

LET'S ACT TODAY TO ELIMINATE BREAST CANCER

A SURVIVOR'S JOURNEY WITH BREAST CANCER

A CHICKEN OWNER and seamstress, Thokozani Mnikathi is a motivated and steadfast woman. Her hard eyes tell of the great difficulty she has overcome yet her humour reveals a warmer side. She welcomes the Health Chat team into her neat home which she shares with her granddaughter in Lidgetton, Howick.

In her cosy lounge there is a fridge with egg cartons stacked on top and her other tool of trade, a sewing machine, on a table against the opposite wall. Gospel music plays faintly from the kitchen.

She recounts her story. In 2015 she experienced an incessant itch on her right breast, similar to a mosquito bite. She paid no mind to the discomfort, until visiting community caregivers (CCGs) told her to visit her local clinic. It was there that her lump was discovered by a nurse.

"I thought that when a person had breast cancer, I would have discharge emanating from my breast. Now I know that cancer manifests differently."

She was finally diagnosed at Edendale Hospital in

Pietermaritzburg.

"When it was confirmed that I had cancer, I died at that moment. I returned to my home and sold everything that I could."

She was referred to a higher level of care at Grey's Hospital where she initiated on chemotherapy since the cancer had metastasized (spread). From the month of May, she was treated every three weeks for a period of six months. An ambulance from the Department would transport her from the step down facility organised by Grey's Hospital, to the hospital and back for treatment.

"I fortunately did not have many side effects from the medication —except a few incidents where I felt nauseous. I also lost my ability to taste at times which was difficult for me but I had to

choose, 'Do you choose to not eat [tasteless food] or do you choose to die'"

Upon the completion of her successful treatment, she was asked whether she was willing to have her breast removed to lower the risk of the cancer developing in future. Considering that she was past her childbearing years, she agreed.

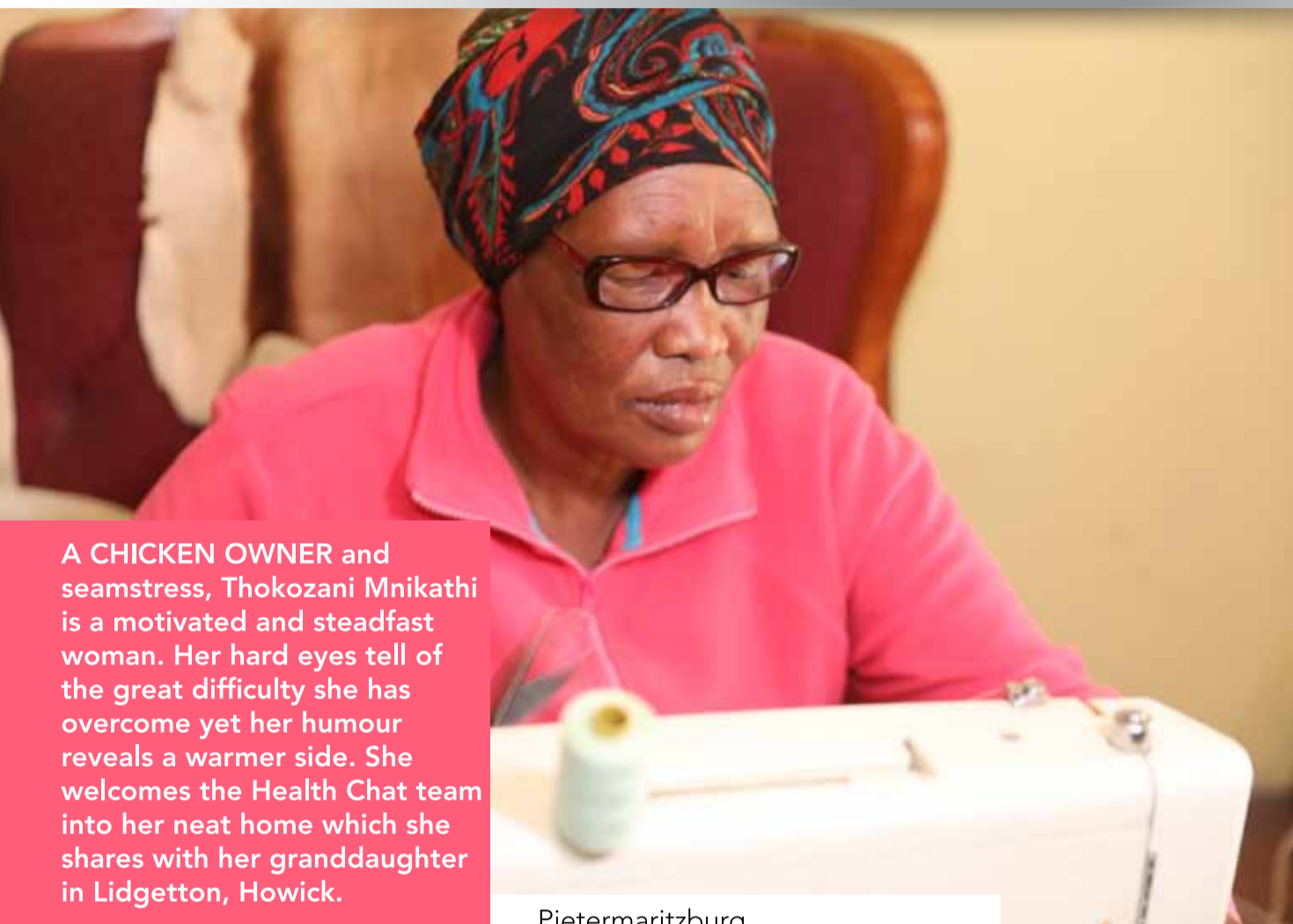
She encourages women, especially African women, to trust the doctors over traditional medication, that despite minor inconveniences, such as losing hair, it was worth it. She also adds that support from friends and family is vital for those who have been diagnosed with cancer. Nevertheless, she chose to initially keep her diagnosis a secret from her ailing mother and

