



NOVEMBER 2016

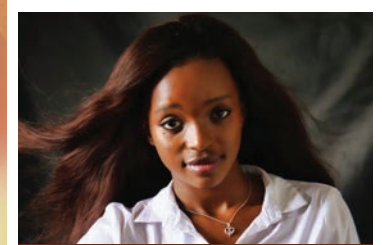
LET'S DENOUNCE VIOLENCE TO KEEP OUR WOMEN AND CHILDREN SAFE

16 DAYS
of Activism
for no violence against
Women and Children

*I protect my sister and my wife
I speak out against Gender Based Violence . I don't punch others .
I care for the safety of women and children . I speak out against Gender Based Violence .
A happy family today is a healthy community tomorrow . I don't bully others . I don't call my partner names .
Count me in . I will not deny my children education and shelter .
Count me in . I'm cool, I don't bully others .
I care for the safety of women and children .
I financially provide for my family .*



CONJOINED TWINS
RECEIVE THE HIGHEST
LEVEL OF HEALTHCARE
POSSIBLE **PAGE 2**



**THE RIGHT DOSE OF
BEAUTY AND BRAINS**
PAGE 12-13

count me in!
I'm the solution!

25 November – 10 December
Together we move South Africa forward



**KZN ATTRACTS ANOTHER
MEGA HEALTH EVENT**
PAGE 15-18

BATHO PELE PRINCIPLES

Consultation

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

Service Standards

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

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

Courtesy

Being polite, friendly, helpful

Information

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

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

Redress

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

Value for money

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

Encouraging innovation and rewarding excellence

Doing things better, going the extra mile

Customer impact

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

Leadership & strategic direction

Leaders set the example. They guide the organization to success



MESSAGE FROM THE MEC FOR HEALTH, **DR SM DHLOMO**

Welcome once again to the latest edition of Health Chat online magazine. I wish to take this opportunity and highlight the need for both men and women to know about the dangers, and warning signs, of breast cancer.

We have learnt with concern recently that the rate of breast cancer is increasing among men. This means that the need to inspect breasts is no longer something that only women should worry about, but men as well.

If you inspect your breast and feel any foreign object, such as a lump, this might be an early sign of breast cancer. Do not sit and wait, but act quickly. The earlier you seek help, the easier it becomes for health professionals to intervene.

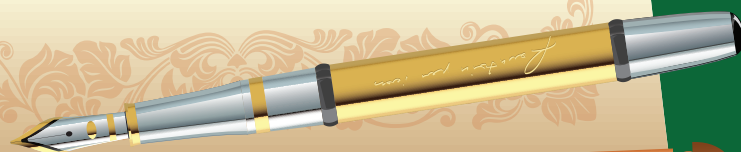
The month of November is also a very important period in the health calendar year as it allows us to put the spotlight on one of the most serious social scourges facing our society – the abuse of women and children.

From 25 November to 10 December 2016, South Africa will commemorate 16 Days of Activism For No Violence Against Women and Children. The United Nations defines violence against women as; “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

The sad reality is that many women and girls continue to be raped, sexually abused, sexually harassed, and even murdered. This is sometimes done by people who are known to them.

To all women out there, I wish to emphasise that if you ever feel like your life is under threat, you need to report it to the police or a relative that you can trust. Do not stay in an abusive relationship; seek help immediately.

I Thank You





MESSAGE FROM THE HEAD OF HEALTH, DR ST MTSHALI

Warm greetings to all employees of the Department! We are now in the second month of the 3rd quarter of our financial year 2016/17. According to our Health Calendar, November is Quality Month and Red Ribbon Month. Both these aspects are very significant in our sector and critical to reflect on as we continue to discharge our daily responsibilities.

Quality Month calls upon us to examine what quality tools and unique expertise we provide in our line of duty. Issues of quality are important to healthcare workers at all material times. This is because of the type of service we provide, dealing with people and handling delicate cases of various degrees of sickness, as well as keeping to the set standards and regulations. In short, Quality is the buzz word that should be engrained in our minds as healthcare professionals and something we should always be guided by. Every person should be involved in maintaining quality in all they do, from the time healthcare service users enter the health facility until they leave with a positive experience.

Our province recently held another mega health event this year, the World Hospital Congress which was preceded by the 21st International Aids Conference in July. The theme of the World Hospital Congress was "Addressing a Patient Centered Care and Safety". Now quality is deeply embedded on every aspect of this theme for without any provision of quality standards, we couldn't even begin to talk about patient centered care and safety.

The Department has a number of mechanisms to ensure that minimum standards of quality are adhered to; such as the Code of Ethics, Batho Pele Principles, National Core Standards, Office of Health Standards Compliance, Ideal clinics and the MEC's Annual Service Excellence Awards to mention a few. All of these combined should put us in good standing when it comes to issues of quality assurance.

Red Ribbon Month brings to the fore the aspects of drug abuse among teenagers and young adults. Substance abuse often spells challenges for us in the health sector, as this scourge is almost guaranteed to ruin lives due to its adverse effects. Red Ribbon Month allows educators, parents, community groups, students and others to focus on the work being done to stop the spread of drugs and to draw attention to the growing millions who have pledged to live drug-free.

I therefore wish to call upon each and every one of you to actively discourage the abuse of substances and also intervene and offer help to those who have succumbed to the clutches of this serious health challenge that is substance abuse. Remember not to judge and condemn, but offer help.



LET'S DENOUNCE VIOLENCE TO KEEP OUR WOMEN AND CHILDREN SAFE



Later in the month of November all women including children from all corners of KwaZulu-Natal will be commemorating 16 Days of Activism; a campaign which starts on the 25th of November to the 10th of December. This campaign brings into the spotlight the effects of violence against women which occurs in various forms and often spell a devastating impact on their health and well-being.

This year's theme of the 16 Days of Activism Campaign against women and child abuse is: "Count me in: together moving a non-violent South Africa forward." The theme emphasizes the

importance of the combined energies of all people, in every sphere, in combating violence in our communities.

KZN Health MEC Dhlomo condemns and denounces abuse of women and children and also challenges all people of KwaZulu Natal to be active participants in the fight against the scourge of violence against women and children.

