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KZN'S FIRST BLACK FEMALE NEUROSURGEON



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PATIENT RIGHTS

It is your right to be respected

Every patient has the right to:

- A healthy and safe environment
- Participation in decision-making regarding his/ her treatment
- Access to health care
- Knowledge of one's health insurance / medical aid scheme
- A choice of health services
- Be treated by a named and qualified health care provider
- Confidentiality and privacy
- Informed consent to assist in their decision making
- Refusal of treatment
- Be referred for a second opinion
- Continuity of care
- Complain about health services

PATIENT AND FAMILY RESPONSIBILITIES

- To provide accurate information pertaining the health of the patient
- To ensure the patient follows the medical recommendations given
- To respect other patients, visitors and health employees
- To understand that other patients and their families might need more attention than them
- To inform the health facility on a patient's information such as their address and contact details
- To ensure payment is made for the services

The Department of Health urges patients and their families who have visited public health facilities and have not been serviced in a satisfactory manner to return to that health facility and file a complaint with the public relations officer (PRO), the CEO or operations manager.

If you are still not satisfied, contact the KZN Health ombudsman,
Mboneni Bhekiswayo, by writing to him at: 330 Langalibalele Street, Pietermaritzburg 3201
or email him on; mboneni.bhekiswayo@kznhealth.gov.za

or call him on 033 395 3275.

*The Department of Health also has a
24 hour call center.*

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number and ask
to be called back.



MESSAGE FROM THE MEC FOR HEALTH

Dr SM Dhlomo

The global health community will soon be commemorating World Aids Day, which is a very significant health day in our Health Calendar. This year's theme "Let our action count, It is my right to know my status. Prevention is my responsibility" calls on all of us to heed the message in response to the fight against HIV and Aids.

The provincial government has strengthened efforts to scale up ART care and treatment services. Over a million people living with HIV in KZN are receiving ARVs. Last year (2016), government hit another milestone by announcing that people found to be HIV positive will be initiated on ART treatment immediately after they are diagnosed with HIV.

The universal test and treat (UTT) approach is based on two theories: Early diagnosis and treatment will decrease the risk of HIV/AIDS and non-HIV/AIDS-related health problems in PLWH (People Living With HIV); and reduction of viral load to undetectable levels will dramatically reduce the current transmission rate of HIV.

The Province of KZN has taken aggressive steps maybe more than any other province since it is the worst affected. There have been remarkable policy improvements that have been implemented to ensure that people start treatment early as well as improvements of the quality of treatment regimens which have less pill burden e.g. Fixed dose combination which has effects. The province has not only made remarkable strides in antiretroviral therapy but a number of positive health outcomes have been achieved such as:

- Reduction of Mother - to - child transmission
- Reduction in HIV and AIDS related deaths,

Task shifting to NIMART nurses and lay counsellors played a huge role in scaling up. This meant that services could be offered at Primary HealthCare (PHC) level. The province also employed lay counsellors on a full time basis which enhanced the program as they delivered comprehensive intensive patient education that facilitated adherence to ART and basic knowledge about HIV.

Due to all of these efforts, the life expectancy of South Africans has increased from 56 years to 60 years on average.

Having a healthy workforce means that the country can attract more investors to the country as there are no fears of employing an ailing workforce. Countries like China and India managed to build their countries through the skilling and use of the skilled workforce at their disposal.





MESSAGE FROM THE ACTING HEAD of HEALTH

Dr M Gumede

It is my pleasure to step in and hold the fort as acting Head of Department as we continue to deliver healthcare services to the population of KwaZulu - Natal. We all have a responsibility to ensure that in all that we do, we keep in mind the Department's goal of providing "Optimal Health for all people of KwaZulu Natal" and should strive to do our best in our quest to turn it into a reality. Let us all be resolute in discharging our responsibilities despite the set of challenges that have beset the Department.



