

## MEC SIMELANE-ZULU BRINGS MANDELA DAY CHEER TO IMPROVERISHED CHILDREN



**As part of Operation Sukuma Sakhe (OSS) and International Mandela Day festivities, KZN Health MEC Ms Nomagugu Simelane-Zulu led a delegation of government officials who donated school uniforms to 40 children from impoverished homes at Amajuba District (Newcastle), where she is the political champion.**

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Accompanied by the champion HOD, Ms

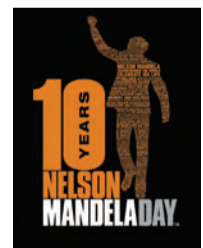
Nokuthula Khanyile from the KZN Department of Social Development, MEC Simelane-Zulu started at Sizwe High School; then proceeded to Mntimande Primary School; before her final stop at Sakhuthando Early Childhood Development Centre (crèche), which received a painting make-over. The crèche had had a dire shortage of resources, but thanks to

intervention by Government, it has been allocated an amount of R642 000.00 for development. This will cover electrification, installation of a septic tank, water tank and gutters, plumbing, plastering, tiling, installation of kitchen cupboards, building of three toilets, roofing, fitting of windows, doors and burglar guards. The renovations will also include painting, fencing and improvement of the

existing jungle gym (which is still work in progress).

The activities were part of the KwaZulu-Natal provincial government's ground-breaking Operation Sukuma Sakhe (OSS) programme. OSS, which originates in KZN and has been replicated in other parts of the country, seeks to ensure continuous interaction between Government and communities, and is built on social mobilization and the delivery of Government

services in an integrated way. The proceedings fitted in perfectly with International Mandela Day, which honours the legacy of Nelson Mandela, South Africa's former President, and strives to replicate his values through volunteerism and community service.





# JOIN THE GREAT MEN AND LEAD THE FIGHT AGAINST TB



PHOTO: getty images-paula bronstein

**Men's month affords society time to also look at the heroic deeds and value men add in the existence of humankind. Fittingly, our beloved country, South Africa has designated July as a Mandela month and as such, the KZN Department of Health celebrates his contributions in ensuring that we become a nation of healthy people.**

President Mandela being a good leader and a health champion who was not shy to share his own personal experiences, sufferings and accomplishments. He would tell all about sundry of the ailments that had afflicted him and how they were treated. On July 15, 2004 at the International AIDS Conference in Bangkok, Mandela openly spoke about once having been diagnosed with Tuberculosis saying:

'I was in jail when they took a specimen of my sputum and sent it to hospital. I was diagnosed with TB. When the

report came back from hospital they indicated that fortunately we sent the specimen before there were holes in the lung. It would take only about four months to cure the TB if treated correctly.

I went to my friends in prison, Walter Sisulu and others, and told them that I was found to have TB. There were long faces drawn. My friends objected to me sharing my personal affairs. But I consoled them and told them that the doctors and hospital staff knew about my status

and I therefore had no reason to hide this information from those close to me. I underwent treatment and was completely cured after four months.'

Our country today needs men who are that brave – men who will go out there and test – if found to have incurred TB – take treatment as counselled and then become active ambassadors about how to prevent TB or manage it.

**The Department of Health calls on all people especially men to go and test and know their status in as far as HIV; TB and other chronic ailments are concerned. Let us not keep quiet if in our midst there are people who display any of the following symptoms:**

- ***coughing for more than 2 weeks,***
- ***chest pains,***
- ***coughing up blood,***
- ***feeling tired and weak, as well as,***
- ***loss of appetite, weight loss and night sweats***

## FACTS TO UNDERSTAND ABOUT TB

- ***It is neither a scandal nor a shame to have TB; this is just a disease that does not discriminate on basis of colour; social or economic status and is totally curable.***
- ***Once a person has started on TB treatment, he does not pose the danger to those he comes into contact with.***
- ***If you stay with a person who has TB and does not treat it – more people can be infected as it is an air borne disease.***

Both the country and Province are well prepared for the battle to totally eradicate TB. For this war, our country introduced the revolutionary GeneXpert machines that are capable to speedily diagnose TB and MDR-TB and allow for the initiation of TB treatment within 24-48 hours. Out of 289 of the GeneXpert machines that the country has, 90 are allocated for the Province of KwaZulu Natal.