her family.

"I didn't want to add to her burden. Only when my brother had a dream of me bleeding did I explain to him and the rest of my family what was happening to me. One of my nephews ended up playing a crucial role for me by fetching my medication for me."

Today she is passionate about being an advocate for breast cancer awareness in her community, especially amongst young people.

'Having cancer doesn't mean it's the end of your life. You can have a normal life afterwards. Today I have chickens to sell eggs, I sow, I even sell Tupperware. I still have regular check-ups and my medical report is clear. Don't allow cancer to stop your life. Cancer can be beaten if found early.'



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#FEELINMYSELF: BREAST CANCER AWARENESS MONTH

OCTOBER is Breast Cancer Awareness Month to raise awareness on the most common type of cancer. Before visiting a health facility near you, knowing how to examine yourself and what to look for is one of the best ways to win the fight against cancer. The earlier the cancer is detected, the easier it is to treat.

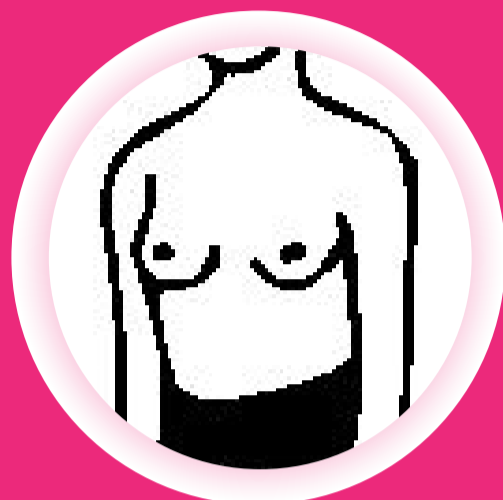
Breast self-examination should be done once a month. Report any changes or irregularities to your doctor or primary health care clinic.

