



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

BID DOCUMENT NUMBER: ZNB 9919/2021-H

**APPOINTMENT OF A SERVICE PROVIDER TO DESIGN AND PRINT MULTI DRUG RESISTANT
TUBERCULOSIS LITERACY MATERIAL: ONCE-OFF**

Name of Bidder.....

Central Supplier's Database Registration Number.....

Income Tax Reference Number.....

BIDDER TO NOTE THE FOLLOWING

CLOSING DATE AND TIME:

Date: 13 April 2021

Time: 11: 00AM

TABLE OF CONTENTS

SECTION A: INVITATION TO BID	3
SECTION B: SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF BIDDING FORMS	6
SECTION C: AUTHORITY TO SIGN A BID	7
SECTION D: DECLARATION OF INTEREST	11
SECTION E: DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES	14
SECTION F: DECLARATION THAT INFORMATION ON CENTRAL SUPPLIER DATABASE IS CORRECT AND UP TO DATE (TO BE COMPLETED BY BIDDER)	16
SECTION G: PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017	17
SECTION H: CERTIFICATE OF INDEPENDENT BID DETERMINATION.....	22
SECTION I: RECORD OF AMENDMENTS TO BID DOCUMENTS.....	24
SECTION J: GENERAL CONDITIONS OF CONTRACT.....	25
SECTION K: SPECIAL TERMS AND CONDITIONS	26
SECTION M: PRICING SCHEDULE	35
SECTION N: SPECIFICATION	36
SECTION O: EVALUATION CRITERIA	38
ANNEXURE A.....	40

SECTION A: INVITATION TO BID

PART A

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE KWAZULU-NATAL DEPARTMENT OF HEALTH					
BID NUMBER:	ZNB 9919/2021-H	CLOSING DATE:	13 April 2021	CLOSING TIME:	11: H 00 AM
DESCRIPTION	APPOINTMENT OF A SERVICE PROVIDER TO DESIGN AND PRINT MULTI DRUG RESISTANT TUBERCULOSIS LITERACY MATERIAL: ONCE-OFF				
THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).					
BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)					
CENTRAL SUPPLY CHAIN MANAGEMENT DIRECTORATE					
OLD BOYS SCHOOL, 310 JABU NDLOVU STREET					
PIETERMARITZBURG					
3201					
SUPPLIER INFORMATION					
NAME OF BIDDER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE NUMBER					
FACSIMILE NUMBER	CODE		NUMBER		
E-MAIL ADDRESS					
VAT REGISTRATION NUMBER					
	TCS PIN:		OR	CSD No:	
STATUS LEVEL VERIFICATION CERTIFICATE [TICK APPLICABLE BOX]	<input type="checkbox"/> Yes <input type="checkbox"/> No		STATUS LEVEL SWORN AFFIDAVIT <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, WHO WAS THE CERTIFICATE ISSUED BY?					
AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) AND NAME THE APPLICABLE IN THE TICK BOX	<input type="checkbox"/> AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) <input type="checkbox"/> A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS) <input type="checkbox"/> A REGISTERED AUDITOR NAME:				
[A STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR]					
ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES ENCLOSE PROOF]		ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS / SERVICES / WORKS OFFERED?		<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES ANSWER PART B:3 BELOW]
SIGNATURE OF BIDDER		DATE		
CAPACITY UNDER WHICH THIS BID IS SIGNED (Attach proof of authority to sign this bid; e.g. resolution of directors, etc.)					
TOTAL NUMBER OF ITEMS OFFERED			TOTAL BID PRICE (ALL INCLUSIVE)		

BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:		TECHNICAL INFORMATION MAY BE DIRECTED TO:	
DEPARTMENT	KZN Department of Health	DEPARTMENT	KZN Department of Health
CONTACT PERSON	Mrs R Deonundhan	CONTACT PERSON	Ms. RM Page
TELEPHONE NUMBER	033 815 8361	TELEPHONE NUMBER	033 395 2718
FACSIMILE NUMBER	-	FACSIMILE NUMBER	-
E-MAIL ADDRESS	Tenders@kznhealth.gov.za	E-MAIL ADDRESS	rosslyn.page@kznhealth.gov.za

PART B: TERMS AND CONDITIONS FOR BIDDING

1. BID SUBMISSION:
1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
1.2. ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED – (NOT TO BE RE-TYPED) OR ONLINE
1.3. BIDDERS MUST REGISTER ON THE CENTRAL SUPPLIER DATABASE (CSD) TO UPLOAD MANDATORY INFORMATION NAMELY: (BUSINESS REGISTRATION/ DIRECTORSHIP/ MEMBERSHIP/IDENTITY NUMBERS; TAX COMPLIANCE STATUS; AND BANKING INFORMATION FOR VERIFICATION PURPOSES). CERTIFICATE OR SWORN AFFIDAVIT FOR MUST BE SUBMITTED TO BIDDING INSTITUTION.
1.4. WHERE A BIDDER IS NOT REGISTERED ON THE CSD, MANDATORY INFORMATION NAMELY: (BUSINESS REGISTRATION/ DIRECTORSHIP/ MEMBERSHIP/IDENTITY NUMBERS; TAX COMPLIANCE STATUS MAY NOT BE SUBMITTED WITH THE BID DOCUMENTATION. CERTIFICATE OR SWORN AFFIDAVIT FOR MUST BE SUBMITTED TO BIDDING INSTITUTION.
1.5. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER LEGISLATION OR SPECIAL CONDITIONS OF CONTRACT AND ANY AMENDMENTS THERETO.
2. TAX COMPLIANCE REQUIREMENTS
2.1 BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.
2.2 BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE DEPARTMENT TO VIEW THE TAXPAYER'S PROFILE AND TAX STATUS.
2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) OR PIN MAY ALSO BE MADE VIA E-FILING. IN ORDER TO USE THIS PROVISION, TAXPAYERS WILL NEED TO REGISTER WITH SARS AS E-FILERS THROUGH THE WEBSITE WWW.SARS.GOV.ZA.
2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS TOGETHER WITH THE BID.
2.5 IN BIDS WHERE CONSORTIA/ JOINT VENTURES/ SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE PROOF OF TCS / PIN / CSD NUMBER.
2.6 WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.
3. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS
3.1. IS THE BIDDER A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? <input type="checkbox"/> YES <input type="checkbox"/> NO
3.2. DOES THE BIDDER HAVE A BRANCH IN THE RSA? <input type="checkbox"/> YES <input type="checkbox"/> NO
3.3. DOES THE BIDDER HAVE A PERMANENT ESTABLISHMENT IN THE RSA? <input type="checkbox"/> YES <input type="checkbox"/> NO
3.4. DOES THE BIDDER HAVE ANY SOURCE OF INCOME IN THE RSA? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN, IT IS NOT A REQUIREMENT TO OBTAIN A TAX COMPLIANCE STATUS/ TAX COMPLIANCE SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTERED AS PER 2.3 ABOVE.

NB: FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.

SECTION B: SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF BIDDING FORMS

PLEASE NOTE THAT THIS BID IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999, THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT. REFER TO THE GENERAL CONDITIONS OF CONTRACT AT THE FOLLOWING WEB ADDRESS:

<http://www.treasury.gov.za/divisions/ocpo/ostb/contracts/default.aspx>

1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and visa versa and with words importing the masculine gender shall include the feminine and the neuter.
2. Under no circumstances whatsoever may the bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
4. Bids submitted must be complete in all respects.
5. Bids shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the bid documents.
6. Each bid shall be addressed in accordance with the directives in the bid documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the bid number and closing date indicated on the envelope. The envelope shall not contain documents relating to any bid other than that shown on the envelope. If this provision is not complied with, such bids may be rejected as being invalid.
7. All bids received in sealed envelopes with the relevant bid numbers on the envelopes are kept unopened in safe custody until the closing time of the bids. Where, however, a bid is received open, it shall be sealed. If it is received without a bid number on the envelope, it shall be opened, the bid number ascertained, the envelope sealed, and the bid number written on the envelope.
8. A specific box is provided for the receipt of bids, and no bid found in any other box or elsewhere subsequent to the closing date and time of bid will be considered.
9. No bid sent through the post will be considered if it is received after the closing date and time stipulated in the bid documentation, and proof of posting will not be accepted as proof of delivery.
10. No bid submitted by telefax, telegraphic or other electronic means will be considered.
11. Bidding documents must not be included in packages containing samples. Such bids may be rejected as being invalid.
12. Any alteration made by the bidder must be initialled.
13. Use of correcting fluid is prohibited.
14. Bids will be opened in public as soon as practicable after the closing time of bid.
15. Where practical, prices are made public at the time of opening bids.
16. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.
17. The bidder must initial each and every page of the bid document.

SECTION C: AUTHORITY TO SIGN A BID

A. COMPANIES

If a Bidder is a company, a certified copy of the resolution by the Board of Directors, personally signed by the Chairperson of the Board, authorising the person who signs this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the company must be submitted with this bid, that is before the closing time and date of the bid

AUTHORITY BY BOARD OF DIRECTORS

By resolution passed by the Board of Directors on20.....,
..... (Full name)
(whose signature appears below) has been duly authorised to sign all documents in connection with this bid on behalf of
.....(Name of Company).

IN HIS/ HER CAPACITY AS:

SIGNED ON BEHALF OF COMPANY: (PRINT NAME)

SIGNATURE OF SIGNATORY: DATE:

WITNESSES: 1 DATE:

2 DATE:

B. SOLE PROPRIETOR (ONE - PERSON BUSINESS)

I, the undersigned..... (Full name)
hereby confirm that I am the sole owner of the business trading as:
.....(Name of Business)

SIGNATURE..... DATE.....

C. PARTNERSHIP

The following particulars in respect of every partner must be furnished and signed by every partner:

FULL NAME OF PARTNER	RESIDENTIAL ADDRESS	SIGNATURE

We, the undersigned Partners in the business trading as
.....(name of partnership)

hereby authorise (full name) to sign this bid as well as any contract resulting from the bid and any other documents and correspondence in connection with this bid and/ or contract on behalf of

.....
SIGNATURE

.....
SIGNATURE

.....
SIGNATURE

.....
DATE

.....
DATE

.....
DATE

D. CLOSE CORPORATION

In the case of a Close Corporation submitting a bid, a certified copy of the Founding/ Amended Founding Statement of such corporation shall be included with the bid, together with the resolution by its members authorising a member or other official of the corporation to sign the documents on their behalf.

By resolution of members at a meeting on 20.....

....., (Full name)

whose signature appears below, has been authorised to sign all documents in connection with this bid on behalf of

.....(Name of Close Corporation)

Trading as(Trading name).

IN HIS/ HER CAPACITY AS:

SIGNED ON BEHALF OF THE CLOSE CORPORATION:
(PRINT NAME)

SIGNATURE OF SIGNATORY: **DATE:**

WITNESSES: 1 **DATE:**

2 **DATE:**

E. CO-OPERATIVE

A certified copy of the Constitution of the co-operative must be included with the bid, together with the resolution by its members authoring a member or other official of the co-operative to sign the bid documents on their behalf.

By resolution of members at a meeting on 20.....

..... (full name) whose signature

appears below, has been authorised to sign all documents in connection with this bid on behalf of

.....(Name of cooperative)

SIGNATURE OF AUTHORISED REPRESENTATIVE/SIGNATORY:

.....

IN HIS/ HER CAPACITY AS:

DATE:

SIGNED ON BEHALF OF CO-OPERATIVE:

FULL NAME IN BLOCK LETTERS:

WITNESSES: 1

DATE:

2

DATE:

F. JOINT VENTURE

If a bidder is a Joint Venture, a certified copy of the resolution/ agreement passed/ reached, signed by the duly authorised representatives of the entities, authorising the representatives who sign this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and /or contract on behalf of the Joint Venture must be submitted with this bid, before the closing time and date of the bid.

AUTHORITY TO SIGN ON BEHALF OF THE JOINT VENTURE

By resolution/agreement passed/reached by the Joint Venture partners
on.....20.....

..... (Full name)

..... (Full name)

..... (Full name)

..... (Full name)

whose signatures appear below have been duly authorised to sign all documents in connection with this bid on behalf of:

..... (Name of Joint Venture)

IN HIS/ HER CAPACITY AS:

SIGNED ON BEHALF OF (ENTITY NAME):

SIGNATURE: **DATE:**

IN HIS/ HER CAPACITY AS:

SIGNED ON BEHALF OF (ENTITY NAME):

SIGNATURE: **DATE:**

IN HIS/ HER CAPACITY AS:

SIGNED ON BEHALF OF (ENTITY NAME):

SIGNATURE: DATE:

IN HIS/ HER CAPACITY AS:

SIGNED ON BEHALF OF (ENTITY NAME):

SIGNATURE: DATE:

IN HIS/ HER CAPACITY AS:

G. CONSORTIUM

If a bidder is a Consortium, a certified copy of the resolution/ agreement passed/ reached, signed by the duly authorised representatives of concerned entities, authorising the representatives who sign this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/ or contract on behalf of the Consortium must be submitted with this bid, before the closing time and date of the bid.

AUTHORITY TO SIGN ON BEHALF OF THE CONSORTIUM

By resolution/agreement passed/reached by the Consortium on.....20.....
..... (full name)

whose signature appears below have been duly authorised to sign all documents in connection
with this bid on behalf of:

..... (Name of Consortium)

IN HIS/ HER CAPACITY AS:

SIGNATURE: DATE:

SECTION D: DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/ her authorised representative declare his/ her position in relation to the evaluating/ adjudicating authority where:

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

2.1 Full Name of bidder or his or her representative:

.....

2.2 Identity Number:

2.3 Position occupied in the Company (Shareholder, Director, Sole Proprietor, Member, Partner, Trustee):

.....

2.4 Registration number of Company, Sole Proprietor, Close Corporation, Partnership, Joint Venture, Consortium or Trust:

.....

2.5 Tax Reference Number:

2.6 VAT Registration Number:

2.7 The names of all Shareholders/ Directors/ Sole Proprietors, Members, Partners, Trustees, their individual identity numbers, tax reference numbers and, if applicable, employee/ PERSAL numbers must be indicated in paragraph 3 below.

“State” means –

- (a) Any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) Any municipality or municipal entity;
- (c) Provincial Legislature;
- (d) National Assembly or the National Council of Provinces; or
- (e) Parliament.

“Shareholder” means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.8 Are you or any person connected with the bidder presently employed by the State? YES/NO

If so, furnish the following particulars:

Name of person/director/trustee/shareholder/member:

Name of state institution at which you or the person connected to the bidder is employed:

.....

Position occupied in the state institution:

Any other particulars:

.....

.....

.....

2.9 If you are presently employed by the State, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES/NO

If yes, did you attach proof of such authority to the bid document? YES/NO

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

If no, furnish reasons for non-submission of such proof:

.....

.....

.....

2.10 Did you or your spouse, or any of the company's directors/ trustees/ shareholders/members or their spouses conduct business with the state in the previous twelve months? YES/NO

If so, furnish particulars:

.....

.....

.....

2.11 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? YES/NO

If so, furnish particulars.

.....

.....

.....

2.12 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid? YES/NO

If so, furnish particulars.

.....
.....
.....

- 2.13 Do you or any of the directors/trustees/shareholders/members of the company have any interest in any other related companies whether or not they are bidding for this contract?

YES/NO

If so, furnish particulars:

.....
.....
.....

3.Full details of directors/trustees/members/shareholders

FULL NAME	IDENTITY NUMBER	PERSONAL INCOME TAX REFERENCE NUMBER	STATE EMPLOYEE NUMBER/ PERSAL NUMBER

DECLARATION

I, THE UNDERSIGNED (NAME)

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder

SECTION E: DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

1. This Standard Bidding Document must form part of all bids invited.
2. It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
3. The bid of any bidder may be disregarded if that bidder, or any of its directors have-
 - a. abused the institution's supply chain management system;
 - b. committed fraud or any other improper conduct in relation to such system; or
 - c. failed to perform on any previous contract.
4. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

ITEM	QUESTION	YES	NO
4.1	Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector? (Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied). The Database of Restricted Suppliers now resides on the National Treasury's website (www.treasury.gov.za) and can be accessed by clicking on its link at the bottom of the home page.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? The Register for Tender Defaulters can be accessed on the National Treasury's website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		

CERTIFICATION

I, THE UNDERSIGNED (FULL NAME)
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME
SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder

SECTION F: DECLARATION THAT INFORMATION ON CENTRAL SUPPLIER DATABASE IS CORRECT AND UP TO DATE (To be completed by bidder)

This is to certify that I

.....
(name of bidder/authorized representative)

who represents

.....
(state name of bidder)

am aware of the contents of the Central Supplier Database with respect to the bidder's details and registration information, and that the said information is correct and up to date as on the date of submitting this bid, and I am aware that incorrect or outdated information may be a cause for disqualification of this bid from the bidding process, and/ or possible cancellation of the contract that may be awarded on the basis of this bid.

.....
SIGNATURE OF BIDDER OR AUTHORISED REPRESENTATIVE

DATE:

SECTION G: PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all bids invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (BBBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. GENERAL CONDITIONS

- 1.1. The following preference point systems are applicable to all bids:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
 - the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).
- 1.2. The value of this bid is estimated not to exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3. Points for this bid shall be awarded for:
- (a) Price; and
 - (b) Status Level of Contributor.
- 1.4. The maximum points for this bid are allocated as follows:
- | CATEGORY | POINTS |
|---|------------|
| PRICE | 80 |
| STATUS LEVEL OF CONTRIBUTOR | 20 |
| Total points for Price and must not exceed | 100 |
- 1.5. Failure on the part of a bidder to submit proof of Status level of contributor together with the bid will be interpreted to mean that preference points for Status level of contribution are not claimed.
- 1.6. The department reserves the right to require of a bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the department.

2. DEFINITIONS

- a) **"B-BBEE"** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- b) **"B-BBEE status level of contributor"** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- c) **"Bid"** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- d) **"Black Designated Groups"** has the meaning assigned to it in the codes of good practice issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- e) **"Black People"** has the meaning assigned to it in section 1 of the Broad-Based Black Economic Empowerment Act;

- f) **“Broad-Based Black Economic Empowerment Act”** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- g) **“Co-operative”** means a co-operative **registered** in terms of section 7 of the Cooperatives Act, 2005 (Act No. 14 of 2005);
- h) **“EME”** means an Exempted Micro **Enterprise** in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- i) **“Functionality”** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- j) **“Military Veteran”** has the meaning assigned to it in section 1 of the Military Veterans Act, 2011 (Act No. 18 of 2011);
- k) **“prices” includes** all applicable taxes less all unconditional discounts;
- l) **“proof of status level of contributor” means:**
 - 1) Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the Act;
- m) **“QSE”** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- n) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes; and
- o) **“stipulated minimum threshold”** means the minimum threshold stipulated in terms of regulation 8(1)(b).

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20	or	90/10
$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right)$	or	$P_s = 90 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right)$

Where

P_s = Points scored for price of bid under consideration
 P_t = Price of bid under consideration
 P_{\min} = Price of lowest acceptable bid

4. POINTS AWARDED FOR STATUS LEVEL OF CONTRIBUTOR

- 4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the status level of contribution in accordance with the table below:

STATUS LEVEL OF CONTRIBUTOR	NUMBER OF POINTS (90/10 SYSTEM)	NUMBER OF POINTS (80/20 SYSTEM)
1	10	20
2	9	18
3	6	14
4	5	12
5	4	8
6	3	6
7	2	4
8	1	2
Non-compliant contributor	0	0

5. BID DECLARATION

- 5.1 Bidders who claim points in respect of Status Level of Contribution must complete the following:

6. STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

- 6.1 Status Level of Contributor: = (maximum of 10 or 20 points) (Points claimed in respect of paragraph 6.1 must be in accordance with the table reflected in paragraph 4 and must be substantiated by relevant proof of status level of contributor.

7. SUB-CONTRACTING

- 7.1 Will any portion of the contract be sub-contracted?

(Tick applicable box)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- 7.1.1 If yes, indicate:

- What percentage of the contract will be subcontracted.....%
- The name of the sub-contractor.....
- The status level of the sub-contractor.....
- Whether the sub-contractor is an EME or QSE

(Tick applicable box)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2017:

DESIGNATED GROUP: AN EME OR QSE WHICH IS AT LAST 51% OWNED BY:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

8. DECLARATION WITH REGARD TO COMPANY/FIRM

8.1 Name of company/firm:

8.2 VAT registration number:

8.3 Company registration number:

8.4 TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium
- ☐ One-person business/sole propriety
- ☐ Close corporation
- ☐ Company
- ☐ (Pty) Limited

[TICK APPLICABLE BOX]

8.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

.....

8.6 COMPANY CLASSIFICATION

- ☐ Manufacturer
- ☐ Supplier
- ☐ Professional service provider
- ☐ Other service providers, e.g. transporter, etc.

[TICK APPLICABLE BOX]

8.7 Total number of years the company/firm has been in business:

8.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;

- iv) If the status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
- (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

WITNESSES

1.

2.

.....
SIGNATURE(S) OF BIDDERS(S)

DATE:

ADDRESS

.....

.....

SECTION H: CERTIFICATE OF INDEPENDENT BID DETERMINATION

- 1 This Standard Bidding Document (SBD) must form part of all bids invited.
2. Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging). Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
- 3 Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
 - a. disregard the bid of any bidder if that bidder, or any of its directors have abused the institution's supply chain management system and or committed fraud or any other improper conduct in relation to such system.
 - b. cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
- 4 In order to give effect to the above, the attached Certificate of Bid Determination (SBD 9) must be completed and submitted with the bid:

Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying bid:

(Bid Number and Description)

in response to the invitation for the bid made by:

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of: _____ that:
(Name of Bidder)

1. I have read, and I understand the contents of this Certificate;
2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder;

5. For the purposes of this Certificate and the accompanying bid, I understand that the word “competitor” shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
 - a) has been requested to submit a bid in response to this bid invitation;
 - b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
 - c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder
6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium will not be construed as collusive bidding.
7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
 - a) prices;
 - b) geographical area where product or service will be rendered (market allocation)
 - c) methods, factors or formulas used to calculate prices;
 - d) the intention or decision to submit or not to submit, a bid;
 - e) the submission of a bid which does not meet the specifications and conditions of the bid; or
 - f) bidding with the intention not to win the bid.
8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
9. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder

SECTION I: RECORD OF AMENDMENTS TO BID DOCUMENTS

I / We confirm that the following communications amending the bid documents that I / we received from KwaZulu-Natal Department of Health or their representative before the closing date for submission of bids have been taken into account in this bid.