The Department appeals to men to assist in this task, firstly, by going out for screening and most importantly by ensuring that those that are positively diagnosed take their medication as advised. Defaulting on treatment is detrimental as it leads to drug resistant TB that takes 24 to 36 months to treat as opposed to 4 months for normal TB.





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Department:  
Health  
PROVINCE OF KWAZULU-NATAL



MEC FOR HEALTH KWAZULU-NATAL  
MS NOMAGUGU SIMELANE-ZULU

# MEN'S HEALTH MONTH

“THE KZN DOH  
DARES YOU  
TO ACT  
GET SCREENED,  
PRACTISE SAFE SEX,  
EXERCISE REGULARY”

#BeAHealthChampion



FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE



# ESHOWE ACHIEVES UNAIDS TARGET AHEAD OF 2020 DEADLINE



PHOTO: UNAIDS website, <https://www.unaids.org/en/resources...>

## The community of Eshowe in KwaZulu-Natal has been lauded for its stellar efforts in reaching the 90-90-90 United Nations Aids target ahead of the 2020 deadline.

The ambitious target calls on countries to reach the goals of having 90% of people with HIV diagnosed by 2020; 90% of diagnosed people on antiretroviral treatment by 2020 and 90% of people on treatment with fully suppressed viral load by 2020.

Not only did the small community of Eshowe reach the deadline ahead of time, but it exceeded its target by obtaining a 90-94-95 target.

This means that 90% of people living with HIV have

been diagnosed, while 94% of those diagnosed are on antiretroviral treatment and 95% of people on treatment have a fully suppressed viral load.

This achievement was lauded at the official launch of the UNAIDS Global Report on the latest data on the HIV epidemic at the King Dinuzulu Stadium in Eshowe, KwaZulu-Natal.

The report contains the latest information on progress and challenges in the AIDS response and highlights the

enormous impact community health workers have in successfully expanding access to treatment, supporting adherence and preventing new HIV infections.

This victory has been attributed to the joining of hands by government, activists and global partners such as UNAIDS - with communities at the heart of the efforts.

Deputy President David Mabuza presided over the official launch of the report.

He was accompanied by the National Health Minister Zweli Mkhize, UNAIDS Deputy Executive Director Gunilla Carlsson and KZN Premier Sihle Zikalala.

Mabuza said the success of the work done is a testament to the power of social capital.

"It reminds us of the social

capital vested in our communities. This social capital needs to be harnessed to help guide our response," said the Deputy President.

Carlsson, who released the report, said by placing communities at the centre, South Africa has made a dent in the epidemic.

"South Africa has turned its epidemic around by focusing its policies and programmes on people and not diseases," said Carlsson.

Since 2010, new HIV infections have been reduced by 25% among young women.

### **New infections and finding threaten 2020 target**

Despite the strides made, new HIV infections and a

decline in funding prove to be a major hurdle.

Carlsson stressed that it is unacceptable that every week 6 200 adolescent girls and young women become infected with HIV worldwide.

In South Africa, which is home to 20% of the global HIV epidemic, 200 young adolescent girls and young women become infected daily.

Carlsson stated that global resources for HIV declined significantly by nearly US \$ 1 billion.

Health Minister Zweli Mkhize on the community to end the HIV stigma and encouraged men to go out and get tested.

**As published in AllAfrica.com on 16 July 2019**



# TREATMENT AND SUPPORT FOR YOUNG PEOPLE LIVING WITH HIV



**‘I believe children are our future’ – a song that can be sung with perfection and grounded on the knowledge that we owe the present to future generations. It is for this reason that delivering antiretroviral treatment for young people is a priority.**

In South Africa, among the estimated 867,290 young people (aged 15 to 24) living with HIV in 2013, 14% accessed ART. Of those on ART, around 83% were retained in care and 81% were virally suppressed, which means they are in good health and much less likely to transmit HIV. Overall, it is estimated that 10% of young people living with HIV in 2013 were virally suppressed.

