



HEALTH Chat

DECEMBER 2016



IT IS IN OUR HANDS TO END HIV AND TB WORLD AIDS DAY 2016



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BATHO PELE PRINCIPLES

Consultation

Asking what clients want and finding out how we can meet their needs

—0000—

Service Standards

If we already know what our clients want, we can set the standard to which we will render the service

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Access

This applies to ensuring that people who previously did not enjoy our service get the service. It will also mean ensuring that disabled people, people living in rural areas are able to utilise the service

—0000—

Courtesy

Being polite, friendly, helpful

—0000—

Information

It is about reaching all people to make sure that they are informed about the services we render

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Openness & Transparency

What we do should not be a secret nor something we are ashamed of and want to hide. We publish annual reports, have open days etc

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Redress

People should feel free to tell us if they are unhappy with our service. We should deal with complaints in a professional manner

—0000—

Value for money

Giving the best service we can using all the resources. Eliminating waste, fraud and corruption

—0000—

Encouraging innovation and rewarding excellence

Doing things better, going the extra mile

—0000—

Customer impact

Looking at what benefits we have provided and how have we improved service delivery

—0000—

Leadership & strategic direction

Leaders set the example. They guide the organization to success



MESSAGE FROM THE MEC FOR HEALTH, DR SM DHLOMO

Once again, the festive season is upon us. This is a time to be happy and celebrate life responsibly, while surrounded by those who are dear to us.

As in other years, all major routes throughout KwaZulu-Natal are expected to experience an influx of visitors – and traffic congestion - now that schools, factories and other industries around the country have closed for the holidays.

Some people will be returning home from places of work outside of the province; and there will also be holiday-makers entering the province; while others will be traveling within the province.

Unfortunately, this heightened holiday activity also leads to an increase in the number of incidents of trauma and fatalities resulting from road crashes, violence and drownings.

It has been proven that most road accidents happen as a result of human error, including failure to adhere to road traffic rules. During this time, communities also experience a higher incidence of social ills and crimes, which lead to violence and trauma.

The net effect of all of these incidents is that they put pressure on government resources as a result of people having to be treated in government hospitals and those who require rehabilitation; and in other cases, people having to receive social grants - let alone those who pay the ultimate price - death. But things do not have to be this way.

I wish to call on all road users to exercise caution – on the roads, at home and on the streets – by staying on the right side of the law. It starts with you, by doing the little things like not drinking and driving; and by always ensuring that your vehicle is not overloaded and are always roadworthy. It is these little things that will result in savings of health resources.

The school holidays also mean that many young people will have a lot of time on their hands. Left unchecked, some of them may experiment with potentially dangerous things, such as unprotected sex. We want to urge parents/guardians to talk to their children about these things.

As a Department, we always encourage abstinence from sex for as long as possible – until one is physically and psychologically read to deal with its consequences.

For those who cannot abstain from sex, we encourage the use of Dual Protection, which promotes Medical Male Circumcision and the use of female contraceptive methods – while using condoms during every episode of sexual contact. This ensures protection against both sexually transmitted infections - including HIV - and unwanted pregnancies.

The month of December also contains one of the most important days in the health calendar: World AIDS Day, which we commemorated on 01 December.

But, as the South African National Aids Council says, we should not lose sight of the other 'zeroes': Zero new HIV infections; and Zero AIDS related deaths.

We therefore, once again, call on all South Africans to stand together and unite in the fight against the spread of HIV. Let us ensure that those of us who are HIV positive are never ostracized, discriminated against or made to feel sub-human. Let us give them all the care and support they need.

I wish you all a happy and safe festive season!!!

I Thank You





MESSAGE FROM THE HEAD OF HEALTH, DR ST MTSHALI

Merry! Merry! Warm and hearty greetings to all employees of the Department, our valued stakeholders and the KZN community at large.

The holiday season is upon us and everywhere we go there is already evidence of the festive fever, at the malls, beaches and even television commercials are trying to persuade consumers to go on Christmas spending spree. However, in the midst of all the joy that comes with the festive season, there is heightened responsibility on all individuals to safeguard lives. This involves the security cluster and also healthcare professionals who treat people who end up needing treatment in our facilities for various reasons. I therefore wish to take this opportunity to thank all healthcare workers and those who work in essential services who will be on duty during the summer holidays, especially on Christmas Day and New Year's Day. While other people will be out there having a good time, you'll be doing the most profoundly important of all jobs – saving lives. Your hard work and willingness to go the extra mile does not go unnoticed. You are all true patriots and valuable assets to our country and we appreciate you.

As the KwaZulu-Natal Department of Health, we would like to appeal to all holidaymakers to make the most of our beautiful province during this period and enjoy themselves. However, we call upon holidaymakers to do so responsibly, without placing your lives at risk or contravening the law. This not only applies to the youth, but to adults as well. We are urging you to be at your best behavior, and not allow a few minutes of what appears to be 'fun' to spoil the rest of your future. Unprotected sex could lead to an unplanned pregnancy, STIs (Sexually Transmitted Infections) or HIV. It's better to abstain from sex or to use condoms at ALL times. Also, do not abuse drugs and alcohol. I wish to call on every member of society to ensure that everyone, especially young people – as they are a high risk group - knows about HIV/Aids and its impact.