VISIT YOUR CLINIC IF YOU FIND:

- any lumps
- bleeding or discharge from nipple
- dimpling of skin
- change in the shape, or size or skin texture of your breast or nipple

TO IDENTIFY EARLY SIGNS OF BREAST CANCER:

- do monthly breast examinations
- see your doctor or go to the nearest health clinic for a breast examination annually
- if there is a family history of breast cancer, inform your doctor or clinic sister



STANDING UP

Step 1

Place your hands at your sides and look at your breasts for any changes in colour, size, shape, dimpling or texture of the skin



Step 2

Now raise both your hands above your head. Check if both breasts rise together



Step 3

Place your hands around your waist, pressing waist, shoulders and elbows forward. Bend forward and check if both breasts fall forward together



Step 4

Now raise your right arm. With the flat part of the fingers of your left hand, carefully examine your right breast. In a circular pattern, start from the outer top, pressing firmly enough to feel the tissue beneath. After one full circle, move in towards the nipple a few centimeters and circle again, continuing until you reach the nipple. Check the area above the breast, especially the armpit area, for lumps or hard knots. Repeat on left breast.



LYING DOWN

With a pillow under your left shoulder, place your left hand behind your head to flatten the breast tissue. Examine your entire breast in the circular motion described in step 4. With your right hand behind your head, repeat the procedure with your right breast. Also gently squeeze each nipple to check for discharge

Take a picture examining yourself for breast cancer and tag @kznhealth on Twitter with the hashtag #FeelinMyself



MEC FOR HEALTH
MS NOMAGUGU SIMELANE-ZULU

In this day and age, women should not be dying due to preventable and treatable cancers such as Breast and Cervical cancer. We therefore urge women to heed the call for them to come forward for cancer screening, so that this threat to life can be detected early and dealt with once and for all. To consolidate our progress in fighting cancer, we are accelerating broadening the availability of Liquid-Based Cytology (LBC) for cervical cancer screening.



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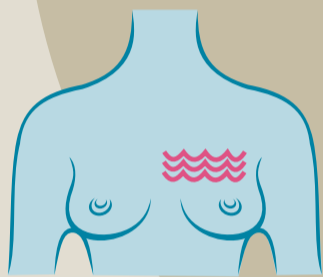
THE BIG 5 CANCERS AFFECTING WOMEN IN SA

#1 Breast Cancer

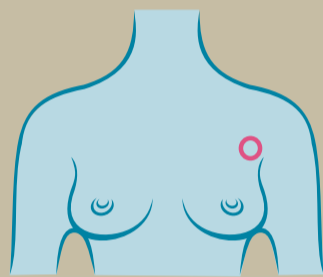
DID YOU KNOW?
Breast cancer is the most common



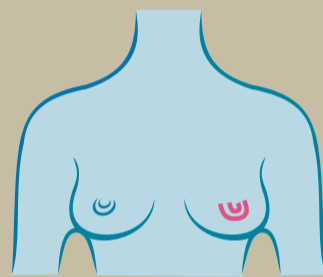
WARNING SIGNS



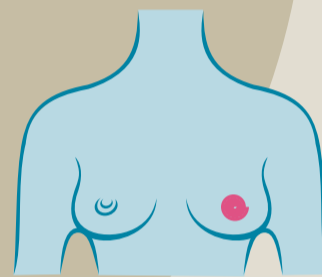
A puckering of the skin of the breast



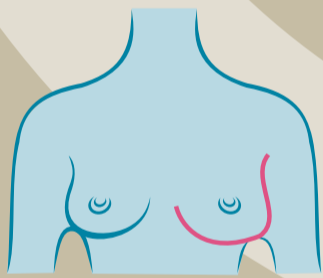
A lump in the breast or armpit



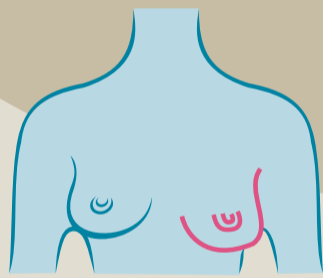
A change in the skin around the nipple or nipple discharge



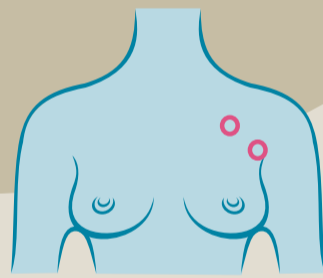
Dimpling of the nipple or nipple retraction



