



BOOST FOR RURAL HEALTH CARE

CENTRES OF HEALTH EXCELLENCE aimed at providing much needed academic support to rural health workers are being set up in several rural districts in KwaZulu-Natal, as part of a partnership between the University Of KwaZulu-Natal (UKZN), Medical Education Partnership (MEPI) and the Department of Health in KZN.

Speaking to KZN Health Bulletin, MEPI Principal Investigator, Professor Umesh Laloo, said the Centres would improve capacity and training in areas where the need was greatest. "One of MEPI's goals is to retain health workers in areas that are underserved. The Centres of Excellence will be equipped with a computer LAN, IT infrastructure and video-conferencing capabilities so that students and staff can have access to academic support, teaching and training, providing a more positive experience for medical, nursing and pharmacy students," explained Laloo.

The Centres will be fully operational within the next six months in the rural areas of Pholela, St Andrews and Ngwelezana whilst those in Murchison and Bethesda are already up and running. Additional Centres are also being set up at two urban hospitals, namely Northdale and Wentworth.

Provincial Head of the Department of Health, Dr Sibongile Zungu, commended the efforts of MEPI, saying the project played a significant role in improving the quality of healthcare workers especially at rural level. "Thanks to the partnership with MEPI, doctors, nurses and midwives working in rural areas are provided with enhanced skills training in critical areas like managing obstetric emergencies. This is key to our efforts in saving the lives of more mothers and babies. Our partnership with role players such as MEPI is critical if we are to strengthen the South African Public health care system," says Zungu. >>

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DEPT. STEPS UP HOME VISITS TO MONITOR HEALTH OF CHILDREN



The Department of Health in KwaZulu-Natal has deployed more than 563 Nutrition Advisors across the province to reduce child death rates from malnutrition.

"Through home visits and observations of a child's health at clinic level, the nutritional advisors will prioritise families and children who require immediate nutritional intervention and will assist in accelerating this. Early detection means we can save more lives whilst addressing socio-economic issues of poverty, maternal and child mortality and child hunger in the province," says KZN Health MEC, Dr Sibongiseni Dhlomo.

The Department launched the Nutrition Advisor Programmes three years ago and begun by recruiting Community Care Givers and Youth Ambassadors to be trained by UKZN Extended Learning as nutrition advisors. The programme is already making significant impact with more children being screened at schools by the Department's family health team which include nutrition advisors. Home visits within rural communities have also led to early detection of child headed households and closer monitoring of the health and socio-economic needs of children in those homes.

The latest group of 167 Nutritional Advisors graduated last month and have already begun their interventions at Primary Health Care clinics across KZN.

The role of the advisors is especially significant against the backdrop of figures which indicate that 1 in 20 children die in KZN before they reach their fifth birthday. Children under five suffering acute malnutrition are also more likely to develop childhood illnesses such as diarrhea, acute respiratory infections and even TB – with up to 33% dying from severe malnutrition.

"The Nutrition Advisor Programme recognised the important contribution of our community health workers and also generated employment for youth in those communities with high levels of unemployment and poverty. Through an inclusive approach we were able to address health concerns at a basic community level which is what the primary health care approach is all about. And whilst we may not be able to meet all MDG targets we cannot simply sit back and do nothing. We have to continually innovate and come up with strategies to improve health outcomes in the province and the Nutritional Advisors Programme is just one of the ways we are doing that without incurring high costs," added Dhlomo. ■

NEW POLICY TO ACT AGAINST MOONLIGHTING HEALTH WORKERS

NATIONAL HEALTH MINISTER DR AARON MOATSOLEDI is finalising a policy aimed at cracking down on state health workers who work in the private sector whilst being employed full time in public health facilities.

Speaking to KZN Health Bulletin, National Health spokesperson, Jo Maila said the revised policy was aimed at curbing abuse of government's Remunerated Work Outside the Public Sector (RWOPS) policy. "The misuse of RWOPS and moonlighting is affecting the provision of health care negatively and we are therefore revising policy to curb misuse," said Maila.