We have just had a successful Provincial Health Consultative Forum (PHCF) where we reported to our stakeholders about the status of operations in the Department. It was indeed an enriching exercise because not only did we get an opportunity to reflect on the successes and challenges of the Department but we also received valuable input on how to correct and improve where necessary. Added to that, is the comfort of knowing that we have such a committed force of stakeholders who share the passion of building a resilient and effective healthcare system in our province.

I wish to urge all employees of the Department to emulate a spirit of service excellence and display it at all times when carrying out tasks and rendering services to the people. I strongly believe that with all our efforts combined, we can set the healthcare sector on a good path and put ourselves in good stead to achieve all our strategic goals.

We are also in a season of advocating for women and children's rights as we mark the 16 Days of Activism Campaign nationwide. I wish to urge all healthcare workers to rally behind this campaign and ensure that our service to women and children does not expose them to any form of abuse.

We must demonstrate zeal to offer support to women at all levels of healthcare. The same goes to all those that are helping out at the Thuthuzela Care Centres to assist survivors of sexual assault. These centres are based around the country and here in KwaZulu-Natal they can be found in Edendale, Madadeni, Empangeni, Port Shepstone, Umlazi, Phoenix, RK Khan and Stanger hospitals.

I urge all of us to be on the lookout for any signs of abuse aimed at women and children and report these to law enforcement authorities, so that they may get the assistance they need, and that the perpetrators are brought to book. Let's keep our women and children safe.

Let's gear ourselves up to welcome the festive season!



KZN'S **FIRST BLACK FEMALE NEUROSURGEON** LOVES TAKING AWAY PEOPLE'S PAIN



Dr Shezi being congratulated by MEC Dhlomo

THE KWAZULU-Natal Department of Health has welcomed a new member into its neurosurgery fraternity – and she is the first Black African woman from KZN to graduate as a neurosurgeon. (Neurosurgeons are medical doctors who specialise in performing surgical treatments of the brain or nervous system). Now it is hoped that Dr Nomsa Shezi's achievement will encourage young people in general – and young women in particular – to pursue a career in the field of medicine. Having completed her undergraduate studies at the University of KwaZulu-Natal in 2008, Dr Shezi, 32, is based at Inkosi Albert Luthuli Central Hospital. She graduated in October 2017, obtaining a fellowship from the college of neurosurgery, under the College of Medicine South Africa.

Growing up during the height of the HIV epidemic in the late 1990s, all that Dr Nomsa Shezi dreamed of was to one day be able to give sick people hope and nurse them back to good health. Her dream not only came true, but she has now made history. Born and raised in Pietermaritzburg, Dr Shezi, who matriculated from Pietermaritzburg Girls High School, recalls: "I think growing up in the heart of the HIV epidemic and having parents who did not shield me from the suffering going on around me in some way urged in me a desire to help, to find a way to be a source of hope in my country." "From a young age I have always wanted to be a doctor. In fact, I remember writing an essay in grade 3, and saying that when I grow up I want to find the cure for HIV. I never imagined myself doing anything but being a doctor.

She attributes most of her success to hard work and the influence, guidance and support from her parents. Her father is a church founder and leader, and her mother (Sibongile Shezi) once worked for the KZN Department of Health as a health district director in UMgungundlovu and eThekweni.

Dr Shezi fell in love with neurosurgery after reading about the exploits of Dr Ben Carson, from the US, who separated conjoined

twins at the age of 35. But to reach her destination, she had work hard and make a number of sacrifices, including having no social life at all. She would bury her head in her books, seeing very little of her family. Her friends even stopped inviting her to social gatherings because she was always busy.

Even when she became a doctor, she did not slip into a comfort zone. "I wanted to do the most good in a field that would keep me on my toes, never feeling like I have fully expanded my skill or knowledge."

Such values epitomise the Hippocratic Oath and Guidelines for Good Practice in the Healthcare Professions.

When asked what she enjoys the most about being a doctor in general, and a neurosurgeon in particular, she said: "As a doctor, I enjoy being able to help people at their most vulnerable; whether it is through providing hope or comfort when science fails. As a Neurosurgeon, nothing is more rewarding than seeing someone come into the hospital in severe pain or with a marked disability, and after intervention and rehabilitation, seeing them smile because they can now walk without pain or they can return to work and lead a normal life."

