

HEALTWEULLETIN

20 MAY - 26 MAY 2019

THE CHILD PROTECTION ISSUE CHILD PROTECTION WEEK (28 May - 4 June)



Child Protection Week will be observed from May 29 to 6 June 2019 to raise awareness on the rights of children as articulated in the Children's Act of 2005.

It also serves as a reminder and plea to all citizens to assume responsibility daily to protect children and play their part in contributing to a South Africa where all its citizens can live in safety, peace and harmony.

It is important to uphold the rights of children to basic healthcare, nutrition, shelter, and social services. Children also have a right to education, and protection from maltreatment, child labour, neglect, abuse, or degradation.

Protecting children starts at the very moment a mother finds out that she is pregnant.

VISIT A CLINIC IF YOU MISS YOUR PERIOD

Once a woman has missed her periods, it is advisable for her to visit her nearest clinic for a check-up to ensure that all is well with her body. If she is pregnant, she will be screened and tested for diseases such as HIV, hypertension and to establish the progress of her pregnancy. Once the mother is fully informed, she will then be enrolled on an antenatal health programme, which includes regular visits to a healthcare facility.

MOM-CONNECT

She will then be registered on the MomConnect system, which is a step-by-stab programme that helps ensure that mothers have the healthiest pregnancy possible, from birth and until the child turns 1 year of age.

The MomConnect technical solution is made up various linked elements which provide important information to pregnant women, mothers and health care workers and produce strategic information for Maternal and Child Health programmes. These elements are:

1. Subscription -

Pregnant women are able to subscribe to a messaging service which gives them useful information and encourage them to register their pregnancy at the Ante Natal Clinic. To this they dial a free USSD number and their details will be held in a

subscription database.

- attending the Ante Natal
 Clinic are registered on a
 central database using a
 similar USSD Number to the
 subscription method. More
 information will be collected
 to identify the facility, allow
 stage based messages to be
 sent and improve future
 interoperability. Health care
 workers at the facility will
 assist women with
 registration.
- **Messaging -** A number of messages have been developed through consultations between The Department of Health, Health Experts and other organisations with maternal and child health expertise. Messages include antenatal care and accessing care in labour, Diet and Nutrition, Non-pregnancy related Infections, Hypertension, New-born care, Breastfeeding and Immunisation. The messages are tailored to when a women registers, for example a women registering at 19 weeks will receive a different scheduled than a woman registering at 34 weeks. All messages are translated into the 11 South

African official languages.

- day after registering at the clinic a pregnant woman is prompted to fill in a survey on their phones by dialling a free USSD number. The information is used to identify how services may be improved.
- **5. Compliments and Complaints -** Pregnant women who are registered on the service are able to send a complaint or compliment via SMS. These messages are sent through to the districts to be used as strategic information.

IMMUNISATION

Protecting your child means adhering to the schedule for immunisation after he/she is born. Immunisation strengthens babies and makes them less susceptible to ailments. It is therefore crucial that all parents ensure that their babies are always immunised as per the schedule, which is outlined in the Road to Health booklet. It is during those appointments that health practitioners at the health facility nearest to the mother are able to evaluate the baby's progress and overall health.

BREASTFEEDING:

Exclusive breastfeeding for the first 6 months of a baby's life is extremely important as it promotes their growth and development. Breast milk is the most ideal food for babies' nourishment during this time.

Exclusive breastfeeding means giving your baby only breast milk with no supplementary feeding of any type (no water, juice, animal milk, and solid foods). At 6 months, mothers and caregivers are encouraged to start giving complementary foods with continued breastfeeding to meet the energy requirements and nutritional needs of the child.

Breastfeeding is known to reduce the risks of breast and ovarian cancer later in life and helps women return to their pre-pregnancy weight a lot quicker.

Even despite all these benefits, breastfeeding practices have been undermined by aggressive promotion and marketing of infant formula feeds; social and cultural perceptions; and the distribution of formula milk in the past to prevent Mother to Child Transmission (MTCT) of HIV. Furthermore, breastfeeding decreases the risk of death from diarrhoea, pneumonia and malnutrition.