The revised policy is expected to address critical areas of concern where health care is being compromised as a direct result of health workers going AWOL to work in private health facilities. These include surgeries being postponed due to the surgeon not being available and the lack of supervision of junior doctors.

The amended policy will also address the issue of state nursing staff who are increasingly moonlighting in private hospitals as a way to supplement their income. As a result, many are working long hours risking the lives of patients in both sectors amid the exhaustion and potential for human error under such circumstances.

Reacting to the impending revised policy on the issue, an angry KZN doctor has repeated his call for more severe action to be taken against moonlighting state health workers. Dr Robert Ian Caldwell >>

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An insert made possible thanks to the partnership between the Department of Health in KZN and the following partners:



BOOST FOR RURAL HEALTH

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“Our partnership with role players such as MEPI is critical if we are to strengthen the South African public health care system.” – Dr Sibongile Zungu

It's a collaboration that's proving to be a successful model in achieving progress towards government's primary health care approach. By creating support structures, training and understanding of community health, the MEPI project has retained and attracted a growing number of health staff in poor areas despite the challenges of working there.

More recently, 25 rural health-care professionals completed a two year HIV Diploma programme at UKZN - funded by MEPI, whilst a further 30 are expected to graduate over the next two years. “Our aim is to improve regionally

relevant, locally driven research in South Africa. In order to achieve this, our programme focuses on enhancing the education of medical, nursing and pharmacy students, as well as clinical faculty, in HIV/AIDS management, enhancing the recruitment and retention of faculty and encouraging graduates of the healthcare professional schools to elect rural sites for their professional activities. It's all part of laying the foundations for the National Health Insurance plan,” added Laloo.

The MEPI project has also received the thumbs up for several other health successes in the province, including:

- Training of 53 candidates on the Research Methodology (REMETH) PhD support programme including medical specialists, scientists, nurses, pharmacists and KZN DOH employees
- 509 nurses trained in Nurse Initiated Management of Antiretroviral Treatment (NIMART)
- MEPI funding to build research ethics capacity at UKZN
- Working with the Disciplines of Family Medicine and Rural health medicine to develop an Integrated Primary Care (IPC) curriculum for 6 week rural rotation for final year medical students.
- Working in collaboration with KZN Department of Health towards delivery of the National Essential Steps of Managing Obstetric Emergencies (ES-MOE) programme in KZN.
- The training of around 250 health workers on emergency obstetric scenarios since 2011 through a central master trainer workshop.
- A PhD support programme providing financial and research skills support to 53 health candidates by providing a bursary for protocol development, training in epidemiology, biostatistics and evidence-based practice. ■

MOONLIGHTING HEALTH WORKERS

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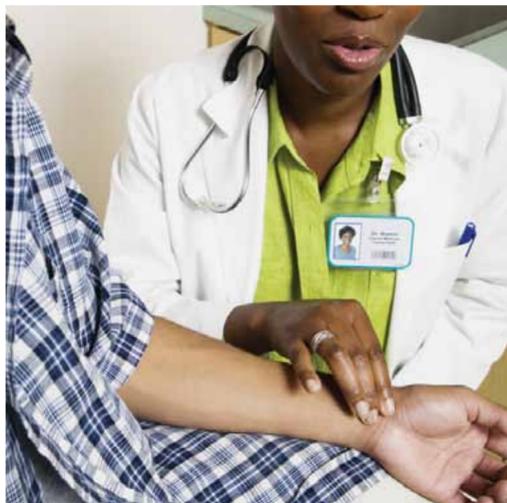
who works at Greys Hospital in Pietermaritzburg and runs the ‘flying doctor’ outreach programme has called for criminal action to be taken against those cheating

doctors. “They have a sense of entitlement: the state ‘owes them’. What about the patients they are cheating; the state resources they are abusing; the junior doctors

without supervision? RWOPS is not the issue. Offenders are conspicuous by their absence: unsupportive of junior doctors, late or non-attenders at meetings, unavailable for outreach. The example they set to their juniors is followed; the next generation of specialists qualifies and does the same thing: gets a full-time consultant post and opens a private practice. I recently informed six offenders in our department that I was laying a complaint with the Health Professions Council of SA. When it was done I had gained visual confirmation of six independent private practices on the go, operated by fulltime government consultants. These are criminals. Stick a couple of them in jail. That would stop the rot overnight. These are not derring-do cat burglars or romantic Robin Hoods. These are the hoods who rob the poor to satisfy their greed. Nail them,” said an angry Caldwell.

