



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

HEALTH *Chat*

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OPENING DOORS FOR AFRICAN GIRL CHILDREN: THE STORY OF **DR LINDIWE SIDALI** SOUTH AFRICA'S FIRST FEMALE AFRICAN **CARDIOTHORACIC SURGEON**

NEWLY-QUALIFIED
CARDIOTHORACIC SURGEON DR
KHAYE NGCOBO

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KwaZulu-Natal Department of Health



kznhealth



KZN Department of Health

FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE

PATIENT RIGHTS

1

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

2

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

3

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.**

IT'S FREE
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4

If calling from a cellphone, you can call the number and ask to be called back.

5

THE DEPARTMENT OF HEALTH ALSO HAS A 24 HOUR CALL CENTER. DIAL 0800 005 133



OPENING DOORS FOR AFRICAN GIRL CHILDREN: THE STORY OF DR LINDIWE SIDALI, SOUTH AFRICA'S FIRST FEMALE AFRICAN CARDIOTHORACIC SURGEON



Dr Lindiwe Sidali has broken barriers by recently becoming South Africa's first African female cardiothoracic surgeon in the country, and one of only a few on the continent. In this candid interview with the KZN Department of Health's Corporate Communications unit, Dr Sidali talks about her amazing journey, from her days herding cattle as a young village girl and the challenges she faced as a female doctor in a speciality where at some point she was the only female in training. She also shares her love for writing romance fiction stories and the miracles that she performs at Inkosi Albert Luthuli Central Hospital, where she received her training in Cardiothoracic Surgery. She has been a doctor for 10 years. Her qualifications are Doctor of Medicine – Cuba (equivalent to MBCHB); and Fellowship of Cardiothoracic Surgery (SA).

QUESTION: Congratulations on becoming the first African female cardiothoracic surgeon in the country! How would you sum up your journey thus far?

ANSWER: It has been an amazing journey, enlightening in a sense that I became aware that I was an African female in a speciality that is famously known for being male dominated. And I learnt to embrace who I am and what I represent. It's been challenging but it's also been a great adventure, and I could not have done it without the support of the amazing people that I had by my side.

Q: Please tell us about yourself.

A: I am 35 years old. I was born in a large family of 8. I am a small town girl, born in Dutywa, in the Eastern Cape. Later on I moved to Wonderkop, in the North West, where my father used to work as a mineworker. I matriculated in Rakgatla High School in

TO BE CONTINUED ON PAGE 3>>>

Wonderkop. I received a bursary from the North West Department of Health to study medicine in Cuba. Both my parents Mxolisi and Nowinile Sidali are strong feminists in a sense that they instilled us that as girls we were enough to stand on our own despite the odds and societal norms. All my siblings were treated equally. Everyone had to cook, clean, and look after cattle. The chores were the same and all of us were expected to perform at school to the best of our abilities. We were all taught about hard work.

Q: What kind of patients would typically need to be seen by a cardiothoracic surgeon?

A: Typically, those patients who suffer from heart, lung, oesophagus, diaphragm and trachea conditions that cannot be treated completely with medicine or interventional strategies, and require surgery. Or patients where diagnosis needs to be made by taking a sample from inside the chest.

Q: What sparked your interest in medicine, and particularly in heart-related matters?

A: I was encouraged by my family and my teachers. Between 2000-2001, I decided to volunteer at a Wonderkop clinic to see if I would like it. The nurses were wonderful in encouraging me to pursue medicine. That's how I actually heard about the Cuban scholarship programme, so I applied and got accepted. But what has kept my interest and made me stay in Medicine is the desire to serve my people, to want to help people and also to give back not only by treating patients but to be a positive role model for every African child. Cardiothoracic surgery happened by chance to me. I had always been interested in most surgical disciplines, and could not decide what to pursue. But then interesting

enough, every time I was on call as a community service /medical officer, there was almost always a patient with a stabbed heart, or chest related trauma and after seeing a heart beating in my hands, I knew that I didn't want to do anything else but cardiothoracic surgery.