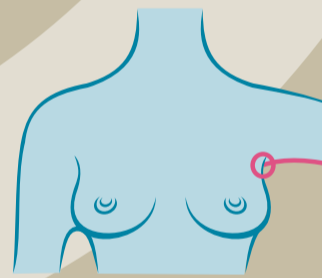
An unusual increase or shrinkage in the size of one breast or recent asymmetry of the breasts



One breast unusually lower than the other. Nipples at different levels



An enlargement of the glands



An unusual swelling in the armpit

MYTH vs FACT

I am too young to get breast cancer



Many women who are under 40 are diagnosed with breast cancer

It doesn't matter if I'm overweight/obese and don't exercise



Being overweight & having low levels of physical activity adds to breast cancer risk, esp after menopause

Alcohol & smoking is not linked to breast cancer



Alcohol and tobacco use increases the risk of breast cancer

Only women with a family history of breast cancer are at risk



All women are at risk, but family history increases the risk

I have never had children, so I can't get breast cancer



Women who have never had children, or only had them after 30, have increased risk of breast cancer

EARLY DETECTION IS KEY

- ➔ Do monthly breast self-examinations
- ➔ Go for regular screening (clinical breast examinations) at CANS/SA Care Centres
- ➔ Symptom-free women aged 40 to 54 should go for a mammogram every year (women 55 years & older should change to every 2 years)

CANS/SA has Mobile Health Clinics that do screening in communities



Did you know? CANS/SA offers a variety of affordable BREAST PROSTHESES, for those who had to undergo a mastectomy/lumpectomy

Toll Free 0800 22 66 22 | www.cansa.org.za



072 197 9305
071 867 3530

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NEARLY 400 RURAL PEOPLE BENEFIT IN ONE DAY FROM HIGH-IMPACT #ISIBHEDLELAKUBANTU CONCEPT IN MONDLO, VRYHEID



At least 363 people suffering from an assortment of ailments were seen by doctors at Mondlo, near Vryheid, in their own neighbourhood - free of charge - in just one day on Saturday (28 September 2019). This is thanks to the #IsibhedlelaKubantu (Healthcare to The People), which is among a number of new, innovative and exciting programmes that are being introduced and championed by KZN Health MEC, Ms Nomagugu Simelane-Zulu.

#IsibhedlelaKubantu sees a comprehensive range of healthcare services being brought

to the doorstep of communities who live far from clinics and district hospitals. The concept is characterised by the arrival of teams of doctors, nurses and allied healthcare professionals - with big mobile clinics (trucks) in tow - which line up in a horse-shoe formation. Led by the MEC, the healthcare professionals roll up their sleeves and attend to the needs of each and every person in the queue.

The services on offer include everything from optometry to dental healthcare; to cervical cancer (Pap Smears) and breast cancer screening; and check-ups

for TB, HIV/AIDS and counselling and immediate treatment initiation for those who test positive.

The programme also features screening and testing for non-communicable diseases such as diabetes, high blood pressure, obesity, chronic lung disease, and indicators for impending stroke and heart disease; while the elderly are provided with spectacles, wheelchair assessments, and walking aids.

"While emphasizing that people need to adhere to the Primary Health Care approach, and visit clinics as their first port of call,

through #IsibhedlelaKubantu, we virtually bring the hospital smack in the middle of communities where our people live. The only service that the programme does not have is surgery," says MEC Simelane-Zulu.

The MEC announced for the first time yesterday that the package of #IsibhedlelaKubantu services will now include Human Resource Management experts from head office, who will give guidance to rural youth wishing to pursue a career in the health sciences.

During her engagement with the people, the MEC urged the public to know their HIV status,



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and advised youth to delay their sexual debut, and for those who cannot, to use condoms to avoid sexually-transmitted infections, including HIV, and unplanned pregnancy.

She also encouraged the embracing of healthy lifestyles through regular physical exercise, and following a healthy diet free of excessive fat, sugar, and salt.

The MEC reminded those who suffer from chronic ailments across the province to enquire from their local health facilities as to how they can register under the Department's Central Chronic

Medicines Dispensing and Distribution (CCMDD) programme.