A rethink on government's RWOPS policy was prompted following an in depth forensic in-

vestigation by KwaZulu-Natal's Department of Health last year. It found that 101 state doctors supposedly working full time in mainly rural areas were also running private practices in urban areas and claiming more than R22million from Discovery Medical Scheme alone for treating private patients. “Our findings were the first such forensic investigation nationally and it was a shocking discovery. Some of the medical claims against the department which include allegations of negligence are due to the actions of those doctors who neglect their patients in government hospitals for those at their private practices. It has reached breaking point and we simply cannot allow patients' lives to be risked in this way. We have handed over our forensic report to the National Health Minister and await his recommendations on the way forward,” said KZN Health Head of Department, Dr Sibongile Zungu. ■



About MEPI

The MEPI grant was awarded to UKZN in 2010 by PEPFAR and the NIH. The multi-principal investigator award team is headed by **PROFESSOR UMESH G. LALLOO** and includes the following co-principal investigators:

PROFESSOR RAZIYA BOBAT
Discipline of Paediatrics at UKZN

DR SANDY PILLAY
Co-Director Enhancing, Care Initiative

PROFESSOR DOUGLAS WASSENAAR
Bioethics Research Chair, UKZN

PROFESSOR JACK MOODLEY
Women's Health and HIV Research Group

PROFESSOR SCOTT HAMMER and PROFESSOR PHIL LARUSSA

Fellow Principal Investigators from MEPI's United States partner, Columbia University



A Note from KZN Health MEC, Dr Sibongiseni Dhlomo

As our country marks 20 years of democracy, it's an opportune moment to reflect on just how far we've come with health care in this province. Since 2009, the Department has worked tirelessly to make a difference in improving health outcomes of people in KwaZulu-Natal. We knew we could do it, despite all the odds stacked against us. That this beautiful province of ours is finally turning the corner in health achievements is cause for celebration for all of us as proud South Africans.

Of most significance is the fact that we have turned the tide on our long fought battle against HIV and AIDS. From the stigma and fear traditionally attached to this disease, we have reached a point today where people freely attend clinics to determine their HIV status. And thanks to KZN's ARV programme – which is the largest in the world – those with the disease can now expect to live longer compared to just a few years ago.

We have many, many challenges to overcome before we can truly say it's been a job well done. But, we should not shy away from saying we've made positive strides in the right direction.

Some of these achievements include the drop in mother-to-child HIV transmission rates from 20.5% in 2005 to 2.1% in 2011, a drop in new infections among children under 15 from 90 000 in 2004 to under 10 000 in 2013 and a large scale circumcision program by the Department that has not resulted in a single death.

Whilst we will never turn a blind eye when patient care is compromised through human inefficiency, we must at the same time, pay tribute to those dedicated health professionals who selflessly serve our state health sector despite all the challenges they face. Thank you for your unwavering commitment to caring and saving lives – it is appreciated beyond measure.

With our achievements to date as a catalyst, we must soldier on to ensure every person in this province receives equitable, accessible and effective health care.

With Election Day ahead, the Department of Health in KZN wishes everyone a safe and productive election experience. God Bless!

Quick thinking Security Officer hailed a Hero

An elderly patient escaped unharmed thanks to the quick thinking of a security guard during a violent storm at Emmaus Hospital in Winterton recently, which left behind a trail of destruction.