Q: What would you say has helped you come this far as a person? What sacrifices did you have to make along the way?

A: I don't think of this journey as making a sacrifice. I take it as time spent very well focusing on my studies and advancing my career. However, there are a lot of people who have helped me come this far. My family have always been the cheerleaders of my life. My teachers, who expected the best out of me. My friends who supported and cheered me, and never put me under pressure to go along with everyone else. The Department of Health, for seeing potential in me and giving me the opportunity to study medicine in Cuba. The Cuban community for their warm welcome and the knowledge they imparted in me, not just in medicine, but they also taught me to be proud of who I am and where I come from. My mentors for guidance and advice. The KZN Department of Health for the support. And, last but not least, the Department of Cardiothoracic Surgery (UKZN) for the opportunity they gave me. They believed in me, and supported me throughout.

Q: What do you wish South Africans could change about themselves to avoid heart-related ailments, and make your job easier?

A: I wish more people could embrace the notion of Healthy Lifestyle, which our Government is working so hard to promote. Eating healthily and exercising can prevent a lot of heart diseases. It would also

help a great deal if people could present to a health care facility as soon as possible with any symptom. Regular screening and testing can help a great deal in this regard.

Q: Why do you think it has taken this long for SA to have the first African female cardiothoracic surgeon in the country?

A: It's difficult to answer this question without sparking debate in other areas, but I suppose it's the same reason we still have not had a female president. Those same barriers need to be broken. It's only when people see that one female can do it that they can give a chance to other females. It is an uncharted territory for females, particularly African females because they are hardly ever given a chance. In my opinion, when women are given the same position as men, they are tested to a point of failure, where all intuitive directions will point one to believe that they cannot do it. So the odds for African women are systematically, probably unintentionally, designed to drive us to not fight for more or to quit.

Q: What, in your view needs to change in order to open doors for other young people who wish to follow in your footsteps?

A: There is a rise of female doctors in surgical disciplines overall (these disciplines have been famously known as the "Boys club"). However, African females have been given the least opportunities compared to their counterparts. We need opportunities and exposure. But the most important thing that is needed to change the future for all African children is the eradication of poverty. And one of the ways to do that is through education. That is how you truly liberate a person. But education needs money, which is why education has to be free for those who are from

TO BE CONTINUED ON PAGE 4>>>

disadvantaged backgrounds. We also need more positive role models for young women. African girls need to see a girl that looks like them making it in the world and in that way they can see that it can be done.

Q: Please describe yourself in five words?

A: Aware. (I am aware of myself; who I am and what I stand for, which makes it easier for others to be aware of me.) Feminist, Decisive, a Dreamer and Dauntless.

Q: What would people be surprised to find out about you?

A: That I write romantic fiction stories, but only for my friends. I write under a pseudo name (only my friends know it's me). I intend to share my writing with the world someday, but no one will ever know it's me. Now that I have finished my exam, besides working hard, I am planning to practice more of my hobbies

Q: What three things would you change about South Africa if you had magical powers?

A: I would make education accessible and free to every disadvantaged child. I would distribute wealth equally to all South Africans to uplift the standard of living for all of them. I would stop all gender based violence, especially that which is targeted against women, and stop calling the murder of women homicide, but call it femicide. I would advocate for very harsh sentences for all transgressors in order to make it a deterrent.

Q: Now that you've achieved this amazing feat, what lies next in store for you?

A: This is just the beginning of a new dawn. I am excited to hit the ground running and sharpen my skills more, and to teach and transfer my skills. I also have to finish my MMED with UKZN and in the near future pursue Congenital Cardiac Surgery (congenital heart surgery is a sub-speciality /super speciality in cardiothoracic surgery that deals with structural problems of the heart that are present from birth. These structural defects can range from a small hole between the heart chambers to complex abnormalities such as abnormal spatial arrangement of great blood vessels

Q: What are your words of wisdom to those who wish to follow in your footsteps?

A: Everything is life is possible, dream but create a plan of action in achieving those goals. Don't follow other people's path. Create a new one.