BREASTFEEDING FOR MOTHERS WITH HIV:

Both HIV-positive and HIV-negative mothers should breastfeed their babies exclusively for six months. However, they may give their babies vitamins, minerals, and medications prescribed by a doctor.

For HIV-positive mothers, breastfeeding should continue until 24 months while taking Anti-Retroviral Treatment (ART) as directed. Mothers who are HIV-positive and on ART are encouraged to breastfeed exclusively because of the many health benefits to the baby and his/her survival. During the breastfeeding period the mother or baby should receive antiretroviral treatment or prophylaxis.

Research shows that when antiretroviral treatment or prophylaxis is used by either the mother or baby, HIV transmission through breastfeeding is significantly reduced. Exclusively breastfed babies whose mothers are HIV-positive are at less risk of dying from diarrheal diseases and malnutrition than mixed-fed babies.

HUMAN MILK BANKING:

For mothers who cannot breastfeed their children, the









Department has established human milk banks at 15 hospitals across the province. A human milk bank is a service that screens, collects, processes, and distributes human breast to these mothers.

This includes mothers of babies who are born pre-term; who may be sick; have low birth-weight; and mothers who pass away. This milk is donated by volunteer breastfeeding mothers who are not related to the recipient babies. Mothers interested in donating their excess breast milk undergo a health screening.

All donated breast milk is

tested, pasteurised, and frozen and ready to be supplied to vulnerable babies in need. All healthy breastfeeding women can donate breast milk. However, they should:

- Be non-smokers;
- Be non-drug and alcohol users;
- Live a healthy lifestyle and must be:
- Willing to undergo testing for HIV, Syphilis, TB and Hepatitis B.

Milk Banks are available at the following KZN hospitals: Addington, Bethesda, Dundee, Edendale, GJ

Crookes, Grey's, King Edward VIII, Ladysmith, Queen Nandi, Mahatma Gandhi Memorial, Murchison, Newcastle, Port Shepstone, RK Khan, and General Justice Gizenga Mpanza Regional (formerly Stanger).

CHILDREN'S RIGHTS AND SIGNS OF CHILD **ABUSE**

Child Physical Abuse is the Intentional Infliction of an Injury on a Child.

These are Indicators that a Child is Being Physically Abused: bite marks, bruises on uncommonly injured body surfaces, lacerations, and burns, high incidence of accidents or frequent injuries, fractures/broken bones in unusual places such as the skull, ribs etc, Injuries, swellings to face and extremities, discolouration of skin, blunt-instrument marks, human hand marks, multiple injuries at different stages of healing, evidence of poor

Behavioural indicators of physical child abuse:

care/failure to thrive.

The child:

- Avoids physical contact with others
- Is apprehensive when other children cry
- Wears clothing to purposely conceal injury, such as long sleeves
- Refuses to undress for sport or for required physical exams at school
- Give inconsistent versions about occurrences of injuries
- Seems frightened of parents
- Is often late/absent from school
- Comes to school

early and seems reluctant to go home afterwards

- Has difficulty getting along with others
- Plays aggressively and often hurts peers
- Complains of pain upon movement or contact
- Has a history of running away from home

Children have a right to:

- A loving and caring family, a proper safe and comfortable home, clothing and healthy food
- Be told the house rules of where I live
- Not be forced to work
- An education suitable to my aptitudes and abilities
- A say in my care, and any changes to how I am cared for, according to my age & maturity
- Get special care for special needs
- Protected from hurt
- Good health care if I am sick and to be kept away from cigarettes, alcohol & drugs
- Treated properly
- taken seriously and to make mistakes
- My own religion and culture
- My name and my

nationality

- Treated the same, no matter what my colour, race, gender, language or religion
- Be proud of my heritage and beliefs
- Speak and be heard
- Send and receive private mail that is not read or opened by others
- Privacy
- To own my own things
- Speak and visit in private with my family or any other person like my big friend, a person representing me like my social worker or my lawyer
- A lawyer in courtrooms and hearings affecting my future
- Live in a nice place and not be put in prison or in a police
- Know what my rights

Any person who has knowledge that a sexual offence has been committed against a child must report such knowledge to a police official. Failure to do so, constitutes an offence.