ADDENDUM NO.	DATE	TITLE OR DETAILS

SIGNATURE: DATE:
(of person authorized to sign on behalf of the Bidder)

SECTION J: GENERAL CONDITIONS OF CONTRACT

<http://www.treasury.gov.za/divisions/ocpo/sc/GeneralConditions/General%20Conditions%20of%20Contract.pdf>

❖ I have read, understand and accept the General conditions of the contract which are binding upon me.

.....
Signature

.....
Date

.....
Name of Bidder

SECTION K: SPECIAL TERMS AND CONDITIONS

The bid is issued in accordance with the following subject to the provisions of the General Conditions of Contract:

- i. Section 217 of the Constitution,
- ii. The PFMA and its Regulations in general,
- iii. The Preferential Procurement Policy Framework Act (PPPFA) of 2000
- iv. National Treasury guidelines, and
- v. Revised PPPFA Regulations of 2017

The special terms and conditions are supplementary to that of the General Conditions of Contract. Where, however, the special terms and conditions are in conflict with the General Conditions of Contract, the Special Terms and Conditions prevail

- (a) Bidder/s must ensure that they are fully aware of all the conditions contained in this bid document.
- (b) Only bidders that fully meet the specifications and all conditions will be considered.

1. CONDITIONS OF BID

The bid is issued in accordance with the following conditions:

1.1 ACCEPTANCE OF A BID

- 1.1.1 The Department of Health Bid Adjudication Committee is under no obligation to accept any bid.
- 1.1.2 The financial standing of a bidder and its ability to supply goods or render services may be examined before the bid is considered for acceptance.

1.2 AWARD OF BID (S)

- 1.2.1. The Department of Health Bid Adjudication Committee reserves the right to award the bid to more than one bidder, provided that the respective bidders' offers comply with the specification and meets all the conditions attached to the bid.
- 1.2.2. Notification of the intention to award the bid shall be in the same media that the bid was advertised.
- 1.2.3. In terms of Practice Note Number: SCM-07 of 2006, Section 5: Appeal Procedure, 5.1 "A bidder aggrieved by a decision of the Departmental Bid Adjudication Committee or a delegate of an accounting officer may appeal to the Bid Appeals Tribunal in the prescribed manner." The bidder must, within five working days of the publication of the notice of intention to award, in the Government Tender Bulletin, deliver a written notification of an intention to appeal to Provincial Treasury, Secretariat, Bid Appeals Tribunal, Tel no: 033-897 4200
- 1.2.4. After all appeals, should they be lodged, have been dealt with by the Bid Appeals Tribunal, the successful bidder (s) shall be notified in writing by a duly authorised official of the Department of Health, Central Supply Chain Management Unit. A formal contract will then be entered into by both parties.

1.3 BASIS AND QUANTITIES

The Department of Health is under no obligation to purchase any stock, which is in excess of the indicated quantities of each item. The quantities reflected in the bid forms are estimated quantities and no guarantee is given or implied as to the actual quantity which will be ordered.

1.4 CERTIFICATE OF COMPLIANCE

- 1.4.1. If the bidder submits offers for items that make reference to South African National Standards (SANS) or South African Bureau of Standards (SABS) specifications, a Certificate of Compliance must be submitted with the bid sample. SABS/SANS can be contacted for testing and conformity services at Tel: 031 203 2900/ Fax: 031 203 2907. SANS, SABS AND CKS specifications will be for the account of the prospective bidder.
- 1.4.2. Failure to submit the certificate, where applicable, will result in the bid being disqualified. The Department reserves its rights to contact SABS/SANS/CKS for testing and conformity services.
- 1.4.3. The South African National Accreditation System (SANAS) is recognized by the South African Government as the single National Accreditation Body that gives formal recognition that Laboratory, Certification Bodies, Inspection Bodies, Proficiency Testing Scheme Providers and Good Laboratory Practice (GLP) test facilities are competent to carry out specific tasks. This organization can be contacted as follows: Tel: 012 3943760: Fax: 012 3940526.
- 1.4.4. Prior to an award of the bid being made and/or during the evaluation process, the Department of Health reserves the right to conduct inspections of the premises of the most acceptable bidder. Therefore, premises of the bidder shall be open, at reasonable hours, for inspection by a representative of the Department of Health or organization acting on its behalf.
- 1.4.5. Any specification/s and conformity testing will be for the account of the prospective bidder.
- 1.4.6. In the event of the bidder not being the actual manufacturer and will be sourcing the product(s) from the manufacturer, a letter from the manufacturer confirming firm supply arrangement(s) including lead times in this regard, must accompany the bid at closing date and time. If the bidder is the manufacturer, a letter confirming that the bidder is the manufacturer should accompany the bid at the closing date and time.

1.5 COMPLIANCE WITH SPECIFICATION

- 1.5.1. Offers must comply strictly with the specification.
- 1.5.2. Offers exceeding specification requirements will be deemed to comply with the specification.
- 1.5.3. The quality of services/ supply must not be less than what is specified.

1.6 LATE BIDS

- 1.6.1. Bids are late if they are received at the address indicated in the bid documents after the closing date and time.

1.7 MORE THAN ONE OFFER/ COUNTER OFFERS

- 1.7.1. Should the bidder make more than one offer, where applicable, against any individual item, such offer/s must be detailed in the Schedule of Additional Offer/s. The Department reserves its rights in and to the consideration of any additional offer/s subject to compliance with specification and the bidding conditions.
- 1.7.2. Bidders' attention is drawn to the fact that counter offers with regard to any of the abovementioned Special Terms and Conditions will invalidate such bids.
- 1.7.3. Bidders are at liberty to bid for one, a number of items, or bid for all items. If a bidder is not bidding for all the items, the appropriate price page must reflect: 'nil quote'.

1.8 ONLY ONE OFFER RECEIVED

- 1.8.1. Where only 1 offer is received, the Department of Health will determine whether the price is fair and reasonable. Proof of reasonableness will be determined as follows:

- (i) Comparison with prices, after discounts, to the bidder's other normal clients and the relative discount that the State enjoys;
- (ii) Where this is not possible, profit before tax based on a full statement of relevant costs; and
- (iii) In all cases, comparison with previous bid prices where these are available.

1.9. REGISTRATION ON THE CENTRAL SUPPLIER DATABASE (CSD)

- 1.9.1. A bidder submitting an offer must be registered on the Central Supplier Database. A bidder who has submitted an offer and is not registered on the Central Supplier Database will not be considered.
- 1.9.2. Each party to a joint venture/ consortium must be registered on the Central Suppliers Database at the time of submitting the bid.

NB.: IF A BIDDER IS FOUND TO BE EMPLOYED BY THE STATE AND IS ON THE CENTRAL SUPPLIER DATABASE, THE BIDDER WILL BE DISQUALIFIED.

1.10. TAX COMPLIANCE REQUIREMENTS

- 1.10.1. Bidders must ensure compliance with their tax obligations.
- 1.10.2. No award may be made to any bidder who is not tax compliant either on the Central Supplier Database or SARS eFiling system at the time of finalisation of the award of the bid. The Onus is on the bidder to ensure that their tax affairs are in order and is valid on the CSD.

1.11. TRUST, CONSORTIUM OR JOINT VENTURE

- 1.11.1. In terms of the Preferential Procurement Policy Framework Act and Regulations, as amended, a Trust, Consortium or Joint Venture must submit a consolidated Status Level Verification Certificate for every separate bid.
- 1.11.2. A separate B-BBEE Certificate must be submitted by each company participating in the Trust, Consortium or Joint Venture.
- 1.11.3. The non-submission of a B-BBEE Certificate by a Trust, Consortium or Joint Venture will result in zero (0) preference points being allocated for evaluation purposes.
- 1.11.4. Should this bid be submitted by a Joint Venture, the Joint Venture agreement must accompany the bid document.
- 1.11.5. The Joint Venture agreement must clearly specify the percentage of the contract to be undertaken by each company participating therein.
- 1.11.6. The Joint Venture/Consortium must submit a formal agreement that outlines the roles and responsibilities of each member of the Joint Venture/ Consortium, nomination of an authorised person to represent the Joint Venture or Consortium in all matters relating to this bid and the details of the bank account for payments to be effected.
- 1.11.7. No award will be made to a Trust/ Joint Venture/ Consortium that is not tax compliant at the finalisation of the award.

1.12. VALIDITY PERIOD OF BID AND EXTENSION THEREOF

- 1.12.1. The validity (binding) period for the bid will be **120 days** from close of bid.
- 1.12.2. However, circumstances may arise whereby the department may request bidders to extend the validity (binding) period. Should this occur, the department will request bidders to extend the validity (binding)

period under the same terms and conditions as originally offered for by bidders. This request will be done before the expiry of the original validity (binding) period.

2. SPECIAL CONDITIONS OF CONTRACT

2.1 CHANGE OF ADDRESS

- 2.2.1 Bidders must advise the Department of Health's Central Supply Chain Management Unit, Contract Administration Section, should their ownership and/or address (domicilium citandi et executandi) details change from the time of bidding to the expiry of the contract.

2.2 CONTRACTOR'S LIABILITY

- 2.2.1 In the event of the contract being cancelled by the Department in the exercise of its rights in terms of these conditions, the Contractor shall be liable to pay to the Department any losses sustained and/or additional costs or expenditure incurred as a result of such cancellation, and the Department shall have the right to recover such losses, damages or additional costs by means of set-off from moneys due or which may become due in terms of the contract or any other contract or from guarantee provided for the due fulfilment of the contract and, until such time as the amount of such losses, damages or additional costs have been determined, to retain such moneys or guarantee or any deposit as security for any loss which the Department may suffer or may have suffered.
- 2.2.2 The Contractor may be held responsible for any consequential damages and loss sustained which may be caused by any defect, latent or otherwise, in supply or service rendered or if the goods or service as a result of such defect, latent or otherwise, does not conform to any condition or requirement of the contract.

2.3 DELIVERY AND PACKAGING

- 2.3.1 Basis of delivery: Delivery of items must be made in accordance with the instructions appearing on the official order form.
- 2.3.2 All deliveries must take place from Monday to Friday between 08h00 and 14h00.
- 2.3.3 In emergency cases, the Department of Health reserves the right to request the successful bidder/s to effect deliveries at any given time including Saturdays, Sundays and public holidays.
- 2.3.4 Random inspection and sampling of items will be conducted upon delivery to verify quantity and compare the item against the contract sample and any other quality accreditation that is prescribed.
- 2.3.5 It is the contractor's responsibility to off load the delivery vehicle.
- 2.3.6 Order details must be presented upon delivery on delivery notes.
- 2.3.7 The following information must appear on the outer packaging of the carton/box:
- (a) Name of the manufacturer/supplier
 - (b) Description of item
 - (c) Date of manufacture

2.4 DELIVERY CONDITIONS

- 2.4.1 Delivery of products must be made in accordance with the instructions appearing on the official order form.
- 2.4.2 All deliveries or dispatches must be accompanied by a delivery note stating the official order number against the delivery that has been affected.
- 2.4.3 In respect of items awarded to them, contractors must adhere strictly to the delivery periods stipulated by them in their bid document.
- 2.4.4 The instructions appearing on the official order form regarding the supply, dispatch and submission of invoices must be strictly adhered to.

- 2.4.5 All invoices must be submitted in the original.
- 2.4.6 Deliveries not complying with the order form will be returned to the contractor at the contractor's expense.
- 2.4.7 No locally manufactured product may be substituted during the contract period with an imported product, and vice versa, without prior approval of Contract Management at Central Supply Chain Management, Department of Health.

2.5 DEPARTMENTAL PROPERTY IN POSSESSION OF A CONTRACTOR

- 2.5.1 The Department's property supplied to a Contractor for the execution of a contract remains the property of the Department and shall at all times be available for inspection by the Department or its representatives. Any such property in the possession of the Contractor on the completion of the contract shall, at the Contractor's expense, be returned to the Department forthwith.
- 2.5.2 The Contractor shall be responsible at all times for any loss or damages to the Department's property in his possession and, if required, he shall furnish such security for the payment of any such loss or damages as the Department may require.

2.6 ENTERING OF HOSPITAL/CLINIC STORES

- 2.6.1 No representative from a company shall be permitted to enter the hospital/clinic premises, buildings or containers where stores are kept unless he/she is accompanied by the responsible official in charge of stores. Before entering the hospital/clinic premises, buildings or containers where stores are kept, the company representative must in writing, motivate why entry is necessary and written authority must be obtained to enter from the Head of the Institution.

2.7 EQUAL BIDS

- 2.7.1 If two or more tenderers score an equal total number of points, the contract must be awarded to the tenderer that scored the highest points for B-BBEE.
- 2.7.2 If functionality is part of the evaluation process and two or more tenderers score equal total points and equal preference points for B-BBEE, the contract must be awarded to the tenderer that scored the highest points for functionality.
- 2.7.3 If two or more tenderers score equal total points in all respects, the award must be decided by the drawing of lots.

2.8 FIRM PRICES AND ESCALATIONS

- 2.8.1 This bid requires that all bid prices offered are firm for the contract period. If a non-firm price is offered, the bidder shall be disqualified for not complying with the conditions of the bid.
- 2.8.2 In respect of rates of exchange, it is mandatory that bidders take forward cover upon award of the contract, for the contract period, with a recognized Financial Institution. Proof of this forward cover must be submitted to the contract management unit upon signing of the contract. Therefore, a price adjustment in respect of a rate of exchange claim will not be considered.

2.9 INSPECTION FOR QUALITY

- 2.9.1 All deliveries to authorised participants will be subjected to a visual examination and scrutiny by the relevant participants, and/or inspection for quality by Provincial Quality Control Laboratories in the Republic of South Africa, and/or inspection for quality by an accredited South African National Accreditation Section (SANAS) testing agency.

2.9.2 In the event of products tested, the contractor will bear the cost of any item failing to meet the relevant standard.

2.10 INVOICES AND PAYMENTS

2.10.1 All invoices submitted by the Contractor must be Tax Invoices indicating item description, catalogue number, quantity ordered and quantity delivered, unit price, total price, the amount of tax charged and the total invoice amount.

2.10.2 A tax invoice shall be in the currency of the republic of South Africa and shall contain the following particulars:

- (a) The name, address and registration number of the supplier;
- (b) The name and address of the recipient;
- (c) An individual serialized number and the date upon which the tax invoice is issued;
- (d) A description of the goods or services supplied;
- (f) The quantity or volume of the goods or services supplied
- (f) The value of the supply, the amount of tax charged and the consideration for the supply; or
- (g) Where the amount of tax charged is calculated by applying the tax fraction to the consideration, the consideration for the supply and either the amount of the tax charged, or a statement that it includes a charge in respect of the tax and the rate at which the tax was charged.

2.10.3 A contractor shall be paid by the institution concerned, in accordance with supplies delivered and services rendered.

2.10.4 Should a contractor indicate a special discount on his/her account provided payment is made within a certain time, every effort shall be made to take advantage of such discount.

2.10.5 Any query concerning the non-payment of accounts must be directed to the institution concerned. The following protocol will apply if accounts are queried:

- (i) Contact must be made with the officer-in-charge of stores;
- (ii) If there is no response from stores, the finance manager of the institution must be contacted.

2.11 IRREGULARITIES

2.11.1 Companies are encouraged to advise the Department of Health timeously of any possible irregularities which might come to their notice in connection with this or other contracts.

2.12 PERIOD OF CONTRACT

2.12.1 Once-off

2.13 PREFERENCES

2.13.1 Should the Contractor apply for preferences in the submission of his bid, and it is found at a later stage that these applications were incorrect or made under false pretences, the Department may, at its own right:

- i. Recover from the Contractor all costs, losses or damages incurred or sustained by the Department as a result of the award of the Contract; and/or
- ii. Cancel the contract and claim any damages which the Department may suffer by having to make less favourable arrangements after such cancellation.
- iii. The Department may impose penalties, however, only if provision therefore is made in the Special Conditions of Bid.

2.14 QUALITY CONTROL TESTING OF PRODUCTS

2.14.1 If it is discovered that the product supplied is not in accordance with the specification the following will occur:

- (i) Testing charges will be for the account of the principal contractor;
- (ii) Possible cancellation of the contract with the principal contractor;
- (iii) Reporting such negligence by the principal contractor to the provincial and national treasury for listing on the Restricted Suppliers' Database.

2.15 RATE OF EXCHANGE

2.15.1 All bids involving imported products must use the rate of exchange that was applicable 14 days prior to the closing date indicated in the bid document. If this day falls on a weekend or public holiday, the next working day must be used.

2.15.2 Bidders must submit documentary proof (in the form of a certified copy) from their bank or any recognized legal financial Institution, clearly indicating what the rate of exchange was 14 days prior to the closing date, as mentioned above. Information can be sourced from the internet from a financial Institution website.

2.15.3 The Department of Health reserves the right to renegotiate the price should there be a reduction of the price in the market.

2.16 RESTRICTION OF BIDDING

The Accounting Officer or his/her delegate must:

a) Notify the supplier and any other person of the intention to restrict it doing business with KZN-DoH by registered mail.

The letter of restriction must provide for:

- ✓ The grounds for restriction;
- ✓ The period of restriction which must not exceed 10 years;
- ✓ A period of 14 calendar days for the supplier to provide reasons why the restriction should not be imposed.

b) The Accounting Officer his/her delegate:

- ✓ May regard the intended penalty as not objected to and may impose such penalty on the supplier, should the supplier fail to respond within the 14 days; and
- ✓ Must assess the reasons provided by the supplier and take the final decision.

c) If the penalty is imposed, the Accounting Officer must inform National Treasury of the restriction within 7

calendar days and must furnish the following information:

- ✓ The name and address of the entity/ person to be restricted;
- ✓ The identity number of individuals and the registration number of the entity; and
- ✓ The period of restriction.

d) National Treasury will load the details on the Database of Prohibited Vendors.

2.17 RIGHTS TO PROCURE OUTSIDE THE CONTRACT

- 2.17.1 The Department reserves the right to procure goods outside the contract in cases of urgency or emergency or if the quantities are too small to justify delivery costs, or if the goods are obtainable from another organ of State or if the Contractor's point of supply is not situated at or near the place where the goods are required or if the Contractor's goods are not readily available.
- 2.17.2 No provision in a contract shall be deemed to prohibit the obtaining of goods or services from a Department or local authority.

2.18 SAMPLES

- 2.18.1 Samples will not be accepted with the closing of the bid document.
- 2.18.2 A sample meeting will be arranged with selected companies whereby the companies will be invited to forward their samples on a specified date and time.
- 2.18.3 Samples must be made available for the sample meeting, failure to provide a sample will reject their bid offer.
- 2.18.4 Samples shall be supplied by the bidder at his/her own cost/risk. Samples must be packaged as per the specification. Failure to do so will render the bid invalid.
- 2.18.5 The Department reserves the right not to return such samples and to dispose of them at its discretion.
- 2.18.6 Samples must be clearly marked: Item number:
- Name of the Company
 - Bid number
 - Name of the manufacturer/supplier
 - Description of item
 - Date of manufacture
- 2.18.7 The award of this bid will be based on the sample submitted from a manufacturer based on a letter of undertaking, which is compliant to specification. If, during the contract, the awarded supplier wishes to change the item being supplied, the service provider shall apply to the Department in writing, giving reasons why they want to change the product being supplied, which the Department shall consider. This process will be subject to the sample being submitted to the technical committee for evaluation and if in order, to the adjudication committee for approval. This will be done via the contract management unit of the Department. If there is a change in the product being supplied, and no prior approval has been granted, the Department reserves its right to cancel the contract.

N.B Failure to clearly mark the samples submitted shall result in the samples not being evaluated and eliminated from further consideration.

2.19 STATEMENT OF SUPPLIES AND SERVICES

- 2.19.1 The contractor shall, monthly, furnish particulars of supplies delivered or services executed. Such information must be submitted to the Department of Health Supply Chain Management, Contract Management as follows:
- (i) Name of institution.
 - (ii) Orders received – order number & catalogue number & quantity delivered.
 - (iii) Price.
- 2.19.2 Historical value and volume reports may be requested by the Department of Health, Supply Chain Management, during the term of the contract for the following:

a) SUPPLIER MEASURES

- Delivery period adherence
- Quality adherence

2.19.3 This information will be submitted at the expense of the contractor.

2.20 UNSATISFACTORY PERFORMANCE

2.20.1 Unsatisfactory performance occurs when performance is not in accordance with the contract conditions.

- (i) The institution shall warn the contractor by registered/certified mail that action will be taken in accordance with the contract conditions unless the contractor complies with the contract conditions and delivers satisfactory supplies or services within a specified reasonable time (7 days minimum). If the contractor does not perform satisfactorily despite the warning the institution will:
 - (a) Take necessary action in terms of its delegated powers.
- (ii) When correspondence is addressed to the contractor, reference will be made to the contract number/item number/s and an explanation of the complaint.

2.21 USE OF CONTRACT DOCUMENTS AND INFORMATION INSPECTION

- 2.21.1 The Contractor shall not, without the Department's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the Department in connection therewith, to any person other than a person employed by the Contractor in the performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far as may be necessary for purposes of such performance.
- 2.21.2 The Contractor shall not, without the Department's prior written consent, make use of any document or information mentioned in GCC clause 2.21.1 except for purposes of performing the contract.
- 2.21.3 Any document, other than the contract itself mentioned in GCC clause (2.21.1) shall remain the property of the Department and shall be returned (all copies) to the Department on completion of the Contractor's performance under the contract or so required by the Department.
- 2.21.4 The Contractor shall permit the Department to inspect the Contractor's records relating to the performance of the Contractor and to have them audited by auditors appointed by the Department, if so required by the Department.

SECTION M: PRICING SCHEDULE

Name of bidder.....	Bid number: ZNB 9919/2021-H
Closing Time 11:00	Closing Date: 13 April 2021

OFFER TO BE VALID FOR **120** DAYS FROM THE CLOSING DATE OF BID.

DESCRIPTION: APPOINTMENT OF A SERVICE PROVIDER TO DESIGN AND PRINT MULTI DRUG RESISTANT TUBERCULOSIS LITERACY MATERIAL: ONCE-OFF

ZNB 9919/1/2021-H						
	ITEM	QUANTITY	UNIT PRICE	VAT	TOTAL UNIT PRICE INCL. VAT	SUB-TOTAL PRICE (total unit price x quantity)
1.	English flipcharts	1000				
2.	IsiZulu flipcharts	5000				
3.	English pamphlets	10000				
4.	isiZulu pamphlet	50000				
5.	English DVD	1				
6.	IsiZulu DVD	1				
7.	USB	40				
TOTAL BID PRICE (Sum of all items) (To be used for evaluation)						

Total Price (inclusive of taxes) in words:

**NB. The total price is the price that will be used to evaluate the bid (Adding all the Sub-Total Prices)
Bidders must bid as per the price page failing which they will be disqualified.
Bidders must quote for all items, failure to do so will render the bidder disqualified.**

Required by: KZN DEPARTMENT OF HEALTH

-At: **TB CONTROL PROGRAMME**

Delivery period (on order)

Failure to comply with the above shall invalidate the offer received.