"This programme enables people who've been on chronic medication for more than six months to pick up their medication closer to home. This can be medication for ailments such as diabetes, high blood pressure, arthritis, and for those living with HIV, among others.

"The best part about it is that this medication is sealed in the same packaging, which ensures privacy and confidentiality - killing stigma and discrimination in the process,

as no-one will know what medication you are collecting.

"Those who suffer from chronic ailments can pick up their medication from various public amenities, Operation Sukuma Sakhe War Rooms, and pharmacies, among others. These patients only have to come to a health facility once after three months.

"This programme saves patients a lot of time and money, and helps them avoid leaving home early to stand in long queues at hospitals and clinics. It also decongests health facilities, improving the

wellbeing of staff. We would like to thank all nurses, pharmacists, doctors, patients and all others individuals who continue to contribute towards the success of this programme."



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VOX POPS

Here is what people of Mondlo had to say about bringing along a comprehensive range of health services to their locality. These services included immunization, screening for non-communicable ailments such as diabetes, cancer, hypertension, obesity, high blood pressure, heart diseases and TB and chronic ailments such as HIV/AIDS.



"I am 51 years old, I am living at Mondlo block C. We used to ill indoors and no one was giving us attention. We are grateful for the health services for being closer to us. A big thanks to the Health MEC Nomagugu Simelane-Zulu for the initiative."



"My name is Xolile Ntombela I am 33 years old, we are grateful for the health services to be closer. I used to travel a long distance to take my chronic medication from Mondlo to Bhekizulu location, we are grateful to the MEC."



"My name is Bongani Coshela, I am 53 years old. A big thanks to the Government for bringing the health services closer. I used to travel a long distance to take my chronic medication."



"My name is Jabulani Vilakazi, I am living here at Mondlo. We are grateful to the Government for bringing health services closer to the people. Especially old citizens now are able to come here and take their medication without traveling long distance."



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MAKING MENTAL HEALTH A GLOBAL PRIORITY



The month of October has been declared **Mental Health Awareness Month** with the objective of not only educating the public about mental health but also to reduce the stigma and discrimination that people with mental illness are often subjected to.

A mental illness is a disease that causes mild to severe disturbances in thought and/or behaviour, resulting in an inability to cope with life's ordinary demands and routines.

COMMON SIGNS INCLUDE:

- Detachment
- Withdrawal
- Sadness
- Mood swings
- Substance abuse

According to WHO Mental health problems are the result of a complex interplay between biological, psychological, social and environmental factors. Mental health problems such as, depression, anxiety, substance abuse and job stress are common in affecting individuals, their families, co-workers, and the broader community. In addition, they have a direct impact on workplaces through increased absenteeism, reduced productivity, and increased costs. Very few South Africans seek treatment for their mental disorders. Mental illness can be treated and prevented. If you suspect a mental illness, visit your nearest clinic or doctor to be treated. Work can play a role in the development of mental health problems in the workplace.

THE KEY FACTORS INCLUDE:

- workload (both excessive and insufficient work)
- lack of participation and control in the workplace
- monotonous or unpleasant tasks
- role ambiguity or conflict
- lack of recognition at work
- inequity
- poor working conditions
- poor leadership and communication
- Conflicting home and work demands.

Whilst the workplace can contribute positively to a person's mental health, it may also exacerbate an existing problem, or may contribute to the development of a mental health problem. Employers should put in place programmes to promote the mental health of workers, and to ensure that mental health problems are recognised early and treated effectively.

<https://www.thinkmentalhealthwa.com.au/supporting-my-mental-health/factors-that-can-affect-your-mental-health/>



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ATTENTION

TO ALL DOH EMPLOYEES

NOTICE

NEW DOH PAY-OFF LINE / SLOGAN

REQUEST:

Please have your say, what do you think our new payoff line should be?
Please make your choice by ticking on one of the options below or alternatively make your own input on the space at the bottom of the page.

