



*Fighting Disease, Fighting
Poverty, Giving Hope*

uThongathi



Update

Official publication for Tongaat Community Health Centre

Compiled and edited by TCHC Public Relations Unit

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From the Editor....



Ms P Manzi—TCHC PRO

“treating people with courtesy is extremely important.”

Greetings to you all in 2009 (two thousand and divine) as some call it!

This year started off very well for Tongaat CHC. Towards the end of 2008, this community health centre received a state of the art park home, which was a much needed item on our wish list. This park home was donated by ARK. Now that we have it, we have additional space for ARV Clinic and can obviously accommodate more people in our ever increasing numbers of people who are attending the ARV Clinic.

On a very different subject now, ever since I joined public service and being placed at a Community Health Centre where one interacts

with a huge number of people on daily basis, I have learnt a thing or two. I have learnt that treating people with courtesy is extremely important.

Courtesy means treating people or our clients with consideration, in a polite manner and accommodating their needs but most importantly with respect. This is principle number 4 on Batho Pele.

I have discovered that once you show people that you care about their needs and that you genuinely want to assist them, you gain their trust and the rest becomes easy.

This works for me and has therefore made my work easy and far less frustrating.

Since January, Tongaat CHC has

held a number of events which I have covered on this very publication.

We have also said our goodbyes to the two members of staff, one of them being a humble lady, Mrs Ethel Gina who was retiring after more than 20 years of service and the other young gentleman, Mr Thamsanqa Mabaso who was leaving for greener pastures. It was sad to see them leave because our CHC is very small and we are all like a close knit family but we wish them all the best.

I will stop here for today, I hope you will enjoy reading this issue of our newsletter.

Philile

A bit of motivation.....

-- Mahatma Gandhi



I know the path: it is straight and narrow.
It is like the edge of a sword. I rejoice to walk on it. I weep when I slip. God's word is: "He who strives never perishes." I have implicit faith in that promise. Though, therefore, from my weakness I fail a thousand times, I shall not lose faith...

Time to get healthy

TCHC Healthy Lifestyle Event



"True enjoyment comes from activity of the mind & exercise of the body; the two are ever united."

- Humboldt

On the 20th of March Tongaat CHC staff members came to work in track pants, sweat belts you name it...and the occasion was? It was indeed the healthy lifestyle event.

This year the management of this institution made sure that this day was celebrated in style as the health of the health workers is as important.

The main objective of a day like this was to remind health workers to also take care of their own lives and to try and lead a healthy life-

style by eating properly and doing mild exercises as often as possible.

This event focused mainly on the health, body and financial wellness of our staff.

A number of fun activities were planned for the day, for example the tug-of-war, the eating competition and the much loved exercise session which was conducted by an instructor from Virgin Active. The response from staff was positive as they all seemed to enjoy this part of the event.

In addition to that we had invited

CANSA who conducted a presentation on health and wellness issues. A representative from ABSA bank was there to answer all the questions regarding financial wellness. He made a marvelous talk regarding the importance of taking care of ones finances.

The day was fun filled and the meal for the day couldn't have been more interesting. We ensured that the staff ate well and healthy on the day. We provided various fruits for them and the fruits were washed down with mineral water.

CANSA was there to support the event too



Meal for the day, fruits and water only!



TCHC staff toning those muscles with Virgin Active



Boys battling it out in our Tug-of-war



The eating competition was tough one between these two ladies..



TCHC Manager doing the vote of thanks



What is Multiple Sclerosis?