We must ensure that everyone knows how HIV infection can be avoided. Those who are infected must not become victims to prejudice, stigma or discrimination because of their HIV status. This should not just be applicable on World Aids Day, but throughout the year and every year.

To all the people of KwaZulu-Natal, I wish to convey my best wishes and compliments to the New Year. Remember to go to your nearest healthcare facility to get your free health examination, because it is easier and cheaper to treat and manage any disease when it is found early, rather than too late.

*Merry Christmas, and Happy New Year.
Keep well and stay blessed.*



IT IS IN OUR HANDS TO

END HIV AND TB

NOTES FROM KZN HEALTH MEC DR SIBONGISENI DHLOMO ON
WORLD AIDS DAY 2016



1 DECEMBER 2016
WORLD AIDS DAY
IT IS IN OUR HANDS TO END HIV AND TB

As we do this, we need to keep on reminding one another that South Africa is home to the largest concentration of people living with HIV in the whole world. Here we have 7 104 796 million people (ages 15-49) living with HIV, representing 19% of the global HIV burden. Of this total number, 1 622 870 of those people living with HIV are found in KwaZulu Natal.

On this day again we get an opportunity to take stock of the progress we have made in the fight against HIV and AIDS which includes improving access to prevention, treatment and eliminating stigma associated with HIV and AIDS. It is also on this day that we highlight the dangers of 'Blessers' to adolescent girls and young women. We also utilize this day to inform the public that TB is curable even if you are HIV positive.

We need the support of all citizens as the South African Government has embarked on a deliberate effort to scale up HIV Testing Services and strengthen quality at all health facilities in line with the ambitious targets of HIV elimination by 2030.

'IT IS IN OUR HANDS TO END HIV AND TB'

Since KwaZulu Natal is the Province that carries the largest burden of HIV in the country, former Premier Dr Zweli Mkhize had advised that we need to do more than any other Province, stating:

"It is important to acknowledge that the burden of disease that is affecting South Africa has its epicentre in this province.



Similarly, to improve the overall health outcomes in South Africa, Kwazulu-Natal must first improve."

Indeed, working together, we have done more as a Province with the following remarkable successes worth highlighting:

- The Prevention of Mother to Child Transmission (PMTCT) that has been reduced to very low levels in KZN; from 22% in 2008 to 1.2% currently. Country wide, this has been reduced to 1,5%.
- The wise call by His Majesty the King that Medical Male Circumcision be revived as a means to curb the spread of HIV. We are happy to report that in response to that call, we have circumcised more than 750 000 men and boys without a single loss of life since 2010.

- Millions of citizens are coming forward for voluntary counselling and testing
- To date, more than 1, 3 million persons have been initiated on lifelong antiretroviral therapy in this Province alone whilst the national tally is 3, 4 million on treatment. This in its own means that our people are now healthier and living longer.
- We have also rolled out the GeneXpert technology, which consist of 38 GeneXpert machines that are able to provide a faster diagnosis of TB and most importantly the Drug resistant TB
- Our life expectancy has increased from 49 years to 60 years.

It is also worth remembering that initiation to ARVs was previously a doctor driven programme but because of the big numbers of people being dealt with, we introduced the Roving Teams. Indeed the roving teams themselves couldn't cope and we resorted to training nurses under the programme known as the Nurse Initiated and managed Anti- Retroviral Programme. With these nurses deployed even at Primary Health Care Clinics, we successfully initiated more than 1, 3 million people on ARVs, just in this Province alone. Our successes are also borne out of the initiative to partner with Taxi Associations which led to a programme of taking Health Services to Taxi Ranks.

We have also launched Dual Protection Campaigns targeting all Institutions of Higher Learning including TVET colleges in the Province to promote safe sexual and reproductive behaviour and also curb unwanted and unplanned pregnancies. As of September 1, 2016, our Minister of Health, Dr Aaron Motsoaledi commandeered us to start initiating on ARV programme all HIV positive South Africans regardless of their CD4 count. This basically means that we are now testing and treating everyone who tests positive.

It is worth mentioning that Mathematical modeling has shown that Universal Testing and Treating could lead to steep reductions in HIV incidence and might potentially eliminate HIV as a public health problem over a period of 15-20yrs. It will also reduce HIV related morbidity and mortality. We are ready for any number of people that may need to be initiated as we have started a programme of Decongestion of stable chronic patients from health facilities to centres closer to where patients live, better known as Central Chronic Dispensing and Distribution [CCMDD].

'IT IS IN OUR HANDS TO END HIV AND TB

This is attainable if we work together to ensure that:

- **90% of all people living with HIV know their status**
- **90% of people with diagnosed HIV Infection receive sustained Anti-Retroviral Therapy**
- **90% of all people receiving anti-retroviral therapy have their viral suppressed (undetectable viral loads)**

Here at Amajuba in terms of Medical Male circumcision we are failing to reach the Targets set per quarter which is 2244. For instance, in the 1st quarter we circumcised only 1543 males and in the second quarter dropped to 1460.