Siphamandla Mkhwanazi

Centre. Visiting the hospital to assess the situation, Head of Department for KZN Health, Dr Sibongile Zungu, paid tribute to the heroic

“Their brave actions demonstrate the true spirit of team work. They really do us proud as a caring Department.”

efforts of staff that went beyond the call of duty to ensure patients remained their priority despite the risks to their own lives during the storm. “I am really proud of the efforts of all staff at the hospital. The story of the security guard who raced back to get the wheel chair to save a patient is touching. Patients had to be evacuated from the hospital and transferred to other facilities in nearby areas and our staff pulled out all the stops to ensure that the well-being of patients came first. They even transported

bodies from the mortuary to other facilities as a mark of respect for the deceased in our care. One of our contractors on site also pitched in to help by bringing in a portable generator because staff had to carry patients over fallen trees during the evacuation. Nobody had time to plan, and despite the difficulty working through rubble and destruction, staff came together to deal with the emergency efficiently and professionally. Their brave actions are commendable and demonstrate the true spirit of team



The main entrance to the hospital after the storm

work. They really do us proud as a caring Department,” said Zungu.

Hospital re-opened but theatre closed

Although the hospital has been re-opened and patients are back in their wards, some parts remain closed due to the extent of the damage caused, including the theatre and the Matron's complex. “Our theatre was flattened during the storm, so staff are currently accompanying patients to Lady-smith Hospital for their scheduled

procedures to be carried out. Our matrons are being accommodated in the hospital's boardroom whilst their on-site residence is repaired. It's been a costly storm, causing damage which will cost about R3 million to fix, and take approximately 3 months to complete. It would have been substantially more had the staff not pushed heavy equipment out of the way, thus saving the Department millions of rands. But, we've saved lives and that's the most important factor,” added Zungu. ■



E-CIGARETTES JUST AS RISKY

A recent finding by the American Association for Cancer (AACR) has found that e-cigarettes can be as harmful as traditional cigarettes, casting doubt on claims that they are a healthier alternative.

Researchers from the AACR compared two groups of cells – one exposed to e-cigarette vapour and the other to tobacco smoke and found that cells exposed to e-cigarette vapor, like those exposed to tobacco smoke, exhibited changes associated with cancer. “They may be safer than tobacco but our preliminary studies suggest that they may not be benign. Further research is needed to draw clear-cut conclusions, but these similarities may be an indicator that e-cig vapor could potentially increase a user's risk of cancer, despite the fact that e-liquid is completely tobacco free and doesn't require combustion to be consumed,” says Avrum Spira, a lung cancer researcher.

South Africa's achievement in halving the number of adult smokers over the past 20 years has been hailed internationally - the rate has dropped from 32.0% in 1993 to 16.4% in 2012. But with plummet-

ing tobacco sales there is concern that e-cigarettes will become the next health risk given its relatively unregulated market.

More Research Needed

There are wide spread calls for more research into the e-cigarettes industry and its health effects. Some experts have gone as far as saying many people are misled into believing that the e-cigarettes are a healthier alternative despite the lack of adequate research. Coupled with this is the concern that, while well-known brands having strict control measures over the manufacturing process, the e-cigarette market remains largely unregulated with some manufacturers using dangerous ingredients – including poisonous and cancer-causing substances in the production. ■



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HUMAN INTEREST

HEALTH PROGRESS REPORT TO THE PEOPLE OF KZN

Turning around a Department in the throes of critical challenges – service delivery, human resources, fraud and corruption – and in the face of decreased public confidence in the health system has been no mean feat. Since 2009 there has been steady progress in health achievements, thanks to several interventions and strategies implemented by MEC Dhlomo and his team. The following outlines just some of those achievements over the past five years:

ORGANISATIONAL RESTRUCTURING

Over the past four years, the senior management team of the Department has been strengthened and reconfigured to ensure that the leadership is in line with the needs identified in key areas of service delivery. This has brought to an end the fragmentation which prevailed and closed the gaps resulting from the resignations, redeployments and terminations which had plagued the Department since 2006. Now, the majority of posts within the senior management team are filled and there exists cohesion, co-operation and, crucially, accountability. The number of Parliamentary questions faced by the Department at both national and provincial level has reduced significantly since 2010.



FINANCIAL TURNAROUND

The Department is now in a far stronger financial position for 2014. Strong fiscal discipline, on-going monitoring of expenditure as well as the firm imposition of a set of prohibited items has helped the Department remain within budget. In the 2012/2013 financial year, for example, the Department's budget allocation was R27 290 930 and expenditure R27 393 555 – almost bang on target!