May was international multiple sclerosis month

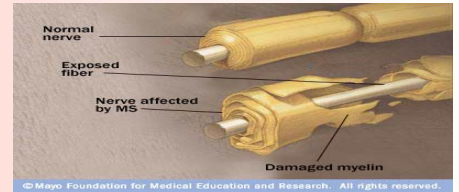
Multiple sclerosis (abbreviated MS, also known as *disseminated sclerosis* or *encephalomyelitis disseminata*) is an [autoimmune condition](#) in which the immune system attacks the [central nervous system](#), leading to [demyelination](#).^[1] Disease onset usually occurs in young adults, and it is more common in females.^[2] It has a [prevalence](#) that ranges between 2 and 150 per 100,000.^[3] MS was first described in 1868 by [Jean-Martin Charcot](#).^[4]

MS affects the ability of nerve cells in the brain and spinal cord to communicate with each other. Nerve cells communicate by sending electrical signals called [action potentials](#) down long fibers called [axons](#), which are wrapped in an insulating substance called [myelin](#). In MS, the body's own immune system attacks and damages the myelin. When myelin is lost, the axons can no longer effectively conduct signals.^[5] The

name *multiple sclerosis* refers to scars (scleroses – better known as plaques or lesions) in the [white matter](#) of the brain and spinal cord, which is mainly composed of myelin.^[4] Although much is known about the mechanisms involved in the disease process, the cause remains unknown. Theories include [genetics](#) or [infections](#). Different environmental [risk factors](#) have also been found.^{[1][5]}

Almost any neurological [symptom](#) can appear with the disease, and often progresses to [physical](#) and [cognitive disability](#).^[1] MS takes several forms, with new symptoms occurring either in discrete attacks (relapsing forms) or slowly accumulating over time (progressive forms).^[6] Between attacks, symptoms may go away completely, but permanent neurological problems often occur, especially as the disease advances.^[6]

There is no known cure for MS.



Above: An illustration of how the nerves of the person affected by MS look like

Treatments attempt to return function after an attack, prevent new attacks, and prevent disability.^[1] MS medications can have adverse effects or be poorly tolerated, and many patients pursue alternative treatments, despite the lack of supporting scientific study. The [prognosis](#) is difficult to predict; it depends on the subtype of the disease, the individual patient's disease characteristics, the initial symptoms and the degree of disability the person experiences as time advances.^[7] [Life expectancy](#) of patients is nearly the same as that of the unaffected population.

Facts about Hemophilia

Hemophilia Facts

- ✦ Blood contains at least ten proteins (called clotting factors) that must work together in order for blood to clot properly. These clotting proteins are numbered I through XIII. When a person's blood is not able to clot, the person has a bleeding disorder. The best known bleeding disorder is hemophilia.
- ✦ Hemophilia caused by a defect in or a lack of clotting factor VIII is called hemophilia A (sometimes known as classic hemophilia). Hemophilia caused by a defect in or a lack of clotting factor IX is called hemophilia B (sometimes known as Christmas disease, named for the first person who was known to have this disorder).
- ✦ People cannot "catch" hemophilia; they are born with it. Hemophilia is a hereditary disease — in other words, it "runs in families" (is inherited).
- ✦ Clotting factor defects are genetic. Genes determine everything physical about a person such as eye color, hair color, and function of clotting factors. Before a baby is born, it receives half of its genetic information from its mother (through her egg cell) and half from its

father (through his sperm cell). If the mother or father has the hemophilia gene, it may be passed to the baby through the egg or sperm.

- ✦ In many cases it can be difficult to tell if a woman carries the gene for hemophilia, but if her father has or had hemophilia, she is called an "obligate carrier", and she carries the hemophilia gene. Boys born to an obligate carrier have a 50-50 chance of having hemophilia, and girls have a 50-50 chance of being carriers (these girls might some day have a baby boy with hemophilia). The odds are the same for each pregnancy.

- ✦ If a man with hemophilia fathers a child, his sons will not have hemophilia, but his daughters will be all carriers. If a man with hemophilia fathers a child and his female partner is a carrier, the baby could have hemophilia, even if it is a girl. This is extremely rare.

- ✦ Some children born with hemophilia have no family history of the disease because genetic changes can occur for no reason. Doctors believe that 30% of all children born with hemophilia have no family history of the disease

(the disease occurs spontaneously). But they can pass the hemophilia gene on to their children.