NEWLY-QUALIFIED CARDIOTHORACIC SURGEON DR KHAYE NGCOBO



WANTS SOUTH AFRICANS TO EXERCISE AND FOLLOW A HEALTHIER DIET TO LIVE LONGER

Newly-qualified cardiothoracic surgeon Dr Khayelihle Ngcobo, from Inkosi Albert Luthuli Central Hospital, wants to see South Africans leading more active and healthier lifestyles. He says this could help reduce the prevalence of diseases such as diabetes, hypertension, high blood pressure and heart disease. In this interview, Dr Ngcobo, who also plays a musical instrument in church, reveals what it has taken for the child of a domestic worker to scale the heights in the medical profession.

QUESTION: Congratulations on qualifying as a cardiothoracic surgeon. How have you managed to come this far?

ANSWER: It's been obviously life changing. I was lucky to arrive while our department had many experienced surgeons and hence learnt from all of them. The ethos of cardiothoracic surgery was embroidered in me during all the years spent as a registrar in our department. The journey for a Black man is never easy for some reason. Nonetheless, the victory is mine now and I have run a great race. I came to the department quite matured. That is, not straight from community services, but years after and for me that is what contributed to my victory. Registrar life is not easy, no matter what specialty one is doing. So, your mindset plays a big role in whether you will survive or succumb to different pressures during your training. My mindset was valuable in my success no matter who I interacted with.

Q: Please tell me more about yourself.

A: I turned 42 on Friday, which was 'Black Friday'. The young ones call me 'Malume' (uncle) in our department. I was born in Durban and grew up in Umzumbe, Fairview mission with my father's family as Khayelihle Mzelemu. I was a farm boy for 12 years, and I thoroughly enjoyed it. That was a great family that shaped my future. I'm still their son to this day. Due to cultural customs that I would not like to expand upon in this interview, I had to return to my mother's family the Ngcobos, as my parents were never married. I kept the Mzelemu surname for a long time. I completed matric and undergraduate training as a doctor as Khayelihle Mzelemu. I worked as Dr Mzelemu until 2005 but that year I changed back to my mother's surname and became Dr Ngcobo.

Q: Tell me about your family and the kind of impact that your parents have had on your life?

A: My late father Bhekuyise Mzelemu inspired me to be the best in what I do, especially my school grades. My late mother, Nontuthuzelo Muriel Ngcobo, was a rock of my life. I would not be where I am without her. She was amazing and many praises should be directed at her. My mother did not have much but did everything she could for me and my siblings. I'm a seventh child of my mother's ten children. Needless to say, we grew up in poverty and under difficult circumstances. I'm a Christian because of my mother and I thank her very much for that because that gave me purpose and direction in life. I'm married to the beautiful Nompumelelo Ngcobo for 7 years now, and have a six year-old son Melokuhle. They had a rough time during my training but stood by me and I can't thank them enough.

Q: Tell me about your school life and your undergraduate studies?

A: I matriculated at Pinetown Boys High school in 1993. My mother was a domestic worker and her boss, the late Brian Goss, had a son Rowan Goss who was the same age as me, and we always used to play together. Brian Goss fought for me to be in a white school in 1991 when black and white children were not allowed to be in the same school. So I started my standard eight in

TO BE CONTINUED ON PAGE 6>>>

a model C school and matriculated in 1993. I did my undergraduate training at the University of Natal from 1995 to 2000.

Q: What sparked your interest in medicine in general, cardiothoracic surgery in particular?

A: For as long as I can remember, I wanted to be a doctor. Even from the age of five, I remember always telling people I would become a doctor whenever they asked me. I rotated through almost all the medical disciplines as a young doctor and only later on did I realise Cardiothoracic surgery was what I wanted to specialise in. I wanted cardiology (I was inspired by Dr Brian Vezi, whom I met as a medical student at Wentworth hospital), but I was a surgeon at heart so I combined my love for surgery with my dream of cardiology. Years went by while I was not sure I wanted to be another Black man tortured in the registrar program, but my friend Basil Enicker, a neurosurgeon, was always in my ear. At the age of 37, I then began my cardiothoracic surgery training. I believe it was by chance, given what was going on in my life then. And the rest is history.