CURRENT SLOGAN:

Fighting Disease, Fighting Poverty, Giving Hope

PROPOSED NEW SLOGAN:

Select your preferred option
by ticking in the box next to it



1. My Health, Your Health, Our Health A Healthy KwaZulu-Natal
2. A Long and Healthy Life for All in KZN
3. Together working for our Health in KwaZulu-Natal
4. Tackling NON-COMMUNICABLE DISEASES head-on

OR WRITE YOUR OWN PAY-OFF LINE / SLOGAN

CLOSING DATE FOR SUBMISSIONS: 07 OCTOBER 2019

Please insert your submission inside the suggestion box.

Thank You



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DOH STRATEGIC PLAN WILL MAP NEW PRIORITIES FOR THE CURRENT PLANNING CYCLE

The KwaZulu Natal Department of Health will convene the most critical meeting known as the Provincial Strategic Planning Consultative Workshop 2019-2024 to map out key priorities for the next five years in line with the vision of the 6th administration.

The focus of the consultative workshop will be on reprioritization of outcomes and outputs within budget constraints towards the development of the following strategic plans:

- 2020/21 Annual performance Plan
- 2020/21-2024/25 Strategic plan (Including Service Delivery Improvement Plan)
- 2020/21-2029/30 Long term plan and

- 2020/21-2024/25 Service

The consultative workshop was preceded by the pre-workshop cluster sessions in August where key challenges, proposed outcomes, and interventions were discussed. During pre-workshop cluster sessions, concepts of Service Delivery model (SDM) and Service delivery Improvement plan (SDIP) were introduced. The consultative workshop will therefore receive a report from these pre-workshop sessions for finalization and approval.

Participants will be expected to engage on in-depth discussions to confirm outcomes, outcome indicators, outputs and activities for the 2020/21-2024/25 planning cycle.

GEMS LEADS THE CONVERSATION ON HEALTHCARE DELIVERY

The who and who of the Health Sector converged at the Government Employees Medical Scheme (GEMS) two day symposium (02-03 October 2019) at Inkosi Albert Luthuli International Convention Centre in Durban this week, to trash out issues and map out future plans for strengthening the health sector.

This mega health gathering brought in an array of stakeholders under the theme "Gearing towards Digital First on the road to Universal Healthcare Coverage"

The Symposium zoomed into number of critical topics through plenary sessions and panel discussions where health pundits depicted gaps that have

plagued the current health system with a view of aligning current systems and goals with the new strategic vision of advancing universal health coverage.

KwaZulu Natal Department of health was also featured on the programme as two Departmental employees Mr Mfowethu Zungu, DDG Micro policy planning & NHI and well as Mr Chris Maxon from Strategic Health Programmes participated in the robust discussions.

For more information on the conference resolutions go to www.gems.gov.za



TURNING THE SPOTLIGHT ON CORRUPTION IN THE HEALTHCARE SECTOR

A ground-breaking initiative to fight rampant corruption in the private and public sector was launched by President Cyril Ramaphosa at the beginning of this week.

The Health Sector Anti-Corruption Forum (HSACF) will tackle head on, major challenges in the health sector. The forum has been established

by the Special Investigating Unit (SIU) with a view to foster collaboration with stakeholders in the health sector.

President Cyril Ramaphosa first led the Presidential Health Summit held in 2018 which has now culminated to the Health Sector Anti-Corruption Forum launch. "Clearly this forum today is quite historic as far as I'm concerned because, together and collectively, we are going to take real definite steps to curb the

corruption that prevails in our country in the health sector." said President Cyril Ramaphosa.

National Director of Public Prosecutions Shamila Batochi who was also present during the historic launch, proclaimed that health sector cases which will be forwarded to the SIU will be prioritised. "The role of the NPA within the forum is to ensure that matters in the health sector, which are referred to the SIU in terms of Section 2(1) of the SIU Act, are

prioritised and receive the necessary attention, in line with an MoU [memorandum of understanding] entered into between the NPA and SIU during 2017, which is being reviewed"



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REACTIONS TO THE HEALTH SECTOR ANTI CORRUPTION FORUM LAUNCH



- Deputy Justice Minister John Jeffery – “Lawyers who have deliberately lost cases so government would pay millions in medical claims to fraudsters, would not be spared as the Health Anti-Corruption Forum gets to work.”