In a province like KwaZulu Natal where the majority of the population remains young,

there is a need to get more specificity on information so as to deliver to the needs and aspirations of young people. This is important in order to understand common barriers and programme effectiveness on those who access treatment.

#### **Adhering to antiretroviral treatment**

Despite the availability of effective treatment, youth-specific services need to be a delivery model rather than an exception. Healthcare professionals need to understand the needs of young

people living with HIV so that they may not have judgmental attitudes towards those who are sexually active.

A failure to follow good practice and provide age-appropriate care in this area may result in poor rates of retention among young people compared to other age groups. A systematic review found that only 62% of 12 to 24-year-olds achieved 95% or greater adherence in 2015 (MacPherson et al, 2015).

In 2014, treatment adherence was greatest in Africa and Asia (84%), and lowest in North America (53%). One reason for this difference is the variation in ages of maturation. It is generally thought that young people mature earlier in Africa and Asia, where they start working and have relationships at a younger age. Taking on these responsibilities may contribute to young people being more responsible for their own healthcare, and adhering to their treatment.

Another study investigating the factors was conducted at two public ART facilities in Johannesburg. Overall, the factor most frequently reported as a barrier to care was long travelling distance to the clinic (61% agreed it was a potential barrier to care), followed by the possibility that the adolescent's attendance at clinic visits

would be noticed by friends or members of the school (33%), having an elderly caregiver (32%), high transport cost of the trip to the clinic (32%) and long waiting queues at the clinic (31%).

Other studies have identified a number of interventions that can have a positive impact on adolescents' adherence to ART, including: counselling and education; use of adherence support devices such as beepers; financial incentives; peer support; and directly observed therapy. However, more research is needed in this area and overall adherence support must be scaled up for young people to sustain treatment as a form of prevention, and stop onwards transmission to others.

#### **Support Interventions**

Engaging young people is key to protecting their health and addressing the HIV epidemic as a whole. Enabling young people to be meaningfully engaged in the design and delivery of integrated Sexual Reproductive Health and HIV programmes, as well as understanding the way in which age and other contexts such as gender and sexuality impact on access, are key to the provision of effective interventions.

Social media and associated technologies are already substantially integrated into the lives of young people in much of the world. Useful and promising initiatives have been introduced to take advantage of this growing connectedness and provide HIV awareness messaging and reminders to take ARVs, among other interventions.

#### **An agenda for change**

- Effective health services must reach young people in their difficult circumstances as well as those who are well protected by their communities.

- Health services need to link with the other key services for youth, so that they become part of a supportive structure that protects them against dangers, and helps them to build knowledge, skills and confidence – addressing vulnerability.

- Health interventions must fit into the already complex and challenging lives of young people so that they have great potential for strengthening young people's ability to respond more effectively to HIV.