In 2016 alone the KZN Department of Health has lost quite a number of women employees due to violence resulting in death. Recently, at Grey's Hospital a prayer for three fallen nurses was held where MEC Dr Dhlomo said: "The violence that is there in society... whenever you hear a woman has been raped, shot, or stabbed ... it is usually men who are the perpetrators. To all women out there, I wish to say, if it concerns your life and you feel that you are under threat, report it. Do not stay in an abusive relationship" said MEC Dhlomo.

MEC Dhlomo strongly discourages violence against women. Earlier this year MEC Dhlomo joined human rights advocate Jan "The Walker" Mabuyakhulu in a gruelling 30km walk from Ballito to Umhlanga in a campaign to raise awareness on the abuse of women and children.

Symptoms of abuse often include: Anxiety, depression and wounds which call for various treatment. The department is committed to giving psychological first aid which is a frontline approach for helping people who have recently suffered a crisis event.



CONJOINED TWINS RECEIVE THE HIGHEST LEVEL OF HEALTHCARE POSSIBLE

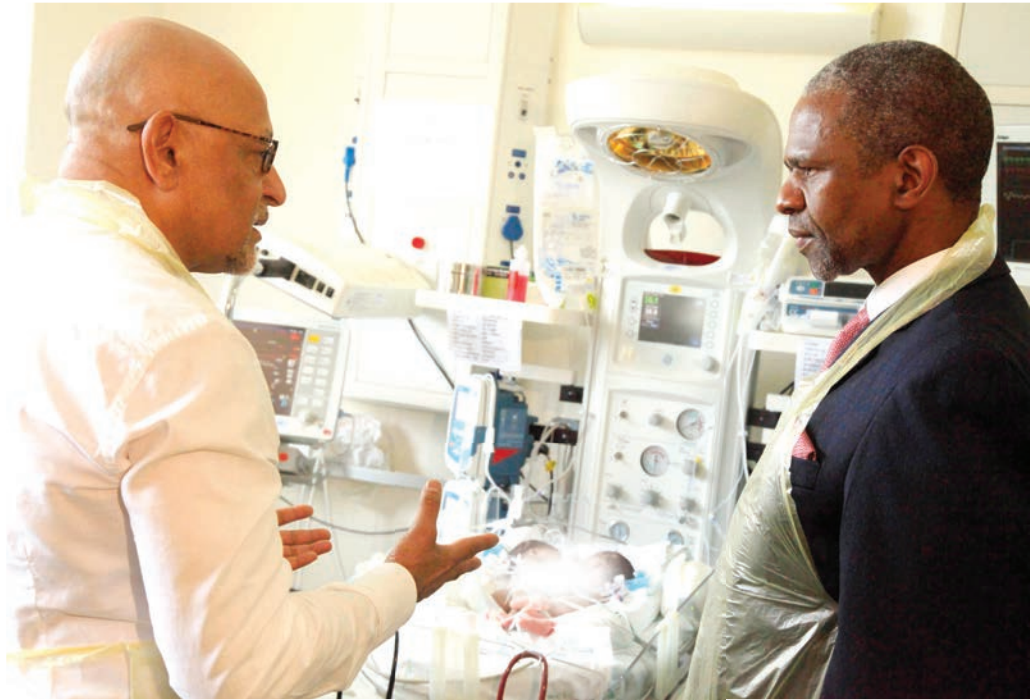
The conjoined newly born twins from Zululand are receiving the highest level of healthcare possible at Inkosi Albert Luthuli Central Hospital [IALCH], where they are being treated.

The twin girls, who are conjoined at the chest and abdomen (omphalopagus), were born at their home in Pongola, on the north coast of KwaZulu-Natal, on Saturday, 08 October 2016.

Their 31 year-old mother has conceded that she only attended ante-natal classes once, during the early stages of her pregnancy.

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. MEC Dhlomo said: "Whatever outcome these twins are going to have will be God's will. Here, at IALCH, they are going to be exposed to a multidisciplinary team of highly trained specialists, including neonatologists, orthopaedic surgeons, cardiologists, gastroenterologists. This hospital is the best place because all of these specialists can be found under one roof.'

MEC Dhlomo was briefed by Dr Mackanje and told that each twin was comfortable and breathing on their own and currently being fed intravenously. He was also informed that although there are certain vital organs that the babies share, (such as the liver) there are other critical organs, such as the heart and lungs that they do not share, which makes their case a little less complicated.



"The doctors are still working on a plan in terms of what they want to do with the babies. They have indicated that they'll allow the babies to grow to a certain age (about six months), which, according to their knowledge, will allow for a particular surgical intervention, if needed."

MEC Dhlomo was pleased with the fact that whatever decision the doctors take will include the family's wishes.

"They're not going to make any decision, good as they may be, without involving the family. The family component, culturally, will be much of the planning going forward."

MEC Dhlomo said that if the hospital care was to be done privately, it would cost millions. This, he said, is why the National Health Insurance is so crucial.

"The costs that would be involved in the hospital care and other future plans would have amounted to what we call catastrophic health expenditure, which is

exactly what NHI will deal with, as our national health minister, Dr Aaron Motsoaledi has been saying. The family would have barely managed. But now these babies are going to have an outcome that is not dependent on how much money their parents have in the pocket."

MEC also hailed the Air Wing of the Department's Emergency Medical Services for being at hand, as they are the ones who airlifted the twins from Itshelejuba Hospital to Inkosi Albert Luthuli Central Hospital.

MEC Dhlomo wished the mother and her twins well. He once again strongly appealed to all pregnant mothers in the province to start ante natal care quite as early as possible, in order for any abnormalities to be detected early, and to ensure for optimal care of both mothers and new-borns.

LET US INCLUDE CHILDREN IN PALLIATIVE CARE, SAYS MEC DHLOMO

KZN HEALTH MEC Dr Sibongiseni Dhlomo has called on all health care service professionals to remember children in embracing and implementing palliative care in the healthcare system.

MEC Dhlomo, who is qualified in palliative care, is an ardent campaigner for this health discipline to be integrated into mainstream healthcare system.

He recently visited Inkosi Albert Luthuli Central Hospital on World Hospice and Palliative Care Day, on 08 October 2016, and said that while some progress is being made to integrate palliative care into the mainstream, much more still needs to be done to ensure that children also benefit from this type of care.