On HTS our targets here are 27682 per quarter and here too are not doing well as in the 1st quarter only 10864 males and 1 7314 females came forward for tested. Second quarter was much better with 20474 females and 13535 males testing. Let us remember that to be HIV positive in recent past was taken as a death sentence; today, let us all agree, it is increasingly seen and accepted as a treatable and manageable condition.

We thus appeal to all the citizens to come forward and TEST. Help is available; no one should prematurely die now because of HIV. Let us work together to create an AIDS free generation in this very District.



RECOGNITION FOR SHAKA'S KRAAL CLINIC NURSE

WHO DETECTED THAT A BABY HAD A HEART DEFECT WHILST IN THE MOTHER'S WOMB



A Shaka's Kraal Clinic Sister Primrose Steziah Goge was presented with a Recognition Certificate for the clinical care service and spot on, detection of abnormal occurrence in the fetus that ultimately spared the life of an unborn child.

At the special recognition ceremony in Stanger, KZN Health MEC Dr Sibongiseni Dhlomo said

'Indeed it is a happy moment for our Department as we bear the fruits of early attendance of Ante natal care classes. When we started with this exercise, it was about ensuring that HIV positive pregnant women do not infect their unborn babies. We had to do all we could as in 2008 we were recording 22% transmission rate which we have now reduced to 1.2%.

Mothers who attend the Antenatal care are now assured of HIV free babies. What brought us here, is that in this Clinic, Sr Primrose Steziah Goge did not limit herself to checking the HIV status of the mother but she went on to assess the overall health status of the baby in the mother's womb as well. She is indeed well trained and I am proud of the investment that the Department has made in nurturing a person of her calibre.'

Sr Goge is the holder of many sets of skills that enable her to make a success of the job she is called to do, among them are :

- Bachelor of Nursing (B. Cur) from the University of KwaZulu Natal (Durban campus) which she did between 1997 and 2000
- She also holds a B. Tech in Nursing in which she specialized in Primary Health care which she did between 2011 and 2012 at Durban University of Technology
- She worked at Prince Mshiyeni Memorial Hospital as a Professional Nurse for a year in 2001 in the Intensive Care Unit
- She moved over to Umphumulo Hospital for another year in 2002 where she did Primary Health Care duties
- From 2003 to 2006 she served as a Senior Professional Nurse at Inkosi Albert Luthuli Central Hospital working as a Senior Professional Nurse at the Labour Ward and Maternity High Care
- Thereafter, between 2006 and 2009 she was at Stanger Hospital where she worked at the Maternity Ward
- From 2010 to date she has been at Shaka Kraal Clinic as a Clinical Nurse

Practitioner providing Primary Health Care
• In 2016 she attended and attained NIMART course by Khethimpilo as well as the Maternal child women and Neonatal Health offered by our own Provincial Department of Health

All this diligence and hard work has produced desirable results. It assisted her to detect a very rare ailment that is seen only in one out of 300 000 cases.

Her story goes like this:

When she was giving antenatal care to the mother who was expectant then; using just a mere fetoscope she realized that there were anomalies in the heartbeat of the foetus.

She immediately referred the patient to Stanger Hospital for a scan. Stanger, in turn, made a referral to Inkosi Albert Luthuli Central Hospital.

If it was not for her meticulous examination, the groundbreaking operation performed at Inkosi Albert Luthuli Central Hospital by Dr Ismail Bhorat, the Head of the Foetal Surgical Unit, could not have been performed. This was about a surgery on an unborn baby called pericardiocentesis which is an invasive procedure in which a needle and a tube is used to remove fluid from the sac around the heart and in this instance it was performed on a baby whose mother was 29 weeks into her pregnancy. The miracles have yielded positive results –a mother and her baby are alive and healthy.'

MEC Dhlomo then implored all health workers to always have a high index of suspicion when they have a patient in front of them and to always refer when they suspect something. At the end, he asked Sr Goge about what her future career dreams were to which she responded by saying her biggest ambition is to be a Medical Practitioner.

Enthused by this response, MEC Dhlomo replied and said: "The Department will do all it can to provide support that will make Sr Goge actualize her dream to be a doctor. Such committed health professionals require and deserve our full support."

BOOST FOR EFFORTS TO CURB TEENAGE PREGNANCY IN RURAL IMPHENDLE



The KZN Department of Health held a community dialogue with residents of Impendle as a means to deal with rising rates of teenage pregnancies in the Province. In attendance were the local mayor; teenagers; young omakoti; men; elderly women and traditional health practitioners. Issues that were discussed pertained to the reluctance by some men to use condoms; delays and non-attendance of Antenatal care by pregnant women as well as use of isihlambezo, a traditional concoction, to induce birth.

In the commission that got MEN together discussing the concerns, it emerged that many teenagers are not reporting their pregnancy status at home because of fears that they will be found out by the parents. Many pregnant youths are reluctant to visit the local clinics out of fear of being judged by healthcare workers.

Men then advised one another other that the solution will come about if they get involved in their children's lives by giving advice especially on reproductive matters. They also advised one another to ensure that their families are well taken care of financially, so that children are not tempted to get involved with sugar daddies.