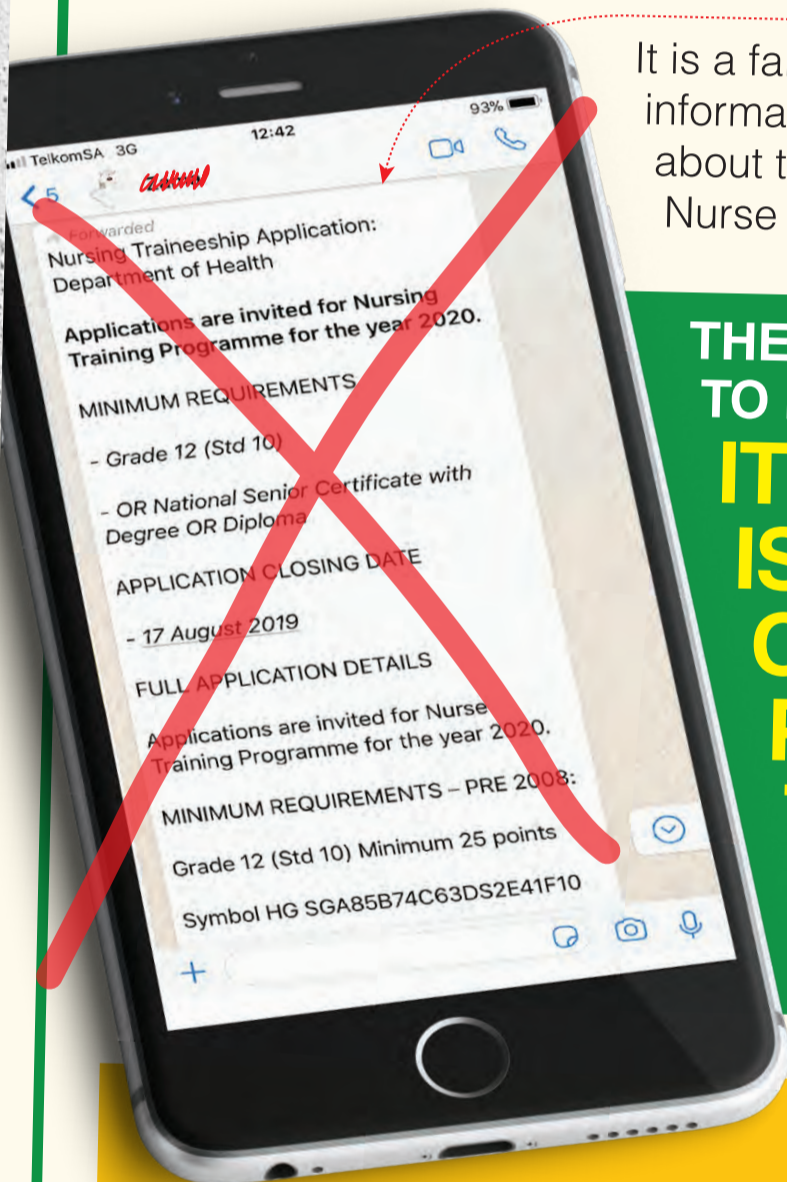
**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

# BE CAREFUL OF FAKE JOB ADVERTS

The KwaZulu-Natal Department of Health wishes to warn the public that the **attached advert** which has been circulated widely on social media is fake and has not been issued by the Department.

It is a fabricated advert that seeks to disseminate information that is **untruthful** and **misleading** about the recruitment process for the Department's Nurse Training Programme.



THE DEPARTMENT WISHES TO REITERATE THAT  
**IT HAS NOT YET ISSUED ANY KIND OF INVITATION FOR PEOPLE TO SUBMIT THEIR CREDENTIALS FOR CONSIDERATION FOR THE NURSE TRAINING PROGRAMME.**

**PLEASE BEWARE AND NOT FALL VICTIM OF THESE HOAX ADVERT.**

*An advertisement for nurse training posts appear in reputable newspapers, local hospitals, clinics and KZN health website once a year - requirements of the training programme will be stipulated in the advertisement.*



FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE



# KZN HEALTH MEC SADDENED AND CONCERNED BY FATAL ATTACK ON A PATIENT AT NGWELEZANE HOSPITAL; CALLS FOR URGENT PROBE



***“We note with sadness an unfortunate incident where a 63 year-old male patient has unfortunately passed away after being attacked by another patient at Ngwelezane Hospital in Empangeni, on the evening of Sunday, 14 July 2019. We wish to express our deepest condolences to the family, relatives and friends of the deceased patient”***  
**said MEC.**

It is alleged that the deceased patient was randomly attacked while he was asleep, at 23h50 on Sunday, 14 July 2019.

The 51 year-old alleged perpetrator had arrived at the hospital on 13 July 2019, and was admitted on 14 July 2019 as a normal patient.