If you suspect your child is being abused, you can contact any of the number below:

SAPS Emergency Line 10111

SAPS Crime Stop 08600 10111

SAPS Family Violence

Child Protection and Sexual

Offences Unit. Head Office. Pretoria (012) 393 2184

Rape Crisis 24 Hour Helpline (021) 447 9762

Women Abuse Helpline 0800 150 150

Child line 0800 055 555

AIDS Helpline 0800 012 322

Visible Policing: Gender Based

Violence & Victim Empowerment (012) 421 8000

Source: SAPS

Digital Safety

Sexting is the act of sending a picture/photograph or yourself naked or semi-naked by using electronic means. It also nvolves sending flirtatious or sexual messages to others, often using acronyms and

Talk to your child about sexting, letting them know that:

- it is possible to meet predators who can take advantage of them
- nude pictures they send can be circulated
- they can report unsolicited inappropriate pictures from adults or children their age

Sexual Abuse Tips

No victim may be turned away simply because the alleged offence took place a long time ago or was allegedly committed in the station area of another police station

The victim is permitted to have a person of his or her choice present to support and reassure him or her during the interview.

A sexual abuse victim must be taken for a medical examination as soon as possible - even if the sexual offence was only reported more than 72 hours after it had been committed, and even if the <mark>victim had already washed.</mark>

Remember – If you have been a victim of a sexual offence, it is vital that evidence must be collected before washing away any body fluids of the perpetrator.

The medical examination will be conducted at state expense and by a medical professional.

For more information visit:

https://www.saps.gov.za/resour ce_centre/publications/pamphl ets/sexual_offences.php









PORT SHEPSTONE HOSPITAL STAFF TO GO GREEN IN SUPPORT OF CHILD PROTECTION WEEK



During the Child Protection Week, which will start from the 27th of May to the 3rd of June 2019, Port Shepstone Regional Hospital, working with South African Police Service (SAPS), Family and Child Sexual Offences Unit (FCS) and Lifeline will be hosting a Child Protection Awareness Campaign in order to promote the safety and well-being of children in UGU District.

In line with the theme for the campaign which says "Let

Us Protect Our Children to Move South Africa Forward", the task team will be sharing information to make people understand what constitutes child abuse and the services available thereof. During Child Protection Week hospital visitors, patients and staff will be encouraged to wear green ribbons, which symbolise their preparedness to fight against scourge of child abuse.

Furthermore, a team of Social Workers from the hospital will visit Mbalencane Primary School at Oshabeni Location to educate learners about child abuse. There will also be a display of important information with banners, posters and pamphlets highlighting the importance of childcare and safety issues will be set up at the hospital main foyer.

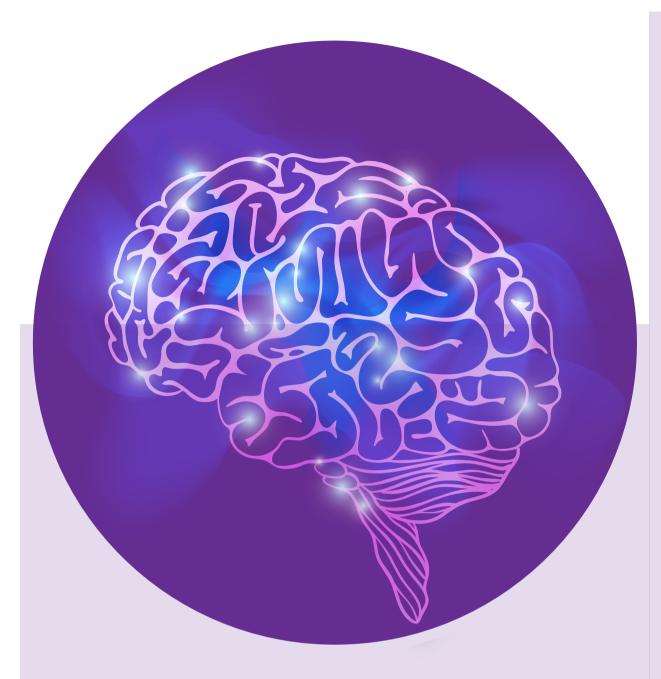








EPILEPSY: TREAT IT; DEFEAT IT



South Africa commemorates National Epilepsy Week, which runs from 20 - 26 May 2019, under the World Health Organisation theme "Epilepsy, Treat it, Defeat it."