The women's commission recommended that elderly women should talk more about the joys and benefits of being celibate until the day one gets married. Emphasis was placed on the need for mothers to get to know their daughters better; be there all the time to give advice and guidance; as well as be vigilant in order to notice pregnancy symptoms and seek medical attention. Speaking during the commission, several teenage girls said some of the key drivers of teenage pregnancy include unprotected sex; a desire to receive child support grants and the non-involvement of parents in their lives. They also agreed that most of them love "bling" and flashy-lifestyles which they

cannot afford, hence their involvement with elder men. They also raised the issue of negative attitude coupled with lack of confidentiality by health care practitioners as inhibiting factors that prevent them from getting access to informed health advice. Some of them admitted falling pregnant just because they want to appease their partners or trying to create permanency in their relationships.

MEC Dhlomo thanked all the community members who participated and also asked the local leadership to continue holding these dialogues.

"Delaying sexual debut for our young women is the first prize. But for those who are already sexually active; Dual Protection – using contraceptives and condoms during every sexual episode - is the answer. If you don't do this, the result will be an unwanted pregnancy plus a bonus of HIV. Our clinics and hospital officials are also advised to adhere to the 'youth-friendly facility' maxim and to always observe the mandated patients' confidentiality," he said.

KZN DOH – UKZN PARTNERSHIP

TO SHARPEN THE SKILLS OF DOCTORS



CITIZENS of this province are set to continue receiving improved health care, thanks to a partnership between the KZN Department of Health and the University of KwaZulu-Natal, which is sharpening the skills of doctors, thanks to ongoing training.

The Decentralised Clinical Training Programme (DCTP) for Medical students – a collaboration between the Department and UKZN's Faculty of Health Sciences - has been hailed as instrumental in transforming methods of doctor training to the great benefit of both healthcare professionals and health users.

At an indaba held on the 29th of November 2016 at the Nelson Mandela School of Medicine in Durban, the KZN Department of Health, led by the Honourable MEC Dr Sibongiseni Dhlomo, Head Health Dr Sifiso Mtshali and senior management, deliberated on how to maximise the benefits of the programme. Also in attendance were academics, training providers, hospital CEOs, student doctors, a number of issues came under the spotlight. The Department and UKZN committed to continue working hard to:

- Increase the number of Health Care Professionals (HCP) in all cadres across the health spectrum in KZN to help to mitigate the impact of the high burden of disease faced by the province;
- Ensure the alignment of the medical doctor training programme with Primary Health Care, with a focus on disease prevention and health promotion – as opposed to curative, hospital-centric approach;

- Integrate medical students based in Cuba, upon completion of their studies in the decentralised training sites which are Ngwelezane, Port Shepstone Madadeni and Stanger;

- Place a number of students, including those that will be returning from Cuba, in all the decentralised sites; and

- Increase intake of medical students in the near future.

Since its introduction in December 2014, 60 doctors have been trained and many more are said to follow under the DCTP Programme. It has proven to be an invaluable catalyst for the continuous upskilling of Medical Students who are now placed in various hospitals throughout the province, as opposed to the erstwhile approach where training of medical students was mainly concentrated in the metropolitan areas such as EThekweni and Umsunduzi municipalities.

The new model has shifted training platforms to embrace Primary Healthcare facilities in the various districts of KwaZulu Natal. This has broadened access of training platforms for medical students who are now placed in diverse decentralised sites with intense training exposure which goes beyond the clinical aspects, but also encompasses different social and economic dynamics of their immediate communities.

The Decentralised Clinical Training Programme is currently being pioneered in the following sites:

- Northern KwaZulu Natal- Empangeni/ Lower Umfolozi Memorial Hospital
- Western KwaZulu Natal – Newcastle/Madadeni Hospital

- Southern KwaZulu Natal – Portshepstone/ G J Crooks Hospitals

- Central KwaZulu Natal - Stanger KwaZulu Natal

The Decentralised Clinical Training Programme will gain momentum in the New Year (2017) with an increased intake that will include students from numerous disciplines like MBCHB (Bachelor of Medicine, Bachelor of Surgery qualification), Nursing, Dental Surgery and Ophthalmology. KZN MEC for Health Dr Sibongiseni Dhlomo engaged with the students and expressed appreciation for the progress made so far.

“We jealously want this Programme to work not for our sake but for the country. Where there are gaps, let’s work together to close them and be mindful that this is a process. KwaZulu-Natal has a huge number of student doctors and we must create an enabling environment for students to train in the decentralised sites for the programme to work for the benefit of the public,” said MEC Dhlomo. Meanwhile Head Health Dr Sifiso Mtshali also allayed fears that final year medical students may not be allocated space to perform their internship training so that they can graduate. He noted concerns from the students and set the record straight and assured them of the Department’s stance on the matter. “I would like to urge our final year medical students to stay calm. All of them will be allocated space to do their internship. What the Department cannot guarantee is students’ first, second or last choice as placement for their training. Internship training is part of career development for medical doctors and it is not in government’s plans to halt students’ development,” he said.