FRAUD AND CORRUPTION

Previously, a weak internal control environment led to unabated incidents of fraud and corruption. Since 2009 the Department has strengthened internal checks and balances and has a dedicated unit to investigate cases of alleged fraud and corruption. The Department has since dealt with 343 cases involving 370 personnel, with 98 officials being dismissed upon finalisation of their cases. In addition, a number of officials have had to surrender their pensions to pay back what they earned irregularly, and implicated companies have had to reimburse the Department. The Department has recovered R800 000 so far this year.



KZN Health HOD Dr Sibongile Zungu and MEC Dr Sibongile Dhlomo with 95 year old Mottlanalo Nalovana for her outstanding contribution as a nurse at Pholi Clinic, KwaMashu. Pic: Themba Mngomezulu



Nurses at Charles Johnson Memorial Hospital celebrating the opening of their new campus last month.



Department vows to save more mothers and babies from dying

HUMAN RESOURCES

Recruiting and retaining appropriately skilled staff continues to be a challenge facing all government departments. The Department's vacancy rate stood at 23.6% in 2009 but now stands at 4.57% as of 2013.

Currently 82 446 of 86 864 posts have been filled including:

- 502 new data capturers
- 400 new nutrition advisors
- 349 general interns
- 330 medical interns
- 1292 new maintenance staff
- 50 new dental assistants
- 10 new dental therapists
- 8 new oral hygienists
- 31 new medical specialists
- 9686 community caregivers



FIGHTING DISEASE

In 2000, South Africa became a signatory to the United Nations Millennium Development Goals, which include reducing child mortality, improving maternal health and combating HIV/AIDS and Malaria. These are aligned with the Department's Ten-Point Plan within its turnaround strategy, helping the Department make substantial progress including:

- Achieving 90% immunisation coverage – that's 1 675 094 children under five years of age – with the 100% target likely to be achieved if the current interventions are maintained and extended



- Reduction in the incidence of malaria cases per 1000 people at risk, currently 0.11/1000
- Decrease in the prevalence of HIV in the 15-24 year age group from 31% in 2009 to 25.5% in 2011
- Decrease in HIV prevalence amongst pregnant women from 39.5% in 2011 to 37.4% in 2011
- Decrease in mother-to-child transmission from 19% in 2007 to 2.1% in 2012
- Steady increase in the cure rate for tuberculosis (TB) – the third highest cure rate after the Western Cape and Gauteng
- Increase in the number of patients on Highly Active Antiretroviral Therapy from 225 389 in 2008 to 726 338 in 2013.



HEALTH AND WELLNESS

The Department is currently driving a strong focus on preventative care – that is, promoting healthy lifestyle choices to prevent chronic diseases of lifestyle. To achieve this, the Department has:

- 176 School Health Teams assessing learners in target groups to identify barriers to learning in children and offering health education to learners and parents
- 6 Mobile health vehicles delivering eye, oral and dental care
- 110 Family Health Teams offering education on treatment compliance as well as health screenings and ante-natal and post-natal care and exercise groups
- HIV Counselling and Testing Programme – to date, 7 857 586 people have received counselling; 6 832 992 have been tested for HIV and 5 786 365 screened for TB
- 84 million male condoms and 1 337 485 million female condoms distributed in 2012
- Community-based Home Care to educate, help with treatment and trace TB and HIV treatment defaulters
- 361 308 Medical Male Circumcisions (recommended to curb the spread of HIV) successfully performed from 2010-2013



INFRASTRUCTURE AND EQUIPMENT INVESTMENT

"Our turnaround strategy enabled us to secure an amount of R385 million and R310 million additional funding from Treasury in 2012/13 and 2013/2014 respectively," says Zungu, which has allowed the Department to either refurbish or invest in new infrastructure and equipment, such as:

- 38 New state-of-the-art GeneXpert machines installed which will improve TB diagnosis, especially in HIV+ patients – 35 more such machines are on their way which will ensure full provincial coverage
- 38 Specialised Obstetric Ambulances dedicated to the transport of pregnant women – a first for the country!
- R62.8 million allocated to new radiological equipment
- New laundry equipment in 42 hospitals
- 310 new ambulances procured in 2012, with 38 dedicated inter-facility transfer ambulances
- 26 New Planned Patient Transfer buses
- The Provincial Health Operation Centre – the first such centre countrywide, it's a hub for communication, information, patient support and disaster management
- New Communicable Diseases Clinic, Accident and Emergency Unit and Outpatient Department at Edendale Hospital valued at R136.5 million and due for completion in 2014
- Upgrades to King Dinuzulu (formerly King George V) Hospital, including a 400-bed level 1 hospital, 130-bed psychiatric closed unit and new TB complex
- R347.8 million upgrade to Lower Umfolozi War Memorial Hospital, dedicated to mother and child services
- New R12.6 million therapy department and outpatient psychiatric clinic at Ngewezeane Hospital
- R228 million upgrade to the KwaZulu-Natal Children's Hospital to start shortly
- Construction of a new hospital, Pixley ka Isaka Seme Hospital, to commence this financial year. ■



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Protecting your child from online sexual predators

Fifteen-year-old Samantha was always into her gadgets. Constantly chatting, texting and spending hours on her computer at night. The one night last February, her mother Tracey found her dead in her bedroom. She had hung herself with a scarf, a note to her mother left on the bed. A devastated Tracey explains not only her horror at losing her daughter, but also why her daughter took her own life that night.

“Samantha wrote a suicide note apologising for what I would go through, leading me to emails on her computer. I discovered she had befriended an older man online. They exchanged intimate messages but no pictures from him. He asked Samantha to send naked pictures of herself over time and she foolishly complied. That man turned out to be her own father, which Samantha discovered by accident a day before she took her life when she found an SMS she had sent on his phone that he had forgotten to delete. She couldn't bear the thought of what he had been doing and discovered that he had also done the same to other girls online. She left me a note explaining she couldn't bear the thought of facing her father or seeing what this would do to me when I found out and so decided to hang herself,” explains the distraught mother.



While Samantha's case is shocking, the reality is that there is a growing trend of young girls being lured by older men online. With the rise in use of social media and easy access to the internet, sex offenders are increasingly exploiting the vulnerability of children online. More recently, an international team of investigators cracked a massive child pornography ring with links to South Africa. The team arrested six people, including the principal of a prominent private school in Mpumalanga, a retired principal and

teacher in Gauteng, an IT specialist, a lawyer and a dermatologist.

Part of the reason for the prolific rise in online predators is the anonymity that the internet offers – where sex predators and cyber bullies can pose as certain characters, like a fellow teenager, for example. This allows predators to engage with young people and gain their trust without detection, only to harass or abuse them later, either by sending them inappropriate images or making suggestive comments or in person (when they suggest meeting up).

What can parents do?

With the digital age here to stay, banning your child outright from using the internet and social media sites – like Facebook or Instagram – is not only naive but unwise. And, say experts, a major reason children don't discuss online problems is the fear of their technology being taken away. Increasingly, too, children's education necessitates access to and use of online platforms.

Mike Saunders, co-author of the guide *Raising Digital Citizens – Parenting in a Digital Age*, suggests the following approach:

- Become tech-savvy yourself – having a working knowledge of the instant messaging and social media platforms your child uses means you will better comprehend the online environment and its dangers.
- Supervise young children while they're using the internet.
- Use filtering software to minimise their exposure to harmful or inappropriate content.
- Have rules for when, where and how long the internet is used and set nightly curfews.
- Discuss what they're sharing and ask them what they'd consider to be appropriate and inappropriate posts, what constitutes an “overshare” and what impact that might have on someone else down the line.
- Talk about cyber safety and why they think it's important it is to keep personal details private and have strict criteria about who to include in their online social circles. ■

26 MAY
- 1 JUNE

NATIONAL
CHILD
PROTECTION
WEEK

CRY, THE RURAL POOR



The Health Department sends deserving students each year to study medicine for free in Cuba.