However, she has had to overcome numerous obstacles that have so far ensured that countrywide, there are only 5 Black African female Neurosurgeons - with the first having only qualified in 2013. "We are still working in an environment where surgery in general is considered a 'manly' field. So, Neurosurgery becomes an even harder field to crack. Medicine, more so surgery, is an apprenticeship. Someone needs to be willing to teach you the skills (after the theory is complete) and as a female, surrounded by 99% males who do not always think you deserve to be one of "them", finding that mentorship and guidance is not always easy. And so, females gravitate towards 'less stressful' fields." Even as she has made history, Dr Shezi has a few more personal goals that she would like to achieve in the near future. "My mid-term goals are to complete my Masters, and continue to learn and grow. My long-term plan is to create and be a part of a functional Neurosurgery Unit in KZN, at Inkosi Albert Luthuli Central Hospital. I would like to build a team that would treat movement disorders, severe epilepsy and perform awake surgery. This would not just save the government millions of rand on life-long treatment, but more importantly it will provide quality of life to hundreds of thousands of patients in this province."

In the meantime, she hopes that her amazing feat will spur others to follow in her footsteps. And she has a message for them. "No one will believe in your dream and vision more than you do. So, listen and take the criticism, but do not let it have the final say in your life. Look for and find mentors as early as possible. The fact that not everyone is your cheerleader doesn't mean everyone is your enemy. Take time to always evaluate what you are doing and whether that is adding or taking a brick away from the house you are building." Congratulating Dr Shezi on her amazing feat, KwaZulu-Natal MEC for Health, Dr Sibongiseni Dhlomo, said: "Educating a girl child is such an important investment for the country but for Dr Shezi, it is even more special. She is the first Black African female neurosurgeon in the province, which means that our province will be placed in a unique position with this achievement. As the Department of Health and KZN government, we are proud of what she has done and wish that her ground-breaking achievement will open the doors for others."

SMALL LIFESTYLE CHANGES CAN SIGNIFICANTLY REDUCE RISK TO DIABETES



SAYS KZN HEALTH MEC



A SMALL adjustment to one's life - such as reducing the intake of sugar and fatty foods and exercising for more than 30 minutes at least three times a week - can significantly extend a person's lifestyle, and beat diseases of lifestyle such as diabetes.

This was the message from KZN Health MEC Dr Sibongiseni Dhlomo as he commemorated World Diabetes Day on 14 November at Madadeni, Amajuba District (Newcastle). He shared the stage with First Lady Mrs Bongzi Ngema-Zuma and her Foundation, which is involved in creating awareness about diabetes.

The objective of World Diabetes Day is to educate and increase awareness about diabetes. Diabetes (often called sugar diabetes) is a condition where a person has high blood sugar (glucose) level in the body. A person develops diabetes when the body doesn't produce enough insulin. Without insulin, the body cannot get the energy it needs from your food. Normally, a gland called the pancreas makes insulin which carries the sugar in the blood into the cells. In diabetic people, the pancreas fails to supply enough insulin, or the insulin doesn't work properly.

There are two major types of diabetes: Type 1, commonly called juvenile diabetes, and Type 2, commonly called adult on-set diabetes. Both have similar symptoms but very different causes.

TYPE 1

Type 1 diabetes, usually diagnosed in childhood, is a disease whereby the body's own immune system attacks and kills the cells in the pancreas which produce insulin, leaving a person's body without insulin, and unable to regulate its blood sugar levels.

TYPE 2

Type 2 diabetes is a disease that results when the body's cells become resistant to insulin. In Type 2 diabetes, unlike in Type 1, insulin is still produced by the body; it just isn't used appropriately.

"It is very critical for all of us to start acknowledging that we have a Diabetes problem in South Africa. Make no mistake; Diabetes affects everyone – it does not matter whether you are rich or poor and worse now, even those in early childhood are also vulnerable," said MEC Dhlomo. "It is always our intention that all members of the community should start getting used to physical training as means to curb obesity which is a risk factor for non-communicable diseases [NCDs]."

