid to manage, and we expect you to manage. It's about time we started looking at management seriously. Some of the reasons why our facilities are in such a bad state, and our people are not getting proper care... besides our own (real) challenges... is the fact that managers that we put in office don't actually manage. So, we are going to insist that managers must manage, and we are going to insist on consequences. If there are no consequences, it means you as the CEO or district manager will suffer for it, because when there are (bad) things that happen and it's a management of issue and you have no acted on it, I will expect the district manager and the head of department to act on you," MEC Simelane-Zulu said, while delivering a speech during the handing over of a

rejuvenated neonatal high care ward at Edendale Hospital in Pietermaritzburg.

MEC Simelane-Zulu said that with better, more hands-on management, the Department's massive medico-legal would not have sky-rocketed. She now wants to halt the runaway medico-legal bill, and immediately establish a new culture of effective and accountable leadership in the Department.

"As a CEO, you are the manager, you are leading the facility. We need to start managing in a manner that says you're not managing friends. When you go to the private sector they will tell you... They take management very seriously. And consequences in the private sector are very quick. But because we are in the public sector we think our people 'understand'... So, we don't act when people do the wrong thing. For instance, we have a number of medico-legal cases... Some are because of touting, and because of people who are taking the Department for a ride. But others are as a result of negligence of our own medical officers. We are going to start acting on those. While we'll be paying a lot of money to whoever we need to pay, because it's a responsibility that we have, we are going to act on the medical people who actually have been negligent, if they have been found to have been so. Right now, while we pay, we also institute our own

investigation."

In what has already been widely applauded as the radical application of Batho Pele (People First) principles, the MEC has declared that the contact numbers and email addresses of hospital CEOs, district directors, and leaders of emergency medical, and forensic pathology services be made public.

She once again reiterated that the process of securing funds that will ultimately result in a minimum staff establishment of at least 60% at health facilities was ongoing. Once in place, this would help relieve pressure on overburdened staff and overcrowded facilities.

"We appreciate the fact that our short staffing sometimes creates those problems... and that is why we are trying to address the issue of staffing. But there are clear cases of negligence when you receive a report. And the Department has not been acting on that. Now, medical officers take an oath... We want to hold you down to that. But that is why we are dealing with the issue of staffing, because we don't want to contribute to the issue of staff being exhausted, being burnt out and all of that. We need to ensure that we work together and turn around this Department.

"Generally, people are committed and want to do their work. And that is the attitude we want to encourage and go forward with."

fix challenges, and improve









DOH HEALTH DIALOGUE WITH THE COMMUNITY OF UMZINTO













EDENDALE HOSPITAL NEONATAL WARD GETS **A MAKEOVER**



KZN HEALTH MEC Ms Nomagugu Simelane-Zulu is pleased that fewer newborn babies are getting sick due to infections contracted after birth at Pietermaritzburg's Edendale Hospital.

This is thanks to R300 000 worth of a donation from local shoe manufacturer Dick Whittington Shoes, which has financed the revamping of the hospital's neonatal high care ward.

Amid a jubilant atmosphere earlier on Wednesday (18 September 2019), MEC Simelane-Zulu accepted the donation from one of the company directors, Dr May Mkhize.

As the country's fourth biggest hospital by bed size (it has 900 usable beds) Edendale Hospital sees an average 2000 outpatients per day, and delivers up to 700 babies per month.

The renovation of its neonatal high • care ward has resulted in repairs to the walls, which had peeling paint, plaster and damaged bricks. The walls are now brightly-coloured and • sport a variety of cartoon characters. The ward also now has new hand washing basins to improve infection control; and also enjoys increased spacing, thanks to a redesign in the positioning of the • nursing station.

Its previously rotting and mould-covered cupboards have been replaced with brand new ones, enabling better storage of files and other materials. Other notable improvements are:

A decrease in the nosocomial infection rate (the rate of diseases that may originate in a hospital setting);

- A new viewing window, which improves control of visitors.
- Improved lighting, and spacing between beds to accommodate mothers' chairs next to their babies; and
- An Isolation area to allow nurses to be able to easily monitor patients.

Explaining how her company got to make this donation, Dr May Mkhize said a decision was taken during the centenary celebration of Nelson Mandela's birthday last year to make a meaningful contribution to its neighbouring community rather than throw a party.