Note: All delivery costs must be included in the bid price, for delivery at prescribed destination.

..... (Signature of Bidder) Date (Signature of Witness) Date
--------------------------------	---------------	---------------------------------	---------------

SECTION N: SPECIFICATION

MULTI DRUG RESISTANT TUBERCULOSIS LITERACY MATERIAL

No.	ITEM	ESTIMATED QUANTITIES	SPECIFICATIONS
1	The English flipchart	1000	2 X Solid Cardboard Backing (1134 Gsm) 420 X 304 (A3) In Size, Joined by String File Binder With a Metal End. Bound With a White Wire Ring Binder. 40x A3 Pages, Printed Double Sided Full Colour 250gsm Full Gloss.
2	The isiZulu flipchart	5000	2 X Solid Cardboard Backing (1134 Gsm) 420 X 304 (A3) in Size, Joined By String File Binder With a Metal End. Bound With a White Wire Ring Binder. 44 X A3 Pages, Printed Double Sided Full Colour 250gsm Full Gloss.
3	The English pamphlet	10000	Full Colour Printed Back to Back, Self-Cover, Saddle Stitched, 28 X A5 Pages 130gsm Gloss.
4	The isiZulu pamphlet	50000	Full Colour Printed Back to Back Self-Cover Saddle Stitched 34 X A5 Pages 130gsm Gloss.
5	The animated DVD	1 English DVD 1 IsiZulu DVD 40 USB's	Involves a voice artist reading the content of the pamphlet, adding animated graphic artwork to the contents of the flipchart/pamphlet and copying it onto 40 USB's, the length of the DVD is approximately 20 minutes in length.

The Service Provider will be expected to design the creative content in line with the TB programme.

The written content of the flipcharts and pamphlets is attached as **Annexure A**. Artwork and design will be at the discretion of the Service Provider.

Samples will be required from the Service Provider which will be evaluated based on the evaluation criteria stipulated in the document including the following matrix:

ART WORK DESIGN		
	Comply	Non Complaint
Does artwork match job specification		
Correct logo usage		
Spell check completed		
Alignment of text, images and lines		
Folios / page numbers correct and visible		
Colour		
Are colours set up correctly		
Are colours the same across all documents		
Take magenta fill off image boxes		
Kerning / ragged line breaks checked		
Correct type weight (not emboldened)		
Double spaces removed		
Hyphenation is off		
CREATIVITY		
	Comply	Non Complaint
Layout & style		
Colour consistency		
Type / font consistency		
Images well cropped		
Artwork follows client guidelines and previous publications		

SECTION O: EVALUATION CRITERIA

Evaluation will be based on the following:

- Phase 1: Minimum Compulsory Requirements
- Phase 2: Technical Evaluation
- Phase 3: Price and Preference Points

Phase 1: Minimum Compulsory Requirements

The Bidder shall complete and submit the following returnable schedules and documents:

The Bidder shall complete and submit the following Retainable Schedule and documents:

NO.	SECTION/ SCHEDULE	COMPULSORY (YES / NO) NON- SUBMISSION WILL RENDER BIDDERS NON- RESPONSIVE	COMPULSORY (YES / NO) FOR BID EVALUATION PURPOSES	FOR OFFICIAL USE ONLY		
				YES	NO	N/A
Prospective Bidders must ensure that the following Sections of the bid document is completed in all respects to qualify for the next stage of evaluation:						
1	Section A: Invitation to Bid	Yes				
2	Section B: Special Instructions	Yes				
3	Section C: Authority to Sign the Bid	Yes				
4	Section D: Declaration of Interest	Yes				
5	Section E: Declaration of Bidder's Past SCM Practices	Yes				
6	Section F: Declaration that CSD is Updated with Latest Bidder's Details	Yes				
7	Section G: Preference Points Claimed	Yes	Yes			
8	Section H: Certificate of Independent Bid Determination	Yes				
9	Section I: Record of Amendments to Bid Documents	Yes	Yes			
10	Section J: General Conditions of Contract	Yes				
11	Section K: Special Terms and Conditions	Yes				
12	Section L: Compulsory Briefing Session	No				
13	Section M: Pricing Schedule	Yes	Yes			
Prospective Bidders must provide the following Requirements:						
1	Copy of the Consortium/ Joint Venture/ Partnership agreement, if applicable	Yes If Applicable				
2	A Status Level Verification Certificate/Sworn Affidavit (For EMEs& QSEs) must be Submitted in order to qualify for Preference Points	Yes	Yes			

Phase 2: Technical Evaluation and artwork checklist

The prospective bidder will be required to provide samples of flipcharts and pamphlets for evaluation purposes as required in terms of clause 2.18 of the special terms and conditions of the bid as well as a Demonstration of the animated DVD. The sample will be evaluated based on the specification and the attached matrix.

ART WORK DESIGN		
	Comply	Non Complaint
Does artwork match job specification		
Correct logo usage		
Spell check completed		
Alignment of text, images and lines		
Folios / page numbers correct and visible		
Colour		
Are colours set up correctly		
Are colours the same across all documents		
Take magenta fill off image boxes		
Kerning / ragged line breaks checked		
Correct type weight (not emboldened)		
Double spaces removed		
Hyphenation is off		
CREATIVITY		
	Comply	Non Complaint
Layout & style		
Colour consistency		
Type / font consistency		
Images well cropped		
Artwork follows client guidelines and previous publications		

Phase 3: Price and Preference Points

The value of this bid is estimated not to exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.

Points for this bid shall be awarded for:

- (a) Price; and
- (b) Status Level of Contributor.

The maximum points for this bid are allocated as follows:

CATEGORY	POINTS
PRICE	80
STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and must not exceed	100

Failure on the part of a bidder to submit proof of Status level of contributor together with the bid will be interpreted to mean that preference points for Status level of contribution are not claimed.

The department reserves the right to require of a bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the department.

1. FLIPCHART ENGLISH**Front cover:** Understanding Multi Drug Resistant tuberculosis (MDR TB)

The purpose of this flipchart and educational session is for the patient and health care worker to discuss and come up with a treatment support plan that suits each person. The treatment journey of each patient with TB or MDR TB is individually packaged. The package of care is based on patient's medical needs and social circumstances that could affect their ability to take the treatment successfully to completion.

It is vital that you provide the health care worker with as much information about yourself as possible, communicate all your relevant (family, social and medical history) information in order for the health care worker to make accurate diagnoses and provide optimal treatment and care package. Please don't leave out details of your medical history or your current circumstances which you think are unimportant; don't feel embarrassed or shy to mention anything that affects your health. You are welcome to ask any questions if you don't understand the medical terms used. Health Care Workers are obliged to keep all your information private and confidential.

1

Notes to Health Care Worker:

As you engage with this patient, you will need to extract correct/accurate information from the patient - to be able to put together a package of care - that will assist the patient to complete treatment and be cured. You will need to establish who the patient lives with (and needs to be screened/put onto prophylaxis), are they employed (can you assist with getting them a grant), does the patient have food at home (patients need food to be able to take the medication), do they have a home to be discharged to (if not they may need to stay in hospital a few more days to get this sorted out), you will need to establish what type of support they receive at home/work/community. You need to find out whether they are taking any traditional medicine because it can interfere with the TB or MDR TB medication. You need to find out if the patient is on ARV's, how they are managing adherence.

All these factors impact on the patient's ability to adhere to treatment. All these factors need to be addressed **before** the patient even begins the MDR TB treatment journey.

2

WHAT IS TUBERCULOSIS (TB)

Tuberculosis (TB) is a disease caused by bacteria (*Mycobacterium tuberculosis*) that are spread from person to person, through the air. TB usually affects the lungs, but it can also affect any body part.

As it is an airborne disease, we breathe it into the lungs but the bacteria can travel from the lungs via the blood and lodge in any body part. This is called extra pulmonary TB.

TB is a dangerous disease if you don't get treatment for it and can spread to other people.

TB can be treated and cured with medication available at Health Facilities.

3

Notes to Health Care Worker:

Ask the patient, what they think TB is.

Try to involve the patient from the start so they listen and pay attention to what you are explaining to them.

Use this flipchart slowly and thoroughly, the purpose of this flipchart is to empower patients with information to **promote treatment adherence**.

4

WHAT IS MULTIDRUG-RESISTANT TUBERCULOSIS (MDR TB)?

MDR TB is caused by the same germ that causes Tuberculosis, but it cannot be cured with drug sensitive (normal) TB treatment.

It is more difficult to treat, but can be cured if treatment begins early.

Multi drug resistant TB (MDR TB) is caused by the TB bacteria, but the bacteria are resistant to the two most powerful and effective TB drugs, Isoniazid and Rifampin. This means the normal TB drugs do not work to cure MDR TB disease; different drugs have to be used to treat MDR TB.

Ordinary Tuberculosis Treatment

Is taken for six months or more

Uses a fixed drug combination of four drugs in the first two months (Intensive phase) and a fixed drug combination of two drugs in the last four months (continuation phase)

If you interrupt treatment you could develop MDR TB.

Multidrug- Resistant TB treatment

Is taken for nine months or more

Uses up to seven drugs in the 4-6 month intensive phase and approximately four drugs for 5 months of the continuation phase

If you interrupt treatment you could develop extensively drug resistant TB

5

Notes to Health Care Worker:

Ask the patient what they think is the difference between TB and MDR TB?

The germ is the same for both – but it is difficult to treat MDR TB. MDR TB cannot be cured with ordinary (first line) TB medicine.

Previously MDR TB was treated with daily injections for six months and treatment with medication took from 24 to 36 months. With the development of new drugs, it now takes nine months or more of medication only.

It is vitally important to explain to the patient that - if the patient is taking TB medication they must complete the treatment to prevent developing MDR TB or XDR TB. Multidrug-resistant TB (MDR TB) is caused by the TB bacteria, but the bacteria are resistant to the normal TB drugs, Isoniazid and Rifampicin. This means the normal TB drugs do not work to cure the disease. Different drugs are used to treat MDR TB

MDR and XDR TB are dangerous diseases because it is difficult to cure, patients have got to take the medication as prescribed or there can be fatal consequences.

6

WHAT ARE THE SYMPTOMS OF MULTI DRUG RESISTANT TB?

The symptoms are the same for TB.

Cough for two weeks or more. * If you are HIV+, a cough of any duration must be investigated.

Persistent fever/ drenching night sweats

Unexplained weight loss

Fatigue/ always tired. In children, it is described as less playful.

Chest pain

Coughing up blood stained sputa.

You don't have to answer "yes" to all the symptoms, a "yes" to any one of the symptoms must be investigated for TB or MDR TB.

7

Notes to Health Care Worker:

How can people tell they have TB?

How can patients tell if they suspect they have MDR TB?

Ask if they have known people with TB and what the symptoms were?

Reassure people that a cough doesn't always mean they have TB – bronchitis can cause a cough but this will clear after one or two weeks. However it is very important for an HIV + person who develop a cough to get it checked out immediately.

8

HOW IS TB OR MDR TB DIAGNOSED?

At the clinic or hospital you will be asked to cough into small plastic bottles, this sputum gets sent to the laboratory for testing and diagnosis. Make sure you cough where there are no people around you. If you are having trouble coughing, please tell the health care worker – there are ways to help you cough up sputum. For example you can be nebulized, have a gastric wash or urine test (but this is only for patients in hospital with a very low cd4 count). Try and rinse your mouth out with water first, the Laboratory cannot diagnose specimens with food particles in it.

Trained laboratory technicians look at sputum samples under a microscope to see if TB bacteria are present.

A diagnostic machine called the Gene Xpert Ultra is highly effective in diagnosing TB and the presence of drug resistance.

Tuberculosis is difficult to diagnose in children, a test called the Tuberculin Skin Test is used or fluid from the stomach called a gastric wash.

Please make sure you have provided at least 2 correct telephone/ cellphone numbers so that the health care worker can contact you with the test results and possible follow up appointments.

Please make sure you provide the correct physical address. If you miss important health visits or they need to give you important health test results, this is needed to help health care workers find you.

9

NOTES TO HEALTH CARE WORKER

Explain what a gastric lavage/wash is: *Gastric lavage* involves placing a tube through the mouth or through the nose into the *stomach and suctioning gastric contents for investigation*.

Explain what nebulization and the purpose of nebulization is: A nebulizer is a machine used to administer medication in the form of a mist inhaled into the lungs. It works in the airways by opening breathing passages and relaxing muscles.

If the patient understands why and how the process works, they feel empowered and co-operate better which greatly improves their chance of undergoing the procedure to be able to produce specimens to achieve a diagnosis.

10

HOW DO YOU GET MULTI DRUG RESISTANT TB?

There are two ways:

- 1) If you have TB and you do not take your treatment as advised by the health care worker. It takes 6 months for the TB medication to kill all the TB bacteria in your body. Some people stop taking their medicine as soon as they feel better and this enables the TB germ to build up resistance and become immune to ordinary TB medicine.
- 2) You can be infected by a person with MDR TB who is not yet on treatment or just started their treatment but is still infectious, when they cough/sneeze without covering their mouth and nose. This is called primary exposure.

11

Notes to Health Care Worker:

MDR is a form of TB caused by bacteria that do not respond to, at least, isoniazid and rifampicin, the two most powerful, first-line (or standard) anti-TB drugs.

12

What is Extensively Resistant Tuberculosis (XDR-TB)?

Extensively drug-resistant TB (XDR-TB) is a form of multi-drug resistant tuberculosis that responds to even fewer available medicines, including the most effective second-line anti-TB drugs. Extensively drug-resistant TB (XDR TB) is a rare type of multidrug-resistant tuberculosis (MDR TB) that is resistant to isoniazid and rifampin, plus any fluoroquinolone and at least one of three injectable second-line drugs (i.e., amikacin, kanamycin, or capreomycin).

13

Notes to Health Care Worker:

3) How do people get XDR-TB?

People may get XDR-TB in one of two ways. It may develop in a patient who is receiving treatment for active TB, when anti-TB drugs are misused or mismanaged, and is usually a sign of inadequate clinical care or drug management. It can happen when patients are not properly supported to complete their full course of treatment; when health-care providers prescribe the wrong treatment, or the wrong dose, or for too short a period of time; when the supply of drugs to the clinics dispensing drugs is erratic; or when the drugs are of poor quality.

The second way that people can develop XDR-TB is by becoming infected from a patient who is already ill with the condition. Patients with TB of the lungs can spread the disease by coughing, sneezing, or simply talking. A person needs only to breathe in a small number of these germs to become infected. However only a small proportion of people infected with TB germs develop the disease. A person can be infected by XDR-TB bacteria but not develop the active disease, just as with drug-susceptible TB.

How easily is XDR-TB spread?

Studies suggest that there is probably no difference between the risk of transmission of XDR-TB and any other forms of TB. The spread of TB bacteria depends on factors such as the number and concentration of infectious people in any one place together, and the presence of people with a higher risk of being infected (such as those with HIV/AIDS).

The likelihood of becoming infected increases with the time that a previously uninfected person spends in the same room as an infectious case. The risk of spread increases where there is a high concentration of TB bacteria, such as can occur in poorly-ventilated environments like overcrowded houses, hospitals or prisons. The risk of spread is reduced if infectious patients receive timely and proper treatment.

How can a person avoid becoming infected with XDR-TB?

While patients with XDR-TB may be as infectious as those with ordinary TB, the chances of a TB infection being XDR-TB is lower due to the rarity of the condition. The measures to be taken are the same as those for the prevention of ordinary TB.

Close contact with a patient with infectious TB is to be avoided especially in poorly ventilated spaces. The risk of becoming infected with TB is very low outdoors in the open air. TB patients should be encouraged to follow good cough hygiene, for example, covering their mouths with a handkerchief when they cough, or even, in the early stages of treatment, using a surgical mask, especially when in closed environments with poor ventilation.

14

HOW IS MULTI DRUG-RESISTANT TB SPREAD TO OTHER PEOPLE?

It spreads just like ordinary Tuberculosis.

When a person with MDR TB coughs, sneezes, laughs or sings – MDR TB bacteria are released into the air. Anyone around who inhales (breathes in) the droplets in the air can be infected with MDR TB.

PLACES YOU ARE MORE LIKELY TO CONTRACT TB:

These are places where many people congregate, where there are no open windows. For example in taxi's, churches, schools, community residential units (hostels), correctional service facilities (prisons), shopping malls, crowded queues in buildings like banks or Home Affairs. Even in clinics or hospitals if the windows are not opened.

People who live in crowded conditions with many people sleeping together in one room are also at risk of getting TB.

15

Notes to Health Care Worker:

Ask the patient what they think spreads MDR TB?

Talk about how MDR TB spreads and ways to prevent the spread.

You can act out coughing and spitting in an exaggerated way – humour catches people's attention and laughter will make them feel more relaxed.

Ask the patient to describe their home, what type of windows they have, who they share their living space with, how many people share their bedroom. Based on their answers you can give advice on infection prevention.

16

WHAT ELSE CAN PEOPLE DO TO PREVENT GETTING TB AND MDR TB?

Avoid close contact with a patient with infectious TB, especially in poorly ventilated spaces. If you have no choice, meet outside in the sunshine because the UV light in sunshine kills the TB bacteria.

Practise cough hygiene, don't cough or sneeze on other people and don't let other people cough or sneeze on you.

The best way to prevent getting TB is to keep your body healthy and strong:

- Eat nutritious food, junk food might taste nice but it doesn't provide your body with the nutrients it needs. Drink plenty of fresh clean water.
- Exercise.
- Stop smoking and that includes dagga.
- Alcohol has to be avoided during TB treatment to avoid increasing the side effects of the treatment; both Isoniazid and Rifampin can affect the liver. Symptoms of inflammation of the liver may be similar to TB symptoms such as fever and loss of appetite. Other symptoms of liver disease include nausea, vomiting, abdominal pain or yellowish skin. You need to tell the health care worker about your alcohol consumption to make sure you are managed

correctly.

- Practice safe sex. Know your HIV status. Get tested for HIV. People who are living with HIV are more at risk of getting TB because of the compromised immune system.
- If you are HIV+ you can be started on antiretroviral treatment (ARV'S) and Bactrim early to improve your response to TB medicines and prevent opportunistic infections.
- If you have diabetes mellitus, inform the health care worker. People with diabetes are also at risk of contracting TB due to a poor immune system.
- Get plenty of sleep
- Practice good hygiene, wash hands before preparing food and after going to the toilet and changing babies nappies.
- Have regular health check up's like blood pressure and blood glucose.
- If you have TB, avoid getting MDR or XDR TB by ensuring that you do not miss any doses, take treatment right through to the end. If you have any side effects as explained by the health care workers, for example, the tablets make you feel sick, then inform the doctor or the health care worker. If you need to go away for any reason, make sure that you have enough tablets with you for the duration of the trip.

Ante natal care is free of charge at all government Health Facilities for pregnant women. Ante natal care checks how your unborn baby is growing, what to expect during birth and most important of all, ante natal care check that the health of the mom and baby is correct. It is important to attend ante natal care as soon as you discover you are pregnant. Make sure you are screened for TB at each ant natal care visit. Make sure your newborn baby gets immunized. The BCG vaccine is to prevent TB.

17

Notes to Health Care Worker:

Here we want you to talk to the patient about stigma and clear any confusion.

Talk about Stigma: Stigma can be reduced by education. Teach the patient and empower the patient. Some patients spend so much time and money to travel to a Health Facility far from where they live to avoid being recognised. The stress of trying to keep their health status a secret is bad for their health.

You can't get TB or MDR TB by sharing: plates, cutlery, glasses, food, clothes, shaking hands and toilet seat (but if your toilet is small with no window or air – you can contract TB or MDR TB in there- always make sure the windows are open in the toilet. Remind the patient that TB and MDR TB is an air borne disease.

Talk about Taverns: Taverns are generally crowded spaces with poor ventilation and smoky air. This is an ideal place for TB or MDR TB to spread. Also alcohol makes people lose their inhibitions (get out of control) and this often leads to risky behaviour, especially risky sexual behaviour.

Talk about Sex: In general, after being on treatment for a while patients can't spread TB or MDR TB while having sex. If the patient is still coughing it is advisable to wear a surgical mask. Create an environment where the patient can talk openly and comfortably about their sexual behaviour and practices.

Ask the patients what they eat, food availability and when they eat. Talk about nutrition: talk about the 3 food groups. Protein, found in meat and eggs is needed to build muscle. Carbohydrates, found in potatoes, rice, pasta, phutu/pap are needed for energy. Vitamins and minerals, found in fruit and vegetables are needed for the body to function effectively.

Talk about the need to avoid fried foods, consuming too much salt and overcooking vegetables reduces the vitamins and minerals content. Also mention that fruit should be washed before eating.

18

HOW CAN YOU PREVENT SPREADING MDR TB TO OTHER PEOPLE?

COUGH HYGIENE: Cover mouth and nose with tissue or arm or elbow, or put your mouth and nose inside your shirt when you cough or sneeze. Turn your head away from people when you cough or sneeze. Don't let other people cough or sneeze on you. Teach children cough hygiene from when they are little.

Always wash your hands after coughing or sneezing and throw away the tissue in a bin.

COMPLETING TREATMENT: By taking your medication as prescribed by a health care worker.

OPEN WINDOWS: Keep windows open at home at all times because sunlight kills TB bacteria and fresh air blows the bacteria away.

Sleeping alone and not in a room with other household members is advisable, at least until non-infectious. This is generally after being on treatment for two weeks and showing improved clinical signs (reduced TB symptoms). Avoid visitors until non-infectious if possible. If this is unavoidable, sit with them outside in the open, fresh air.

KNOW THE SIGNS AND SYMPTOMS: So that if you suspect you might have TB, you can go for a test.

TB CONTACTS: In order to prevent the spread of TB and MDR TB, we have to identify and screen all close contacts of the TB patient. Most at risk are those in close contact with the TB patient at home, work or school. It is important for all close contacts to be screened especially if they are less than 5 years old. Any children the TB patient has been in contact with will need to be put onto treatment – either TB treatment or prophylactic treatment to prevent getting TB. The elderly or HIV+ people are also more at risk.

19

Notes to Health Care Worker:

Emphasise people must not wait; they must come to the clinic immediately.

The sooner TB is diagnosed, the sooner it can be treated and the quicker the patient will get better.

If it is not possible to sleep in a room alone, then advise the patient to try sleep near an open window.