Recently, a junior doctor, Miguel Desroches, lost his legal challenge against National Health Minister Aaron Moatseloedi and the Health Professions Council of South Africa. Desroches took them to court arguing against the compulsory obligation on newly qualified doctors to serve community service in a rural area. Desroches called it ‘slavery’ and threatened to take his skills elsewhere...like Australia, after his case. But despite losing his challenge, it has thrown the issue of rural health and community service back into spotlight. Is the Health Ministry really being unfair in expecting doctors to serve the poor and underprivileged as part of their community service?

It's an undisputed fact and one that the Department of Health has not shied away from. Working in a rural area is not easy for those unused to the setting. The lack of proper infrastructure or resources compounds the work of health

professionals. But should we fail poor communities and deny them health care because of this? After all, medical students know the deal. They are aware of the requirement to serve in a rural area before they are allowed to register with the Health Professions Council – there is no treachery or breach of trust. As one young state doctor, Karen Milford, explained:

“There are no poor doctors. There are no doctors who cannot afford to buy their children school uniforms, let alone afford the fees at a ‘good’ school. But the Department of Health is not asking doctors to give up their lives and move to a remote jungle to slave away for no remuneration until they die. They're asking them to take a short break from their life of privilege, to serve a community that desperately needs their help”.

Attracting rural doctors with rewards

The Department of Health has in-

duced a number of incentives to attract more doctors to rural areas, including free studies in Cuba in exchange for their service where they are needed. But beyond compulsory service for medical students, there is no other compulsion on doctors to work in rural areas. It's no wonder then that seventy five percent of South Africa's doctors choose to work in the private sector, whilst each year less than 3% of graduate doctors end up working in rural areas – despite almost half our population living there.

With many South African doctors turning their backs on serving rural communities, more foreign doctors are prepared to fill that gap. And despite all the challenges, the vast majority say they've gained more knowledge and experience within one year of working in a rural community than all their years of study put together! This is what British doctor, Ruben Dutta, wrote about his year at KwaZulu Natal's remote Mselini Hospital:

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A two tier health system isn't exclusive to the developing world but the wealth gap just makes it more evident. South Africa's past means that it isn't only a wealth but also a race gap which prevails. So it is always interesting to see the dynamics when a white person rocks up at a rural district hospital.

There are broadly two types of white patients that may present; the first are out-of-towners holidaying in the region, who happen to need to some medical attention but don't want to take the two hour drive to private care; the others are those that have fallen on hard times or Previously Advantaged, Now Disadvantaged (PANDAs). The latter will often come and wait in the OPD with all the other patients, while the former will insist on being seen immediately.

PANDAs will often be patients who aren't able to afford medical insurance and will end up in a system that 20 years ago they would not have dreamed possible. We aim to treat everyone equally of course – what is a step up for most Zulu patients compared to the past is a downgrade for the PANDAs. It can understandably be frustrating to them and they will often get restless in the waiting room. Chronic illnesses are common in this group and occasionally we even see a HIV positive white patient; it is slightly sad how they often will be at pains to explain how they contracted it through no fault of their own.

The frustrations for us medics tend to be the out-of-town patients who demand instantaneous service, such as in a resource rich environment. Our limited staffing means that patients are often left waiting for investigations or to be seen by a doctor, especially out of hours. However, those used to private care aren't always as appreciative of this as our regular population. Their agitation is often contagious to the nurses who will be at pains to point out that it is a white patient waiting, as if this can speed up the delivery of care.

One wonders whether the attitudes of both the white patients and Zulu nurses are a throwback to the institutionalised ideas of the Apartheid era. Perhaps it is simply that the reality of having well-dressed white patients sitting in the same waiting room where malnourished babies and tuberculosis patients at death's door is just socially unacceptable.

The problem with treating everyone equally is that not everyone feels they are equal to others. Some people will always see themselves as more privileged, while others will continue to feel they are subordinates.

With that in mind, the only choice is whether to treat everyone with equal contempt, or equal kindness.

NHI UPDATE



Family health teams pay home visits as part of the NHI.