LET'S TALK ETHICS

The Public Service Regulations 2016, places much emphasis on ethics in the workplace. Below, we deal with conduct, financial disclosure, anti-corruption and ethics management. This is something that every employee needs to know about.

CODE OF CONDUCT, FINANCIAL DISCLOSURE, ANTI-CORRUPTION AND ETHICS MANAGEMENT

PART 1

CODE OF CONDUCT

ADHERENCE TO CONSTITUTION AND OTHER LAWS

11. An employee shall

- a) Be faithful to the Republic and honour and abide by the Constitution and all other law in the execution of his or her official duties
- b) Put the public interest first in the execution of his or her official duties
- c) Loyal execute the lawful policies of the Government of the day in the performance of his or her official duties
- d) Abide by and strive to be familiar with all legislation and other lawful instructions applicable to his or her conduct and official duties
- e) Co-operate with public institutions established under the Constitution and legislation in promoting the interest of the public

RELATIONSHIP WITH PUBLIC

12. An employee shall

- a) Promote the unity and well-being of the South African nation in performing his or her official duties;
- b) Serve the public in an unbiased and impartial manner in order to create confidence in the public service ;
- c) Be polite, helpful and reasonably accessible in his or her dealings with the public;
- d) Have regard for the circumstances and concerns of the public in performing his or her official duties and.in the making of decisions affecting them;
- e) Be committed through timely service to the development and upliftment of all South Africans ;
- f) Not abuse his or her position in the public service to promote or prejudice the interest of any political party or interest group;
- g) Respect and protect the dignity of every person and his or her rights as contained in the Constitution ; and
- h) Recognise the public's right of access to information, excluding information that is specifically protected by law.

ETHICAL CONDUCT

13. An employee shall

- a) Not receive, solicit accept any gratification, as defined in section 1 of the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004), from any employee or any person in return for performing or not performing his or her official duties;
- b) Not engage in any transaction or action that is in conflict with or infringes on the execution of his or her official duties;
- c) Not conduct business with any organ of state or be a director of a public or private company conducting business with an organ of state, unless such employee is in an official capacity a director of a company listed in schedule 2 and 3 of the Public Finance Management Act;
- d) Recuse herself or himself from any official action or decision-making process which may result in improper personal gain, and this shall immediately be properly declared by the employee;
- e) Immediately report to the relevant authorities , fraud ,corruption, nepotism, maladministration and any other act which constitutes a contravention of any law (including, but not limited to, a criminal offence) or which is prejudicial to the

- interest of the public, which comes to his or her attention during the course of his or her employment in the public service;
- f) Refrain from favouring relatives and friends in work-related activities and not abuse his or her authority or influence another employee, nor be influenced to abuse his or her authority;
 - g) Not use or disclose any official information for personal gain or the gain of others;
 - h) Not receive or accept any gift from any person in the course and scopes of his or her employment, other than from a family member, to the cumulative value of R350 per year, unless prior approval is obtained from the relevant executive authority;
 - i) If he or she has permission in terms of section 30 of the Act to perform outside remunerative work, not-
 - I. Perform such work during official work hours; and
 - II. Use official equipment or state resources for such work.
 - j) Deal fairly, professionally and equitably with all other employees or members of the public, irrespective of race, gender, ethnic or social origin, colour, sexual orientation, age, disability, religion, political persuasion, conscience, belief, culture or language; and
 - k) Refrain from party political activities in the workplace.

PERFORMANCE OF OFFICIAL DUTIES

14. An employee shall

- a) strive to achieve the objectives of his or her institution cost-effectively and in the interest of the public;
- b) Be creative in thought and in the execution of his or her official duties, seek innovative ways to solve problems and enhance effectiveness and efficiency within the context of the law;
- c) Be punctual in the execution of his or her official duties;
- d) Execute his or her official duties in a professional and competent manner;
- e) Co-operate fully with other employees to advance the interest of the public;
- f) Be honest and accountable in dealing with public funds and use the State's property and other resources effectively, efficiently, and only for authorised official purposes;
- g) Use the appropriate mechanisms to deal with his or her grievances or to direct representations;
- h) Be committed to the optimal development, motivation and utilisation of employees reporting to him or her and the promotion of sound labour and interpersonal relations;
- i) Avail himself or herself for training and development;
- j) Promote sound, efficient, effective, transparent and accountable administration;
- k) Give honest and impartial advice, based on all available relevant information, in the execution of his or her official duties;
- l) Honour the confidentiality of official matters, documents and discussions;
- m) Not release official information to the public unless he or she has the necessary approval;
- n) When on official duty, dress and behave in a manner that is befitting of a public service employee;
- o) Not consume alcoholic beverages or any other non-medicinal substance with an intoxicating effect while on duty or shall not report for duty under such influence;
- p) Not misrepresent himself or herself or use the name or position of any other employee or person to unduly or improperly influence any decision making process or obtain any undue benefit; and
- q) Shall immediately report any non-compliance of the Act to the head of department.