- NEHAWU is looking forward to working hand in glove with the forum in fighting to totally displace corruption from the health sector and call on our members and all South Africans in general to report any form of corruption wherever it rears its ugly head.

- Section 27s executive director Umunyana Rugege welcomed the launch of the forum and said her organisation

prefers to work with, rather than against, the government, despite often having been pushed to litigate against the state.

“Our job is to continue to blow the whistle where we see violations of the law and where we work with communities that are trying their best to engage with the state and often come to us to engage about these violations,” said Rugege.

- Corruption Watch executive director David Lewis said, “The SIU is taking a leading role in tackling corruption, exemplified in the health forum, which he said was characterised by its businesslike and practical manner rather than grandstanding.”

WHO SAID WHAT THIS WEEK

- “This system must be built by South Africans”
Zweli Mkhize, Minister of Health, speaking on NHI in Pietermaritzburg
- “Whether supporting young entrepreneurs, empowering women and girls, or challenging the issue of gender-based violence; whether it’s been planting trees, clearing landmines, or protecting the most beautiful creatures and places on the planet, these experiences have affirmed our love of Africa, and the issues that are so important to us.”
Prince Harry when visiting Cape Town.
- “We are focusing on strengthening the law enforcement agencies in a way that we ensure fair and immediate prosecution in all of these cases.”
Sihle Zikalala, Premier of KZN, speaking on Gender Based Violence

INVENTIONS THAT SHAPED THE WORLD: THE HEART TRANSPLANT



On 3 December 1967, South Africa’s very own Dr Christiaan (Chris) Barnard performed the world’s first human to human heart transplant at Groote Schuur Hospital, Cape Town.

The recipient was Louis Washkansky, a fifty three year old with a weakening heart condition. Mr Washkansky received the heart of Denise Darvall, a young woman who was run over by a car on 2 December 1967 and had been declared brain dead after suffering serious brain damage. Her father, Edward Darvall agreed to the donation of his daughter’s heart. The operation started

shortly after midnight on a Saturday night and was completed the next morning just before 6 a.m. when the new heart in the chest of Louis Washkansky was electrically shocked into action. After regaining consciousness he was able to talk and on occasion, to walk. He later passed away after 18 days after suffering from pneumonia. Dr Barnard’s second transplant operation was performed on 2 January 1968, and the patient, Philip Blaiberg, survived for 19 months.

Approximately 100 transplants were performed by various doctors during 1968 worldwide. Dr Christiaan Barnard contributed immensely into the health sector.

SOURCE:
<https://www.sahistory.org.za/dated-event/dr-chris-barnard-performs-worlds-first-human-heart-transplant>



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DO YOU KNOW THAT THE DEPARTMENT HAS A CODE OF ETHICAL CONDUCT?

The Code of Ethical Conduct sets out expected behaviour from all employees in the Department and embraces the values of the Department. The Handbook is informed by various applicable Legislation, Batho Pele principles, oversight & compliance requirements, HR and Administrative practices with specific focus on Chapter 2 of the Public Service Regulations 2016.

In day-to-day actions and activities and relationships between staff and especially with clients, public servants must put into effect the top ten values and principles of the Public Service in South Africa, as reflected

in Chapter 10 of the Constitution of South Africa:

- Be governed by the democratic values and principles of the Constitution;
- Maintain and promote a high standard of Professional Ethics;
- Promote the efficient, economic and effective use of resources;
- Be orientated towards development;
- Deliver services impartially, fairly, equitably and without bias;
- Respond to people's needs and encourage public participation in policy matters;
- Be accountable
- Be transparent by providing the public with timely, accessible and accurate information;
- Cultivate good human resource management and career development practices to maximize human potential;
- Represent the South African people, with employment and personnel management practices based on ability, objectivity, fairness and the need to redress the imbalances of the past.

Based on the above, the code of conduct serves as a frequent reminder of how employees should act and behave on a daily basis in the performance of their duties and towards fulfilling the Department's mandate. The Code of Conduct is available from the Ethics Office and can also be accessed from the Intranet.



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KZN HEALTH IN PICTURES





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ON THE KZN HEALTH CHAT BULLETIN TO:**

healthchatbulletin@kznhealth.gov.za