Dr Dhlomo said: "Palliative Care entails provision of comfort, peace and dignity to

both the patient as well as family members as it emphasizes living, encourages hope and helps people to make the most of each day. It advocates for the provision of good care to people with advanced illness in order to ensure the management of pain and other distressing symptoms. It is something we all need to promote and support.

"We all are advocates for palliative care, but we tend to forget children. As a person who is trained in palliative care, I wish to impress it upon the healthcare establishment that among other things that we need to do is to care for children.

For instance, nurses are there when a baby is born, and when that baby grows they are still there. When that same baby is 70 and has a life-threatening condition, they must be there to finish what they started. As we begin to inculcate the vision of palliative care, let us do that and focus on adults and children.

Nobody must be left behind."

MEC Dhlomo also thanked NGOs such as the International Children's Palliative Care Network (ICPCN) and Umduduzi – Hospice Care for Children for the work that they do to champion the cause for children who need palliative care.



BEST PALLIATIVE HEALTH CARE GIVEN IN WESTVILLE PRISON



MEC Dhlomo expressed great appreciation for the manner in which the Department of Correctional Services provide healthcare to inmates in the province of KwaZulu Natal. The MEC recently visited a few Correctional Services facilities among them Umzinto, Ixopo and Westville Prison touring the medical section and meeting with the inmates.

At Westville the MEC got to learn that the facility carries a capacity of 10 to 12 000 inmates at varying times. He was also impressed when he was informed that Medium B section is the only Correctional Centre in the country that is running Palliative Care through its partnership with Hospice Palliative Care of South Africa.

The Palliative Care programme has assisted in improving the quality of life for offenders with a life threatening illness by giving nursing care; pain management; symptom control; psychological, social,

emotional care as well as spiritual support. Offenders are also trained to be Care Givers and render basic nursing care under supervision to other fellow inmates.

The Correctional Services Regional Commissioner, Mnikelwa Nxele informed the MEC that Westville Correctional facility has Wards or Rooms designated for Palliative Care manned by 5 Professional Nurses; 2 Doctors trained on Palliative Care; 2 Psychologists; 2 Spiritual workers; 10 Social Workers as well as 26 Correctional Service personnel trained on Palliative Care.

MEC Dhlomo was impressed that the offenders themselves are not left out in the programme as he also learnt that the facility has 60 male and 5 female offenders trained in Basic Palliative Care. They assist in identifying inmates that require care but are reluctant to seek help.

Westville Prison has seen a decline in offender deaths from 43 in the year 2010

to 15 in 2015 as well as 4 inmates moving from a state of being bed-ridden to walking. This is largely attributed to these innovations. MEC Dhlomo then committed to assist saying the Department will reinforce these efforts;

'It is actually the mandate of the Department to work towards the attainment of a long and healthy life for all South Africans. The offenders start at our clinics and once incarcerated, they cannot not just be a responsibility of Correctional Services only as they eventually come back to the society and can infect others if they are not catered for.'

We will get involved especially with the provision of Antiretroviral drugs in line with the Government directive that as of September 1, 2016, all those testing HIV positive must be put on treatment.'

The facility currently has more than 1700 HIV positive inmates but only about 900 on treatment.

MORE RESEARCH TO ADVANCE KNOWLEDGE AND STRENGTHEN HEALTH SYSTEMS

KwaZulu Natal Department of Health took stock of which Health Research Studies have been conducted by its own staff in the last few years with a view to encourage more research work in order to improve health systems and service delivery. The Department held an Internal Research Day at its Head Office, in Pietermaritzburg.

This included presentations on numerous research topics that have been conducted in the province by health care professionals and others within the health service, in order to advance knowledge about healthcare systems as well as for academic purposes. The research studies included a range of intriguing topics that add valuable knowledge towards strengthening health systems in KwaZulu Natal. These included studies on HIV/AIDS, Human Resources, Health Systems, Mental Health, Surgery as well as Maternal and Child Health among others. The range of topics is illustrated in the abridged list of studies below:

- An audiological profile of school aged children with HIV/AIDS at an ARV clinic in KZN;
- Continuous ambulatory peritoneal dialysis in patients with HIV and renal failure: 1 year outcomes;
- Maternal and birth outcomes following ARV exposure during pregnancy: Results from first year of the South African pregnancy exposure registry or birth defect surveillance;
- An evaluation of the management of rural ward based primary health care: a case study of UThukela District Municipality in KwaZulu Natal
- Discharge planning in a tertiary hospital in KZN: views of a multi-disciplinary team members;
- Projecting future central, tertiary and regional hospital bed capacity in KZN;
- An analysis of inter-healthcare facility transfer of neonates within the EThekweni Health District of KwaZulu Natal, South Africa;
- Depression in Older adults: prevalence and risk factors in a primary health care sample;
- Exploring the experiences of Primary Health Care Nurses Providing Mental health Care Services at Primary Health Care Clinics in EThekweni South Sub District in KwaZulu Natal;
- The challenges experience in retaining clinical staff at rural government hospitals in KZN; and
- Core competencies of radiographers working in rural areas of South Africa.

All of these studies were conducted in the province by staff of the KZN Department of Health, using different methodologies to obtain information and come up with conclusive solutions to identified problems. Each study was interrogated by the audience after presentation to solicit information from authors and thrash out issues.

Head of Department Dr Sifiso Mtshali hailed the initiative by the Research Unit, saying that showcasing research will not only stimulate discussion but also facilitate the use of research results by the province, districts and health facilities of KwaZulu Natal.

"Research is there for us to appreciate it and without it we are limiting ourselves. Research has made a massive impact on healthcare in this province, both in terms of developing new treatments for diseases that most affect us, but also in developing better ways of delivering these treatments and rendering our services. I hope that the presentations made today will inspire other staff to conduct their own research in order to impact on their sphere of work within the Department of Health" added Dr Mtshali

KZN Health MEC Dr Sibongiseni Dhlomo was elated to see the number of research studies that were showcased by the Department and shared anecdotes of how they conducted research while he was with the Military. The MEC alluded to the importance of continuous research to drive transformation of the health sector.

"Research is key in advancing knowledge in the country and the whole world. The same scientific knowledge is used to develop protocols that guide our actions and we don't deviate from those protocols up until there are new research findings that dictate that we do so" said MEC Dhlomo.