Pregnant Women: Sometimes TB symptoms in pregnant women are missed because the pregnancy masks the TB symptoms. For example, a pregnant lady may not notice weight loss because she puts on weight. Tiredness may be put down to being pregnant and often overlooked.

Physically show the patient how to cover mouth and nose and explain the importance of cough hygiene.

20

HOW IS MULTI DRUG RESISTANT TB MANAGED?

The Health Care Worker will help and support you to take treatment. An Adherence Health Care Team will visit you regularly to check how you are doing. If you live very far from a Health Facility the Adherence Team will take bloods and sputum samples and do vitals checks (blood pressure and blood sugar) to send for analysis.

The treatment will be made up of tablets. It is best if you eat healthy food and do not take alcohol, smoke or use drugs while on treatment.

The treatment journey consists of:

A monthly visit to the Health Facility (unless the Health Care Worker has asked you to come back sooner). At the monthly visit – your sputum will be collected for TB smear and TB culture (tests done at the Laboratory), to see how much TB or MDR TB is still in your lungs, and this will determine whether your body is responding to the treatment.

Vitals (blood pressure and blood sugar, weight and temperature) should be taken and recorded to check the patient's progress.

Patients on Bedaquiline will be required to have an ECG done, this monitors your heart function.

The doctor or MDR trained nurse must do a patient examination to check progress or possible development of any other health issues. Discuss the patient's condition and give feedback of any findings to the patient.

The health care worker will talk to you about treatment adherence and how important it is to take your medication as prescribed, talk about any side effects and what can be done to alleviate them.

The doctor or trained MDR Nurse may do further tests if required. For example a full blood count or liver functions test. This is very important because MDR TB drugs are very strong and might affect the liver or kidneys.

The doctor might want you to have a chest x-ray.

Special attention must be paid to liver toxicity, psychiatric disorders, allergies, haematological disorders and hearing /vestibular toxicity. The patient must still have a hearing test done monthly.

You will be given a monthly supply of medication.

Follow up after completing treatment: You will need to still visit the Health Facility every 6 months for 2 years to check you are not relapsing. During the visit your symptoms will be evaluated, a sputum sample will be taken for TB smear and TB culture and a chest x-ray may be done.

TRANSFERS/MOVING PATIENTS:

The continuity of care is very important. If you need to move, to a different town or province, please inform the health care workers, so that they can ensure that wherever you are going to, you can continue with your treatment and your details can be transferred to the nearest facility.

Notes to Health Care Worker:

It is very important to emphasise that there is treatment for TB and MDR TB and that it can be cured, but people must present early and must complete treatment. Please encourage the patient to have a positive attitude. Stress that even babies and young children can be treated. This is one of the most important messages so explain it very clearly and simply. Ask the patient to say it back to you to make sure everyone has understood .Show the patient the medication.

Explain how a treatment buddy can help a patient to complete treatment.

Linezolid is reported to reduce the Hb of patients, therefor patients on Linezolid have to return to the facility for blood tests after 2 weeks of starting treatment

Bedaquiline is reported to cause QTCF prolongation/affects the heart rate; therefore patients on this drug have to return to facility after 2 weeks of starting treatment.

Women of child bearing age must be offered contraception to prevent falling pregnant while on treatment. Women also need to be offered cervical screening.

These patients will then return after 4 weeks/monthly.

HOW WILL YOU KNOW THAT YOU ARE GETTING BETTER?

A sputum specimen will be taken from you every month. A laboratory technician will check your sputum specimen to see how much TB or MDR TB is still in your lungs. This will show if the medication is working well in your body. The results will show if you are getting better

You will start to feel better.

23

Notes to Health Care Worker:

How soon do people on TB treatment feel better?

It is important that people realise they won't feel better straight away on treatment, otherwise they may feel the medication is not working and stop taking it.

Emphasise that they are getting a little bit better every day, even if they don't always feel it.

Equally important is that they realise that even if they feel better they must still continue taking the medication until the end of the course.

Explain why there are follow up visits to the clinic and why these are necessary.

Explain why medication is changed after two months in the case of TB and 4-6 months in the case of MDR TB or 6-8 months in the case of XDR TB if there has been an improvement.

If the patient understands why and how the process works, they feel empowered and in charge of their treatment which greatly improves their chance of success.

24

CAN THE TREATMENT CAUSE ANY SIDE EFFECTS?

Yes, but not all patients experience side effects.

Mild side effects are normal for most patients and these normally improve over time.

These might include: eyes and urine can be yellow, nausea, vomiting, stomach pains, diarrhoea, loss of appetite, dizziness, ringing in ears, painful or burning feet, rash, skin discolouration and aching joints.

Many of these side effects are easily treated, so if they are bothering you, always report them to the TB nurse or clinic doctor before you decide to stop your treatment. You need to be given a "side effects" checklist by the HCW to monitor and record any side effects you might experience.

Some side effects are more serious and should be reported to the TB nurse or clinic doctor as soon as possible: problems with sight or hearing loss (might still be present in some patients), seizures/ fits, blistering or peeling of skin, feeling of extreme sadness (depression), confusion

But all these side effects can easily be treated without you stopping the treatment

Inform the health care worker if you have any of these side effects

Do not stop your treatment

TRADITIONAL MEDICINES

Some traditional medicines may interact with TB medication making them ineffective; these should be avoided to ensure the full benefit of the TB treatment. Some traditional medicines have the same side effects as TB drugs and it becomes difficult, should the patient develop side effects to determine which medicine is causing the side effect. It is therefore very important for patients to tell the health care worker if you are currently taking any traditional medicines.

25

Notes to Health Care Worker:

Possible side effects of TB medication.

It is important to be honest with the patient and explain that some TB medication can cause side effects. Please be aware that many patients dump Clofazamine as soon as they hear it could make skin darker.

Explain what a side effect is. Some side effects are unpleasant but keep in mind the long term goal of killing the TB bacteria.

Not all people suffer from side effects, some are lucky and don't have any side effects.

Ask the patient what they will do if they experience a side effect.

Encourage the patient not to stop taking the medication but to go to the clinic or doctor and get medication to relieve the side effect.

26

WHAT WILL HAPPEN IF YOU STOP TAKING YOUR TREATMENT?

The germ will become stronger and it can be more difficult to treat. You could develop MDR TB or XDR TB.

You could become sicker and could even die.

You could spread MDR TB to your loved ones, especially children.

27

Notes to Health Care Worker:

What happens if people stop taking their TB and MDR TB treatment?

Ask the patient what they think will happen if they stop taking their TB/MDR TB medication before the end of time prescribed.

If incorrect answers are given, use this opportunity to explain again why it is so important to complete treatment.

Do not get cross with wrong answers, it is very important that patients feel comfortable with the health care worker and really understand the concept of medication compliance.

The more people understand the treatment process, the more likely they are to taking their medication correctly and complete the course.

Some people stop taking their medicine for many reasons. Go through some of the possible reasons with the patient. Some of these reasons are: Once a person starts taking medicine they feel better, so it does not seem necessary to continue treatment. Sometimes it's hard to get time off work to go to the clinic. It costs money to travel to the clinic. Sometimes people have no food at home and don't want to take the medicine on an empty stomach. Some TB medicine has side effects that are uncomfortable. However by working together, we need to overcome these problems and ensure the patient is able to complete the treatment. Encourage people to choose a clinic close to where they live; this will help save time and money on travel. Most clinics have food gardens or nutritional supplements for TB patients. If getting time off work is a problem, the clinic staff/ TB co-ordinator can

intervene on the patient's behalf and explain to the employer the necessity for the patient to go to the clinic.

28

HOW CAN YOU PROTECT YOUR FAMILY, FRIENDS AND COMMUNITY FROM GETTING MDR TB?

Cover your mouth and nose when coughing or sneezing.

Go for early screening. Take treatment as advised by a health care worker.

There are meetings for patients to mentor each other. Meetings with health care workers. Community campaigns. Family.

Share the facts you have learned about TB with family members.

Share the names of family or friends or workers or learners who have been in close contact with you, with the health care worker so that they can also be screened for TB and if diagnosed they can be put onto treatment .

WE ARE ALL HERE TO HELP YOU. YOU ARE NOT ALONE IN THIS.

29

Notes to Health Care Worker:

What else can people do to fight TB?

Ask the patient for their ideas on what they can do to help fight against TB and MDR TB – get them thinking.

Make them feel in control, give them ownership of their illness – this will greatly improve their chances of adhering to the treatment programme.

Don't make people feel guilty.

The emphasis here is on people taking responsibility for their own health.

These are adults – we can't force them to take treatment. The choice is theirs. We all have choices – help them to make the correct ones.

If people understand how and why things happen, they are far more likely to stick to the treatment.

Stress that the clinic and treatment buddy is there to help people as much as they can, in every way.

Try as much as possible to involve the family during the treatment period, this will assist the patient to cope better with the disease.

This is not an “us” as Health Care Workers and “them” as patient's situation. We are a team “Ubuntu”. Together we can beat TB and MDR TB.

30

2. FLIPCHART ZULU

<p>Front Cover: Ukuqonda Isifo Sofuba Esingasazweli Emaphilisini Ajwayelekile (i-MDR TB)</p> <p>Inhloso yaleli shadi kanye nalesi sifundo ukuba isiguli sikanye nomsebenzi wezempilo baxoxisane bese bevumelana ngohlelo lokwesekwa ngokuthatha imithi oluvumelana nomuntu ngamunye. Yilesi nalesi siguli esineSifo Sofuba (i-TB) noma (i-MDR-TB) leso Esingasazweli Emaphilisini sinikezwa imithi eqondene naso ngqo. Amaphilisi ancika ezidingweni zezempilo yesiguli kanye nesimo senhlalo singaba nomthelela ekutheni isiguli siphuze amaphilisi size siwaqede ngempumelelo.</p> <p>Kubalulekile ukuba umsebenzi wezempilo umtshale konke okumaqondana nawe, ukumnikeza yonke imininingwane efanele (ngomndeni wakho, ngenhlalo kanye nomlando wokugula kwakho) ukuze ezokwazi ukuthola ukuthi uphethwe yini ngempela bese ekunikeza amaphilisi afanele. Sicela ungayishiya imininingwane yomlando wokugula kwakho kumbe izimo zamanje ocabanga ukuthi zibalulekile; ungaphoxeki noma ubenamahloni ukuveza nanoma yini ephathelene nempilo yakho. Ukhululekile ukubuza nanoma yimiphi imibuzo uma ungawaqondisi amagama ezempilo asethenzisiwe. Abasebenzi bezempilo baphoqelekile ukugcina yonke imininingwane yakho iyimfihlo futhi ingaziwa ngomunye umuntu.</p> <p style="text-align: center;">1</p>
<p>Amanothi abhekiswe Kumsebenzi Wezempilo:</p> <p>Njengalokhu uxoxisana nalesi siguli, kumele uthathe imininingwane eqondile nokuyiyona esigulini -ukuze ukwazi ukusihlanganisela amaphilisi afanele-ukuze welekelele isiguli sikwazi ukuqeda amaphilisi futhi selapheke. Kuyomele uthole ukuthi sihlala nobani isiguli (futhi kudingeka ukuthi sixilongwe /sifakwe ohlelweni lokuthola imithi yokuvikela ukungenwa yiSifo), bayasebenza yini (ungalekelela yini ekutheni bathole isibonelelo sikahulumeni), ngakube isiguli sinakho ukudla ekhaya (iziguli zidinga ukudla ukuze zikwazi ukuthatha imithi), banalo yini ikhaya abangahlala kulo uma bekhishwa esibhedlela (uma bengenalolo, kungadingeka ukuthi bake bethi ukuhlala esibhedlela izinsukwana ezimbalwa ukuze kuhleleke udaba lwendawo abangaphumela kuyo), kuyomele uthole ukuthi hlobo luni lokwesekwa abaluthola ekhaya /emsebenzini /emphakathini. Kuyomele uthole ukuthi ikhona yini imithi yesintu isiguli esiyisebenzisayo ngoba ingaba nomthelela emithini ye-TB kumbe i-MDR TB. Kuyomele uthole ukuthi kungabe isiguli siphuzisa imishanguzo yokuthithibalisa iSandulelangculazi (ama-ARV) yini, nokuthi siyilandela yini indlela yokuwadla ngokufanele.</p> <p>Zonke lezi zinto zinomthelela ekutheni isiguli siyiphuze imishanguzo ngendlela efanele. Kufanele zonke lezi zinto zilungiswe ngaphambi kokuthi isiguli siqale ukusebenzisa imithi ye-MDR TB.</p> <p style="text-align: center;">2</p>
<p>SIYINI ISIFO SOFUBA</p> <p>ISifo Sofuba yiSifo esidalwa ngamagciwane ama-mycobacterium tuberculosis asabalala ngomoya, esuka kumuntu aye komunye. ISifo Sofuba sivamise ukuhlaselela amaphaphu, kodwa futhi singahlaselela nanoma yisiphi isitho somzimba</p> <p>Njengalokhu siyiSifo esihamba ngomoya, sisiphfumulelela emaphashini kodwa amagciwane angahamba nangezazi esuka emaphashini ayohlala kunanoma yisiphi isitho somzimba. Lokhu kubizwa ngokuthi yiSifo Sofuba Esingahlaseleli Amaphaphu kuphela.</p> <p>ISifo Sofuba siyisifo esiyingozi kakhulu uma ungakutholi ukwelashelwa sona futhi ungasedlulisela nakwabanye abantu.</p> <p>ISifo Sofuba singelapheka ngemaphilisi atholakala ezikhungweni zezempilo.</p> <p>Amanothi abhekiswe Kumsebenzi Wezempilo:</p> <p>Buza isiguli ukuthi sona sicabanga ukuthi siyini iSifo Sofuba.</p> <p>Zisuka nje ekuqaleni zama ukubandakanya isiguli ukuze sikulalele futhi sikuqaphele okushoyo.</p> <p>Sebenzisa leli shadi kancane kancane nangokukhulu ukucophelela: ukuze uqinisekise ukuthi isiguli siyaqonda futhi siyayilandela imigomo yokuphuza amaphilisi.</p>

SIYINI ISIFO SOFUBA ESINGASAZWELI EMAPHILISINI?

ISifo Sofuba Esingasazweli Emaphilisini sidalwa yigciwane elifanayo nalelo elidala iSifo Sofuba, kodwa sona-ke aselapheki ngamaphilisi ajwayelekile okwelapha iSifo Sofuba.

Kunzima kakhulu ukuyelapha, kodwa-ke iyelapheka uma usheshe waqala ukuthola ukwelashwa.

ISifo Sofuba Esingasazweli Emaphilisini sidalwa ngamagciwane eSifo Sofuba, kodwa-ke lawa magciwane awayizweli imishanguzo emibili enamandla futhi esebenza ngempumelelo ekwelapheni iSifo Sofuba, okuyi- Isoniazid kanye ne-Rifampin. Lokhu kusho ukuthi-ke lawa maphilisi ajwayelekile okwelapha iSifo Sofuba ayisebenzi ekwelapheni lolu hlobo lweSifo Sofuba Esingasazweli Emaphilisini; ngaleyo ndlela-ke kumele kusetshenziswe okwehlukile ukwelapha lolu hlobo lweSifo Sofuba.

Ukwelashwa kweSifo Sofuba Esijwayelekile.

Amaphilisi uwaphuza izinyanga eziyisithupha noma ngaphezulu

Ezinyangeni ezimbili zokuqala uphuza ingxube yamaphilisi amane ungawashintshi (Okuyisigaba esishubile) bese kuthi ezinyangeni ezine zokugcina kube ngamaphilisi amabili (okuyisigaba sokuqhubezela)

Uma ungawathathi ngendlela efanele amaphilisi ungahlaselwa yisifo sofuba esingasazweli emaphilisini (i-MDR TB).

Ukwelashwa kweSifo Sofuba Esingasazweli Emaphilisini.

Kuthatha izinyanga eziyisishiyagalonye noma ngaphezulu

Usebenzisa izinhlobo zemithi ezingafinyelela kweziyisikhombisa ezinyangeni ezine (4) kuya kweziyisithupha (6) okuyisigaba esishubile bese kuthi ezinyangeni ezinhlanu(5) kube izinhlobo ezine zemithi okuyisigaba sokuqhubezela

Uma ungawaphuzi ngendlela efanele amaphilisi ungahlaselwa yile ebizwa nge- extensive drug resistant TB.

Amanothi abhekiswe Kumsebenzi Wezempilo:

Buza iziguli ukuthi zicabanga ukuthi yini umehluko phakathi kwe-TB kanye ne MDR-TB?

Liyefana igciwane kukona kokubili-kodwa kunzima ukuyelapha i-MDR-TB.I-MDR-TB ayelapheki ngamaphilisi ajwayelekile lawa okuqalwa ngawo e-TB.

Phambilini i-MDR-TB beyelashwa ngokujova nsuku zonke izinyanga eziyisithupha kanti-ke ukuselapha ngemaphilisi bekuthatha izinyanga ezingama-24 kuya kwezingama-36. Ngenxa yokwakhiwa kwamaphilisi amasha, manje sekuba amaphilisi nje kuphela owaphuza izinyanga eziyisishiyagalolunye noma ngaphezulu.

Kusemqoka kakhulu ukuchazela iziguli ukuthi -uma iziguli siphuza amaphilisi e-TB kumele siwaqede ukuze sigweme ukungenwa yi-MDR TB. I-MDR TB idalwa ngamagciwane e-TB, kodwa-ke lawa magciwane akabe esazwela emaphilisini ajwayelekile e-TB, okuyi- Isoniazid kanye ne-Rifampin. Lokhu kusho ukuthi-ke amaphilisi ajwayelekile okwelapha i-TB akabe esasebenza ekwelapheni i-MDR TB ajwayelekile. Kusetshenziswa imithi eyehlukeni ukwelapha i-MDR TB.

I-MDR kanye ne-XDR TB kuyingozi kakhulu ngoba kunzima ukukwelapha, kumele iziguli zithathe amaphilisi azo ngendlela ebekiwe kungenjalo umuntu angafa nokufa.

YIZIPHI IZIMPAWU ZE-MDR TB

Izimpawu ziyefana nalezo ze-TB.

Ukukhwehlela amasonto amabili noma ngaphezulu. * Uma uneSandulelangculazi, nanoma yikuphi ukukhwehlela kumele kubhekiswe.

Umkhuhlane ongapheli/ ukujuluka kakhulu ebusuku

Ukwehla emzimbeni okungachazeki.

Ukukhathala / ukuhlala ukhathele. Ezinganeni, kubonakala ngokuba zingabe zisathanda ukudlala.

Izinhlungu esifubeni.

Ukukhwehlela izikhwehlela ezinegazi.

Awuphoqelekele ukuthi uphendule uthi “yebo” kuzo zonke izimpawu, “uyebo” kunanoma yiziphi izimpawu kumele uhlolelwe i-TB noma i-MDR TB.

Amanothi abhekiswe Kumsebenzi Wezempilo:

Abantu bangazibona kanjani ukuthi bane-TB?

Iziguli zingazibona kanjani uma zisola ukuthi zine-MDR TB?

Buza ukuthi bakhona yini abantu ababaziyo abane-TB nokuthi baneziphi izimpawu?

Phinda ubaqinisekise abantu ukuthi ukukhwehlela akusho ukuthi ngaso sonke isikhathi umuntu usuke ene-TB – i-bronchitis nayo ingenza ukuthi umuntu akhwehlele kodwa bese kuyaphela emva kwesonto elilodwa noma amabili. Kodwa-ke kubaluleke kakhulu ukuthi umuntu oneSandulelangculazi asheshe ayoxilongwa uma engenwa ukukhwehlela.

IHLONZWA KANJANI I-TB NOMA MDR TB?

Emtholampilo noma esibhedlela uyocelwa ukuthi ukhwehlelele emabhodloleni amancanyana eplastiki, lesi sikhwehlela sibe sesithunyelwa elabhorethri ukuze siyohlolwa kuphinde kuhlonzwe nokuthi awunayo yini i-MDR TB. Qinisekisa ukuthi ukhwehlelela lapho kungekho bantu abaseduze kwakho. Uma unenkinga yokukhwehlela, uyacelwa ukuthi wazise umsebenzi wezempilo – kunezindlela zokukusiza ukuthi ukwazi ukukhwehlela. Isibonelo, kungahlolwa umchamo wakho, nokunye (kodwa lokhu kwenziwa ezigulini ezilalisiwe esibhedlela ezinamasosha omzimba (cd4) aphansi kakhulu.

Ochwepheshe abaqeqeshiwe baselabhorethri bacubungula amasampula ezikhwehlela nge-microscope ukuze bathole ukuthi akhona yini amagciwane e-TB.

Umshini i-Gene Xpert Ultra usiza kakhulu ekuhlonzeni i-TB kanye nokubakhona kokungasazweli emaphilisini.

Kunzima ukuhlonza i-TB ezinganeni, kuyaye kusetshenziswe ukuhlolwa kwesikhumba okubizwe nge-Tuberculin Skin Test kumbe uketshezi lwesisu olubizwa nge-gastric wash.

Qinisekisa ukuthi unikeza izinombolo zocingo okungenani ezimbili (2) ukuze umsebenzi wezempilo ezokwazi ukukuthinta maqondana nemiphumela kanye nezinhlelo zokulandelela uma kunesidingo.

Qinisekisa ukuthi unikeza ikheli eliqondile lendawo ohlala kuyo. Lokhu kuzosiza umsebenzi wezempilo ukuthi akuthole uma kwenzeka weqiwa yizinsuku zokuya esikhungweni sezempilo noma ube bedinga ukukunikeza imiphumela esemqoka yezempilo.

AMANOITHI ABHEKISWE KUMSEBENZI WEZEMPILO

Chaza ukuthi iyini i-gastric lavage/wash (ukuhlanzwa kwamathumbu): i-Gastric lavage ukufakwa kweshubhu (tube) emlonyeni noma ekhaleni liye esiswini ngenhloso yokumunca uketshezi esiswini ukuze luhlolwe.

Chaza ukuthi iyini i-nebulization (ukufakwa isifonyo emakhaleni esinokusamoya owumuthi ukuze uye emaphashini) kanye nokuthi yini inhloso ye-nebulization: I-nebulizer ngumshini osasimfonyo esisetshenziselwa ukufutha umuthi osamoya ukuze uye emaphashini. Ivula imigudu yokuphefumula iphinde futhi ixegise nemisipha.

Uma isiguli siqondisisa kahle ukuthi kungani lusetshenziswa lolu hlelo kanye nokuthi futhi lusebenza kanjani, sizizwa sihlomile ngolwazi futhi sisebenzisana kangcono nabezempilo nokuyinto eyenyusa amathuba okuthi silulandele kahle uhlelo lokunikeza amasampula azokwenza ukuthi kutholakale ukuthi sinaso yini isifo noma cha.