EMPLOYEES AS CANDIDATES FOR ELECTIONS

15. 1. An employee who is issued with a certificate in terms of section 31(3) of the Electoral Act, 1998 (Act No. 73 of 1998), stating that he or she is a candidate in an election, shall, not later than the next working day, inform his or her head of department in writing thereof and submit a copy of the certificate.

2. The employee shall be deemed to be on annual leave from the date following the date the certificate is so issued until, if he or she is -

- a) Elected and accepts election, the date immediately before the date he or she assumes office;
 - b) Elected, but declines election, the date that he or she declines election; or
 - c) Not elected, the date of the designation of representatives in terms of item 16 to Schedule 1 A to the Electoral Act, 1998.
3. If the employee has insufficient annual leave, he or she shall be deemed to be on unpaid leave for the period in question.

For more information, visit www.dpsa.gov.za

UMBUMBULU OUTDOOR GYM LAUNCH:

KZN HEALTH MEC SAYS PHYSICALEXERCISE AND GOOD DIET CAN HELP YOU LIVE HEALTHIER AND LONGER



KWAZULU-Natal Health MEC Dr Sibongiseni Dhlomo has once again urged the public to help lower the burden of disease in the province by eating well and getting into the habit of engaging in regular physical exercise.

Speaking at the official opening of a newly-built outdoor gym at the Msholozu area in Mbumbulu, south of Durban, MEC Dhlomo said the adoption of healthy lifestyles was the only solution to halting the prevalence of non-communicable diseases such as hypertension, diabetes, high blood pressure and some cancers, which has reached epidemic proportions. The outdoor gym is a sponsorship from the South African Sugar Association. It consists of exercise and body-building equipment, as well as a children's play area.

"A healthy lifestyle is a way of living that lowers the risk of being seriously ill or dying early. Not all diseases are preventable, but a large proportion of deaths, particularly those from coronary

heart disease and lung cancer, can be avoided. Scientific studies have identified certain types of behaviour that contribute to the development of non-communicable diseases and early death. Health is not just about avoiding disease. It is also about physical, mental and social wellbeing. When a healthy lifestyle is adopted, a more positive role model is provided for other people in the family, particularly children."

KwaZulu-Natal, like other provinces, is buckling under a quadruple burden of diseases made up of HIV, AIDS and TB; the high rates of maternal and child mortality (often due to teenage pregnancy); non-communicable diseases (such as cancer, diabetes, obesity, hypertension) and violence and injuries. Factors that contribute to this situation include the sedentary lifestyles that many people lead; poor health choices that they make, such as having unprotected sex, engaging in substance abuse; and unhealthy dietary habits.

"We encourage people to take charge of their own health and be aware of the

warning signs pointing to possible health risks. While the Department can provide preventative health care, it is ultimately the people who must embrace the measures introduced," he said. MEC Dhlomo told a large group of people gathered at the launch that following a healthy diet was just as important.

"People are urged to get used to eating boiled food, fruits and vegetables... Everything you eat has a bearing on your health. Lower your intake of oily food. The body only needs a particular amount of food. Don't eat more than you need to. You don't become fat by mistake. It's a choice you make, whereby you eat more than you need to, and then not exercise. Get used to regular physical exercise. MEC Dhlomo urged the community to be aware of risk factors such as smoking, drinking, taking drugs, high blood pressure, high cholesterol, obesity and stress.

2016

THE KZN HEALTH YEAR IN REVIEW:

MILESTONE ACHIEVEMENTS

CENTRAL CHRONIC MEDICINE DISPENSING AND DISTRIBUTION (CCMDD) PROGRAMME

The Department successfully launched and rolled out a programme called Central Chronic Medicine Dispensing and Distribution (CCMDD) which addresses the plight of congestion in health facilities through distribution of chronic medicines to Pick-up-Points in closest to health care users. The programme makes use public facilities like schools, community halls, tribal authorities and churches throughout KwaZulu-Natal.

Statistics to date show that:

- The number of patients registered into the programme and on the distribution list is 441 954
- The number of facilities implementing CCMDD is 533
- The number of collection points in KZN is 1934 (337 CCMDD dedicated fast-lane queues, 1244 Adherence clubs, 353 external pick up points)

HIV UNIVERSAL TEST AND TREAT PROGRAMME:

On 01 September 2016, the KwaZulu-Natal Department of Health started a programme of giving out Anti-Retroviral Treatment to all patients testing HIV positive. This is the new policy in line with the World Health Organization's guidelines that the urgent commencement of treatment for people who are HIV positive – regardless of their CD4 Count - is extremely beneficial. Government has, on the basis of research evidence, already removed CD4 as an eligibility criterion for HIV+ pregnant women, children under 5 years of age as well as HIV and TB co-infected patients over the past few years. Now all people living with HIV can start ARV's regardless of their CD4 Count. This will further increase KZN's treatment programme which is currently at 1.3 million and is the biggest in the country.