"These NCDs not only cause premature mortality, but also long-term morbidity. But when people engage in physical exercise, they delay the onset of these diseases. "Those who already have such diseases delay the onset of complications of such diseases if they exercise. In some cases, people find themselves reducing the treatment they use, because their bodies and systems get rejuvenated if they exercise. "Government on the other hand saves a lot of money when people don't get sick. In fact, physical exercise is a preventative medicine. Every R1 spent on physical activity will save a R100 on a medical bill towards Non Communicable Diseases."

MEC Dhlomo says that Non-Communicable Diseases are largely self-made and can thus be prevented. The main risk factors for NCDs are obesity; physical inactivity; unhealthy diets; abuse of illegal substances; late detection and late diagnosis. MEC Dhlomo said that creating awareness about diabetes and ensuring that people get screened is not the sole responsibility of the Department and its health care professionals. Communities, families and individuals have a responsibility to get involved.

The consequences of undetected and untreated diabetes include:

- Disability,
- Blindness,
- Renal failure,
- Limb amputation,
- Diabetes also triggers cardiovascular diseases

Common symptoms of diabetes include:

- Frequent urination
- Excessive thirst
- Slow healing cuts and bruises
- Numbness in hands and feet
- Extreme hunger
- Unexplained weight loss
- Increased fatigue
- Irritability, and
- Blurry vision



MEC Dhlomo said: "I also need to caution that people with Tuberculosis are in high risk of being affected with Diabetes. To be safe, we then encourage each individual to visit their nearest health institution for both TB and Diabetes screenings." "We say having diabetes does not mean the end of a normal healthy life. It is one of the health conditions that are largely preventable through early detection and learning how to manage it."

This is how you can do it:

- Be physically active: Exercise for at least 3-5 times a week for 20 – 30 minutes daily or for 150 minutes a week;
- Do not drink alcohol;
- Do not smoke; and
- Seek medical attention early, at your nearest health facility.

KZN HEALTH MEC UNVEILS NEW, STRONGER STRATEGY AGAINST CANCER

(INCLUDING AN ALTERNATIVE TO THE CONVENTIONAL PAP SMEAR)

KZN HEALTH MEC Dr Sibongiseni Dhlomo has unveiled a new Government policy which will save many lives and enhance the early detection of breast and cervical cancer, improving the rate of treatment and cure.

Speaking at the Tongaat Community Hall yesterday (11 November 2017), MEC Dhlomo said that cervical cancer is the second most common cancer among women in South Africa, after breast cancer. Along with maternal deaths, cervical cancer has been identified as a national priority in South Africa as well as other Sub-Saharan African nations. Furthermore, whereas cervical cancer used to affect older women in their 60s, it is becoming increasingly common among women in their 30s. In light of this, the National Health Council has formulated the National Cervical Cancer Prevention Policy (NCCPP) and the Breast Cancer Prevention and Control Policy, whose main aim is to ensure that the early symptoms of cancer are identified early. "When we talk about oncology cases in KZN... those are late cases because we do not detect early. If we can mount and strengthen early detection, we can actually be unlikely to get many more cases of advanced cancer that will require chemotherapy, radio therapy and surgery," said MEC Dhlomo.

"If you want to focus strongly on women's health you must then focus your attention on programmes what will address those issues. Because we now have tools to propagate for early detection we'll remove a lot of the problems that we see." The policy update announced by MEC Dhlomo also recognises technological advancements in cervical cancer prevention methods and new evidence on prevention and treatment approaches in the context of an endemic HIV epidemic. With the new approach, special provision has been made for the use Liquid-Based Cytology (LBC), which is considered to be an alternative to conventional cytological investigations.

With LBC, a spatula or brush/broom-like device is used to collect cells (in the same way as for conventional cytology), and then the cells are put into a liquid medium and transported to the laboratory for processing and reading. "This ensures a good quality and clean slide which is easier to interpret, and reduces the need for repeat pap smear thus saving costs," MEC Dhlomo added. According to the National Cancer Registry, there were 5 785 new cases in 2012 - an age standardised incidence rate of 24.17 per 100 000 women.