Epilepsy is a condition in which a person experiences recurrent seizures. Also referred to as "fits", seizures are caused by a sudden increase of excess electrical activity within the brain.

Epilepsy affects 1 out 100 people in South Africa and there are 50 million people in the world who live with this condition.

People with epilepsy are not different to other people. They can still play, work and have fun like anyone.

The important thing is that they have to be careful around open fires or when participating in certain sporting codes. They must always inform someone that they have epileptic fits.

If a person gets an epileptic fit, the person falls to the ground and his whole body shakes. This can happen every day or once in a while. The person can look very scary if you do not know what is happening.

Doctors are not sure how people get epilepsy but they do know that if a family member has epilepsy, their offspring or relatives are at a higher risk of getting it too.

Characteristics of seizures vary and depend on where in the brain the disturbance first starts, and how far it spreads. Temporary symptoms occur, such as loss of awareness or consciousness, and disturbances of movement, sensation (including vision, hearing and taste), mood, or other cognitive functions.

People with seizures tend to have more physical problems (such as fractures and bruising from injuries related to seizures), as well as higher rates of psychological conditions, including anxiety and depression. Similarly, the risk of premature death in people with epilepsy is up to three times higher than in the general population, with the highest rates of premature mortality found in low- and middle-income countries and in rural versus urban areas.

A great proportion of the causes of death related to epilepsy, especially in low and middle-income countries, are potentially preventable, such as falls, drowning, burns and prolonged seizures.

Epileptic seizures are often associated with particular triggers or changes in your daily habits or routine. Here are some common behaviors and factors that may trigger an epileptic seizure:

- Stress, anxiety, or other emotional issues
- Alcohol or drug abuse or the process

- of quitting alcohol or drugs
- Change in sleep schedules, feeling very tired, or significant sleep deprivation
- A change in medications, or skipping or missing a dose of anti-seizure medication
- Something that overstimulates the senses, like lights that flash brightly, watching television, playing video or computer games, or working on a computer
- Hormonal changes in women, often from pregnancy or menstruation
- Mental strain, such as from solving complex problems

Here is how you can reduce your risk of having an epilepsy seizure:

- Get plenty of sleep each night - set a regular sleep schedule, and stick to it.
- Learn stress management and relaxation techniques.
- Avoid drugs and alcohol.
- Take all of your medications as prescribed by your doctor.
- Avoid bright, flashing lights and other visual stimuli.
- Skip TV and computer time whenever possible.
- Avoid playing video games.
- Follow a healthy diet.

WHAT TO DO IF SOMEONE GETS AN EPILEPTIC FIT?

- Remain calm.
- Call an adult if you're a child.
- Remove glasses or tight clothes.
- Turn the person on their side and put a pillow under their head.

- Sit behind the person with your knees into the person's back to prevent them from rolling onto their back.
- Cover the person with a blanket or towel.
- Do not try to make the fits stop, just stay with the person.
- If the person is asleep after a fit, let them sleep.
- If the person is confused, tell them they had a fit and that everything is now okay

Doctors usually prescribe medication and this will help control the epileptic fits. It is very important to drink medication as prescribed by the doctor.

Certain medication must be taken once, twice or three times daily. It is very important to eat before taking the medication.

When taking oral contraceptives and epileptic medication, it is necessary to ask the nurse or doctor if extra protection is needed to prevent pregnancy.

The Kwa-Zulu Natal
Department of Health has
selected institutions that
render special care and
support services related to
any epileptic illness.
Edendale and Grey's
hospitals, both in
Pietermaritzburg, have
specialist clinics for
children with epilepsy.

Children with suspected epilepsy are referred to Edendale and Grey's hospital Paediatric Outpatient Department from primary health care clinics.

Inkosi Albert Luthuli Central Hospital provides a quaternary specialist service and patients will only be attended to only if they have been referred by paediatric specialists and hospitals in the province according to the provincial referral protocol.









WOMEN, TAKE ACTION

The KZN Department of Health understands the unique needs of women and thus provides health services specifically catered for them. As the world commemorates the International Day of Action for Women's Health on 28 May, women of KwaZulu-Natal are urged to take action by educating themselves and others on the myriad of services available to them.