MEC Dhlomo also committed himself to present a paper on Palliative care at the Research Day next year and encouraged healthcare workers to improve the standard of care they give to their patients.

The Internal Research Day brought the spotlight on an array of issues that were brought up in the different studies.

Q&A WITH DR ELIZABETH LUTGE

Health Research & Knowledge Management (HRKM) Unit

1. KINDLY DEFINE YOUR SCOPE OF WORK.

The HRKM Unit coordinates all research activities undertaken at public health facilities within the Province by reviewing research applications and granting final permission to undertake research. HRKM ensures that the proposed research projects have ethics approval from an ethics committee accredited with the National Health Research Ethics Council, and letters of support from the institutions, districts or programmes relevant to the research. The unit also documents whether the study is in line with the Department's strategic goals, and if so, which specific goals the study contributes towards.

The outcomes of any research should inform policy and influence decision making and this is vital to the performance of a health system as well as in the provision of health care, hence the unit is involved in ensuring that research findings from studies conducted are available to the relevant managers within the Department. The unit distributes a monthly Research Bulletin to all KZN DOH staff, as well as distributing reports of completed research projects to the relevant managers. Finally, the unit organizes annual internal and external research days which allow managers within the DOH to engage with researchers on their projects.

The Unit also manages the process of priority setting and developing health research priorities in the Province by means of workshops at District and Provincial levels. This is very important since the employees at the forefront of managing and delivering health care services are able to identify gaps that require solutions. This can be done through appropriate research study methods. Since the Unit does not have capacity to conduct all research identified as important, HRKM collaborates with research or academic institutes to try to ensure that health research meets local priorities.

A final function is to conduct "in-house" research in line with strategic imperatives and Programme Priorities to support planning and decision-making within the Department.

2. WHAT IS THE SIZE OF THE RESEARCH UNIT?

The unit is composed of myself (Dr E Lutge) as the Director of Epidemiology and HRKM units, and three Deputy Directors: Mr Xolani Xaba, Ms Gugu Khumalo and Ms Rizwana Desai. We are assisted by our Office Assistant Ms Nqobile Makhathini, and are privileged to have two interns working in our unit at the moment - Mr Hawu Seme and Ms Vuyiswa Siwela.

3. WHAT EXACTLY DOES YOUR UNIT DO FOR THE DEPARTMENT?

This is very similar to our scope of work. Our unit serves as the Secretariat to the Provincial Health Research and Ethics Committee (PHREC) of the Department. We provide technical support to Management and other relevant stakeholders by providing information generated from research studies.

4. WHAT ARE YOUR KEY OVERALL OBJECTIVES?

- To manage the research application process within the Department.
- To determine the health research needs of the Department
- To support planning and decision making within the Department through research ("getting research into policy and practice")
- To conduct research projects on behalf of managers within the Department
- To facilitate processes to identify best practice in the Provincial Department and to share relevant lessons throughout the Provincial Department.

5. IN WHAT WAY DO THEY LINK TO THE STRATEGIC GOALS OF THE DEPARTMENT?

The Unit's objectives are directly linked to the Department's Strategic Goal 5: Improved quality of health care through evidence. This is done by managing the research application process as well as disseminating the findings of research to the relevant managers and assisting health research priority setting for the Province.

Since research is a vital tool for providing information, it is also used to assist in attaining the other strategic goals such as: strengthening health system effectiveness by conducting health systems research; exploring and determining ways to reduce the burden of disease; evaluating ways in which universal health coverage can be attained; and investigating requirements for improving human resources for health. Finally, by providing and disseminating evidence for action, HRKM helps the Department to realise its vision of ensuring optimal health for all person in KwaZulu-Natal, including taking into account the social determinants of health.

continued on page 7 >>>

6. HOW DOES YOUR WORK ASSIST ON A DAY TO DAY BASIS ON THE DIFFERENT WORK STREAMS OF THE DEPARTMENT AND ITS FACILITIES?

It assists by providing gatekeeper permission to researchers. Without this, researchers do not have access to facilities and will not be able to commence with their intended studies. It supports strategic planning, monitoring and evaluation. On an ad hoc basis it provides technical support with internal research projects when required.

7. YOUR UNIT RECENTLY HELD AN INTERNAL RESEARCH DAY, WHAT DID YOU SEEK TO ACHIEVE?

The aim of the Internal Research Day was to promote and encourage the conduct of research amongst the Employees of the Department. The focus was mainly on health systems research. We wanted to showcase the efforts made by Departmental staff in conducting research and to promote awareness and understanding of the research carried out in the public health services in KZN.

We also wanted to improve the feedback of research results to Provincial Managers and to initiate the uptake of results for policy, planning and implementation.

Finally, we wanted to provide a platform for networking, collaborating and sharing mutual interests.

8. WHAT WERE THE HIGHLIGHTS OF THE PRESENTATIONS THAT WERE MADE?

The main highlights of **the day** for the Unit were the attendance by Departmental staff and the DDG's, the HOD and MEC for Health; the contributions made by those that submitted their abstracts; the enthusiasm of the presenters; the tremendous support of research initiatives by the HOD: Dr ST Mtshali and the MEC: Dr Dhlomo; and everyone's efforts to make the day a success.

The highlights of **the presentations** that were made were varied since six different themes were covered. These were: HIV/AIDS, Human Resources, Maternal and Child Health, Surgery, Health Systems and Mental Health, which relate to the quadruple Burden of Disease experienced by our country as well the strategic objectives of the Department. The relevance of the findings presented essentially "hit the nail on the head". The presentations were of high quality, were stimulating and prompted engagement with the MEC, HoD, DDGs and staff in the audience, which was one of the goals of the day. Each presentation made a generous contribution to our current body of knowledge; however, the results of the top three presentations (listed below) highlight the critical role research plays in improving the delivery of our health services.

a) An analysis of inter-healthcare facility transfer of neonates within the eThekweni Health District of KwaZulu-Natal, South Africa by Mr P Ashokcoomar from EMS. This presentation identified a critical weakness in the health system that can be avoided but has a major impact on neonatal mortality.

b) Evaluation of the effects of HIV infection on Continued Ambulatory Peritoneal Dialysis (CAPD) - related outcomes in patients with renal failure requiring dialysis, by Dr K Ndlovu of IALCH. This presentation proved the effectiveness of this intervention as a cheap, simple and readily implementable way of reducing the burden on the health system yet still providing a critical standard of care that also considers important patient factors such as reducing travel time and costs for seeking care.

c) Projecting future hospital bed capacity in KwaZulu-Natal by Dr H Somaroo of the Ethekeeni District Office. The objectives of this study were: To audit the availability of regional, tertiary and central hospital beds in KwaZulu-Natal (KZN); to audit regional, tertiary; and central hospital bed performance in KZN and to develop models to predict bed utilisation and shortages. This study was valuable since it has implications for hospital bed planning as well the financial consequences of this for the Department.