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"We decided that instead of enjoying some treats, why not do something that will be of benefit to our community? We are in this community, and our workforce is from here... and when they are sick, or need to deliver babies, they use Edendale Hospital. So, we spoke to management of the hospital and enquired as to how we could help. They asked us to help renovate its neonatal ward."

In accepting the donation from Dick Whittington Shoes, MEC Simelane-Zulu applauded this gesture, describing it exemplary, and something that others should follow.

"This is heartwarming and should be encouraged, and I hope it isn't the last time that we are having this partnership. If we want our health services to grow... if we want our patients to be treated well... there is no one government or single department that can do that all on its own. These strategic partnerships are always encouraged and always bring about good change, and we really do appreciate them.

"One of the priorities of the

Department is to reduce the child mortality rate. The donation that we've received today has already contributed towards that reduction because we've seen from that particular unit that the rate of infection has gone down because of the way they've restricted the spread of infections. We should really appreciate the donation because it's what has made it possible for this hospital to restructure its own facility, as previously, it was not conductive to the nurses and medical staff to be able to observe the children.

We really appreciate what Dick Whittington Shoes has done.

"We will sit down with the company and see what kind of partnership we can get into moving forward. We call on other private sector companies ... to come and partner with the Department, because this is the only way for us to be able to develop our people, particularly in previously disadvantaged areas where we must almost start afresh in ensuring that we bring our facilities into an acceptable level."

















A "HUMAN-CENTRIC" APPROACH EMPHASISED ON KZN HEALTH RESEARCH DAY



Out of 280 women, 75% preferred that Pre-exposure prophylaxis (or PrEP) be administered through an injection every 3 months compared to 12% who opted for an implant, 11 % for a daily pill and just 2% for an intravaginal device or gel.

This was revealed in a study by Professor Thumbi Ndung'u, Deputy Director from the Africa Health Research Institute (AHRI) at the Department's annual research day at Inkosi Albert Luthuli Central Hospital recently. The prestigious event drew in health professionals, academics, representatives of research institutions and other stakeholders.



A total of 42 speakers presented research that they had undertaken across several medical subjects; from evaluating the mental health of health professionals to identifying systematic gaps in the public health sector. Of course, HIV/Aids and TB were the point of interest for many as KwaZulu-Natal is the epicenter of both diseases. Professor Ndung'u stated that although much had been done in the fight against HIV much more still needs to be done. He commended the distribution of antiretroviral treatment which had led to a higher life expectancy in HIV positive patients.

The improvement of the quality of life among HIV patients is thanks to the enrolment of more than 1,3 million people onto the antiretroviral treatment by the Department. The Department has also made other strides such as decreasing the rate of mother-to-child HIV transmission from 20% in 2008 to 0.71% in 2019.

However, the rate of new infections was still incredibly high and the morbidities due to associated illnesses such as TB and hypertension. He said that behavioral studies were key to

developing effective innovations in decreasing this rate.

"It's not only about proving that a particular device works against prevention of infection, it's about whether or not the public like the intervention", he said.

Dr Mntambo from the Public Health Institute of South Africa (PHISA) continued the theme of focusing on the human aspect and explored the need for an increase in community participation in the KwaZulu-Natal Primary Healthcare System, over and above already effective existing measures of the Department, such as the usage of community caregivers(CCGs), war rooms, hospital boards, clinic committees, traditional healers and traditional leaders.

An abundance of interesting and relevant subjects was covered but the message that resonated throughout the event was evident; that in order to advance public healthcare, it was imperative that medical and research institutions work hand in hand, and take the public and health professionals into consideration to bring forth lasting change.





THE SIGNIFICANCE OF HERITAGE DAY

Heritage Day, which is commemorated on 24 September 2019, recognises and celebrates the cultural wealth of our nation. South Africans celebrate the day by remembering the cultural heritage of the many cultures that make up the population of South Africa. Various events are staged throughout the country to commemorate this day.

Living heritage is the foundation of all communities and an essential source of identity and continuity. Aspects of living heritage include cultural tradition, oral history, performance, ritual, popular memory, skills and techniques, indigenous knowledge system and the holistic approach to nature, society and social relationships. In South Africa, the term "intangible cultural heritage" is used interchangeably with the term "living heritage".