IKUHLASELA KANJANI I-MDR TB?

Zimbili izindlela zokuhlonza lesi sifo:

- 4) Uma une-TB bese ungawathathi amaphilisi akho ngendlela umsebenzi wezempilo ekuyalele ngayo. Kuthatha izinyanga eziyisithupha (6) ukuthi amaphilisi e-TB akwazi ukubulala amagciwane alesi sifo emzimbeni wakho. Abanye abantu bayayeka ukuphuza amaphilisi abo uma sebenziswa bengcono kanti-ke lokhu kwenza ukuthi igciwane le-TB lidlondlobale libe namandla ngaphezu kwamaphilisi bese lingabe lisawazwela amaphilisi ajwayelekile e-TB.
- 5) Angakuthelela umuntu one-MDR TB uma engakaqali ukuphuza amaphilisi noma esanda kuqala ukuphuza amaphilisi kodwa esanamandla okuthelela abanye, lapho ekhwehlela engawumbozanga umlomo nekhalo. Lokhu kubizwa ngokuthi ukutheleleka ngokusondelana nonesifo.

Amanothi abhekiswe Kumsebenzi Wezempilo:

I-MDR TB iwuhlobo lwe-TB edalwa ngamagciwane angasazweli ku-isoniazid kanye ne-rifampicin, okungamaphilisi amabili okuyiwona anamandla kakhulu ekulapheni i-TB.

Iyini i-XDR-TB?

I-XDR-TB iwuhlobo lwesifo sofuba esingazweli emaphilisini kodwa esizwela emithini emibalwa kakhulu etholakalayo, kubandakanya nemaphilisi anamandla kakhulu esohlwini lwesibili ekwelapheni i-TB. I- XDR TB iwuhlobo olungajwayelekile lwe-MDR TB engazweli ku-isoniazid kanye ne-rifampin kanye nanoma kuyiphi i-fluoroquinolone kanye nowodwa wemithi ejowwayo esohlwini lwesibili lokwelapha lesi sifo (okuyi-amikacin, i-kanamycin noma i-capreomycin).

Amanothi abhekiswe Kumsebenzi Wezempilo:

6) Abantu bayithola kanjani i- XDR-TB?

Abantu bangathola i-XDR-TB ngendlela eyodwa kwezimbili. Ingahlasela isiguli eselashelwa i-TB esanamandla kakhulu, uma kungukuthi asiwaphuzi amaphilisi ngendlela efanele, futhi kuvamise ukuba inkomba yokungazinakekeli ngokwanele noma ukungawaphuzi amaphilisi ngendlela enqunyiwe. Kungenzeka uma iziguli zingakutholi ukwesekwa okwanele ukuze ziphuze amaphilisi azo kuze kuphele isikhathi esinqunyiwe; uma abasebenzi bezempilo besinikeze amaphilisi angafanelekile, noma isilinganiso samaphilisi okungesona, kumbe kube awesikhathi esifishane kakhulu; uma ukulethwa kwamaphilisi emitholampilo ehlinzeka ngamaphilisi kungahambi ngendlela efanele; kumbe uma amaphilisi kungawezinga eliphansi. Indlela yesibili abantu abangahlaselwa ngayo i- XDR-TB ukuba bathelelwe isiguli esivele sesiphethwe yilesi sifo. Iziguli ezine-TB yamaphaphu zingayibhebhethekisa ngokukhwehlela, ngokuthimula noma ngokukhuluma nje. Umuntu ngokuhogela nje amagciwane amancane kuba ukutheleleka kwakhe njalo. Nakuba-ke kuyingxenyana encane yabantu asebehlaselwe yi-TB abangangenwa yilolu hlobo lwe- XDR-TB. Umuntu angatheleleka ngegciwane le-XDR-TB kodwa igciwane lingadlondlobali kakhulu, kube ngelizwela emaphilisini.

Kulula kanjani ukubhebhetheka kwe-XDR-TB?

Ucwaningo lukhomba ukuthi cishe awukho umehluko phakathi kobungozi bokubhebhetheka kwe-XDR-TB kanye nanoma yiziphi ezinye izinhlobo ze-TB. Ukubhebhetheka kwegciwane le-TB kuncika ezimweni esingabala kuzo inani kanye nokuminyana kwabantu abavele benalesi sifo endaweni eyodwa, kanye nokubakhona kwabantu abasengcupheni enkulu yokutheleleka (okuyilabo abaneSandulelangculazi Nengculazi).

Makhulu kakhulu amathuba okutheleleka uma umuntu ongakakaze abe naso lesi sifo echitha isikhathi esiningi egumbini elilodwa nalowo ovele esethelekile. Ubungozi bokubhebhetheka kuba bukhulu lapho igciwane livalelekile, lokhu kungenzeka ezindaweni ezingangeni umoya ngokwanele okungaba izindlu ezinabantu abaningi kakhulu, izibhedlela noma amajele. Ubungozi bokubhebhetheka kuyancipha uma iziguli esezithelekile zithola ukwelashwa ngesikhathi nangendlela efanele.

Umuntu angakugwema kanjani ukutheleleka nge-XDR-TB?

Nakuba iziguli ezine-XDR-TB zingatheleleka njengalezo ezine-TB ejwayelekile, amathuba okutheleleka nge-TB engaba yi-

XDR-TB mancane ngenxa yokuba imvelakancane yalesi sifo. Izindlela zokunqanda ukutheleleka ziyafana nalezi zokunqanda i-TB ejwayelekile.

Kufanele ukugweme ukusondelana nesiguli esihlaselwe yi-TB ikakhulukazi ezindaweni ezingangenisi umoya ngokwanele. Ubungozi bokutheleleka nge-TB kuncane kakhulu ezindaweni ezingaphandle ezivulekile ezingena umoya. Iziguli ezine-TB kumele zigqogqazelwe ukuba zijwayele ukukhwehlela ngokuyinhlanzeko, isb. Ukumboza imilomo ngeduku uma zikhwehlela, noma ngisho zisanda kuqala ukuphuza amaphilisi, ukuba zisebenzise izimfonyo ikakhulukazi uma zisendaweni evalekile engenisa umoya omncane.

KUNGABE ABANYE ABANTU BATHELELEKA KANJANI NGE-MDR-TB?

Ibhebhethaka njengayona le ejwayelekile.

Uma umuntu one-MDR-TB ekhwehlela, ethimula, ehleka noma ecula, abe esesabalala emoyeni amagciwane e-MDR-TB. Nanoma ngubani oseduze ohogela lawo maconsana asemoyeni angahlaselwa yi-MDR-TB.

IZINDAWO OKUNAMATHUBA AMAKHULU OKUTHOLA KUZONA I-TB KALULA:

Lezi yizindawo okuhlanganyela kuzo abantu abaningi, lapho okungekho amafasitela avuliwe. Isibonelo ematekisini, emasontweni, ezikoleni, ezindaweni ezihlala abantu (amahostela), ezikhungweni zokuhlunyelelwa kwezimilo (amajele), ezinxanxatheleni zezitolo, lapho kuhlathwe khona uhele kunesiminyamina emabhange nasemahhovisi oMnyango Wezasekhaya. Ngisho nasemitholampilo imbala kumbe ezibhedlela uma amafasitela engavuliwe.

Abantu abahlala ngokuminyana, abantu abalala ngabangingi egunjini elilodwa nabo basengcupheni yokungenwa yi-TB.

Amanothi abhekiswe Kumsebenzi Wezempilo:

Buza isiguli ukuthi sona sicabanga ukuthi yini ebhebhethikisa i-MDR TB?

Xoxani ngokuthi ibhebhethaka kanjani i-MDR TB kanye nezindlela zokunqanda ukubhebhethaka.

Ungenza sengathi uyakhwehlela noma uyathimula ngendlela eyihaba – amahlanya enza abantu bahleke kanti-ke ukuhleka kubenza behlise umoya bakhululeke.

Cela isiguli sichaze ikhaya laso, uhlobo lwamafasitela asekhaya laso, sihlala nobani, bangaki abantu esisebenzisa nabo igumbi lokulala. Ngokuthathela ezimpendulweni zesiguli, ungasinikeza izeluleko maqondana nokuvikela ukungenwa yilesi sifo.

YIKUPHI OKUNYE ABANTU ABANGAKWENZA UKUNQANDA UKUNGENWA YI-TB KANYE NE-MDR TB?

Gwema ukusondelana nesiguli esine-TB esanokuthelelana, ikakhulukazi ezindaweni ezingawungenisi kahle umoya. Uma kungekho ongakwenza, hlanganani ngaphandle elangeni ngoba imisebe yelanga iyawabulala amagciwane e-TB.

Khwehlela ngendlela enemphilo, ungakhwehleleli noma uthimulele kwabanye abantu futhi ungavumeli abanye abantu bakhwehlelele noma bathimulele kuwena.

Indlela okuyiyona yokuvimbela ukungenwa yi-TB ukuba ugcine umzimba wakho uphilile futhi wondlekile:

- Yidla ukudla okunomsoco, ukudla okungenamsoco impela kona kuzwakala kunambitheka kamnandi kodwa akuwuniki umzimba wakho izakhamzimba eziwudingayo. Phuza kakhulu amanzi ahlanzekile.
- Zivocavoce.
- Yeka ugwayi lokhu kubandakanya nensangu.

- Ungabuphuza utshwala. Ngenkathi uphuza amaphilisi e-TB kumele ukugweme ukuphuza utshwala ukuze unqande ukwanda kwemithethe engemihle yokuphuza amaphilisi. Amaphilisi i-isoniazid kanye ne-rifampim kungabasigulisa isibindi bese uba nezinkomba zokuvuvukala kwesibindi okungaba futhi yizinkomba ze-TB okuyimfiva nokungakuthandi ukudla. Ezinye izinkomba zokuba nenkinga yesibindi kuba ukucanuzelwa yinhliziyi, ukuhlanya, ubuhlungu besisu noma ukuba nesikhumba esimbala ophuzi. Kuzomele utshele umsebenzi wezempilo ngokuphuza kwakho utshwala ukuze uqinisekise ukunakekelwa ngendlela efanelekile.
- Yenza ucansi oluphephile, yazi ngesimo sakho sempilo maqondana ne-HIV. Abantu abaphila ne-HIV basengcupheni yokuhlaselwa yi-TB ngenxa yamasosha omzimba antekenteke.
- Nxa uphila ne-HIV ngokushesha ungabe sowuqala ukuphuza ama-ARV kanye neBactrim ukuze ukwazi ukuthi usheshe uzwele emaphilisini e-TB kanye nokunqanda izifo ezingosomathuba.
- Uma unesifo sikashukela, mazise umsebenzi wezempilo. Abantu abenesifo sikashukela basengcupheni yokungenwa yi-TB ngenxa yobuthakathaka bamasosha emizimba yabo.
- Lala ngokwanele.
- Zwana nenhlazeko, hlamba izandla ngaphambi kokulungisa ukudla nangemuva kokusebenzisa indlu yangasese kanjalo noma kade ushintsha ingane inabukeni.
- Zijwayeze ukuhlala uya kozihlola umfutho wegazi kanye noshukela.
- Uma une-TB, gwema ukungenwa yi-MDR kumbe i-XDR TB ngokuqinisekisa ukuthi aweqiwa yizikhathi zokuphuza amaphilisi, uwadle uze uwaqede. Uma amaphilisi enemithethe engemihle emzimbeni wakho njengalokhu ekuchazelile umsebenzi wezempilo, isibonelo, ukuguliswa ngamaphilisi, yazisa udokotela noma umsebenzi wezempilo. Uma kudingeka ukuba uthathe uhambo, qinisekisa ukuthi unamaphilisi ene ozowadla ngesikhathi sohambo lwakho.

Abesifazane abakhulelwe banakekelwa mahhala kuzo zonke izikhungo zezempilo zikahulumeni. Ukunakekelwa kwabakhulelwe kubhekwa ukuthi ikhula kanjani ingane esiswini, yini engalindeleka ngesikhathi sokubeletha kanti-ke okusemqoka kunakho konke, ukunakekelwa ngesikhathi ukukhulelwe kubhekwa ukuthi baphila kahle yini umama nengane. Kusemqoka ukuqala uhambele isikhungo sezempilo uyoqala ukuxukuzisa ngokushesha emva kokuthola ukuthi ukhulelwe. Qinisekisa ukuthi uhlololwa i-TB njalo uma uyoxukuzisa. Qinisekisa ukuthi usana lwakho luyagoma. Umgomo i-BCG uvikela i-TB.

Amanothi abhekiswe Kumsebenzi Wezempilo:

Lapha-ke sifuna ukhulume nesiguli maqondana nokubekwa izici uphinde futhi uqede nanoma yikuphi ukudideka ngalesi sifo.

Khuluma maqondana nokubekwa izici: Ukubekana izici kungancishiswa ngokuba abantu bafundiseke. Fundisa isiguli futhi usihlomise ngolwazi. Ezinye iziguli zisebenzisa isikhathi esiningi kanye nemali ukuya ezikhungweni zezempilo eziqhelile nalapho zihlala khona ngenhloso yokugwema ukuthi zibonwe ngabantu abazaziyo. Ingcindezi yokuzama ukufihla isimo sazo sezempilo inomthelela omubi empilweni yazo.

Ngeke uyithole i-TB kumbe i-MDR TB ngokusebenzisa izinto ezisetshenziswa onalesi sifo: okungaba amapuleti, izipuni nezimfologo, izingilazi, ukudla, izingubo, ukuxhawulana kanye nesihlalo sendlu yangasese (kodwa uma indlu yangasese incane futhi ingenawo amafasitela kumbe umoya – ungayithola i-TB lapho – qinisekisa ukuthi amafasitela ahlala evuliwe endlini yangasese. Khumbuza isiguli ukuthi i-TB kanye ne-MDR TB ziyizifo ezihamba ngomoya.

Khuluma ngamashibhi: Ngokujwayelekile amashibhi yizindawo eziminyene ezingangeni umoya ngokwanele futhi ezinomoya onentuthu. Lena-ke yindawo evundile yokubhebhethaka kwe-TB kanye ne-MDR TB. Utshwala nabo futhi benza abantu bangakwazi ukuzilawula kanti-ke lokhu kuholela ekuziphatheni budlabha, ikakhulukazi ukwenza ucansi olungaphephile.

Khuluma ngokuya ocansini: Ngokujwayelekile nje, emva kokuphuza amaphilisi isikhathi eside iziguli angeke zayedlulisela i-TB

kumbe i-MDR TB ngesikhathi ziya ocansini. Uma isiguli sisakhwehlela kusemqoka ukuthi sifake isifonyo sokuvala umlomo. Yenza isimo esivumela ukuthi isiguli sikhulume ngokukhululeka nangokuvuleleka ngezocansi.

Buza isiguli ukuthi sidlani, ukuba khona kokudla kanye nokuthi sidla ngaziphi izikhathi. Khuluma ngokudla okunomsoco: khuluma ngamaqoqo amathathu (3) okudla. *Ama-protein* akha imisipha, atholakala enyameni kanye nasemaqandeni. Ama-carbohydrate anikeza amandla, atholakala ekudleni esingabala kuko amazambane, i-rice, i-pasta, uphuthu /ipapa. Ama-vitamin kanye nama-mineral enza umzimba usebenze ngendlela efanele, atholakala ezithelweni kanye nasezitshalweni.

Khuluma ngesidingo sokugwema ukudla okuthosiwe, ukudla usawoti omningi kakhulu kanye nokuthi ukupheka izitshalo zivuthwe ngokweqile kunciphisa umsoco wama-vitamin kanye nama-mineral. Yisho futhi nokuthi izithelo kumele ziwashwe ngaphambi kokuthi zidliwe.

UNGAKUNQANDA KANJANI UKUTHELELEKA KWABANYE ABANTU NGE-MDR TB?

KHWEHLELA NGENDLELA ENEMPILO: Mboza umlomo nekhala ngephepha lokuzesula (i-tissue) noma ngengalo kumbe ngendololwane, noma ufake umlomo kanye namakhala ngaphakathi kwehembe ngesikhathi ukhwehlela noma uthimula. Fulathela abantu uma ukhwehlela noma uthimula. Ungavumeli abantu bakhwehlelele noma bathimulele kuwena. Fundisa izingane zisencane ukukhwehlela ngendlela enempiilo.

Hlanza izandla ngaso sonke isikhathi uma kade ukhwehlela noma uthimula futhi ulilahle leli phepha lokuzesula obulisebenzisa emgqonyeni.

PHUZA AMAPHILISI UWAQEDE: Ngokuba uphuze amaphilisi akho njengalokhu uyalelwe umsebenzi wezempilo.

VULA AMAFASITELA: Ngaso sonke isikhathi hlala uwavulile amafasitela ekhaya lakho ngoba imisebe yelanga iyawabulala amagciwane e-TB kanti futhi nomoya ohlanzekile uyawaphephula amagciwane aphumele ngaphandle.

Kuyancomeka ukuba ulale wedwa egunjini lakho okungenani ize ingabe isaba namandla okusabalala. Ngokujwayelekile lokhu kuba ngemuva sekuphele amasonto amabili uqale ukuphuza amaphilisi futhi noma ungasenazo izinkomba ze-TB ezibonakalayo. Uma kunokwenzeka, gwema ukuba nezivakashi kuze kube ayisenawo amandla okusabalala. Uma lokhu kungeke kugwemeke, hlala nabo ngaphandle endaweni evulekile, emoyeni ohlanzekile.

ZAZI IZINKOMBAKUGULA: Ukuze kuthi uma usola ukuthi une-TB, uye ukuyoxilongwa.

ABANTU ABASONDELENE NONE-TB: Ukuze kunqandwe ukubhebbetheka kwe-TB Kanye ne-MDR TB, kumele sihlonze siphinde sixilonge bonke abasondelene nesiguli esine-TB. Abasengcupheni enkulu yilabo abasondelene kakhulu nesiguli esine-TB okungaba isekhaya, isemsebenzini kumbe esikoleni. Kusemqoka ukuthi bonke abasondelene baxilongwe ikakhulukazi uma bengaphansi kweminyaka yobudala eyisihlanu (5). Nanoma yiziphi izingane ezike zasondelana nesiguli esine-TB kuyomele zinikezwe imithi – okungaba yimithi e-TB kumbe i-prophylactic ukuze kunqandwe ukuthi zingenwe yi-TB. Abantu abadala noma abantu abaneSandulelangculazi nabo futhi basengcupheni enkulu.

Amanothi abhekiswe Kumsebenzi Wezempilo:

Gcizelela ukuthi abantu abangayalezeli; kumele baye emtholampilo ngokushesha.

Ukushesha uthole ukuthi une-TB, kwenza ukuthi welashwe ngokushesha futhi welulame ngokushesha.

Uma kungelula ukuthi isiguli silale sodwa egumbini, yeluleka isiguli ukuthi sizame ukulala ngasefasteleni elivulekile.

Abesifazane Abakhulelwe: Kwesinye isikhathi izimpawu ze-TB azibonakali kwabesifazane abakhulelwe ngenxa yokuthi ukukhulelwa kuyazifihla izimpawu ze-TB. Isibonelo, owesifazane okhulelwe angekubone ukwehla emzimbeni ngenxa yokuthi uyakhuluphala. Ukukhathala kungathathwa ngokuthi kwenziwa ukukhulelwa kanti futhi kuvamise ukushaywa indiva.

Khombisa isiguli ukuthi uvalwa kanjani umlomo namakhala uphinde uchaze nokubaluleka kokukhwehlela ngendlela enempiilo.

ILAWULWA KANJANI I-MDR TB?

Umsebenzi wezempilo uzokwelekelela aphinde akweseke ukuthi uthathe amaphilisi akho. Ithimba elibhekele ukuthathwa kwamaphilisi ngendlela efanele i-Adherence HealthCare Team lizokuvakashela izikhathi ngezikhathi ngenhloso yokubheka ukuthi uqhuba kanjani. Uma uhlala kude nesikhungo sezempilo, ithimba i-Adherence Team lizothatha amasampula egazi nezikhwehlela liphinde likuhlole nezinto ezibalulekile (umfutho wegazi kanye noshukela) bese likuthumela ukuze kuyohlaziywa.

Uzokwelashwa ngokuba uphuze amaphilisi. Kubangcono uma udla ukudla okunempilo futhi ungaphuzi, ungabhemi kumbe ingazisebenzisi izidakamizwa ngesikhathi usaphuza amaphilisi.

Uhlelo lokwelashwa lumi kanje:

Ukuya esikhungweni sezempilo zinyanga zonke (ngaphandle uma umsebenzi wezempilo ekucele ukuthi usheshe ubuyeke). Ekuyeni kwakho nyanga zonke – kuzothathwa isikhwehlela ukuze kuyokwenziwa i-TB smear kanye ne-TB culture (ukuxilongwa okwenziwa e-labhoethri), ukuze kubonakale ukuthi ingakanani i-TB kumbe i-MDR TB esikhona emaphashini akho, kanti-ke futhi lokhu kuzoveza ukuthi umzimba wakho uyezwana yini namaphilisi.

Kufanele kuthathwe kuphinde kurekhodwe isimo sezinto ezibalulekile (umfutho wegazi kanye noshukela, isisindo kanye nokushisa komzimba) ukuze kubonakale ukwelulama kwesiguli.

Iziguli ezidla i-Bedaquiline kuyodingeka ukuthi zenze i-ECG, lokhu okuzoveza ukuthi isebenza kanjani inhliziyu.

Udokotela noma umhlengikazi oqeqeshelwe i-MDR kumele ahlole isiguli ukuze abone ukwelulama kwesiguli kumbe ukuxhantela kwananoma yiziphi ezinye izifo. Xoxa nesiguli ngesimo saso bese usitshela lokho okutholile ngokusixilonga kwakho.

Umsebenzi wezempilo uzokhuluma nawe maqondana nokudla amaphilisi ngendlela efanele kanye nokuthi kubaluleke kangakanani ukuwaphuza ngendlela ebekiwe, khuluma nganoma yimiphi imithelela engemihle kanye nokuthi yini engenziwa ukuyidambisa.

Udokotela noma umhlengikazi oqeqeshelwe i-MDR angenza okunye ukuxilonga uma kunesidingo. Isibonelo, ukuhlolwa kwegazi okuphelele kumbe ukuhlolwa kokusebenza kwenhliziyo. Lokhu kusemqoka kakhulu ngoba imithi yokwelapha i-MDR TB inamandla kakhulu kanti-ke ingase ibe nomthelela omubi esibindini noma ezinsweni.