Hospital staff on duty heard a

sudden commotion and hysterical cries, and immediately rushed to the ward. Upon arrival, they found the -deceased patient being severely punched with fists by another patient. The two patients were then quickly separated by security, and attended to by nurses and doctors. Attempts to revive the

deceased patient were unfortunately not successful, and he sadly succumbed to his injuries.

The other patient was sedated and put in isolation where relevant care was given. The matter was also reported to the South African Police Service and the alleged perpetrator is currently being kept in

seclusion, and under police guard.

The Department is investigating this matter as a matter of urgency in order to establish whether such an incident could not have been prevented.

The hospital has been in constant communication with close relatives of the deceased patient.

Counselling services were also arranged for personnel that were exposed to the incident.

In addition to its own investigation, the Department is working very closely with the police as well as the family of the deceased in handling this matter going forward.



# HYGIENE: EQUIPING YOURSELF AGAINST FOOD POISONING



***Until the outbreak of listeria last year, hygiene was something largely associated with primary school lessons, not an activity that could potential save your life. Now with more and more incidents of food poisoning, it is imperative that the Department re-emphasises the simple yet effective habit of practicing hygiene.***

## **Did You Know?**

*Hepatitis A virus can cause long-lasting liver disease and spreads typically through raw or undercooked seafood or contaminated raw produce.*

## What is food poisoning?

Food poisoning is caused by food that is riddled with bacteria, viruses, pesticides or other toxins. This can be caused by a variety of reasons such as incorrect storage of food (eg. Leaving meat in open container overnight or outside the fridge) or exposing the food to waste matter.

## How can I prevent it?

**Whilst some food preparation is not within the control of the consumer, such as when eating in a restaurant, where possible practise good hygiene such as:**

- Washing your hands thoroughly before preparing food and consuming it
- Keep food surfaces clean. Wash all utensils, plates, platters, and cutlery as soon as used.
- Separate raw food from cooked food.
- Cook food thoroughly, to the appropriate temperature.
- Keep food at safe temperatures, both for serving and storage.
- Use safe water and raw materials.

## What are the symptoms of food poisoning?

The most common symptoms of food poisoning are nausea, diarrhea, vomiting and cramping in the abdomen. A person can experience one or all of these symptoms

## What can I do before I visit a health facility?

Since food poisoning can cause the mentioned symptoms, the body can become dehydrated. To hydrate your body, drink a lot of liquids

## Who is most at risk?

Food poisoning can affect everybody but usually the most susceptible to severe bouts are those with “weak” stomachs, the elderly, children and those who suffer from chronic illnesses and weakened immune systems.



# HEALTH INVENTIONS THAT CHANGED THE WORLD: THE ULTRASOUND

**Ultrasound machines are an important piece of medical equipment. They are used every day for various health reasons, but one of the most well-known uses of the ultrasound is in pregnancy. Ultrasound machines have helped Doctors to care for mothers and unborn babies and make sure that they have safe and happy births.**

The Ultrasound was first used for clinical purposes in 1956 in Glasgow. Obstetrician Ian Donald and engineer Tom Brown developed the first prototype systems based on an instrument used to detect industrial flaws in ships. They perfected its clinical use and by the end of the 1950s, ultrasound was routinely used in Glasgow hospitals. At the end of the 20th century, ultrasound imaging had become routine in maternity clinics throughout the developed world. The technology has undergone extensive development over the past years.

## How does it work?

Obstetric ultrasonography is used to image a human fetus inside its mother's womb. It is used to confirm a pregnancy, to identify the sex and number of fetuses and to detect foetal abnormalities such as microcephaly (an abnormally small head), absence of kidneys, and spinal problems. During a scan, ultrasound waves are aimed at a pregnant women's abdomen. Based on the angle of the beam, and the time it takes for echoes to return, an image of body structures inside the fetus can be generated.

Source:  
[www.livescience.com](http://www.livescience.com)



PHOTO: netDOCTOR



PHOTO: HEALTHLINE



# COLLAGE OF MANDELA DAY ACTIVITIES