CERVICAL CANCER AND BREAST CANCER SCREENINGS AND TREATMENT

Women are encouraged to

undergo cervical and breast screenings if they suspect abnormalities in these areas or are sexually active. The latest technology used to test patients for cervical cancer increases accuracy and speed of results which means faster treatment. Treatment for both types of cancer includes surgery, chemotherapy and radiation.

HPV VACCINATION

Each year the Department visits hundreds of schools to vaccinate young girls against the Human Papilloma Virus (HPV). The vaccination aims to decrease the number of women who develop cervical

cancer and genital warts.

FAMILY PLANNING

Women are empowered to take control of their sexual reproductive health through female condoms and several contraceptives such as intrauterine devices, ingestible and injectable contraceptives. In the case where a woman is raped or accidentally falls pregnant, the Department offers termination of pregnancy (abortion) in multiple facilities.

ANTENATAL CARE

In the event that a woman welcomes her pregnancy, the

Department offers antenatal services whereby the health of both mother and baby are monitored at each appointment until her healthy baby is delivered.

MILK BANKS

The Department's Milk Banks offer human milk to babies whose mothers are unable to lactate at all or sufficiently. Mothers interested in donating their excess breast milk undergo a screening procedure which includes a questionnaire and health screening. All donated breast milk is tested, pasteurised, frozen and ready to be supplied to vulnerable

babies in need.

SHE CONOUERS

She Conquers is a government-led national campaign aimed at empowering young women and adolescent girls to take responsibility for their health, especially in regards to HIV and pregnancy prevention.

NEWLY HIRED SPECIALISTS GIVE THEIR WORD TO MAKE A DIFFERENCE

Port Shepstone Hospital is delighted to welcome Dr Sicelimpilo Bangani and Dr Ivan Popov as newly employed Specialists in Internal Medicine and Obstetrics and Gynaecology respectively.

Raised in Bizana, Eastern Cape, Dr Bangani completed his undergraduate medical degree at the University of Cape Town in 2006. He then spent many years thereafter practicing in several hospitals in the country which included his internship training at Port Shepstone Hospital. After he completed his community service years both in a South African military hospital and in Congo, he enrolled for registrar training and ultimately qualified as a Specialist Physician in 2015. He joins Port Shepstone Hospital as a Specialist Physician to provide

specialist medical care to patients in all age groups.

Dr Popov's long term medical experience in South African hospitals and in various countries abroad, focuses on the following priority areas: reduction of maternal mortality, promotion of infant health, and the decrease of incidents of cervical cancer in Ugu District. He strives to inspire more faith in the public service.

Both Specialists resumed their duties at Port Shepstone Hospital on the 01 May 2019 as Heads of Clinical units and have plans to improve their respective departments while taking an active role in planning, implementation, management and evaluation of clinical activities in their different fields in accordance with national core standards and relevant administrative policies.