Udokotela angase akuyalele ukuba wenze i-x-ray yesifuba.

Kufanele kuqashelwe kakhulu ukungcola kwesibindi, ukuphazamiseka komqondo, ukungazwani komzimba nezinto ezithile (allergies), ukuba nenkinga ephathelene negazi kanye nokulimala kwengaphakathi lezindlebe. Njalo ngenyanga kumele isiguli sihlolwe ukuzwa.

Uzonikezwa amaphilisi ozowaphuza kuze kuphele inyanga.

Ukulandelela emva kokuba isiguli sesiqedile ukuphuza amaphilisi esikhathini esinqunyiwe: Kuzodingeka ukuthi njalo emva kwezinyanga eziyi-6 kuze kuphele iminyaka emi-2 udamane uya esikhungweni sezempilo ukuze bakuhlole ukuthi akubuyi yini ukugula. Ngesikhathi uvakashele esikhungweni sezempilo kuzohlolwa izimpawu ze-TB, kuzothathwa nesampula lesikhwehlela ukuze kwenziwe i- TB smear kanye ne-TB culture kanti futhi kungenziwa ne-x-ray yesifuba.

UKWEDLULISELWA KWEZIGULI KWEZINYE IZIBHEDLELA / UKUYOHLALA KWENYE INDAWO KWEZIGULI:

Kusemqoka kakhulu ukuqhubeka nokwelashwa. Uma kunesidingo sokuthi uye kwenye indawo, idolobha noma isifundazwe, sicela wazise umsebenzi wezempilo ukuze ezoqinisekisa ukuthi, noma ngabe uya kuphi uzokwazi ukuqhubeka nokuphuza amaphilisi akho kanti futhi neminingwane yakho ingakwazi ukuthi yedluliselwe esikhungweni sezempilo esiseduze nalapho ukhona.

Amanothi abhekiswe Kumsebenzi Wezempilo:

Kusemqoka ukugcizelela ukuthi likhona ikhambi le-TB kanye ne-MDR TB kanti futhi lokhu kuyelapheka, kodwa-ke abantu kumele basheshe baziveze futhi bathathe amaphilisi abo kuze kuphele isikhathi esinqunyiwe. Sicela ukhuthaze isiguli ukuthi sibe nethemba. Gcizelela ukuthi ngisho izinsana kanye nezingane imbala ziyelapheka. Lona ngeminye yemiyalezo esemqoka kakhulu ngakho-ke uchaze ngokucacile nangendlela esobala. Cela isiguli sisho naso ukuze uqinisekise ukuthi kuzwakele kahle. Sikhombise isiguli amaphilisi.

Chaza ukuthi ukuba nomuntu okwesekayo kungalekelela kanjani ekutheni uthathe amaphilisi akho uze uwaqede.

I-Linezolid yehlisa i-Hb yeziguli, ngakho-ke iziguli ezisebenzisa i-Linezolid kumele zibuyele esikhungweni sezempilo ziyohlolwa igazi emva kwamasonto amabili (2) ziwaqalile lawa maphilisi.

I-Bedaquiline idala ukukhuphuka kwezinga le-QTCF /okuphazamisa ukushaya kwenhliziyo; ngakho-ke iziguli ezisebenzisa lolu hlobo lamaphilisi kumele zibuyele esikhungweni sezempilo emva kwamasonto amabili (2) ziwaqalile lawa maphilisi.

Abesifazane abasesigabeni sokuthola abantwana kumele banikezwe okokuvikela ukukhulelwa ngesikhathi besadla amaphilisi. Abesifazane kumele futhi bahlolwe umlomo wesibebeletho.

Lezi ziguli-ke kumele zibuyele esikhungweni sezempilo emva kwamasonto amane (4) / nyanga zonke.

UZOKWAZI KANJANI UKUTHI USUYELULAMA?

Njalo ngenyanga kuzothathwa isikhwehlela sakho siyohlolwa. Uchwepheshe wase-labhothri uzohlola isampula lesikhwehlela sakho ukuze kubonakale ukuthi isingakanani i-TB kumbe i-MDR TB esekhona emaphashini. Lokhu kuzokhombisa ukuthi amaphilisi asebenza kahle yini emzimbeni wakho. Imiphumela izoveza ukuthi kungabe uyelulama yini.

Uzoqala ukuzizwa usungcono.

Amanothi abhekiswe Kumsebenzi Wezempilo:

Kuthatha isikhathi esingakanani ukuba abantu abalashelwa i-TB bazizwe sebengcono?

Kubalulekile ukuba abantu baqonde ukuthi angeke bavele bazizwe bengcono nje ngokuqala ukuphuza amaphilisi, kunalokho bazizwa sengathi ayisebenzi bese beyeka ukuwaphuza.

Gcizelela ukuthi njalo ngosuku kukhona ubungcono obenzekayo kancane kancane, noma ngabe ababuzwa.

Okunye okusemqoka ukuthi kumele bazi ukuthi noma ngabe bazizwa sebengcono kumele baqhubeke nokuphuza amaphilisi kuze kube sekupheleni kwesikhathi esibekiwe.

Chaza ukuthi kungani kumele baye njalo emtholampilo ukuyoxilongwa nokuthi kubaluleke ngani.

Chaza ukuthi kungani amaphilisi eshintshwa emuva kwezinyanga ezimbili ngokumaqondana ne-TB kanye nangemuva kwezinyanga ezine (4) kuya kweziyisithupha (6) maqondana ne-MDR TB ngokunjalo nangemuva kwezinyanga eziyishiyagalombili (8) uma sekubonakala ubungcono.

Uma isiguli siqonda ukuthi kungani nokuthi uhlelo lusebenza kanjani, sizizwa sinamandla futhi kuyisona esengamele ukwelashwa kwaso okuyikhona okwenyusa amathuba okusinda.

KUNGABE UKUPHUZA AMAPHILISI KUYABA YINI NEMITHELELA ENGEMIHLE?

Yebo, kodwa-ke akusizona zonke iziguli ezihlangebezana nemithelela engemihle.

Imithelela engemihle ngokuphakathi nendawo ijwayelekile ezigulini eziningi kanti-ke ivamise ukuba ngcono ngokuhamba

kwesikhathi.

Le mithethelela ibandakanya: amehlo kanye nomchamo ophuzi, isicanucanu, ukuhlanya, isisu esibuhlungu, ukhishwa isisu, ukungakuthandi ukudla, isiyazi, umsindo ezindlebeni, izinyawo ezibuhlungu noma ezishisayo, ukuqubuka, isikhumba siba nezishazi ezimnyama kanye nobuhlungu bamalunga.

Iningi lale mithethelela engemihle lelaphaka kalula, ngakho-ke uma ikukhathaza, yibike kumhlengikazi oqondene ne-TB kumbe udokotela wasemtholampilo ngaphambi kokuba uthathe isinqumo sokuyeka ukuphuza amaphilisi akho. Umsebenzi wezempilo kumele akunikeze uhlu "lwemithethelela engemihle" ukuze uqaphe nanoma yimiphi imithethelela engemihle ongase ube nayo bese uyibhala phansi.

Eminye imithethelela engemihle iyingozi kakhulu futhi kumele ibikwe kumhlengikazi oqondene ne-TB kumbe udokotela wasemtholampilo ngokukhulu ukushesha: izinkinga eziphathelele nokungaboni kanye nokungezwa (okungabakhona kwezinye iziguli), ukuwa / ukudlikiza, amapanyazi noma ukuxebuka kwesikhumba, ukuzizwa uphatheke kabi kakhulu (ukukwantalala), ukudideka emqondweni.

Nokho-ke yonke le mithethelela engemihle ingalaphaka kalula nje ngaphandle kokuthi uyeke ukuphuza amaphilisi akho

Yazisa umsebenzi wezempilo uma unanoma yimiphi yale mithethelela engemihle

Ungalokothi uyeke ukuphuza amaphilisi

IMITHI YESINTU

Eminye imithi yesintu ingashayisana namaphilisi e-TB iwenze angasebenzi ngendlela efanele; lokhu-ke kumele kugwenywe ukuze kuqinisekise ukuthi asebenza ngendlela efanele amaphilisi e-TB. Eminyane imithi yesintu inemithethelela engemihle efana ncamashi nale yamaphilisi e-TB bese kuba nzima kakhulu uma isiguli siba nemithethelela engemihle ukuhlanya ukuthi kungabe yikona kuphi okudala le mithethelela engemihle. Ngakho-ke kumqoka ukuba iziguli zazise umsebenzi wezempilo uma kukhona imithi yesintu eziyisebenzisayo.

Amanothi abhekiswe Kumsebenzi Wezempilo:

Okungase kube yimithethelela engemihle yamaphilisi e-TB.

Kusemqoka ukuthi usitshale iqiniso isiguli futhi usichazele ukuthi amanye amaphilisi e-TB angaba nemithethelela engemihle. Sicela ukuqaphele lokhu ukuthi iziguli eziningi ziyayiyeka i-Clofazamine uma sezizwe ukuthi kanti igqunqisa isikhumba.

Chaza ukuthi yini umthethelela ongemuhle. Eminyane imithethelela engemihle ayimnandi kodwa-ke ungakhohlwa yinhlosongqangi okungukubulala amagciwane e-TB.

Akusibo bonke abantu ababa nemithethelela engemihle, abanye babanenhlanhla bangabi nayo.

Buza isiguli ukuthi sizokwenzenjani uma siba nemithethelela engemihle.

Khuthaza isiguli ukuthi singayeki ukuphuza amaphilisi aso kodwa siye emtholampilo noma kudokotela siyothola okuzokwelapha leyo mithethelela engemihle.

KUZOKWENZEKANI UMA UYEKA UKUPHUZA AMAPHILISI AKHO?

Igcwane liba namandla futhi kube nzima ukulelapha. Ungase ube sowuhlaselwa yi-MDR TB noma i-XDR TB.

Ungase ugule kakhulu kanti futhi ungacina usufile.

Ungathelela abathandiweyo bakho nge MDR TB, ikakhulukazi izingane.

Amanothi abhekiswe Kumsebenzi Wezempilo:

Kwenzekani uma abantu beyeka ukuphuza amaphilisi abo e-TB kanye ne-MDR TB?

Buza isiguli ukuthi sona sicabanga ukuthi kuzokwenzekani uma siyeka ukuphuza amaphilisi abo e-TB noma e-MDR TB singakashayi isikhathi esinqunyiwe.

Uma sinikeza izimpendulo ezingashayi emhloeni, sebenzisa leli thuba uchaze futhi ukuthi kungani kusemqoka ukuphuza amaphilisi kuze kuphele isikhathi esinqunyiwe.

Ungacasulwa yizimpendulo ezingashayi emhloeni, kusemqoka kakhulu ukuthi iziguli zizizwe zikhululekile uma zinomsebenzi wezempilo futhi bayiqonde kahle indaba yokuhlonipha imiyalelo yokwelashwa.

Uma bebaningi abantu abalufunda kahle uhlelo lokwelashwa, maningi amathuba okuthi bathathe amaphilisi abo ngendlela okuyiyona futhi kuze kuphele isikhathi esinqunyiwe.

Ziningi izizathu eziholela ekutheni abanye abantu bayeke ukuphuza amaphilisi abo. Xoxisana nesiguli ngezinto ezingahle zibe yizizathu eziholele kulokho. Ezinye zezizathu yilezi: Uma umuntu esephuzisa amaphilisi akhe uyaye azizwe esengcono, bese ekubona kungasabalulekile ukuqhubeka nawo. Kwesinye isikhathi kuba nzima emsebenzini ukuthola isikhathi sokuya emtholampilo. Olayini abade basemtholampilo baqeda umdlandla. Kuyabiza ukugibela uya emtholampilo. Kwesinye isikhathi awunako ngisho ukudla ekhaya ngakho awuthandi ukuphuza amaphilisi ungadlile. Amanye amaphilisi e-TB anemithelela engemihle ekwenza ungazizwa kahle. Kodwa- ke ngokusebenzisana, singakwazi ukubhekana nalezi zingqinamba futhi siqinisekise ukuthi uyakwazi ukuqeda amaphilisi akho ngesikhathi esinqunyiwe. Khuthaza abantu ukuthi basebenzise imitholampilo eseduze kwalapho behlala khona; lokhu kuzokonga isikhathi nemali yokuhamba. Imitholampilo eminingi inezingadi zokudla kumbe okokwelekelela izakhamzimba okunikwa iziguli eziphethwe yi- TB. Uma kuyinkinga ukuthola isikhathi emsebenzini, abasebenzi basemtholampilo/ umdidiyeli wezinhlalo ze-TB bangangenelela bakukhulumele baphinde bachazele umqashi wakho ngokubaluleka kokuya kwakho emtholampilo.

UNGAWUVIKELA KANJANI UMNDENI WAKHO, ABANGANI KANYE NOMPHEKATHI EKUTHENI BATHELELEKE NGE-MDR TB?

Mboza umlomo wakho kanye namakhala uma ukhwehlela noma uthimula.

Phuthuma uye kohlola ngokushesha. Phuza amaphilisi akho njengalokhu uyalelwe ngumsebenzi wezempilo.

Kunemihlangano imihlangano lapho iziguli zelulekana zizodwa. Kunemihlangano noNompilo, Imikhakhankaso yomphakathi. Imindeni. Ukuba nemihlangano nabasebenzi bezempilo. Ukuqhuba imikhankaso yokuqwashisa umphakathi, Umndeni.

Xoxela amalunga omndeni ngezinto ezimqoka ozifundile nge-TB.

Nikeza umsebenzi wezempilo amagama amalunga omndeni kumbe abangani noma abasebenzi kumbe abafundi obusondelene nabo, ukuze nabo bahlolwe i-TB ukuze kuthi uma betholakala benayo baqale ukwelashwa.

SIKHONELA UKUKUSIZA. AWUWEDWA KULESI SIMO.

Amanothi abhekiswe Kumsebenzi Wezempilo:

Yini okunye abantu abangakwenza ukulwa ne-TB?

Cela imibono yeziguli ukuthi yini ezingayenza ukwelekelela ukulwa ne- TB - kanye ne-MDR TB - bayeke bacabange.

Benze bazizwe kuyibona abalawulayo, banikeze igunya lokwengamela isifo sabo - lokhu kuzokwandisa amathuba okuthi bahambisane nohlelo lokwelashwa.

Ungabenzi bazizwe benokuzisola.

Lapha kugxilwe kakhulu ukuba abantu banakekela impilo yabo.

Abantu abadala laba – ngeke sibaphoqelegele ekutheni bathathe amaphilisi. Kumele bazikhethele. Sonke siyazikhethele- basize

bakhethe okufanele.

Uma abantu beqonda ukuthi kungani kwenzeka izinto nokuthi zenzeka kanjani, maningi amathuba okuthi bagxile ekuthatheni amaphilisi abo.

Gcizelela ukuthi umtholampilo kanye nomngani wakho okweseka ukuphuza amaphilisi bakhona ukuze basize abantu ngokusemandleni abo, nangayo yonke indlela

Zama ngayo yonke indlela ukubandakanya umndeni ngesikhathi uphuza amaphilisi, lokhu kuzosiza ukuthi isiguli sibhekane kangcono nesifo.

Lokhu akusona isimo lapho “thina” singabasebenzi bezempilo kanye “nabo” beyiziguli. Siyimbumba “Ubuntu”. Sibambisene singayinqoba i-TB Kanye ne-MDR TB.

3. ENGLISH PAMPHLET

Front cover : **Understanding Multi Drug Resistant Tuberculosis (MDR TB)**

The Department of Health wants to encourage you and support you through this long and painful journey that you are undertaking to be cured of Multi Drug Resistant TB.

There will be many times you want to give up. Please don't. You are a valuable citizen of KZN. You are precious to your family and friends. You are strong, brave and beautiful. You can do it. Don't give up and don't stop treatment.

This booklet is aimed at helping patients understand what is Multi-Drug Resistant TB, how it is treated and the importance of completing the treatment.

The booklet highlights important things that patients must know and understand including;

- What is multi drug resistant TB?
- Difference between normal TB and multi-drug resistant TB?
- How a person gets MDR TB?
- How MDR TB is treated, and for how long?
- Preventing the spread of MDR TB to others?
- Importance of good nutrition and living a healthy lifestyle
- The importance of treatment completion
- How to identify and manage side-effects of MDR TB medication?
- Importance of having a support structure for patients on treatment

The treatment journey of each patient with TB or MDR TB is individually packaged. The package of care is based on patient's medical needs and social circumstances that could affect their ability to take the treatment successfully to completion.

It is vital that you provide the health care worker with as much information about yourself as possible, communicate all your relevant (family, social and medical history) information in order for the health care worker to make accurate diagnoses and provide optimal treatment and care package. Please don't leave out details of your medical history or your current circumstances which you think are unimportant; don't feel embarrassed or shy to mention anything that affects your health. You are welcome to ask any questions if you don't understand the medical terms used. Health Care Workers are obliged to keep all your information private and confidential.

WHAT IS TUBERCULOSIS (TB)

Tuberculosis (TB) is a disease caused by bacteria (*Mycobacterium tuberculosis*) that are spread from person to person, through the air. TB usually affects the lungs, but it can also affect any body part.

As it is an airborne disease, we breathe it into the lungs but the bacteria can travel from the lungs via the blood and lodge in any body part. This is called extra pulmonary TB.

TB is a dangerous disease if you don't get treatment for it and can spread to other people.

TB can be treated and cured with medication available at Health Facilities.

WHAT IS MULTIDRUG-RESISTANT TUBERCULOSIS (MDR TB)?

MDR TB is caused by the same bacteria that causes Tuberculosis, but it cannot be cured with drug sensitive (normal) TB treatment.

It is more difficult to treat, but can be cured if treatment begins early.

Multi drug resistant TB (MDR TB) is caused by the TB bacteria, but the bacteria are resistant to the two most powerful and effective TB drugs, Isoniazid and Rifampin. This means the normal TB drugs do not work to cure MDR TB disease; different drugs have to be used to treat MDR TB.

Ordinary Tuberculosis Treatment

Is taken for six months or more

Uses a fixed drug combination of four drugs in the first two months (**Intensive phase**) and a fixed drug combination of two drugs in the last four months (**Continuation phase**)

If you interrupt treatment you could develop MDR TB.

Multidrug- Resistant TB treatment

Is taken for nine months or more

Uses up to seven drugs in the 4-6 month **intensive phase** and approximately four drugs for 5 months of the **continuation phase**

If you interrupt treatment you could develop extensively drug resistant TB

WHAT ARE THE SYMPTOMS OF MULTI DRUG RESISTANT TB?

The symptoms are the same for TB.

Cough for two weeks or more. * If you are HIV+, a cough of any duration must be investigated.

Persistent fever/ drenching night sweats

Unexplained weight loss

Fatigue/ always tired. In children, it is described as less playful.

Chest pain

Coughing up blood stained sputa.

You don't have to answer "yes" to all the symptoms, a "yes" to any one of the symptoms must be investigated for TB or MDR TB.

HOW IS TB OR MDR TB DIAGNOSED?

At the clinic or hospital you will be asked to cough into small plastic bottles, this sputum gets sent to the laboratory for testing and diagnosis. Make sure you cough where there are no people around you. If you are having trouble coughing, please tell the health care worker – there are ways to help you cough up sputum. For example you can be nebulized, have a gastric wash or urine test (but this is only for patients in hospital with a very low cd4 count). Try and rinse your mouth out with water first, the Laboratory cannot diagnose specimens with food particles in it.

Trained laboratory technicians look at sputum samples under a microscope to see if TB bacteria are present.

A diagnostic machine called the Gene Xpert Ultra is highly effective in diagnosing TB and the presence of drug resistance.

Tuberculosis is difficult to diagnose in children, a test called the Tuberculin Skin Test is used or fluid from the stomach called a gastric wash.

Please make sure you have provided at least 2 correct telephone/ cellphone numbers so that the health care worker can contact you with the test results and possible follow up appointments.

Please make sure you provide the correct physical address. If you miss important health visits or they need to give you important health test results, this is needed to help health care workers find you.

HOW DO YOU GET MULTI DRUG RESISTANT TB?

There are two ways:

- 7) If you have TB and you do not take your treatment as advised by the health care worker. It takes 6 months for the TB medication to kill all the TB bacteria in your body. Some people stop taking their medicine as soon as they feel better and this enables the TB germ to build up resistance and become immune to ordinary TB medicine.
- 8) You can be infected by a person with MDR TB who is not yet on treatment or just started their treatment but is still infectious, when they cough/sneeze without covering their mouth and nose. This is called primary exposure.

What is Extensively Resistant Tuberculosis (XDR-TB)?

Extensively drug-resistant TB (XDR-TB) is a form of multi-drug resistant tuberculosis that responds to even fewer available medicines, including the most effective second-line anti-TB drugs. Extensively drug-resistant TB (XDR TB) is a rare type of multidrug-resistant tuberculosis (MDR TB) that is resistant to isoniazid and rifampin, plus any fluoroquinolone and at least one of three injectable second-line drugs (i.e., amikacin, kanamycin, or capreomycin).

HOW IS MULTI DRUG-RESISTANT TB SPREAD TO OTHER PEOPLE?

It spreads just like ordinary Tuberculosis.

When a person with MDR TB coughs, sneezes, laughs or sings – MDR TB bacteria are released into the air. Anyone around who inhales (breathes in) the droplets in the air can be infected with MDR TB.

PLACES YOU ARE MORE LIKELY TO CONTRACT TB:

These are places where many people congregate, where there are no open windows. For example in taxi's, churches, schools, community residential units (hostels), correctional service facilities (prisons), shopping malls, crowded queues in buildings like banks or Home Affairs. Even in clinics or hospitals if the windows are not opened.

People who live in crowded conditions with many people sleeping together in one room are also at risk of getting TB.

WHAT ELSE CAN PEOPLE DO TO PREVENT GETTING TB AND MDR TB?

Avoid close contact with a patient with infectious TB, especially in poorly ventilated spaces. If you have no choice, meet outside in the sunshine because the UV light in sunshine kills the TB bacteria.

Practise cough hygiene, don't cough or sneeze on other people and don't let other people cough or sneeze on you.

The best way to prevent getting TB is to keep your body healthy and strong:

- Eat nutritious food, junk food might taste nice but it doesn't provide your body with the nutrients it needs. Drink plenty of fresh clean water.
- Exercise.
- Stop smoking and that includes dagga.