Q: What would you say has helped you come this far as a person?

A: It's the determination to succeed and not allowing people to tell you what you can do or can't do. I knew myself well enough when I came to cardiothoracic surgery and I was willing to learn. I was prepared for hard work and putting in long hours, so it never affected me. My relationship with my son suffered slightly during my training as he was almost one year before I started the registrar programme, so training took over my life.

Q: What kind of patients would need your services as a cardiothoracic surgeon?

A: Those who have acquired heart valvular conditions, coronary artery disease, congenital heart disease, and aortic aneurysm, as well as those with lung cancer and inflammatory lung diseases such as TB in thoracic surgery to mention a few.

Q: What do you wish South Africans could change about themselves to avoid heart-related ailments, and make your job easier?

A: Diet and regular exercise to control our weight and Body Mass Index can help a lot. It can help protect us from diabetes and hypertension. I wish people could also stop smoking as it is bad for the heart and lungs. What you do as a youngster catches up with you in your middle and old age as far as smoking is concerned. TB and HIV prevention and treatment have been regarded as being in the forefront in South Africa but there is always more that can be done. Lung cancer screening can be improved upon. Congenital heart conditions can be diagnosed very early in first world countries and so we should strive for this

Q: Why do you think it has taken this long for SA to have your colleague, Dr Sidali, as the first African female cardiothoracic surgeon in the country?

A: Cardiothoracic surgery is a male-dominated world. Not only that, but very few Black South Africans have passed the exams since Madiba's release from prison. Lastly, not many Black African females enter the program. Cardiothoracic surgery demands long hours in theatre and life is about cardiothoracic surgery for 4 to 5 years. There is also no exposure to cardiothoracic surgery at undergraduate level. So, Dr Sidali sacrificed a lot to be where she is.

Q: Please describe yourself in five words?

A: Honest, Hardworking, Empathetic, Punctual and Disciplined.

Q: What would people be surprised to find out about you?

A: I'm very religious and cultural. I play the Tuba in a church band.

Q: Where to from now for you?

A: Serving my community, teaching more cardiothoracic surgeons, ensuring a conducive environment for them and being the best at my field. Staying humble is the key for me because arrogance is a big problem in this field.

Q: Any words of advice to those who wish to follow in your footsteps?

A: Nothing is impossible. If others can do it, why not you? However, I would advise that if you want to become a cardiothoracic surgeon, it is important to get a feel for yourself before deciding to pursue this discipline.

2500 LEG AMPUTATIONS EACH YEAR IN KZN (DUE TO DIABETES) CAN BE REDUCED THROUGH REGULAR EXERCISE AND A HEALTHIER LIFESTYLE, SAYS MEC DHLOMO

Six leg amputations per day, or 2500 per year at KZN public hospitals alone. That's the shocking toll that diabetes is taking on the lives of ordinary people. This, among other reasons, is what has spurred on KZN Health MEC Dr Sibongiseni Dhlomo to sound alarm bells and urge the people of the province to claim their lives back from the scourge of diabetes, and other non-communicable diseases.



Speaking at the 5km Durban Wellness Festival, on the beachfront MEC Dhlomo said: "Diabetes, alongside other Non-Communicable Diseases such as hypertension, heart disease, stroke and others, has exploded and become a major problem. We are told that six leg amputations per day or 2500 per day are done at government hospitals here in KZN.

"We all must therefore try and increase awareness about these diseases. That is why we are also urging our fellow compatriots to make lifestyle adjustments. Getting engaged in regular exercise, getting rid of bad habits like smoking, and alcohol and substance abuse; and following a healthy and balanced diet, can delay the onset of diabetes and these other diseases."

With World Diabetes Day being commemorated across the globe on Wednesday (14 November 2018), MEC Dhlomo urged ordinary human beings to get into the habit of getting screened and tested for diabetes free of charge at public health facilities at least once a year. He argues that ordinary

South Africans, and those who have been diagnosed with diabetes – or have a family history of it – should become more knowledgeable about the disease.