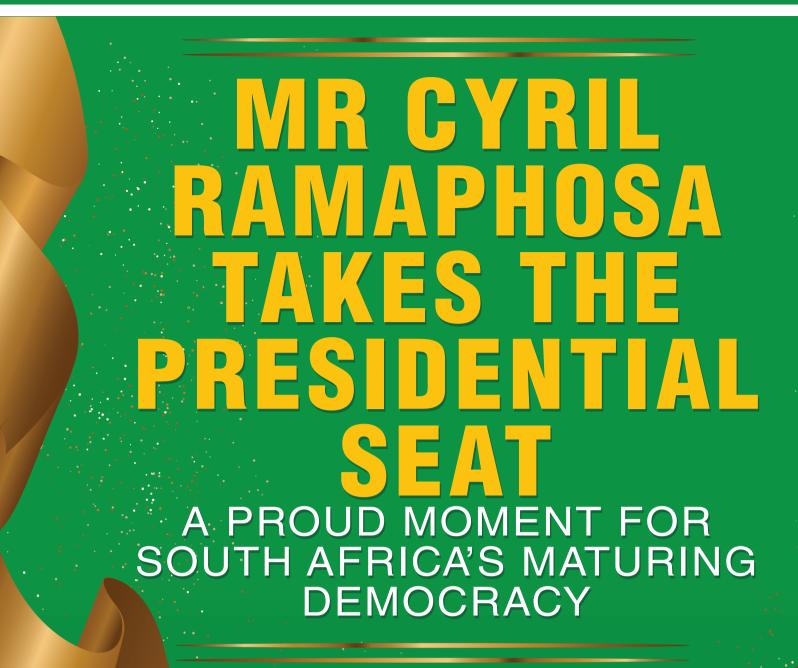












All roads will lead to city of Tshwane (Pretoria), the capital of the Republic of South Africa, this weekend where the long-awaited Presidential Inauguration of the 6th National Democratic Government is set to take place, on Saturday, 25 May 2019.

Local domestic and international airports are expected to be a hive of activity with high foot traffic, thanks to the departure and arrival hordes of passengers eager to witness this

massive occasion for themselves.

The situation is likely to be the same on the roads as well as there is a sizeable number of buses which will be ferrying people from various provinces to Pretoria as well other motorists in their private cars.

The Presidential Inauguration will take place at Loftus Versveld Stadium under the theme

"Together celebrating democracy: Renewal and growth for a better South Africa".

The legislative process that took place in the National Assembly in Cape Town this week, first began with the swearing in of members of Parliament for the 6th democratic parliament, which was followed by the election of the President.

President Cyril Ramaphosa was subsequently sworn in by the Chief Justice of the Constitutional Court.

He will be inaugurated this Saturday and his inauguration will be attended by no less than 32 000 people who will fill up the stadium. This will be supported by a live broadcast on radio, television, and online live streaming. There will be public viewing areas in provinces which will accommodate people in their communities and ensure that they are part of this key national event. A list of viewing sites with addresses and contact persons is available on the government website www.gov.za\inaguration201

The official Presidential Inauguration hashtag is #SAInaguration19









GMR HOSPITAL COMMEMORATES WORLD LUPUS DAY

Justice Gizenga Mpanza Regional Hospital observed World Lupus Day which is comemorated on 10 May annually. The main aim of this event was to bring public awareness to this silent, unpredictable, and potentially deadly autoimmune disease. All patients from Hembe Health District, especially those affected by this condition were invited. The hospital partnered with Lenmed (Ethekwini Hospital and Heart Centre) in coordinating this event.

Speakers from different disciples within and outside the facility delivered educational talks to create awareness, empower and educate the community about Lupus. Among the speakers was a dermatologist, dietitian, occupational therapist and a psychologist.

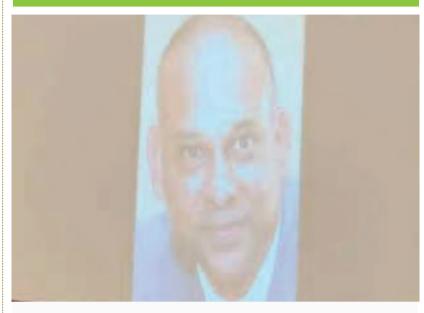
The guest speaker was Dr Neeta Patel, a rheumatologist at Lenmed



Ethekwini Hospital and Heart Centre. In her speech, Dr Patel indicated that it is statistically proven that Lupus disease mostly affects women. She also mentioned some symptoms associated with this condition such as a blistery rash, hair loss, mouth ulcers and advised patients to visit a health facility should they see some of these symptoms. One of the

hospital's patients who is living with Lupus disease shared her journey and experiences living with this disease. Educational booklets were handed out to the community, with detailed information about this condition.

POST HUMOUS PHD AWARDED TO DR PRADEEP ASHOKCOOMA



Last week Dr Ashokcooma was awarded his PHD in Emergency Medical Care posthumously from the Durban University of Technology. Dr Ashokcooma had been the principal of the Department of Health's Emergency Medical Services College which is

responsible for emergency care training. His family received the qualification on his behalf.

A F R C A D A Y AFRICAN REGIONAL HEALTH REPORT -

GAINS AND CHALLENGES

As the world commemorates Africa Day on Saturday, 25 May 2019, Health Chat puts the spotlight on the gains that have been made and challenges that remain regarding health on the continent. Formerly known as African Freedom Day and African Liberation Day, Africa Day is the annual commemoration of the foundation of the Organisation of African Unity (OAU) (now known as the African Union) on 25 May 1963.