9. WHAT EXCITING RESEARCH PROJECTS ARE IN THE PIPELINE IN THE FORESEEABLE FUTURE?

The current projects that the Unit is busy with are:

- An Evaluation of Phase I Implementation of National Health Insurance (NHI) in KZN as requested by Mr M Zungu, DDG for NHI. The components that will be evaluated are:
 - o The three streams of PHC re-engineering: Contracting of GPs, District Clinical Specialist Teams (DCSTs), and Ward based outreach teams
 - o Implementation of the Ideal Clinic model
 - o Assessment of attitudes of patients and health workers towards NHI
 - o Overall impact assessment of first phase of NHI (on patient health indicators).
- Patient Perspectives On Late Initiation Of Antenatal Care (ANC) In Public Sector Clinics In Umgungundlovu District In 2016.

MAJOR BOOST FOR SPECIALISED HEALTHCARE IN KZN AS NURSES WITH SCARCE SKILLS GRADUATE



THE provision of healthcare in KwaZulu-Natal received a major boost, following a three-day graduation ceremony that saw 1501 new nurses conferred with nursing qualifications. Among them were 280 specialist nurses who were trained in specific health disciplines such as Advanced Midwifery, Orthopaedic Nursing Science, Operating Theatre Technique, Critical Care Nursing, Child Care Nursing Science, Ophthalmic Nursing, Psychiatric Nursing and Basic Midwifery.

They were made up of:

- 19 graduates for Ophthalmic Nursing, adding to 14 who graduated in 2014 and six more in 2015. They will now be instrumental in improving eye care services in the Province;
- 59 Advanced Midwifery and Neonatal Care; adding to the 61 who graduated in 2014.
- 41 for Orthopaedics Nursing Science, adding to the 48 who graduated last year; as well as the 41 who were produced in 2014

They will now be dispatched to all Health Districts, so as to curtail the transportation of patients to tertiary hospitals. A further 62 nurses graduated in Critical Care; with 45 in Operating Theatre; and in 54 in Child Health. Also among the graduates were nurses from 11 other nursing categories; including the Professional nursing course; Diploma programme; Professional nurses from the 2 year Bridging course; Enrolled nurses; Nursing Auxiliary; Basic Midwives; Psychiatric nurses and Primary Health Care nurses. The latter are poised to help the Department's efforts to pilot the National Health Insurance plan.

Speaking at the graduation, held at the Royal Agricultural Showgrounds in Pietermaritzburg, MEC Dhlomo called on all graduates to accept and treat the noble nursing profession as life-long training experience.

"Continue treating patients with compassion as pronounced in the Nurses Pledge, where it says 'the total health of my patients will be my best consideration.'"

MEC Dhlomo also paid tribute to the top three learners who achieved the highest marks amongst all learners graduating from within the 10 campuses of the KwaZulu-Natal College of Nursing. They have passed each year of their Diploma, 4 year programme in General; Community; Psychiatric and Midwifery

continued on page 9 >>>

with distinction and were awarded the DIPLOMA CUM LAUDE (Over 75% and above in each year of the programme).

They were Nontobeko Portia Ncube from the Ngwelezane Campus; Nompumelelo Goodness Phakathi from R.K.KHAN Campus, and Zwakele Phinokuhle Ngubane from the Benedictine Campus.

MEC Dhlomo said KwaZulu-Natal Province has to do more and perform better than any other Province as it carries a status of being the epicentre for HIV and AIDS and Tuberculosis (TB); high maternal and child mortality, alarming and ever-increasing incidence of Non-Communicable diseases (NCDs) as well as the pandemic of violence and trauma.

“These are what the Minister of Health, Dr Aaron Motsoaledi refers to as ‘four highways along which South Africans are marching to their graves.’ It thus rests on your shoulders as nurses to ensure that this country meets the identified key targets set to be achieved by the health sector.”

These targets are:

- Increasing Life Expectancy;
- Decreasing Maternal and Child Mortality;
- Combating HIV, AIDS and reducing the burden of disease from TB
- Strengthening Health System Effectiveness; and
- The reduction of non-communicable diseases.

“As qualified nurses you are from now on expected to positively impact on the vision of attaining a Long and Healthy Life for all South Africans.”

He said this is possible as KwaZulu-Natal already has tangible proof of nurses’ immense contribution in this regard, through the Nurse-Initiated Management of Anti-Retroviral Treatment (NIMART) programme.

He said that without nurses, the Department would not have been able to:

- Reduce Mother to Child Transmission of HIV from 22% in 2008 to the current level of 1.2%;
- Increase the Number of facilities to access ART to close to 700;
- Have close to 1, 3 million patients on ART Treatment;
- Have more 72% of these patients on ART managed at Primary Health Care level.



KZN welcomes new crop of Emergency Medical Students



KZN Health MEC, Dr Sibongiseni Dhlomo warmly welcomed 19 Emergency Medical Services Students who completed their first leg of training with the South African Military Health Service (SAMHS) of the country's Defence Force.

This is an initiative termed Project Sukuma involving the Office of the Premier in conjunction with the KZN Department of Health; the South African Military Health Service (SAMHS) as well as the KZN Department of Education. MEC Dhlomo explained its objectives as follows:

- Creation of job opportunities thereby reducing poverty and unemployment.
- Skilled, patriotic and disciplined workforce in KZN EMS.
- Enhanced emergency medical service for the KZN community.
- Enhanced military health support for border security and peacekeeping initiatives when required, as well as,
- Integrated approach to dealing with youth social and economic ills.