In order to mitigate the impact of cervical cancer on health and socio economic development, South Africa must implement a comprehensive cervical cancer prevention and management programme. This entails implementation of three interdependent strategies, namely: (i) reducing oncogenic HPV infections, (ii) detecting and treating cervical pre-cancer, and (iii) providing timely treatment and palliative care for invasive cancer.



The status quo is as follows:

At Grey's Hospital there are:

- 4 permanent Oncologists
- 1 radiotherapy machine (Linear accelerators)
- 125 per day combined patients (chemotherapy, radiotherapy, and new and follow up patients);

At Addington Hospital, there is currently no oncologist. A new machine was bought and the other one is currently under repairs. In the first and second quarter of this financial year, 250 patients have undergone chemotherapy.

At Inkosi Albert Luthuli Central Hospital, there are currently no permanent Oncologists. There are part-time oncologists and support from Grey's Hospital. There are 4 Medical Officers and 6 registrars, who will be relocated to provinces to complete their training. There are also 3 radiotherapy machines (Linear accelerators).

During the first and second quarter of 2017/2018, the following oncology services were performed:

- Colposcopy – **83**
- Number of Chemotherapy treatments - **2 522**
- Number of Radiotherapy - **4 892**
- Number of patients on waiting list colposcopy - **15 (3 weeks)**
- The waiting period for radiotherapy is **2-3 months**.

Our Public Private Partnership with the Joint Medical Holdings group in Richards Bay has yielded the following results:

Number of patients on Chemotherapy treatment - **43**

Number of patients on Radiation - **64**

Number of patients on waiting list - **31**

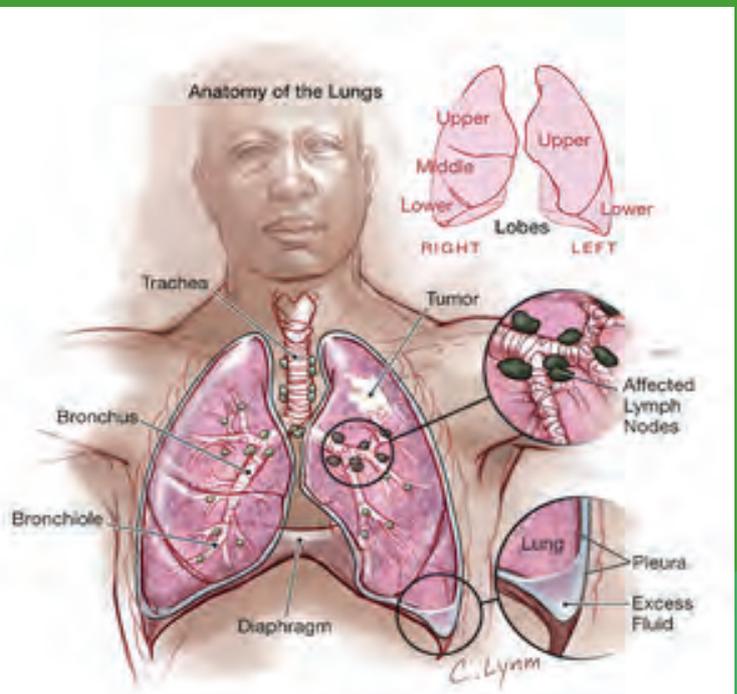
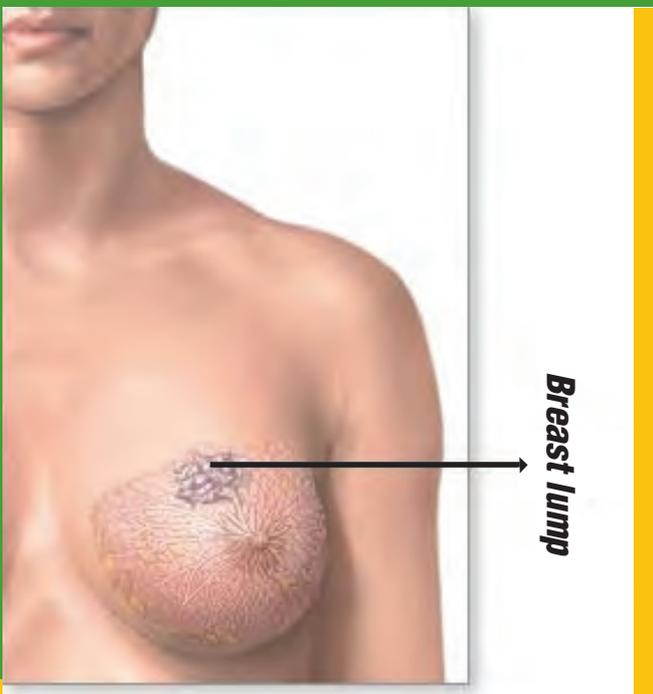
Number of patients on palliative care - **10**