The Health of the People, a report by the World Health Organisation, is the first to focus on the health of over a biillion people living in Africa.

While acknowledging that Africa is confronted by the world's most dramatic public health crisis, the report offers hope that over time the region can address the health challenges it faces, given sufficient international support.

It provides a comprehensive analysis of key public health issues and progress made on them in the Africa Region.

HIV/AIDS continues to devastate the WHO Africa Region, which has 11% of the world's population but 60% of the people with HIV/AIDS. Although HIV/AIDS remains the leading cause of death for adults, more and more people are receiving life-saving treatment. The number of HIV-positive people on antiretroviral medicines increased eight-fold, from 100 000 in December 2003 to 810 000 in December 2005.

More than 90% of the estimated 300–500 million

malaria cases that occur worldwide every year are in Africans, mainly in children under five years of age, but most countries are moving towards better treatment policies. Of the 42 malaria-endemic countries in the African Region, 33 have adopted artemisinin-based combination therapy—the most effective antimalarial medicines available today—as first-line treatment.

River blindness has been eliminated as a public health problem, and guinea worm control efforts have resulted in a 97% reduction in cases since 1986. Leprosy is close to elimination—meaning there is less than one case per 10 000 people in the Region.

Most countries are making good progress on preventable childhood illness.

Polio is close to eradication, and 37 countries are reaching 60% or more of their children with measles immunization. Overall measles deaths have declined by more than 50% since 1999. In 2005 alone 75 million children received measles vaccines.

While drawing the world's attention to recent successes, the report offers a candid appraisal of major hurdles, such as the high rate of maternal and newborn mortality overall in the Region. Of the 20 countries with the highest maternal mortality ratios worldwide, 19 are in Africa; and the Region has the highest neonatal death rate in the world. Then there is the strain on African health systems imposed by the high burden of life-threatening communicable diseases coupled with increasing rates of non-communicable

diseases such as hypertension and coronary heart disease. Basic sanitation needs remain unmet for many: only 58% of people living in sub-Saharan Africa have access to safe water supplies.

Non-communicable diseases, such as hypertension, heart disease, diabetes and are on the rise; and injuries remain among the top causes of death in the Region.

The report stresses that Africa can move forward on recent progress only by strengthening its fragile health system.

The full report is available on the following link:

https://apps.who.int/iris/bitstre am/handle/10665/137377/9789 290232612.pdf;jsessionid=D47 7DA273F4FBBA8D0B6C488492 046B7?sequence=4











NOTICE IN TERMS OF REGULATION 9(5)(b) OF THE EMERGENCY MEDICAL SERVICES REGULATIONS PUBLISHED UNDER THE NATIONAL HEALTH ACT, 2003 (ACT 61 of 2003)

The KwaZulu-Natal Health Department hereby wishes to invite public comments on EMS providers who have applied for licence to provide emergency medical services in the province, in line with the 2017 EMS Regulations published under the National Health Act, 2003 (Act 61 of 2003)

In terms of the 2017 EMS Regulations, all persons conducting or who wish to conduct emergency medical services must apply for a licence to do so in terms of Regulation 8, and the public must be informed and invited to make comments in terms of Regulation 9(5)(b).



ZULULAND DISTRICT

JOSE-IMPILO AMBULANCE SERVICES

(PROVINCIAL)

HARRY GWALA DISTRICT

KWAZULU -NATAL EMS (PROVINCIAL)

AMAJUBA DISTRICT

KWAZULU -NATAL EMS (PROVINCIAL)

ILEMBE DISTRICT

(PROVINCIAL)

UMZINYATHI DISTRICT

KWAZULU -NATAL EMS (PROVINCIAL)

UMGUNGUNDLOVU DISTRICT

MELUSI MEDIX

KWAZULU -NATAL EMS (PROVINCIAL)

UTHUKELA DISTRICT

KWAZULU -NATAL EMS (PROVINCIAL)

ETHEKWINI DISTRICT

KWAZULU -NATAL EMS (PROVINCIAL)

KING CETSHWAYO DISTRICT

MELUSI MEDIX

MEDITRAX

KWAZULU -NATAL EMS (PROVINCIAL)

UGU DISTRICT

KWAZULU -NATAL EMS (PROVINCIAL)

UMKHANYAKUDE DISTRICT

KWAZULU -NATAL EMS (Provincial)

COMMENTS OR OBJECTIONS MUST BE

SENT TO: silindile.khanyile@kznhealth.gov.za or nduduzo.maluleka@kznhealth.gov.za

NO LATER THAN

15 DAYS FROM THE PUBLICATION DATE OF THIS ADVERT

FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE











URGENT REMINDER!!!