UMgungundlovu Pilot District

The district has entered its second successful year as a National Health Insurance (NHI) pilot district and has delivered health services to more than one million people. District Communications spokesperson, Msawenkosi Mncwabe outlines some of the progress achieved since its inception:

General overview

A number of initiatives such as contracting of GP's, the launch of family health teams and school health teams are already taking shape. Extra pharmacy assistants have been deployed at clinics to assist with dispensation of medication to patients. This frees up nurses to focus on patient care as part of the Primary Health Care re-

engineering strategy. If we are to win the fight against disease, emphasis has to be put on primary health care. Teams have also been sent from national health to our district to focus on areas such as National Core Standards and Facility Improvement. The strategy is to assess our facilities, identify gaps and assist us to develop plans to address those gaps.

A key achievement is that Faye Clinic and Phatheni Clinic in our district have been identified by national as prototype clinics, which means these clinics represent what a typical clinic in South Africa should look like under the NHI.

Family Health Teams

Several family health teams have been introduced in the district to ensure that health services are tak-

en to homes in our communities.

The family health team consists of one Professional Nurse and three Enrolled Nurses. Accompanied by a Community Care Giver, the family health team carries out screenings for diabetes, blood sugar, blood pressure etc. The team also assesses the family environment and wellbeing of children, including school needs and assistance with grants. Further referrals to other departments or agencies are also facilitated if required.

“We are grateful to the Department of Health for looking after us in the manner they have. When I was growing up, there was nothing like this. You had to travel long distances to access healthcare services” said an elderly woman from Efaye who was visited by the family health team. >>

NHI UPDATE

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Other achievements for 2014/2015 include:

- Two District Hospitals received medical equipment for casualty and pediatrics department
- Management and Development training courses
- Northdale Hospital new registry and equipment acquired
- Commissioning of three new clinics
- 12 private GP's contracted through the NHI
- 12 former local government clinics received basic clinical equipment
- District Specialist Team appointed with Pediatric Nurse Specialist, Advanced PHC Nurse Specialist, Advanced Midwife, Specialist and Specialist Family Physician.
- 23 School Health Teams to support Quintal 1 and Quintal 5 schools
- 14 School Health Team vehicles received and operational
- 3 specialised NHI Mobile Vehicles in operation for Eye and Dental care.
- 16 schools accredited with Health Promoting Schools concept
- 7 Schools with established nutrition and physical programmes
- 13 family health teams with vehicles allocated visiting approximately 25 000 households per quarter.

And these are just some of our successes! ■

“We are grateful to the Department of Health for looking after us in the manner they have. When I was growing up, there was nothing like this. You had to travel long distances to access healthcare services”

NHI IS MOVING IN THE RIGHT DIRECTION!



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THANK YOU TO ALL NURSES



KZN HEALTH wishes to pay tribute to all those hard working, selfless nurses who have dedicated and sacrificed themselves to heal and save the lives of others. Your steadfast commitment to your pledge of service is appreciated.



NURSES PLEDGE OF SERVICE

I solemnly pledge myself to the service of humanity and will endeavour to practice my profession with conscience and with dignity.

I will maintain by all the means in my power the honour and the noble traditions of my profession. The total health of my patients will be my first consideration.

I will hold in confidence all personal matters coming to my knowledge.

I will not permit considerations of religion, nationality, race or social standing to intervene between my duty and my patient.

I will maintain the utmost respect for human life.

I make these promises, solemnly, freely and upon my honour.



Let us continue to uphold our oath of service and promise to our country and people

Are you a service provider with the Department of Health?

HELP US MAKE A DIFFERENCE

Contribute to health education through sponsoring this insert and show you care.

For more information contact us on 031 562 9803 or email: editor@ezempilohealthmatters.co.za



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IMPORTANT CONTACT NUMBERS

EMRS 10177

**KZN HEALTH TOLL FREE, 24 HOURS A DAY
0800 00 51 33**

POLICE 10111

DISTRICT HEALTH OFFICERS

AMAJUBA	034 328 7000	UMKHANYAKUDE ...	035 572 1327
ETHEKWINI	031 240 5300	UMZINYATHI	034 2999100
ILEMBE.....	032 437 3500	UTHUKELA	036 631 2202
SISONKE.....	039 834 8310	UTHUNGULU.....	035 787 0631
UGU	039 688 3000	ZULULAND	035 874 2302
UMGUNGUNDLOVU....	033 897 1000		

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