The 19 cadets issued with certificates have successfully completed the first phase of their training that started when they went to Lephalale Military Training Academy in Limpopo in January 2016 to undergo Basic Military training for 6 months. This was followed by a three [3] months course in the Driving and Maintenance course which they did in Pretoria. Lastly, they underwent Water Orientation course in the Durban Naval Base. This training was also supplemented with Levels 1, 2 and 3 of the First Aid Courses.

From January 2017, these cadets will commence with a Diploma in Emergency Medical Care also known as Emergency Care Technician which they will do at the School for Military Health Training.

In welcoming the students, MEC Dhlomo appreciated the involvement of the South African Defence Force as it brings in the expertise of discipline in the training given, saying:

'The all-round intensive training and skills given are bound to produce a well-disciplined and qualified emergency medical care worker for our Province. We pin our hopes on this youth for a cadre of a special type in emergency medical services.'

In the interim, MEC Dhlomo announced that these cadets would be deployed to different Community Health Centres around the Province for experience and exposure before they commence with their formal education.

'The Military during this period will take care of the Cadets' food and overnight accommodation with the Department of Health providing them with transport from their Military Base to the respective CHCs and back. Here they will observe what is happening at Casualty Wards; undertake dressings and vital signs under supervision; be drilled in bed making and provide general assistance to nurses.'

Let's talk Ethics!

Ethics Committee

The Department has appointed an Ethics Committee, comprising the following members:

1. **Mrs P Padayachee:** Chief Director: Executive Support Services
2. **Ms K Ndlovu:** Director: Internal Communications
3. **Mr J J Britz:** Director: Finance
4. **Mr M Bhekiswayo:** Ombudsperson
5. **Mrs T C Mngqithi:** Director: Risk Management
6. **Mr Z Nxumalo:** Director: Forensic Investigations
7. **Mrs C N Sosibo:** Director: Nursing Services
8. **Mrs J Ngozo:** Director: Strategic Health Programmes
9. **Ms P J Maharaj:** Director: Corporate Services
10. **Mr L Langa:** Director: Special Projects and IGR
11. **Ms S L Cheatle:** Director: Office of the Head: Health
12. **Mr P D Nyembe:** Director: Labour Relations
13. **Mr S Chambers:** Director: Legal Services
14. **Mr H Naidoo:** Director: Audit and Risk Management
15. **Ms R Deonundhan:** Deputy Director: Supply Chain Management

The Ethics Champion of the Department is

Mrs Prash Padayachee, Chief Director: Executive Support Services.

WRONG
is **WRONG**,
even if *everyone*
is doing it.

RIGHT
is **RIGHT**,
even if *no one*
is doing it.



Ethical Principles

All employees must take note of the following 9 ethical principles:

- Honesty and integrity
- Professional behaviour
- Competence
- Objectivity
- Confidentiality
- Fair business practices
- Responsibility to society
- Respect and fair treatment
- Accountability and decision-making

When faced with uncertainty on a course of action to follow, ask yourself:

- Are my actions illegal or unethical?
- Am I being fair and honest?
- would I be unwilling or embarrassed to tell my friends, family or co-workers?
- Am I personally uncomfortable about the course of action?
- Could someone's life, health, safety or reputation be endangered by my action?
- Could the intended action appear inappropriate to a third-party?

THE RIGHT DOSE OF BEAUTY AND BRAINS



The reigning Miss eThekwini Nompumelelo Nkosi also known as Lelo is a 23 year old 5th year Medical Student. The bubbly personality was born at Sundumbili Clinic in Mandeni. Her dad is a teacher and her mom is a nurse. She has two brothers and two sisters.

Growing up, all she wanted was attention. She wanted to shine and be known for doing the impossible. At home she wanted to be the best daughter that ever existed and be well-behaved. At school she was a “teacher’s pet” (her own words), and always made sure that she is in the top three academically.

She wanted to become a head girl both in Primary school and High school – and her dream came true. “I just wanted to be the outstanding one,” she says.

In this Question and Answer session, she tells Health Chat about her love for helping others through medicine, her reign as Ms eThekwini, as well as the many other goals that she wishes to attain.



Q1 DESCRIBE THE PAST TWO MONTHS OF YOUR REIGN AS MISS ETHEKWINI. WHAT HAVE BEEN THE HIGHLIGHTS THUS FAR?

ANSWER: The highlight would have to start from the moment they called my name on stage on the 12/08/16 as the winner, I think I nearly lost my mind - I was just too excited. The past two months of my reign has been everything I didn't expect. It's been beautiful, emotional, exciting, overwhelming, challenging and fun. Above it all, it's everything I've always wanted, I'm living my dream. One of my highlights that I personally loved is the HIV/AIDS and Blessers Must Fall discussion, which is one of the themes I will carry throughout my reign. As the ambassador for the city I have to attend numerous events, and that too is my highlight. For me, it's a process of learning and networking.

Q2 WHAT IMPACT ARE YOU PLANNING TO HAVE ON SOCIETY DURING YOUR YEAR AND BEYOND?

ANSWER: I plan to be nothing but a great inspiration, an influential young leader and the voice for the youth with an understanding that I'm not here to end anything but to begin something sustainable change and have a positive impact. I want to bring change and be a role model to the youth (especially young girls). That's why I started an organisation called Girlz Network, which aims at grooming young girls from different communities, encouraging them to be great leaders and be the change they want to see. It's more of a mentorship, sisterhood programme.

Q3 WHAT MADE YOU STUDY MEDICINE AND IS IT SOMETHING YOU'VE ALWAYS WANTED?

ANSWER: I study medicine because I believe wherever there's a human being 'kindness is to be practiced', and being a doctor kind of ensures that I live that mantra. Studying medicine requires you to be nothing but a helper, leader, follower, loving person who is honest, a good listener, humble, hardworking, strong and persevered. Medicine for me was once a dream as a kid, and growing up I saw it being an IMPOSSIBLE goal to be achieved by a girl like me. I started feeling like my marks at school were not even good enough... like I was not strong nor smart enough to qualify to be a doctor. It's not something I've always wanted but something I've always known I'll work hard for and fight for, because I don't believe in IMPOSSIBLE anymore.

Q4 WOULD YOU LIKE TO SPECIALISE IN ANY PARTICULAR MEDICAL FIELD ONE DAY?