SUBMISSION OF FINANCIAL DISCLOSURES: OTHER CATEGORIES OTHER THAN SMS

WHO MUST SUBMIT?

MMS LEVEL 12 AND HIGHER, OSD AND NON-OSD (JUNE OF EVERY YEAR)

MMS LEVEL 11 AND HIGHER, OSD AND NON-OSD (JULY OF EVERY YEAR)

FINANCE AND SCM REGARDLESS OF SALARY LEVEL (JULY OF EVERY YEAR)

NEW APPOINTEES IN ALL DESIGNATED CATEGORIES (WITHIN 30 DAYS OF APPOINTMENT)

Submit
your financial
disclosure online using
eDisclosure System on
www.dpsa.gov.za/
edisclosure

NOTE:

the system is about to open for salary level 12 and higher (OSD and Non-OSD) now in June.

LOG ON
TO REGISTER
AND
SUBMIT
YOURS!!!

033 395 3249 OR DIAL EXTENSIONS: 2233/ 2717/ 2472/ 3191

FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE









EXCITEMENT BUILDS FOR THE 11TH PROVINCIAL WORK AND PLAY INTER-DEPARTMENTAL

GAMES



It's all systems go for the 11th Provincial Work and Play Interdepartmental Games hosted by the KwaZulu-Natal Department of Sports and Recreation scheduled to take place on the 31st May 2019 till the 01st June 2019 at the Pietermaritzburg Athletics Track. These games are aimed at promoting a healthy lifestyle in the public service.

KwaZulu-Natal Department of Health employees will be participating in these games, coordinated by Mr Dumisa, Director in Employee Assistant Programmes (EAP) unit. Employees will participate in various sports namely; athletics, football (Males), football (Females), volley ball, aerobics, netball, indigenous games and tug of war.

The home side has a great

chance to be dominant and lead this year's game as they have prepared extremely well compared to last year's preparation. Employees who will not be participating in these games are invited to show support to their fellow colleagues at this two day event.

Mr Dumisa says, "I encourage the participants to win for the Department as they always do and I also encourage our supporters to come in their numbers to show support. I will not leave out our superiors to also be part of our teams and I remind all officials who will attend to behave well as the code of conducts will be applicable to guide our behaviour."

ETHICS TALK

- Different people can look at the same problem in different ways.
- Use your fundamental ethical principles as a guide if it doesn't feel right then it probably is not right.
- Before making a decision always consider the alternatives and consequences.
- When in doubt seek advice.
- Remember if you consult the problem is then EVERYONE'S problem and if you don't consult then the problem is just YOURS!

HEALTH INVENTIONS THAT CHANGED THE WORLD: THERMOMETRE

Before there was the thermometer, there was the earlier and closely related thermoscope, best described as a thermometer without a scale. A thermoscope only showed the differences in temperatures, for example, it could show something was getting hotter. However, the thermoscope did not measure all the data that a thermometer could, for example, an exact temperature in degrees.

Although several inventors have been credited with developing the thermoscope, it is largely agreed that Italian inventor Santorio Santorio became the first inventor to put a numerical scale on his thermoscope in 1612. Later the measuring system was finessed in the Celsius and Fahrenheit system.

Source: www.thoughtco.com



















GALLERY

INTERNATIONAL NURSES DAY - GREY'S HOSPITAL





















COMPILED BY:

CORPORATE COMMUNICATIONS

(KWAZULU-NATAL DEPARTMENT OF HEALTH)

TEL: 033 395 2547 OR 033 395 2653 | FAX: 033 342 9477

SEND STORIES YOU WOULD LIKE TO FEATURE ON THE KZN HEALTH CHAT BULLETIN TO:

healthchatbulletin@kznhealth.gov.za