Patient access scans at JMH at Richards Bay

Patients are offered chemotherapy at Lower Umfolozi Hospital and then transported to Joint Medical House for radiation.

The Department recently made a presentation to the SA Human Rights Commission, detailing its plan to resolve the oncology situation as follows:

- Repair and monitoring all health technology machines regardless of contractual disputes;
- Adopt management plan to deal with the backlog eg PPP arrangements with specialists
- There are also three (3) local private oncologists assisting part-time at IALCH.
- Together with the national Department of Health, the Department is working on plans to import oncologists from Cuba and/or India.



KZN HEALTH WINS WAR AGAINST ILLEGAL ABORTIONS

Health and Welfare, including termination of pregnancy, was among the contemporary issues for Women's struggle in 1900-1994. In the previous regime, hundreds of women died yearly as a direct result of illegal Termination of Pregnancy (TOP) complications. This was due to the fact that TOP could not be legally done except under the extreme health related circumstances.

In 1996 TOP was legalized in South Africa, with the implementation of the Choice on Termination of Pregnancy (CTOPA) Act.

The Department is pleased to report that since it intensified its Anti-Illegal Abortion Campaign in 2015, the number of women presenting to its facilities with complications after botched illegal abortions has significantly decreased.

The department measures its success by judging the increase of the number of women who come forward for legal Termination of Pregnancy (2013 = 8 058); (2014 = 9 785); (2015= 10 152); (2016 = 14 209). There has also been a significant reduction in the number of women reporting in the facilities with Incomplete Abortions compared to the start of the campaigns. In 2014, the number stood at 10 786, and was reduced to 10 152 in 2015; and 8 633 in 2016. There has also been a marked increase in the number of facilities offering termination of pregnancies -from 14 in 2015 to 42 in 2017. There has also been a big decrease in miscarriage-related maternal deaths over the past 3 years in KZN, compared to the previous triennium 2011-2013 =53, 2014-2016 =27 (2015 =13), (2016 =5).

The KZN Department of Health, apart from the status of being the recognized pioneer on this issue, now enjoys the benefit of being the preferred custodian for valuable and trustworthy information when it comes to issues of promotion of safe TOP's. In 1996 TOP was legalized in South Africa, with the implementation of the Choice on Termination of Pregnancy (CTOPA) Act.



*We are pleased to report that since we intensified our **Anti-Illegal Abortion Campaign** in 2015, the number of women presenting to public facilities with complications after botched illegal abortions has been **reduced significantly**.*

ETHICS TALK

CONFLICT OF INTEREST (PART II)

Last month the focus was on conflict of interest. This issue continues with this topic with a special focus on Gifts and Hospitality. Since the end of year and Christmas festivities are upon us, suppliers and service providers often present employees and officials with gifts .

“Gift” includes but is not limited to:

- 1) A gift of entertainment, hospitality, travel or other form of benefit of significant value;
- 2) And a gift of any item of property of significant value, whether of a consumable nature or otherwise, including, for example, display item, watch, clocks, book, furniture, figurine, work of art, jewellery, equipment, clothing, wine/spirits, or personal item containing precious metal or stones.