- ✦ If a woman has a brother, son, or other family members with hemophilia, she may or may not be a carrier. In this case, before getting pregnant, she may choose to get tested to see if she is a hemophilia carrier. Tests look at the woman's clotting factor level and DNA (genetic make-up). They are generally accurate but not foolproof. A woman who considers having these tests should discuss them with her doctor and with a genetic counselor.

A pregnant woman concerned about passing hemophilia on to her baby can have the fetus tested to see if it has hemophilia. These tests (amniocentesis and chorionic villus sampling) are invasive — in other words, tubes or needles enter the woman's body to collect cells from the fetus. Chorionic villus sampling is done during the first trimester of pregnancy, and amniocentesis is done during the second. A woman who considers having these tests should discuss their risks and benefits with her doctor and with a genetic counselor.

Dress Red 2009



Above:
TCHC
Medical
Officers
who sup-
ported the
initiative
Below:
Our Dental
Staff look-
ing really
cool with
their Dress
Red stick-
ers



Above: Mr Ally and Ms Abelar from Logistics came to work looking HOT in RED **Below:** The Staff from TCHC who participated on the Dress Red Day



Above: Our lucky draw winners Ms S Zondo and Mr S Zondi

The Valentine's Day of 2009 at Tongaat CHC was not just another ordinary day. This year Tongaat CHC was approached by The Heart and Stroke Foundation of South Africa to assist them on their fundraising initiative.

The Staff at Tongaat Community Health Centre were keen to help and answered to this call for assistance with open hearts.

The Heart and Stroke Foundation brought stickers that the staff had to buy for R5 in order for them to qualify to wear RED and that sticker automatically entered them to a lucky draw to win a voucher to eat at John Dory's for R200.

According to Heart and Stroke Foundation Dress Red Day is a national fun day aimed at raising funds for the Foundation's Children's Programme.

Dress Red is an enjoyable and affordable way for South African's to show that they care.

"All funds raised from this day will go towards raising awareness of and fighting heart disease in the poorer communities, thereby aiding in raising a heart healthy nation" says Michelle Kearney, Communications Director of Heart and Stroke Foundation of South Africa.

Nurses Day of Prayer in Pics



CHC Manager, Mr SC Vikilahlle had only the good things to say to our wonderful Nurses



Sr Candice Naicker delivering her moving speech



Nursing Manager JE Buthelezi handing an award for Best Performer to Sr C Naicker



Our guests of honour for the day at the main table

Nurses Day of Prayer at TCHC was celebrated on the 4th of June. This day was celebrated after a provincial Nurses Day event was held at Hlabisa. Tongaat CHC's event was small and was a very special one for our nurses. An opening prayer was done by Reverend Sibidla. A representative from Denosa, Ms D Manqe, delivered the purpose for the day and Ms Y Majola (Nehawu) delivered a moving message for all our nurses.

We also had an interesting line up of special guests who praised and motivated our Nurses. The nurses who performed well in their departments since January were awarded with beautiful certificates for their wonderful and hard work.

Soooo last year....but here's our XMAS Angels from December 2008



Above: Xmas mother Thandiwe Hlongwane with her newborn baby girl who was born at 14h02 weighing a bouncing 3.5kg



Above: Two more babies were born at TCHC on Xmas day, our Nurses were surely busy...

We love our Nurses...



Rest in Peace.....



Our Beloved

Ms Khanyisile M Ndimande (G.O.) who was called to rest on the 4th of June 2009. Lala ngoxolo.

WE WOULD LIKE TO WELCOME...

Dr Ramnath

Comm Serv—Medical Officer

P Gounden

Comm Serv—Pharmacist

H Pillay

Comm Serv—Pharmacist

WE HOPE YOU WILL ENJOY YOUR TIME AT TCHC!!