ANSWER: When I applied for university as a matriculant student I applied for sports science, physiotherapy, sports management as my plan was to become a sports physiotherapist one day. I applied for these courses since I didn't think I'd be accepted in Medical School. Now that I'm doing medicine, the only field I could think of is 'being on the field'. I would love to specialise in Sports Medicine, besides loving sports, its perfect for my personality.

Q5 IN YOUR VIEW, WHAT DO PEOPLE NEED TO DO IN ORDER TO HELP REDUCE THE RATE/BURDEN OF DISEASES IN THE PROVINCE?

ANSWER: People in KZN need to start reading more about health related issues; they need to start taking care of themselves and investing in their health. Communities need to start working together with their local clinics to help raise awareness on certain illnesses. Communities must play a big role in helping each other have more fitness, wellness and healthy lifestyle programmes. Such programmes need to be more famous than partying events. We need to encourage each other on the importance of looking after

your body, and lead by example. People need to start eating healthy, exercise more. They need to learn to seek medical help early and not wait till it's too late, then go to the clinic. They need to stop self-medicating and stop wanting to make the 'abnormal' normal in their lives.

Q6 WHAT ARE SOME OF THE THINGS THAT WORRY YOU ABOUT YOUNG PEOPLE AND THE WAY THEY LIVE THEIR LIVES TODAY?

ANSWER: I worry about how lazy we have become as the youth... lazy to dream, lazy to set goals and lazy to fight for them because we fear the length of the journey it will take for us to succeed. Some young people today would rather have 'Blessers' and enjoy the materialistic benefits that come with it over the negative impact it has upon their lives. Teenage pregnancy will always be on top the list for me. Teenagers (especially high school girls) who don't prioritise their education, who don't set goals for themselves but only focus on substance abuse and things that will give temporary pleasure, worry me.

Q7 SOME PEOPLE DISMISS BEAUTY PAGEANTS AS BEING OUTDATED AND IRRELEVANT. WHAT IS YOUR VIEW?

ANSWER: I totally disagree, beauty pageants are relevant. They create a better version of yourself and separate you from being ordinary to being extraordinary. They teach you how to lead by example and become an ambassador not only for yourself but the community at large. They are a celebration of beauty they are also an effective means to campaign for social awareness of different social ills and problems that need our attention.

Q8 WHAT IS YOUR ADVICE TO PEOPLE WHO WANT TO FOLLOW IN YOUR FOOTSTEPS, BY PARTICIPATING IN BEAUTY PAGEANTS WHILE PURSUING THEIR STUDIES?

ANSWER: My advice is 'do it if you love it'. Education is still the key for any youngster who is still finding themselves. I believe the greatest leaders are the educated ones and if it wasn't for my medical course I wouldn't be the model I am today. For as long as one can balance talent/hobby and school then they must go for it, but if not, school comes first always. The fact that I'm a student made me the brand that I am.

Q9 A LOT OF PEOPLE ARE ADDICTED TO SOCIAL MEDIA AND THEIR CELLPHONES, TABLETS IN GENERAL. WHATS THE BEST WAY TO ENSURE THAT ONE'S LIFE ON SOCIAL MEDIA DOES NOT HAVE A NEGATIVE IMPACT ON THEIR STUDIES?

ANSWER: Being disciplined, managing your time properly and staying focused. Those three factors for me have been very helpful; and are the reasons why I'm able to balance my 'social media' life and my studies. Staying focused is in line with knowing what you want out of everything you do in life. This goes with being passionate and perseverant. We must start focusing or investing our time on things that will only positively change our lives.

Q10 WHATS YOUR TWITTER/INSTA/FB HANDLE?

ANSWER:
Instagram : lelo_nkosi
Facebook : Lelo Nkosi
Twitter : lelompumenkosi9

TEARS OF JOY

AS KZN HEALTH MEC DR SIBONGISENI DHLOMO AND LOCAL BUSINESSMAN

HAND OVER A HOUSE TO POOR NKANDLA FAMILY



KWAZULU-Natal Health MEC Dr Sibongiseni Dhlomo has called on leaders in the public and private sectors to intensify efforts to identify impoverished people and find ways to help them, as part of government's benevolent Operation Sukuma Sakhe programme.

Dr Dhlomo said this as he officially handed over a spacious two-bedroom house to the Masondo family at eMaKhabeleni, a deeply remote part of Nkandla (10 October 2016).

Since the death of the family's matriarch, who was a pensioner, all unemployed 12 members of the Masondo family were left with a dilapidated mud-built homestead and no stable income.

MEC Dhlomo heard about the family's plight during a visit to create awareness about the dangers of child malnutrition in the area in December 2015. This followed reports that the rate of this scourge was

high in the area. MEC Dhlomo was so moved by the poverty at the Masondo household that he sought help on behalf of the family.

Businessman Zamani Shongwe, of Inhlanzeko Project Management Services, who was part of the visit, pledged there and then to build the family a house. Members of the Masondo expressed their heartfelt gratitude and were so overcome by the gesture that some of them openly cried tears of joy.

It was a happy occasion as the neighbouring community came out in numbers to congratulate the Masondo family. They sang and ululated throughout the ceremony.

Family member Nobuhle Masondo said: "Words cannot begin to describe how grateful we are to the MEC and to Inhlanzeko. We are a very poor family and we never imagined that we could have a wonderful house like this. May God bless you both, as well as anyone else who contributed to the building of this house. May you extend this kind of generosity to others."

Shongwe said he knew the moment he saw the family's circumstances that he had to do something.

"We often ask God to help us, but then we forget to extend a helping hand. When this opportunity presented itself, I felt it in my heart that I should intervene. With this house, we are giving hope to the family that things will get better."

MEC Dhlomo expressed his sincere thanks to Inhlanzeko, and hoped that many more families elsewhere would benefit from similar donations.

"I'd like to encourage people in government to go out there and look for people in distress, so that we can find ways to help them. We can go to the private sector and ask for help on their behalf. It would really go a long way towards changing people's lives," he said.

MEC Dhlomo also encouraged the local community to make use of the local Malunga Clinic and get regularly screened for diseases, so that they can be detected early and treated.