Living heritage plays an important role in promoting cultural diversity, social cohesion, reconciliation, peace and economic development. In every community there are living human treasures who possess a high degree of knowledge, skills and history pertaining to different aspects of diverse living heritage. It is therefore important for South Africans to reclaim, restore and preserve these various aspects of living heritage to accelerate the use of living heritage to address challenges communities are facing today.

Heritage Month therefore recognises aspects of South African culture which are both tangible and intangible: creative expression such as music and performances, our historical inheritance, language, the food we eat as well as popular memory.

The Liberation Heritage of South Africa is characterised by peoples' identification with particular spaces and places shaped by historical events and collective memory.

Various heritage sites and infrastructures in South Africa are named after the liberation struggle icons, such as:

The Sol Plaatjie Municipality in the Northern Cape

The Nelson Mandela Museum in the Eastern Cape

Luthuli House in Gauteng Shaka Zulu Airport in KwaZulu-Natal

Tshwane Municipality in Gauteng Steve Biko Memorial in the Eastern Cape.

The Liberation Heritage is part of our Cultural Heritage of South Africa

Liberation Heritage is about the preservation of the history of the struggle against imperialism, colonialism and other oppressive and repressive systems in our society.

Government calls on all sectors to use our liberation heritage as a vehicle to foster social cohesion, nation building, economic development and inclusive citizenship.

Our liberation heritage was forged

in the theatre of struggle that shaped the new South Africa, and can be actively used to contribute to the revival of social and political consciousness across the country. South Africans are encouraged to promote a national identity that is self-conscious of its liberation heritage which will in turn serve to promote unity in diversity among all sectors of South African society.

Sources: www.gov.za; and SA News













PHARMACY MONTH AT GJG MPANZA REGIONAL HOSPITAL

(FORMERLY STANGER HOSPITAL)



The campaign mainly focused on mental health related issues such as depression and anxiety. Both patients and staff members from various departments were in attendance, with some clinicians addressing the audience on the different types of mental health issues, their causes and how to handle them.

pharmacy related issues, medicine related issues and

advocacy for pharmacy

practitioners.

Entertainment was provided by the hospital choir and a DJ. Prizes and humper giveaways were also part of the programme, which were won through quiz questions and lucky draws. This was just the first event of the campaign, with another to follow towards the end of the month.













INVENTIONS THAT SHAPED THE WORLD

Not everyone wants to go under the knife to subtract a few years from their appearance. Enter lasers, which offer a way to completely resurface the skin, leaving it free of wrinkles and sunspots — without the pain and lengthy recovery time of surgery.

Laser treatments run the gamut, depending on how deeply the skin is penetrated — from vaporizing the entire skin to selectively zapping small patches of skin and leaving other small patches of healthy skin intact to speed healing time (such as Fraxel).



"We used to use a single beam that would destroy everything in its path," explains Nakhla.

"Fractionated lasers have a much more controlled application, [targeting] micro-columns and leaving little pockets of adjacent skin to help with wound healing. These lasers make for a less invasive and risky procedure and less downtime for recovery."

Along with eradicating wrinkles and hyperpigmentation, lasers can

also wipe out scars, including those caused by acne. "The most amazing thing with lasers is that you can take a deep scar and totally eradicate it," says dermatologist Debra Jaliman, MD, author of Skin Rules: Trade Secrets from a Top New York Dermatologist. "Years ago, you could never get rid of such scars."

https://www.everydayhealth.com/beauty-pictur es/the-top-skin-care-innovations.aspx

GALLERY-KZN HEALTH IN PICTURES

GJ CROOKES HOSPITAL VISIT





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KZN HEALTH IN PICTURES

COMMUNITY ENGAGEMENT IN UGU DISTRICT (UMZINTO TOWNHALL)





UMZINTO CLINIC





ISIBHEDLELA KUBANTU - UNIT 14 IMBALI SPORTSGROUND















KZN HEALTH IN PICTURES

MURCHISON HOSPITAL COMMEMORATED HERITAGE MONTH BY DRESSING IN TRADITIONAL ATTIRE.





























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