"Each and every person must know about diabetes. They must know about it more than healthcare professionals. Even if you're diagnosed with diabetes, it should not automatically follow that next year we are amputating your leg. There's a lot you can do to delay the onset of complications. I always embrace those South Africans who participate in running and walking, because they reduce the amount of chronic treatment that we give them. This impacts positively on the budget for health through the saving that we make. By participating in such activities, you are improving your own quality of life, and you will live longer. Even if you have diabetes, and you are an elderly person, we still need you because you have a lot of wisdom to pass on to current and future generations."

World Diabetes Day was commemorated across the globe under the theme "The Family & Diabetes."

WHAT IS CPR?

You might have seen in movies or witnessed someone shouting “give him mouth-to-mouth!” and wondered what that was or what it does for an unconscious person. A mouth-to-mouth, also known as cardiopulmonary resuscitation or CPR, is an emergency procedure. It is performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest.

Basic CPR can be explained as C-A-B:

- **C**ompression of the chest
- Tilting back the head to clear the **A**irway
- **B**reathing, giving mouth-to-mouth rescue breaths.

Why do we do CPR?

The main reason to provide CPR is to restore the flow of oxygenated blood to the brain of a victim who has suffered sudden cardiac arrest (SCA). After SCA, the victim is not breathing (or not breathing adequately) and the heart is not pumping oxygenated blood to the brain or vital organs. Clinically the victim is dead. Biologically though, the victim still has a chance at survival. After 4-6 minutes without oxygen, permanent brain damage will occur. After 10 minutes without oxygen the brain is dead, biological death has occurred. Biological death is irreversible. The reason we do CPR is to keep the brain alive after SCA by pumping blood to the brain with external chest compressions and rescue breaths. (EMS Safety Services USA)

How do I determine whether an individual needs CPR or not?

Knowing when to give CPR and when not to give CPR is just as important as knowing how to give CPR. Breathing and pulse are the two key factors in determining if someone needs CPR or not.

Here are a Few of the Warning Signs CPR Might Be Needed:

- **Sudden Collapse:** Check for breathing and a pulse.
- **Unconsciousness:** Try to wake the person. If unsuccessful, check for breathing and pulse.
- **Breathing Problems:** No breathing or limited breathing may call for CPR.
- **No Pulse:** If a pulse can't be felt, the heart may have stopped.
- **Electrocution Injuries:** If you witness an electrical injury, do not touch the victim. Try to kill the power source or remove the victim from the electrical contact, but be sure to use something that doesn't conduct electricity, like a wooden broom or stick.
- **Drowning, Drugs, Exposure to Smoke or Inhalants:** Check for breathing and a pulse. Injuries of this nature might call for a combination of rescue breathing and chest compressions.

When to STOP performing a CPR

Deciding to stop CPR is something that has to be determined on a case by case basis. If you're administering CPR and see obvious signs of life, such as movement or breathing, stop giving CPR. And it should go without saying, stop administering CPR when trained responders arrive or the environment becomes unsafe. The Resuscitation Council of South Africa offers courses in CPR for members of the public, family members, relatives and friends of adults and children at risk for sudden death. It is ideal for laypersons with no prior medical knowledge who want to learn life-saving rescue skills for their loved ones.

However, before administering CPR it is important to contact emergency services first.

THINK TWICE. SEEK ADVICE.



Think twice. Seek advice. This is the warning that the World Health Organisation (WHO) issues every year during World Antibiotics Week. Global studies show that due to self-medication of antibiotics and other antimicrobial medicines, the ingesting of medication without seeking the advice of qualified health professionals, bacteria that cause disease are increasingly becoming resistant to antibiotics.

WHAT IS RESISTANCE?

Normally, antibiotics can destroy a bacterium. When antibiotics are incorrectly used, a bacterium can become strong and immune to an antibiotic. This is what is termed "resistance".

WHY SHOULD I CARE ABOUT RESISTANCE?