2016 IHFDURBAN

40th World Hospital Congress



KZN MEC for Health Dr Sibongiseni Dhlomo, directing the programme at the official opening of the 40th World Hospital Congress

STORIES
ON PAGE 16 -18



KZN ATTRACTS ANOTHER MEGA HEALTH EVENT



KZN MEC for Health, Dr Dhlomo, KZN Premier, Mr T Mchunu, Minister of Health, Dr Aaron Motsoaledi and IHF president Dr. Erik Kreyberg Normann

KwaZulu Natal hosted another Mega Health Event the 40th World Hospital Congress on the 31st of October to 4th of November 2016 at Inkosi Albert Luthuli International Convention Centre in Durban.

The congress was hosted by the National Department of Health (NDOH) in partnership with the International Hospital Federation (IHF) and supported by the Hospital Association of South Africa (HASA) and the Board of Healthcare Funders (BHF). This was a second big gathering of healthcare

professionals in KwaZulu Natal after the 21st International Aids Conference in July and also a historic event since it was the inauguration of the congress on the African continent. The World Hospital Congress theme was "Addressing the challenge of patient-centered care and safety". Congress delegates came from across the globe to participate and share lessons on healthcare systems and innovative programmes that advance the healthcare services in their respective countries. It was four days of health rhetoric on a plethora of issues that are interlinked to the comprehensive programme of healthcare services. The congress held numerous sessions tackling topics on health technology,

financing and universal health coverage, capacity building and leadership amongst others. All discussions were underpinned by the importance strengthening health systems to improve patient care, experience and safety. A range of local speakers from various provinces featured prominently on the congress programme starting including political principals like KZN Premier Mr Willie Mchunu who graced the opening ceremony to welcome delegates to KwaZulu Natal, National Minister of Health Dr Aroan Motsoaledi, KZN MEC for Health Dr Sibongiseni Dhlomo, Head of Departments from various provinces including a host of health professionals and officials.

KZN HOSPITALS MAKE THE PROVINCE PROUD

R.K. KHAN AND EDENDALE HOSPITAL RECEIVED HONOURABLE MENTION AT THE

2016 WORLD HOSPITAL CONGRESS



ROB WISE Head of Clinical Unit and Critical Care at Edendale Hospital for the project: Saving Blood, Saving Lives.

Two KwaZulu- Natal hospitals have scooped awards at the International Hospital Federation (IHF) International Awards held during the 40th World Hospital Congress in Durban on the 2nd of November 2016. The 2016 International Awards of the International Hospital Federation (IHF) 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 was a runner-up for the Leadership and Management in Healthcare Award, after Singapore.

The Edendale Hospital's Saving Blood, Saving Lives project, is aimed at creating an effective and efficient system of handling blood products, with zero funding.

In the first two years 4400 units of blood were saved, allowing for an increase in availability of blood for other hospitals in the area. The project managed to reduce blood usage by almost 25% and expenditure by over 32%. "The project was endorsed by the hospital management and the provincial Department of Health, and has been replicated successfully in other hospitals" said Zanele Ndwandwe of Edendale Hospital.

For the IHF Excellence Awards for Leadership and Management in Healthcare, the Ton Tock Seng Hospital in Singapore, got the first prize, and the R.K. Khan Hospital in South Africa, was bestowed a second prize, for its efforts in reducing the congestion in the hospital's pharmacy. Pharmacy attendance has gone down from 1800 to 900 patients per day

thereby increasing patient satisfaction and reducing employee stress. "Now, patients are given more focused attention, and employees find the R.K. Khan Hospital pharmacy to be a healthy and rewarding work environment," said Prakash Sivapragasan of R.K. Khan Hospital. This global meeting presented a unique opportunity for KwaZulu-Natal and South Africa to showcase its accomplishments before the rest of the global healthcare community, which includes leaders of key national and international hospital and healthcare organisations, drivers of healthcare policy, management, from thirteen countries around the globe, attending to engage on best practices in hospital and healthcare management, and delivery of services.

KZN DoH BRAND PRESENCE AT THE WORLD HOSPITAL CONGRESS

The KwaZulu Natal Department of Health Brand had a four day international exposure at the 40th World Hospital Congress at Inkosi Albert Luthuli International Convention Centre (ICC) in Durban. The Department joined a host of local and international exhibitors at the Congress Exhibition Hall where it had a stand to showcase its programmes and services to the international community. The Department of Health stand was abuzz with activity as throngs of delegates made whistle stops to indulge on our Information, Education & Communication (IEC) material. Numerous booklets containing information on the Department and its programmes were given to the delegates as part of marketing the department and its services. On day two of the congress, Minister of Health, Dr Aaron Motsoaledi and the president of International Hospital Federation, Dr. Erik Kreyberg Normann visited the KZN DoH stand during their visit to the exhibition hall.



Minister of health Dr Aaron Motsoaledi and IHF president, Dr. Erik Kreyberg Normann visiting the KZN DoH exhibition stand



National Department of Health and KwaZulu-Natal Department of Health exhibition stands



HOD, Dr S Mtshali, with the interns and Ms Nontobeko Ndlela, King Edward Hospital PRO



HOD, Dr Mtshali with a delegate



KZN MEC for Health Dr Sibongiseni Dhlomo, KZN Premeir Mr Thembinkosi Mchunu, Minister of Health Dr Arron Motsoaledi and IHF President, Dr Erik Kreyberg Normann cutting the ribbon.



Minister of Health, IHF President and delegates at the National Department of Health stand



Ms Ruth Field from Merck (PTY) Ltd with Dr S Mtshali



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

HEAD OFFICE

Natalia Building, 330 Langalibalele Street, Pietermaritzburg, 3201
Tel: 033 395 2111 | Fax: 033 342 0429 | Web: www.kznhealth.gov.za



Facebook - KwaZulu-Natal Department of Health



Twitter - @kznhealth



Instagram - kznhealth

ENQUIRIES:

Agiza Hlongwane: 033 395 2211, E-mail: agiza.hlongwane@kznhealth.gov.za

EDITORIAL TEAM

- Mr Sam Mkhwanazi
- Mr Agiza Hlongwane
- Ms Ncumisa Mafunda
- Samke Khumalo (*Intern*)
- Sanele Mkhize (*Intern*)
- Lerato Moloji (*Intern*)

Graphics: Mr Senzo Gumede
Ms Nonhle Hadebe (*Intern*)

Photographs: Mr Themba Mngomezulu
Mr Mondli Mwandla