WORKPLACE ETHICS

In 2016, the Department established a multi-disciplinary Ethics Committee, which is based at Head Office. This Committee is responsible for providing strategic direction, oversight and control of ethics management activities in the work place. The Ethics Committee ensures collaboration and integration with other ethics related functions, such as anti-fraud and corruption, risk, compliance, internal audit, investigations and labour relations. The Ethics Committee also plays a pivotal role in monitoring and reporting of ethics activities in the Department, the overall ethical performance based on a code of ethical conduct. The Ethics Committee reports on ethics related matters to Senior Management team on a quarterly basis. The committee is made up of 15 members and the Champion is Mrs Prash Padayachee.

CAMPAIGNS

HEALTHY LIFESTYLE

In 2016 the Department spearheaded numerous campaigns addressing a diverse range of health challenges. The main objective was to create awareness and empower the people of KwaZulu-Natal with key information needed to make wise health decisions. The Department took campaigns like Healthy Lifestyle to communities in urban, peri-urban and rural areas, to encourage people to adopt the culture of exercise and good nutrition as a norm. KZN Health MEC, Dr Sibongiseni Dhlomo always led from the front in the various activities where there was an aerobics programme. He participated in activities like the Aquelle Cycle race, Park and Run, Fitness Walks, Marathons and recently the healthy lifestyle aerobics session at the Essence Festival which was held in Durban. He utilized all these platforms to make a call to the people, young and old, to adopt a healthy lifestyle.



ANTI ILLEGAL ABORTION

The Department was also relentless in championing the call for safe abortions especially talking to young girls who fall prey to the dangerous antics of backstreet abortion practitioners. The Department took the-illegal abortion campaign to different towns where the MEC, Head Health and Officials literally combed the streets to remove adverts of illegal abortion clinics or centers. They further held dialogues with the public to share information.

ANTI BLESSER CAMPAIGN

In response to the risks of HIV infection faced by young people in the 15 – 24 age bracket, the Department announced its intention to commence an “Anti-Blessers” campaign. Although the phenomenon of inter-generational relationships and transactional sex was not entirely new, statistics show that up to 2300 women are getting infected with HIV countrywide, every week. This is mainly due to their involvement in inter-generational sex.

At various platforms, the MEC, Dr Sibongiseni Dhlomo, became a fervent spokesperson against the spectacle at every opportunity possible. He underscored how transactional sex was a deterrent to the vision of an AIDS- free generation in the future since the older generation was infecting the younger generation. HIV/AIDS statistics attested to this, revealing a continuance of new infections and a higher infection rate amongst young women between the ages of 15 and 24 years old.

As a result, this year he aggressively spread the anti-blesser message at every gathering, especially those held at tertiary level such as the First Things First campaign which emphasizes HIV testing and prevention.

The Department also said that in the campaign it would incorporate a verse from the first book of Timothy in the bible which speaks of young people being a “pure” example before others.

ANTI SKIN BLEACHING

An anti-skin bleaching march was also held in Durban in August to promote self-love and awareness against the hazard of using illegal skin bleaching creams. Hundreds of enthusiastic young people attended to support the message by walking across the city. Scores of people braved the rainy weather to attend the march, which also featured testimonials and strong warnings from people who had borne the brunt of these products.

The adverse effects of these products include skin cancer, skin infections, skin thinning, uneven skin tone with increased pigmentation, stretch marks, ochronosis (irreversible greyish pigmentation), and kidney and neurological problems caused by mercury in the products.

MEC Dhlomo also called on law enforcement authorities to ensure that these illegal products were taken off the shelves, destroyed, and not imported again.

INFRASTRUCTURE SERVICE DELIVERY

The Department's Infrastructure Development team was responsible for refurbishing buildings considered to be of historical significance in the province. The team was handed two prestigious awards by the Heritage Society of South Africa because of its achievement of renovating Pietermaritzburg buildings: the Old Boys Models School (OBMS) and the Edendale Hospital Nursing College. Because of the team, the OBMS building is able to be used as office accommodation of a high standard for government officials.

Multiple health facilities were built and renovated this year as well. Amongst these were: Pomeroy Community Health Centre, which can be regarded as a mini hospital, Mndozo Clinic and Verdriet Clinic in Amajuba, Sokhela Clinic at Harry Gwala as well as the maternity wing at Somkhele at Umkhanyakude.

EXCEPTIONAL CLINICAL WORK

ABDOMINAL PREGNANCY DELIVERY

Doctors from Newcastle Provincial Hospital were behind the safe delivery of a baby from a mother who had had a rare and dangerous abdominal pregnancy. An ultrasound was performed that raised suspicions that an abdominal pregnancy had occurred and this was confirmed by Dr Nonhlanhla Dlamini, the Head of the Obstetric Department. The fetus was still alive, and located behind the uterus, which was empty. Dr Dlamini advised the patient that she would need an emergency surgery the same night. Four doctors had to perform a laparotomy - a surgical procedure involving a large incision through the abdominal wall to gain access into the abdominal cavity - which confirmed that, indeed, the unborn baby was in the abdomen, not in the uterus. The safe delivery of that baby was indeed a miracle.