- Alcohol has to be avoided during TB treatment to avoid increasing the side effects of the treatment; both Isoniazid and Rifampin can affect the liver. Symptoms of inflammation of the liver may be similar to TB symptoms such as fever and loss of appetite. Other symptoms of liver disease include nausea, vomiting, abdominal pain or yellowish skin. You need to tell the health care worker about your alcohol consumption to make sure you are managed correctly.
- Practice safe sex. Know your HIV status. Get tested for HIV. People who are living with HIV are more at risk of getting TB because of the compromised immune system.
- If you are HIV+ you can be started on antiretroviral treatment (ARV'S) and Bactrim early to improve your response to TB medicines and prevent opportunistic infections.
- If you have diabetes mellitus, inform the health care worker. People with diabetes are also at risk of contracting TB due to a poor immune system.
- Get plenty of sleep
- Practice good hygiene, wash hands before preparing food and after going to the toilet and changing babies nappies.
- Have regular health check up's like blood pressure and blood glucose.
- If you have TB, avoid getting MDR or XDR TB by ensuring that you do not miss any doses, take treatment right through to the end. If you have any side effects as explained by the health care workers, for example, the tablets make you feel sick, then inform the doctor or the health care worker. If you need to go away for any reason, make sure that you have enough tablets with you for the duration of the trip.

Ante natal care is free of charge at all government Health Facilities for pregnant women. Ante natal care checks how your unborn baby is growing, what to expect during birth and most important of all, ante natal care check that the health of the mom and baby is correct. It is important to attend ante natal care as soon as you discover you are pregnant. Make sure you are screened for TB at each ant natal care visit. Make sure your newborn baby gets immunized. The BCG vaccine is to prevent TB.

Issues that can affect patients:

The Stigma of TB or MDR TB can negatively affect a patient. Stigma can be reduced by education. Some patients spend so much time and money to travel to a Health Facility far from where they live to avoid being recognised. The stress of trying to keep their health status a secret is bad for their health.

You can't get TB or MDR TB by sharing: plates, cutlery, glasses, food, clothes, shaking hands and toilet seat (but if your toilet is small with no window or air – you can contract TB or MDR TB in there- always make sure the windows are open in the toilet. Remember TB and MDR TB is an air borne disease.

Taverns/Bars/Pubs/Clubs are generally crowded spaces with poor ventilation and smoky air. This is an ideal place for TB or MDR TB to spread. Also alcohol makes people lose their inhibitions (get out of control) and this often leads to risky behaviour, especially risky sexual behaviour.

Patients might want to know how safe is it to have sex when they are diagnosed with TB or MDR TB. In general, after being on treatment for a while, patients can't spread TB or MDR TB while having sex. If the patient is still coughing it is advisable to wear a surgical mask.

Good, healthy food is very important to help your body fight TB or MDR TB. Talk to your health care worker about what food you eat and how often. If you struggle to get food to eat, please ask your health care workers for help. Its important to know that there are 5 food groups. Protein, found in meat and eggs is needed to build muscle. Carbohydrates, found in potatoes, rice, pasta, phutu/pap are needed for energy. Vitamins and minerals, found in fruit and vegetables are needed for the body to function effectively. Dairy, found in milk and cheese and yougurt is needed for strong bones and teeth.

You need to avoid fried foods, consuming too much salt and overcooking vegetables reduces the vitamins and minerals content. Fruit should be washed before eating.

HOW CAN YOU PREVENT SPREADING MDR TB TO OTHER PEOPLE?

COUGH HYGIENE: Cover mouth and nose with tissue or arm or elbow, or put your mouth and nose inside your shirt when you cough or sneeze. Turn your head away from people when you cough or sneeze. Don't let other people cough or sneeze on you. Teach children cough hygiene from when they are little.

Always wash your hands after coughing or sneezing and throw away the tissue in a bin.

COMPLETING TREATMENT: By taking your medication as prescribed by a health care worker.

OPEN WINDOWS: Keep windows open at home at all times because sunlight kills TB bacteria and fresh air blows the bacteria away.

Sleeping alone and not in a room with other household members is advisable, at least until non-infectious. This is generally after being on treatment for two weeks and showing improved clinical signs (reduced TB symptoms). Avoid visitors until non-infectious if possible. If this is unavoidable, sit with them outside in the open, fresh air.

KNOW THE SIGNS AND SYMPTOMS: So that if you suspect you might have TB, you can go for a test.

TB CONTACTS: In order to prevent the spread of TB and MDR TB, we have to identify and screen all close contacts of the TB patient. Most at risk are those in close contact with the TB patient at home, work or school. It is important or all close contacts to be screened especially if they are less than 5 years old. Any children the TB patients has been in contact will need to be put onto treatment – either TB treatment or prophylactic treatment to prevent getting TB. The elderly or HIV+ people are also more at risk.

Pregnant Women: Sometimes TB symptoms in pregnant women are missed because the pregnancy masks the TB symptoms. For example, a pregnant lady may not notice weight loss because she puts on weight. Tiredness may be put down to being pregnant and often overlooked.

Women of child bearing age must be offered contraception to prevent falling pregnant while on treatment. Women also need to be offered cervical screening.

HOW IS MULTI DRUG RESISTANT TB MANAGED?

The Health Care Worker will help and support you to take treatment. An Adherence Health Care Team will visit you regularly to check how you are doing. If you live very far from a Health Facility the Adherence Team will take bloods and sputum samples and do vitals checks (blood pressure and blood sugar) to send for analysis.

The treatment will be made up of tablets. It is best if you eat healthy food and do not take alcohol, smoke or use drugs while on treatment.

The treatment journey consists of:

A monthly visit to the Health Facility (unless the Health Care Worker has asked you to come back sooner). At the monthly visit – your sputum will be collected for TB smear and TB culture (tests done at the Laboratory), to see how much TB or MDR TB is still in your lungs, and this will determine whether your body is responding to the treatment.

Vitals (blood pressure and blood sugar, weight and temperature) should be taken and recorded to check the patient's progress.

Medication is changed after two months in the case of TB and 4-6 months in the case of MDR TB or 6-8 months in the case of XDR TB if there has been an improvement.

Patients on Bedaquiline will be required to have an ECG done, this monitors your heart function.

The doctor or MDR trained nurse must do a patient examination to check progress or possible development of any other health issues. Discuss the patient's condition and give feedback of any findings to the patient.

The health care worker will talk to you about treatment adherence and how important it is to take your medication as prescribed, talk about any side effects and what can be done to alleviate them.

The doctor or trained MDR Nurse may do further tests if required. For example a full blood count or liver functions test. This is very important because MDR TB drugs are very strong and might affect the liver or kidneys.

The doctor might want you to have a chest x-ray.

Special attention must be paid to liver toxicity, psychiatric disorders, allergies, haematological disorders and hearing /vestibular toxicity. The patient must still have a hearing test done monthly.

You will be given a monthly supply of medication.

Follow up after completing treatment: You will need to still visit the Health Facility every 6 months for 2 years to check you are not relapsing. During the visit your symptoms will be evaluated, a sputum sample will be taken for TB smear and TB culture and a chest x-ray may be done.

TRANSFERS/MOVING PATIENTS:

The continuity of care is very important. If you need to move, to a different town or province, please inform the health care workers, so that they can ensure that wherever you are going to, you can continue with your treatment and your details can be transferred to the nearest facility.

HOW WILL YOU KNOW THAT YOU ARE GETTING BETTER?

A sputum specimen will be taken from you every month. A laboratory technician will check your sputum specimen to see how much TB or MDR TB is still in your lungs. This will show if the medication is working well in your body. The results will show if you are getting better.

You are getting a little bit better every day, even if they don't always feel it.

You will start to feel better.

CAN THE TREATMENT CAUSE ANY SIDE EFFECTS?

Yes, but not all patients experience side effects.

Mild side effects are normal for most patients and these normally improve over time.

These might include: eyes and urine can be yellow, nausea, vomiting, stomach pains, diarrhoea, loss of appetite, dizziness, ringing in ears, painful or burning feet, rash, skin discolouration and aching joints.

Many of these side effects are easily treated, so if they are bothering you, always report them to the TB nurse or clinic doctor before you decide to stop your treatment. You need to be given a "side effects" checklist by the HCW to monitor and record any side effects you might experience.

Some side effects are more serious and should be reported to the TB nurse or clinic doctor as soon as possible: problems with sight or hearing loss (might still be present in some patients), seizures/ fits, blistering or peeling of skin, feeling of extreme sadness

(depression), confusion

But all these side effects can easily be treated without you stopping the treatment

Inform the health care worker if you have any of these side effects

Do not stop your treatment

TRADITIONAL MEDICINES

Some traditional medicines may interact with TB medication making them ineffective; these should be avoided to ensure the full benefit of the TB treatment. Some traditional medicines have the same side effects as TB drugs and it becomes difficult, should the patient develop side effects to determine which medicine is causing the side effect. It is therefore very important for patients to tell the health care worker if you are currently taking any traditional medicines.

WHAT WILL HAPPEN IF YOU STOP TAKING YOUR TREATMENT?

The bacteria will become stronger and it can be more difficult to treat. You could develop MDR TB or XDR TB.

You could become sicker and could even die.

You could spread MDR TB to your loved ones, especially children.

HOW CAN YOU PROTECT YOUR FAMILY, FRIENDS AND COMMUNITY FROM GETTING MDR TB?

Cover your mouth and nose when coughing or sneezing.

Go for early screening. Take treatment as advised by a health care worker.

There are meetings for patients to mentor each other. Meetings with health care workers. Community campaigns. Family.

Share the facts you have learned about TB with family members.

Share the names of family or friends or workers or learners who have been in close contact with you, with the health care worker so that they can also be screened for TB and if diagnosed they can be put onto treatment .

WE ARE ALL HERE TO HELP YOU. YOU ARE NOT ALONE IN THIS.

Write down any questions you might want to ask the Health Care Worker at your next visit:

4. ISIZULU PAMPHLET

Front cover : **Ukuqonda Isifo Sofuba Esingasazweli Emaphilisini Ajwayelekile (i-MDR TB)**

UMnyango Wezempilo ufuna ukukhuthaza futhi ukweseke kulolu hambo olude nolubuhlungu oluthathayo lokwelashwa iSifo Sofuba Esingasazweli Emaphilisini Ajwayelekile.

Kuzoba nezikhathi lapho ozofuna khona ukuphonsa ithawula. Ngiyacela ungalokothi. Uyisakhamuzi esiligugu saKwaZulu-Natali. Uligugu emndenini nakubangane bakho. Unamandla, unesibindi futhi muhle. Ungakwenza. Ungapheli amandla futhi ungayeki ukwelashwa.

Ngaleli bhukwana kuhloswe ukuba kusizwe iziguli ukuba ziqonde ukuthi siyini iSifo Sofuba Esingasazweli Emaphilisini Ajwayelekile, selashwa kanjani kanye nokubaluleka kokuphothula uhlelo lokwelashwa.

Leli bhukwana liveza izinto ezibalulekile okufanele iziguli zizazi futhi ziziqonde kufaka phakathi nalokhu;

- Siyini iSifo Sofuba Esingasazweli Emaphilisini Ajwayelekile?
- Yini umehluko phakathi kweSifo Sofuba Eseywelekile kanye neSifo Sofuba Esingasazweli Emaphilisini Ajwayelekile?
- Sikuhlasela kanjani iSifo Sofuba Esingasazweli Emaphilisini Ajwayelekile?
- Yelashwa kanjani i-MDR TB, futhi kuthatha isikhathi esingakanani ukwelashwa kwayo?
- Ungakunqanda kanjani Ukuthelela Abanye Abantu nge-MDR TB?
- Ukubaluleka kokudla ukudla okunomsoco kanye nokuphila ngendlela enempilo
- Ukubaluleka kokuphothula uhlelo lokwelashwa
- Ungayihlonza futhi uyilawule kanjani imiphumela engemihle ebangelwa yimishanguzo ye-MDR TB?
- Ubumqoka bokuba isiguli sibe nabantu abasesekayo ngesikhathi siselashwa.

Yileso naleso siguli esineSifo Sofuba (i-TB) noma esineSifo Sofuba Esingasazweli Emaphilisini Ajwayelekile (i-MDR-TB) sinikezwa inhlanganisela yemishanguzo eqondene naso ngqo. Le nhlanganisela yemishanguzo incika ezidingweni zezempilo yesiguli kanye nesimo senhlalo esingaba nomthelela ekutheni isiguli siphuze amaphilisi size siphothule ukwelashwa ngempumelelo.

Kubalulekile ukuba utshele umsebenzi wezempilo konke okumaqondana nawe, umnikeze yonke imininingwane efanele (ngomndenini wakho, ngenhlalo kanye nomlando wokugula kwakho) ukuze ezokwazi ukuhlonza ukuthi uphethwe yini ngempela bese ekunikeza imishanguzo efanele kanye nokunakekelwa okufanele. Uyacelwa ukuba ungayishiya imininingwane yomlando wokugula kwakho kumbe izimo zamanje ocabanga ukuthi zibalulekile; ungabi namahloni noma ungazizwa uphoxeka ngokuveza nanoma yini ephathelene nempilo yakho. Ukululekile ukubuza nanoma yimiphi imibuzo uma ungawaqondisisi amatemu ezempilo asetshenzisiwe. Abasebenzi bezempilo baphoqelekile ukugcina yonke imininingwane yakho iyimfihlo futhi ingaziwa ngomunye umuntu.

SIYINI ISIFO SOFUBA?

ISifo Sofuba (i-TB) yisifo esibangelwa ngamagciwane (*Mycobacterium tuberculosis*) asabalala ngomoya esuka kumuntu aye komunye. ISifo Sofuba sivamise ukuhlasela amaphaphu, kodwa futhi singahlasela nanoma yisiphi isitho somzimba.

Njengalokhu siyisifo esihamba ngomoya, sisihogelela emaphashini kodwa amagciwane angahamba nangezazi esuka

emaphashini ayohlala kunanoma yisiphi isitho somzimba. Lokhu kubizwa ngokuthi yiSifo Sofuba Esingahlaseli Amaphaphu kuphela.

I-TB iyisifo esiyingozi kakhulu uma ungakutholi ukwelashelwa sona futhi ungasedlulisela nakwabanye abantu.

I-TB ingelapheka ngemishanguzo etholakala ezikhungweni zezemplilo.

SIYINI ISIFO SOFUBA ESINGASAZWELI EMAPHILISINI AJWAYELEKILE (I-MDR TB)?

I-MDR TB ibangelwa yigciwane elifanayo naleli elibangela iSifo Sofuba, kepha yona-ke ayelapheki ngemishanguzo eyejwayelekile yokwelapha iSifo Sofuba.

Kunzima kakhulu ukuyelapha, kodwa-ke iyelapheka uma usheshe waqala ukuthola ukwelashwa.

ISifo Sofuba Esingasazweli Emaphilisini Awayelekile (i-MDR TB) sibangelwa ngamagciwane eSifo Sofuba, kodwa-ke lawa magciwane awazweli emishanguzweni emibili enamandla futhi esebenza ngempumelelo ekwelapheni iSifo Sofuba, okuyi-Isoniazid kanye ne-Rifampin. Lokhu kusho ukuthi imishanguzo ejwayelekile yokwelapha i-TB ayiyelaphi i-MDR TB, ngaleyo ndlela-ke kumele kusetshenziswe imishanguzo eyehlukile ukwelapha i-MDR TB.

Ukwelashwa Kwesifo Sofuba Esejwayelekile (i-TB)

Imishanguzo ithathwa izinyanga eziyisithupha noma ngaphezulu

Kusetshenziswa inhlanganisela yamaphilisi amane ongawashintshi izinyanga ezimbili zokuqala (Okuyisigaba esibucayi) bese kuthi ezinyangeni ezine zokugcina kube yinhlanganisela yamaphilisi amabili ongawashintshi (okuyisigaba sokuqhubezela)

Uma uphazamisa ukwelashwa kwakho (ungawathathi ngendlela efanele amaphilisi) ungahlaselwa yi-MDR TB.

Ukwelashwa kweSifo Sofuba Esingasazweli Emaphilisini Ajwayelekile (i-MDR TB)

Imishanguzo ithathwa izinyanga eziyisishagalolunye noma ngaphezulu

Kusetshenziswa izinhlobo zamaphilisi ezingafinyelela kweziyisikhombisa izinyanga ezine kuya kweziyisithupha (okuyisigaba esibucayi) bese kuthi ezinyangeni ezinhlanu kube izinhlobo ezine zamaphilisi (okuyisigaba sokuqhubezela)

Uma uphazamisa ukwelashwa kwakho (ungawathathi ngendlela efanele amaphilisi) ungahlaselwa yiSifo Sofuba Esingasazweli Sampela Emishanguzweni, okubizwa ngokuthi 'extensively drug-resistant TB'.

IZIPHI IZINKOMBAKUGULA ZESIFO SOFUBA ESINGASAZWELI EMAPHILISINI AJWAYELEKILE?

Izinkombakugula ziyafana neze-TB.

Ukukhwehlela amasonto amabili noma ngaphezulu. * Uma uneSandulelangculazi, nanoma yikuphi ukukhwehlela kumele kubhekisiswe.

Umkhuhlane ongapheli/ ukujuluka kakhulu ebusuku.

Ukwehla emzimbeni okungachazeki.

Ukukhathala/ ukuhlala ukhathele. Ezinganeni, kubonakala ngokuba zingabe zisathanda ukudlala.

Izinhlungu esifubeni.

Ukukhwehlela izikhwehlela ezinegazi.

Akulindelekile ukuthi uphendule uthi "yebo" kuzo zonke izinkombakugula; "Uyebo" kunanoma yiyiphi inkombakugula kusho ukuthi kumele uhlolelwe i-TB noma i-MDR TB.

IHLONZWA KANJANI I-TB KANYE MDR TB?

Emtholampilo noma esibhedlela uzocelwa ukuthi ukhwehlelele emabhodleni amancane epulasitiki, lesi sikhwehlela sithunyelwa

elabhothethi ukuze siyohlolwa kuphinde kuhlonzwe ukuthi awunayo yini i-TB. Qinisekisa ukuthi ukhwehlelela lapho kungekho bantu khona. Uma unenkinga yokukhwehlelela, uyacelwa ukuthi wazise umsebenzi wezempilo – kunezindlela zokukusiza ukuthi ukwazi ukukhwehlelela. Isibonelo, ungafakwa umshini wokuphefumula, kumuncwe uketshezi esiswini luyohlolwa noma kuhlolwe umchamo (kodwa lokhu kwenziwa ezigulini ezilalisiwe esibhedlela ezinamasosha omzimba (cd4) aphansi kakhulu. Zama ukuxubha umlomo wakho ngamanzi kuqala, e-Labhothethi abakwazi ukuxilonga isampula elinezinhlayiya zokudla.

Ochwepheshe base-labhothethi abaqeqeshiwe bazohlola isampula lesikhwehlelela sakho nge-microscope ukuze bathole ukuthi akhona yini amagciwane e-TB.

Umshini wokuxilonga obizwa nge-Gene Xpert Ultra usiza kakhulu ekuhlonzeni i-TB kanye nokubakhona kokungasazweli emaphilisini.

Kunzima ukuhlonza i-TB ezinganeni, kuyaye kusetshenziswe ukuhlolwa kwesikhumba okubizwa nge-Tuberculin Skin Test kumbe kumuncwe uketshezi esiswini luyohlolwa, okubizwa nge-gastric wash.

Qinisekisa ukuthi unikeza izinombolo zocingo/ zikamakhalekhukhwini okungenani ezimbili (2) ukuze umsebenzi wezempilo ezokwazi ukukuthinta maqondana nemiphumela yokuhlolwa kanye nezinhlelo zokulandelela uma kunesidingo.

Qinisekisa ukuthi unikeza ikheli eliqondile lendawo ohlala kuyo. Lokhu kuzosiza umsebenzi wezempilo ukuthi akuthole uma kwenzeka weqiwa yizinsuku zokuya esikhungweni sezempilo noma bedinga ukukunikeza imiphumela esempoka yokuhlolwa yezempilo.

SIKUHLASELA KANJANI ISIFO SOFUBA ESINGASAZWELI EMAPHILISINI AJWAYELEKILE (i-MDR TB)?

Zimbili izindlela ongasithola ngazo:

- 9) Uma uneSifo Sofuba (i-TB) bese ungayithathi imishanguzo njengalokhu uyalelwe ngumsebenzi wezempilo. Kuthatha izinyanga eziyisithupha ukuthi imishanguzo yeSifo Sofuba ibulale wonke amagciwane eSifo Sofuba emzimbeni wakho. Abanye abantu bayaye bayeke ukuthatha imishanguzo yabo uma sebezizwa bengcono, kanti lokhu kwenza ukuthi igciwane leSifo Sofuba lithole amandla bese lingabe lisazwela emithini yokwelapha i-TB ejwayelekile.
- 10) Angakuthelela umuntu one-MDR TB uma engakaqali ukuthatha imishanguzo noma esanda kuqala ukuthatha imishanguzo kodwa igciwane lisemandla ukuthi angathelela abanye, lapho ekhwehlelela/ethimula engawumbozanga umlomo nekhalala. Lokhu kubizwa ngokuthi ukutheleleka ngokusondelana nonesifo.

Siyini iSifo Sofuba Esingasazweli Sampela Emishanguzweni Ejwayelekile (i-XDR-TB)?

Isifo Sofuba Esingasazweli Sampela Emishanguzweni Ejwayelekile (i-XDR-TB) siluhlobo lwesifo sofuba esingazweli emaphilisini amaningi kodwa esizwela emithini emibalwa kakhulu etholakalayo, kubandakanya namaphilisi anamandla kakhulu asohlwini lwesibili ekwelapheni i-TB. Isifo Sofuba Esingasazweli Sampela Emishanguzweni Ejwayelekile (i-XDR TB) siluhlobo olungajwayelekile lwesifo sofuba esingazweli emaphilisini ajwayelekile (i-MDR TB) engazweli ku-isoniazid kanye ne-rifampin kanye nanoma kuyiphi i-fluoroquinolone kanjalo nowodwa wemithi ejovwayo esohlwini lwesibili lokwelapha lesi sifo (okuyi-amikacin, i-kanamycin noma i-capreomycin).

KUNGABE ABANYE ABANTU BATHELELEKA KANJANI NGESIFO SOFUBA ESINGASAZWELI EMAPHILISINI AJWAYELEKILE?

Sibhebhethaka njengaso nje iSifo Sofuba esejwayelekile.

Uma umuntu one-MDR-TB ekhwehlelela, ethimula, ehleka noma ecula - abe esesabalala emoyeni amagciwane e-MDR-TB. Nanoma ngubani oseduze ohogela lawo maconsana asemoyeni angahlaselwa yi-MDR-TB.