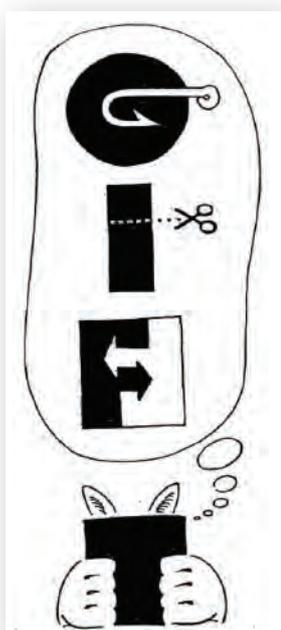
The Framework for management of gifts, sponsorships, donations has been developed and implemented. The salient points in the framework are:

- The receiver must apply for authority to receive /accept the gift from the Head: Health. Please consult the intranet on the following link: http://portal.kznhealth.gov.za/components/HOD_office/Executive_Support_Services/Circulars/2011/cirG56.2011.pdf and other related circulars available under the Executive Support Services component for more information.
- Declaration aligned to Treasury instructions, the Department’s code of conduct and Financial Disclosures. All gifts to the value of R350 and above **MUST** be declared.

It is not the value of the gift that is the main policy issue in most cases: it is the question of how to *deal appropriately with the actual or presumed relationship between giver and receiver that matters most. In other words: can there be a conflict of interest.*

Gifts to public officials in their private capacity (as opposed to official gifts to the official’s organization), should raise the question of whether there is a relationship between the giver and the receiver which could constitute a serious risk to the integrity of the individual official, or to the organization.

Use the Mnemonic : “**GIFT**” to make a decision to accept or not .



Was the gift in genuine appreciation or not related to my work eg birthday, and not from a service provider. It was requested by me. Seasonal (eg. Christmas) gifts or year-end gifts are acceptable

If I accept , could a reasonable person have any doubt that I have acted independent in execution of duty

Would I feel free of any obligation to any person giving me this to do something in return for the person or his/her or family or friend

Transparency: am I prepared to declare the gift to my department

What are your views? Should the Department adopt a “NO GIFT” policy? What are the possible implications/impact. Please email your comments to priyaneshree.maharaj@kznhealth.gov.za

WHAT'S NEW

New Hearing App Can Help Screen People in Rural Areas

Smartphone applications are possibly another answer to shortening queues in health facilities in developing countries. A study by De Wet Swanepoel, a professor in audiology at the University of Pretoria, states that a particular smartphone application was found to be accurate and efficient in testing hearing. The sample group included people between the ages of three and 97. Explaining the results of the audiologist said "Test accuracy was equivalent to existing test methods. The results indicated whether or not they needed a hearing evaluation at a certified hearing healthcare provider."

The New Age 01/11/17



Aspirin the Key to Life

A new study, which included more than 600 000 subjects, found that people who had taken aspirin daily for 7 years were 47% less likely to develop liver or oesophageal cancer and 38% less likely to be diagnosed with gastric cancer. Additionally they were 34 % less likely to develop pancreatic cancer, and had 24% reduced risk of being diagnosed with colorectal cancer. The study by Chinese researchers affirms a previous study by Cardiff University that found that daily doses of aspirin increased the chances of surviving bowel, breast and prostate cancer by 20%.

The Times 01/11/17



Signs that Fountain of Youth May Sprout From Mushrooms

Mushrooms, which are high in two anti-oxidants, may carry anti-aging properties. The study was published in the Food Chemistry journal.

Mercury 15/11/17



Paying A Bitter Price for the Sweet Life

The International Diabetes Federation has claimed that the number of people who have diabetes has tripled since 2000. A large portion of these is significantly due to obesity caused by a sedentary lifestyle (lack of exercise) and unhealthy diet.

The Times 15/11/17



PHOTO GALLERY



PHOTO GALLERY

IMBIZO AT MADLANGENI LOCAL MUNICIPALITY



PHOTO GALLERY

FAITH BASED WORKSHOP



PHOTO GALLERY





health

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