Antibiotics have been used for years to fight bacterial infections. If all disease causing bacteria in the world became immune, it would mean infections caused would be more complex and harder to treat.

WHAT CAN YOU DO TO FIGHT RESISTANCE?

You can reduce the risk of infection by:

Washing your hands properly

Preparing food hygienically

Limiting close contact with others when you are sick

Practicing safe sex

Not sharing antibiotics with others

Misuse of antibiotics puts everyone at risk.
Think twice before using antibiotics without seeking medical advice!

DISABILITY RIGHTS AWARENESS MONTH

South Africa celebrates the National Disability Rights Awareness Month on the 3rd of November to the 3rd of December annually. This year's Theme is; **A Disability Inclusive, Barrier-Free South Africa by 2030: be the legacy.** The 3rd of December is the International Day of Persons with Disabilities, and is also commemorated as National Disability Rights Awareness Day.

The Disability Rights Awareness Month aims to promote an understanding of disability issues and mobilize support for the dignity, rights and wellbeing of persons with disabilities. It also seeks to increase awareness of gains to be derived from the integration of persons with disabilities in every aspect of political, social, economic and cultural life. It is also aimed at promoting empowerment, and helping to create real opportunities for people with disabilities. This enhances their own capacities and supports them in setting their own priorities. Empowerment involves investing in people, in jobs, health, nutrition, education, and social protection.

Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or occurs during a person's lifetime.

The Disability Awareness Month offers an opportunity for everyone to improve the quality of life to people with disabilities through concrete action, and provides South Africa with an opportunity to:

- Inspire hope and confidence in the ability of South Africans to work together in addressing the common challenges facing persons with disabilities.
- Mobilize persons with disabilities around the gains made in protecting, promoting and upholding the rights of persons with disabilities.
- Acknowledging that all human and socio-economic rights should be equally enjoyed by all persons with disabilities, irrespective of race, gender, age, sexual orientation, impairment, socio-economic status, educational qualification level, religion, culture, employment status or nationality.

The Department's Role

- The Department of Health is also responsible for prescribing assistive devices for the disabled such as wheelchairs and crutches. These devices are essential in assisting the disabled to be independent and live as normally as possible, with dignity and comfortability.
- There is also a rehabilitation and disability program in the Department that monitors the health, wellness and safety needs of people with disabilities employed by the Department.

Be The Legacy





Sunshine pill the best

Taking a daily vitamin D supplement could cut the number of migraine attacks dramatically, according to the results of a new trial. Vitamin D is dubbed the “Sunshine vitamin” because it is produced in the skin after sunlight exposure. The treatment nearly halved the attacks that patients suffered during a six month trial—with those taking the daily supplement (and no other medication) going from having migraines more than six days a month to three. The sunshine pill is thought to work by combating inflammation in the blood vessels in the brain that can play a part in the painful migraine episodes.

(Independent on Saturday pg. 10) 01 October 2018

First HIV-liver transplant heralds a new era

A multidisciplinary team at Wits Donald Gordon Medical Centre in Johannesburg performed what is believed to be the world’s first living donor liver transplant from an HIV positive woman to her HIV negative child. It took months of careful and deliberation to arrive at the decision to do this procedure.

(Independent on Sunday pg.5) 07 October 2018

Make good food choices

Heart disease and stroke are the world’s leading causes of death, claiming 17.5 million lives each year. According to the Heart and Stroke Foundation South Africa (HSFSA), following a healthy lifestyle, which includes making good nutritional choices, can prevent up to 80% of heart disease and the chance of stroke. Potatoes contain more potassium than any other vegetable. Potassium plays a crucial role in normal heartbeat rhythm, smooth muscle contraction, blood pressure control and nervous system and heart function.

(The Witness Pg. 19) 31 October 2018



photogallery



LAUNCH OF CONTRACEPTIVE STRATEGY AT AMAJUBA DISTRICT



photogallery



DIABETES WALK AT SOUTH BEACH



photogallery



MECs ENGAGEMENT WITH COMMUNITY CARE GIVERS AT UMGUNGUNDLOVU DISTRICT



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