IZINDAWO OKUNAMATHUBA AMAKHULU OKUTHI UNGATHELELEKA NGE-TB KUZO:

Lezi yizindawo okuhlanganyela kuzo abantu abaningi, lapho amafasitela engavuliwe khona. Isibonelo, ematekisini, emasontweni, ezikoleni, ezindaweni ezihlala abantu (amahostela), ezikhungweni zokuhlunyelelwa kwezimilo (amajele), ezinxanxatheleni zezitolo, lapho kuhlatshwe khona uhele noma kubanjwe imigqa kunesiminyamina emabhilidini okungaba isemabhangwe noma emahhovisi oMnyango Wezasekhaya. Ngisho nasemitholampilo imbala kumbe ezibhedlela, inqobo nje uma amafasitela engavuliwe.

Abantu abahlala ngokuminyana, abantu abalala ngabaningi egunjini elilodwa nabo basengcupheni yokungenwa yi-TB.

YIKUPHI OKUNYE ABANTU ABANGAKWENZA UKUGWEMA UKUNGENWA YI-TB KANYE NE-MDR TB?

Gwema ukusondelana nesiguli esine-TB esanokuthelelana, ikakhulukazi ezindaweni ezingawungenisi kahle umoya. Uma kungekho ongakwenza, hlanganani ngaphandle elangeni ngoba imisebe yelanga iyawabulala amagciwane e-TB.

Khwehlela ngendlela enenhlanzeko, ungakhwehleleli noma uthimulele kwabanye abantu futhi ungavumeli abanye abantu bakhwehleleli noma bathimulele kuwena.

Indlela engcono yokugwema ukungenwa yi-TB ukuba ugcine umzimba wakho uphilile futhi wondlekile:

- Yidla ukudla okunomsoco, ukudla okungenamsoco impela kona kuzwakala kunambitheka kamnandi kodwa akuwuniki umzimba wakho izakhamzimba eziwudingayo. Phuza kakhulu amanzi ahlanzekile.
- Zivocavoce.
- Yeka ukubhema, lokhu kubandakanya nensangu.
- Ungabuphuza utshwala ngenkathi usathatha imishanguzo ye-TB ukuze ugweme imiphumela engemihle yemishanguzo. Amaphilisi i-isoniazid kanye ne-rifampin angasimosha isibindi. Izinkombakugula zokuvuvukala kwesibindi zithi azifane neze-TB, okuyimfiva nokungakuthandi ukudla. Ezinye izinkombakugula zokuba nenkinga yesibindi kuba ukucanuzela kwenhliziyo, ukuhlanya, ubuhlungu besisu noma ukuba nesikhumba esimbala ophuza. Kuzomele utshele umsebenzi wezempilo ngokuphuza kwakho utshwala ukuze uqinisekise ukunakekelwa ngendlela efanelekile.
- Yenza ucansi oluphephile, yazi ngesimo sakho sempilo maqondana ne-HIV. Hlolela i-HIV. Abantu abaphila ne-HIV basengcupheni yokuhlaselwa yi-TB ngenxa yamasosha omzimba antekenteke.
- Uma une-HIV ungabe sewuqaliswa ukuthatha ama-ARV kanye neBactrim ngokushesha ukuze ukwazi ukuthi usheshe uzwele emaphilisini e-TB futhi kunqandwe nokuthi ungenwe izifo ezingosomathuba.
- Uma unesifo sikashukela, mazise umsebenzi wezempilo. Abantu abenesifo sikashukela basengcupheni yokungenwa yi-TB ngenxa yobuthakathaka bamasosha emizimba yabo.
- Lala ngokwanele.
- Zejwayeze inhlanzeko, hlanza izandla ngaphambi kokulungisa ukudla nangemuva kokusebenzisa indlu yangasese kanjalo noma kade ushintsha ingane inabukeni.
- Zejwayeze ukuhlala uya kozihlola umfutho wegazi kanye noshukela.
- Uma une-TB, gwema ukungenwa yi-MDR kumbe i-XDR TB ngokuqinisekisa ukuthi aweqiwa yizikhathi zokuphuza amaphilisi, futhi uwadle uze uqede isikhathi esinqunyiwe. Uma unemiphumela engemihle njengalokhu ekuchazelile umsebenzi wezempilo, isibonelo, ukuguliswa ngamaphilisi, yazisa udokotela noma umsebenzi wezempilo. Uma kudingeka ukuba uthathe uhambo, nganoma yisiphi isizathu, qinisekisa ukuthi unamaphilisi enele ozowadla ngesikhathi sohambo lwakho.

Abesifazane abakhulelwe banakekelwa mahhala kuzo zonke izikhungo zezempilo zikahulumeni. Uma kunakekelwa okhulelwe kubhekwa ukuthi ikhula kanjani ingane esiswini, yini engalindeleka ngesikhathi sokubeletha kanti-ke okusemqoka kunakho konke, uma kunakekelwa okhulelwe kubhekwa ukuthi baphila kahle yini umama nengane. Kusemqoka ukuqala uhambele isikhungo sezempilo uyoqala ukuxukuzisa ngokushesha emva kokuthola ukuthi ukhulelwe. Qinisekisa ukuthi uhlololwa i-TB njalo uma uyoxukuzisa. Qinisekisa ukuthi usana lwakho luyagoma. Umgomo i-BCG uvikela i-TB.

Izinkinga ezingathikameza isiguli:

Ukucwaswa ngokumaqondana nesimo sokuba ne-TB noma i-MDR TB kungasithikameza kabi impela isiguli. Ukucwaswa noma ukubekwa izici ngenxa nje yokuthi umuntu unesifo kungancishiswa ngokuba abantu bafundiseke. Ezinye iziguli zimoshisa isikhathi esiningi kanye nemali ngokuya ezikhungweni zezempilo eziqhelile nalapho zihlala khona ngenhloso yokugwema ukuthi zibonwe ngabantu abazaziyo. Ingcindezi yokuzama ukufihla isimo sazo sezempilo inomthelela omubi empilweni yazo.

Ngeke uyithole i-TB kumbe i-MDR TB ngokusebenzisa izinto ezisetshenziswa onalesi sifo: okungaba amapuleti, izipuni nezimfologo, izingilazi, ukudla, izimpahla zokugqoka, ukuxhawulana kanye nesihlalo sendlu yangasese (kodwa uma indlu yangasese incane futhi ingenawo amafasitela kumbe ingawungenisi umoya – ungayithola i-TB noma i-MDR TB lapho – qinisekisa ukuthi amafasitela ahlala evuliwe endlini yangasese. Khumbula ukuthi i-TB kanye ne-MDR TB ziyizifo ezihamba ngomoya.

Ngokujwayelekile **amashibhi/ izindawo zokucima ukoma** yizindawo eziminyene ezingangeni umoya ngokwanele futhi ezinomoya onentuthu. Lena-ke yindawo evundile yokubhebhethaka kwe-TB kanye ne-MDR TB. Utshwala nabo futhi benza abantu bangakwazi ukuzilawula kanti-ke lokhu kuholela ekuziphatheni budlabha, ikakhulukazi ukwenza ucansi olungaphephile.

Iziguli zingaba nemibuzo yokuthi kuphephile yini ukuya ocansini uma umuntu esehlonzwe ukuthi ungenwe yi-TB noma yi-MDR TB. Ngokujwayelekile, uma sekunesikhashana isiguli siqalise ukuthatha imishanguzo yokwelapha, angeke sisamthelela umlingani waso nge-TB noma nge-MDR TB lapho benza ucansi. Kepha-ke, uma isiguli sisakhwehlela kuyancomeka ukuthi sifake isifonyo sezempilo.

Kusemqoka ukudla okunompilo nokunomsoco ukuze umzimba wakho ukwazi ukulwa ne- TB noma i-MDR. Khuluma nomsebenzi wezempilo ngokuthi yikuphi ukudla okumele ukudle futhi kangakanani. Uma unenkinga yokuthola ukudla ozokudla, cela umsebenzi wezempilo akusize. Kubalulekile ukwazi ukuthi kunamaqoqo amahlanu (5) okudla. *Ama-protein* akha imisipha, atholakala enyameni kanye nasemagandeni. *Ama-carbohydrate* anikeza amandla, atholakala ekudleni esingabala kuko amazambane, i-rice, i-pasta, uphuthu /ipapa. *Ama-vitamin* kanye nama-mineral enza umzimba usebenze ngendlela efanele, atholakala ezithelweni kanye nasezitshalweni. Imikhiqizo yobisi eyakha amathambo namazinyo aqinile, itholakala obisini, kushizi nakuyogathi.

Kufanele ugweme ukudla okuthosiwe, ukudla usawoti omningi kakhulu kanye nokupheka izitshalo zivuthwe ngokweqile ngoba lokho kunciphisa umsoco wama-vitamin kanye nama-mineral. Izithelo kumele zihlanzwe ngaphambi kokuthi zidliwe.

UNGAKUNQANDA KANJANI UKUTHELELEKA KWABANYE ABANTU NGE-MDR TB?

KHWEHLELA NGENDLELA ENENHLANZEKO: Mboza umlomo nekhala ngephepha lokuzesula (tissue) noma ngengalo kumbe ngendolwane, noma ufake umlomo kanye nekhala ngaphakathi kwehembe ngesikhathi ukhwehlela noma uthimula. Fulathela abantu uma ukhwehlela noma uthimula. Ungavumeli abantu bakhwehlelele noma bathimulele kuwena. Fundisa izingane zisencane ukukhwehlela ngendlela enenhlanzeko.

Hlanza izandla ngaso sonke isikhathi uma kade ukhwehlela noma uthimula futhi ulilahle emngqonyeni leli phepha lokuzesula obulisebenzisa.

THATHA IMISHANGUZO UZE UPHOTHULE UKWELASHWA KWAKHO: Ngokuba uphuze imithi/ amaphilisi akho njengalokhu uyalelwe umsebenzi wezempilo.

VULA AMAFASITELA: Ngaso sonke isikhathi hlala uwavulile amafasitela ekhaya lakho ngoba imisebe yelanga iyawabulala amagciwane e-TB kanti futhi nomoya ohlanzekile uyawaphephula amagciwane aphumele ngaphandle.

Kuyancomeka ukuba ulale wedwa egunjini lakho okungenani ize ingabe isaba namandla okusabalala i-TB. Ngokujwayelekile lokhu kuba ngemuva kokuba sekuphele amasonto amabili uqale ukuthatha imishanguzo futhi usukhombisa ukwelulama

(ungasenazo izinkombakugula ze-TB). Uma kunokwenzeka, gwema ukuba nezivakashi kuze kube ayisenawo amandla okusabalala. Uma lokhu kungeke kugwemeke, hlala nabo ngaphandle endaweni evulekile, emoyeni ohlanzekile.

YAZI IZIMPAWU NEZINKOMBAKUGULA: Ukuze kuthi uma usola ukuthi une-TB, uye ukuyohlola.

ABANTU ABASONDELENE NONE-TB: Ukuze kunqandwe ukubhebhethaka kwe-TB kanye ne-MDR TB, kumele sihlolwe siphinde sixilonge bonke abasondelene nesiguli esine-TB. Abasengcupheni enkulu yilabo abasondelene kakhulu nesiguli esine-TB okungaba isekhaya, isemsebenzini kumbe esikoleni. Kusemqoka ukuthi bonke abasondelene baxilongwe ikakhulukazi uma bengaphansi kweminyaka yobudala eyisihlanu (5). Nanoma yiziphi izingane ezike zasondelana nesiguli esine-TB kuyomele ziqaliswe ukwelashwa – okungaba ngukwelashwa ngemishanguzo ye-TB kumbe ngemishanguzo yokugwema ukuba ingazingeni-i-TB ukuze kunqandwe ukuthi zingenwe yi-TB. Abantu abadala noma abantu abaneSandulelangculazi nabo futhi basengcupheni enkulu.

Abesifazane Abakhulelwe: Kwesinye isikhathi izimpawu ze-TB azibonakali kwabesifazane abakhulelwe ngenxa yokuthi ukukhulelwa kuyazifihla izinkombakugula ze-TB. Isibonelo, owesifazane okhulelwe angekubone ukwehla emzimbeni ngenxa yokuthi uyakhuluphala. Ukukhathala kungathathwa ngokuthi kwenziwa ukukhulelwa kanti futhi kuvamise ukushaywa indiva.

Abesifazane abaseminyakeni yobudala esabavumela ukuba bakhulelwe kumele basebenzise izivimbela ngenkathi belashwa. Abesifazane kumele futhi bahlolwe izibeletho.

SILAWULWA KANJANI ISIFO SOFUBA ESINGASAZWELI EMAPHILISINI AJWAYELEKILE?

Umsebenzi wezempilo uzokwelekelela aphinde akweseke ukuthi uthathe amaphilisi akho. Ithimba elibhekele ukuthathwa kwamaphilisi ngendlela efanele, i-Adherence Health Care Team, lizokuvakashela izikhathi ngezikhathi ngenhloso yokubheka ukuthi uqhuba kanjani. Uma uhlala kude nesikhungo sezempilo, ithimba i-Adherence Team lizothatha amasampula egazi nezikhwehlela liphinde likhrole nezinto ezibalulekile (umfutho wegazi kanye noshukela) bese likuthumela ukuze kuyohlaziywa.

Uzokwelashwa ngokuba uphuze amaphilisi. Kubangcono uma udla ukudla okunempilo futhi ungabuphuze utshwala, ungabhemi kumbe ungazisebenzisi izidakamizwa ngesikhathi usaphuza amaphilisi.

Uhlelo lokwelashwa lumi kanje:

Ukuya esikhungweni sezempilo zinyanga zonke (ngaphandle uma umsebenzi wezempilo ekucele ukuthi usheshe ubuyele). Ekuyeni kwakho nyanga zonke – kuzothathwa isikhwehlela ukuze kuyokwenziwa i-TB smear kanye ne-TB culture (ukuxilongwa okwenziwa e-labhoethri), ukuze kubonakale ukuthi ingakanani i-TB kumbe i-MDR TB esakhona emaphashini akho, kanti-ke futhi lokhu kuzoveza ukuthi umzimba wakho uyezwana yini namaphilisi.

Kufanele kuthathwe kuphinde kurekhodwe isimo sezinto ezibalulekile (umfutho wegazi kanye noshukela, isisindo kanye nokushisa komzimba) ukuze kubonakale ukwelulama kwesiguli.

Amaphilisi ashintshwa emva kwezinyanga azimbili uma welashelwa i-TB, ashintshwe emva kwezinyanga ezine kuya kweziyisithupha uma welashelwa i-MDR TB, kumbe-ke ashintshwe emva kwezinyanga eziyisithupha kuya kweziyisishiyagalombili uma welashelwa i-XDR TB futhi kubonakala ukuthi uyalulama.

Iziguli ezidla i-Bedaquiline kuyodingeka ukuthi zenze i-ECG, lokhu kuzoveza ukuthi isebenza kanjani inhliziyu.

Udokotela noma umhlengikazi oqeqeshelwe ukubhekana ne-MDR kumele ahlale isiguli ukuze abone ukuthi isiguli siyelulama yini noma kukhona ukuxhantela kwananoma yiziphi ezinye izifo. Xoxa nesiguli ngesimo saso bese usitshela lokho okutholile ngokusixilonga kwakho.

Umsebenzi wezempilo uzokhuluma nawe maqondana nokudla amaphilisi ngendlela efanele kanye nokuthi kubaluleke kangakanani ukuwaphuza ngendlela ebekiwe, akhulume ngananoma yimiphi imiphumela engemihle kanye nokuthi yini engenziwa ukuyidambisa.

Udokotela noma umhlengikazi oqeqeshelwe ukubhekana ne-MDR angenza okunye ukuxilonga uma kunesidingo. Isibonelo, ukuhlolwa kwegazi okuphelele kumbe ukuhlolwa kokusebenza kwenhliziyo. Lokhu kusemqoka kakhulu ngoba imithi yokwelapha i-

MDR TB inamandla kakhulu kanti-ke ingase ibe nomthelela omubi esibindini noma ezinsweni.

Udokotela angase akuyalele ukuba wenze i-x-ray yesifuba.

Kufanele kuqashelwe kakhulu ukungcola kwesibindi, ukuphazamiseka komqondo, ukungazwani komzimba nezinto ezithile (allergies), ukuba nenkinga ephathelene negazi kanye nokulimala kwengaphakathi lezindlebe. Njalo ngenyanga kumele isiguli sihlolwe ukuzwa.

Uzonikezwa amaphilisi ozowaphuza kuze kuphele inyanga.

Ukulandelela emva kokuba isiguli sesiqedile ukuphuza amaphilisi esikhathini esinqunyiwe: Kuzodingeka ukuthi njalo emva kwezinyanga eziyisithupha kuze kuphele iminyaka emibili udamane uya esikhungweni sezempilo ukuze bakuhlole ukuthi akubuyi yini ukugula. Ngesikhathi uvakashele esikhungweni sezempilo kuzohlolwa ukuthi azikho yini izinkombakugula ze-TB, kuzothathwa nesampula lesikhwehlela ukuze kwenziwe i- TB smear kanye ne-TB culture kanti futhi kungenziwa ne-x-ray yesifuba.

UKWEDLULISELWA KWEZIGULI KWEZINYE IZIKHUNGO ZEZEMPILO / UKUYOHLALA KWENYE INDAWO KWEZIGULI:

Kusemqoka kakhulu ukuqhubeka nokwelashwa. Uma kunesidingo sokuthi uye kwenye indawo, idolobha noma isifundazwe, uyacelwa ukuba wazise umsebenzi wezempilo ukuze ezoqinisekisa ukuthi nanoma ngabe uya kuphi uzokwazi ukuqhubeka nokwelashwa kwakho kanti futhi neminingwane yakho ingakwazi ukuthi yedluliselwe esikhungweni sezempilo esiseduze nalapho ukhona.

UZOKWAZI KANJANI UKUTHI USUYELULAMA?

Njalo ngenyanga kuzothathwa isikhwehlela sakho siyohlolwa. Uchwepheshe wase-labhothri uzohlola isampula lesikhwehlela sakho ukuze kubonakale ukuthi isingakanani i-TB noma i-MDR TB esekhona emaphashini. Lokhu kuzokhombisa ukuthi amaphilisi asebenza kahle yini emzimbeni wakho. Imiphumela izoveza ukuthi kungabe uyelulama yini.

Uzoqala ukuzizwa usungcono.

KUNGABE UKUTHATHA IMISHANGUZO KUYABA YINI NEMIPHUMELA ENGEMIHLE?

Yebo, kodwa-ke akusizona zonke iziguli ezihlangebana nemiphumela engemihle.

Imiphumela engemihle ngokuphakathi nendawo ijwayelekile ezigulini eziningi kanti-ke ivamise ukuba ngcono ngokuhamba kwesikhathi.

Le miphumela engemihle ingabandakanya: amehlo kanye nomchamo ophuzi, isicanucanu, ukuhlanza, isisu esibuhlungu, ukukhishwa isisu, ukungakuthandi ukudla, isiyazi, umsindo ezindlebeni, izinyawo ezibuhlungu noma ezishisayo, ukuqubuka, isikhumba siba nezishazi ezimnyama kanye nokuqaqamba kwamalunga omzimba.

Iningi lale miphumela engemihle yelapheka kalula, ngakho-ke uma ikukhathaza, yibike kumhlengikazi oqondene ne-TB kumbe kudokotela wasemtholampilo ngaphambi kokuba uthathe isinqumo sokuyeka ukuphuza amaphilisi akho. Umsebenzi wezempilo kumele akunikeze uhlu "lwemiphumela engemihle" ukuze uqaphe nanoma yimiphi imiphumela engemihle ongase ube nayo bese uyibhala phansi.

Eminye imiphumela engemihle iyingozi kakhulu futhi kumele ibikwe kumhlengikazi oqondene ne-TB kumbe kudokotela wasemtholampilo ngokukhulu ukushesha: izinkinga eziphathelene nokungaboni kanye nokungezwa (okungabakhona kwezinye iziguli), ukuwa / ukudlikiza, amapanyazi noma ukuxebuka kwesikhumba, ukuzizwa uphatheke kabi kakhulu (ukhwantala), ukudideka emqondweni.

Nokho-ke yonke le miphumela engemihle ingalapheka kalula nje ngaphandle kokuthi uyeke ukuphuza amaphilisi akho.

Yazisa umsebenzi wezempilo uma unanoma yimiphi yale miphumela engemihle.

Ungalokothi uyeke ukuphuza amaphilisi.

AMAKHAMBESINTU

Amanye amakhambi esintu ayashayisana namaphilisi e-TB awenze angasebenzi ngendlela efanele; lokhu-ke kumele kugwenywe ukuze kuqinisekiswa ukuthi asebenza ngendlela efanele amaphilisi e-TB. Amanye amakhambi esintu anemiphumela engemihle efana ncamashi nale yamaphilisi e-TB bese kuba nzima kakhulu uma isiguli siba nemiphumela engemihle ukuhlonza ukuthi kungabe yikona kuphi okudala le miphumela engemihle. Ngakho-ke kumqoka ukuba iziguli zazise umsebenzi wezempilo uma kukhona amakhambi esintu eziwasebenzisayo.

KUZOKWENZEKANI UMA UYEKA UKUTHATHA IMISHANGUZO YAKHO?

Igcwane liba namandla futhi kube nzima ukulelapha. Ungase ube sewuhlaselwa yi-MDR TB noma i-XDR TB.

Ungase ugule kakhulu kanti futhi ungagcina usufile.

Ungathelela abathandiweyo bakho nge-MDR TB, ikakhulukazi izingane.

UNGAWUVIKELA KANJANI UMNDENI WAKHO, ABANGANI KANYE NOMPHEKATHI EKUTHENI BATHELELEKE NGE-MDR TB?

Mboza umlomo wakho kanye nekhala uma ukhwehlela noma uthimula.

Phuthuma uye kohlola ngokushesha. Phuza amaphilisi akho njengalokhu uyalelwe ngumsebenzi wezempilo.

There are meetings for patients to mentor each other. Meetings with health care workers. Community campaigns. Family.

Kunemihlangano lapho iziguli zelulekana zizodwa. Kunemihlangano nabasebenzi bezempilo. Imikhankaso yomphakathi. Umndeni.

Xoxela amalungu omndeni ngezinto ezimqoka ozifundile nge-TB.

Nikeza umsebenzi wezempilo amagama amalungu omndeni kumbe abangani noma abasebenzi kumbe abafundi obusondelene nabo, ukuze nabo bahlolwe i-TB ukuze kuthi uma betholakala benayo baqale ukwelashwa.

SIKHONA UKUZE SIKUSIZE. AWUWEDWA KULE MPI.

Bhala phansi nanoma yimiphi imibuzo ongafisa ukuyibuza umsebenzi wezempilo uma sewuphindela esikhungweni sezempilo: _____