PERICARDIOCENTESIS

Sr Primrose Steziah Goge is a ShakaKraal Clinic Nurse who led to the performance of a groundbreaking operation done at Inkosi Albert Luthuli Central Hospital by the Head of the Foetal Surgical Unit. This nurse detected defects using just a mere fetoscope to come to the conclusion that there were anomalies in the heartbeat of the foetus and immediately referred the mother to Stanger Hospital for a scan. This eventually led to a surgery called pericardiocentesis at Inkosi Albert Luthuli Hospital. An invasive procedure in which a needle and a tube were used to remove fluid from the sac around the heart was successfully performed on a mother who was 29 weeks into her pregnancy at the time.

CONJOINED TWINS

A rare birth of conjoined twins from Pongola in Zululand, Northern KwaZulu Natal was hailed a success and necessitated further treatment at a higher level of care. The twins were immediately referred to Inkosi Albert Central Luthuli Central Hospital [IALCH]. The twin girls, who were conjoined at the chest and abdomen (omphalopagus), were born at their home in Pongola, on the north coast of KwaZulu-Natal on, 08th of October 2016. MEC Dhlomo visited the twin girls in the Neonatal Intensive Care Unit of IALCH, and interacted with their mother, as well as the Chief Paediatrician, Dr Harshavadan Ratilal "HR" Mackanje. The twins were exposed to a multidisciplinary team of highly trained specialists, including neonatologists, orthopaedic surgeons, cardiologists, gastroenterologists at IALCH. KZN DoH would also like to recognise the valuable contributions of the Air Wing of the Department's Emergency Medical Services for being at hand, as they were the ones who airlifted the twins from Itshelajuba Hospital to Inkosi Albert Luthuli Central Hospital. The twins who are now two months will be operated on; at 6 months as health professionals are currently mapping out a plan to separate them.



MEGA HEALTH EVENTS

Kwa-Zulu Natal was honoured to host a few mega health events this year, including the 21st International Aids Conference, the 40th International Hospital Federation Congress and the Society of Midwives of South Africa (SOMSA) Congress which were all held in Durban. The KZN Department of Health had an enormous participation in all these platforms sharing lessons with the international community.

21st INTERNATIONAL AIDS CONFERENCE \ AIDS2016

The International AIDS Conference is the largest conference on any global health or development issues in the world. This was a return to Durban since the 13th Conference which was held in year 2000, 16 years ago. The conference provided an opportunity to take stock of the progress the world has made in improving access to prevention, treatment and eliminating stigma associated with HIV and AIDS. The province of KwaZulu Natal also used the Conference to launch the NIMART book, a combination of stories by nurses on fighting the scourge of HIV and AIDS in KwaZulu Natal

40th WORLD HOSPITAL CONGRESS IHF2016

The 40th World Hospital Congress was held in Durban for the first time on the African continent. In keeping with the global commitment to deliver the best possible health care outcomes to all patients, the theme was "Addressing The Challenge of Patient-Centred Care and Safety". The Department was well represented by the MEC Dr Sibongiseni Dhlomo, Head Health Dr Sifiso Mtshali, Hospital CEO's, Facility Managers, Clinicians and Officials who participated in various activities of the Congress. The highlight of the Congress was the awards given to Edendale hospital and R K Khan during the 2016 International Awards of the International Hospital Federation (IHF) to recognise and honour hospitals and healthcare organisations for innovation, excellence, outstanding achievements and best practices in areas that are worthy of international recognition. Edendale Hospital and R.K. Khan Hospital, received honourable 2016 International Awards, for their Saving Blood, Saving Lives project and Pharmacy Decongestion project, respectively. Edendale Hospital won a first prize for the Quality & Safety and Patient-centred Care Award, followed by India. R.K Khan Hospital received was a runner-up for the Leadership and Management in Healthcare Award, after Singapore.

13TH SOMSA CONGRESS

The Society of Midwives of South Africa (SOMSA) was held in August 2016 in Durban with thousands of midwives from all nine provinces in attendance. The Congress was held under the Theme: "Midwives taking the lead in achieving the Sustainable Development Goals". The Congress delved into issues associated with maternal deliveries. It focused on all aspects, from ethics; work conditions and environment; patient management; delivery outcomes and everything else that midwives deal with in their critical job of ensuring safe delivery of babies.



AWARDS

Remarkable ceremonies took place this year to reward service excellence amongst employees of the Department.

MASEA

The MEC Annual Service Excellence Awards (MASEA) the most prestigious event of the year took place on the 4th of June 2016. A lot of individuals and teams who had excelled in various disciplines under the most trying circumstances within the KZN public health sector were honored. The MASEA's was one of the most glitzy event of them all, which took place amid a joyful atmosphere, with foot stomping performances by top gospel artists, who kept the audience from the length and breadth of the province enthralled.

LONG SERVICE AWARDS

The KZN Department of Health employees were also rewarded for their loyalty and dedication after many years' of service. Certificates of recognition of Long Service Awards were handed over to employees from various directorates to show appreciation of their selfless contributions in support the mandate of the Department.

GRADUATION

The provision of Healthcare in KZN also received a major boost, following huge graduation ceremony that saw 1501 new nurses conferred with nursing qualifications. Amongst the Health disciplines that will be strengthened by the new graduates, were, Ophthalmic Nurses, advanced Midwifery, Neonatal Care as well as Orthopedics Nursing science.









health

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