

KZN HEALTH MEC APPEALS TO PARTY REVELERS, FUNERAL MOURNERS TO DEMAND COVID-19 COMPLIANCE FROM HOSTS AS GLOBAL SECOND WAVE HITS

It is high time that party revelers and mourners at funerals demanded accountability from hosts who do not follow the COVID-19 safety protocols, if a second wave of COVID - 19 infections and deaths is to be averted.

This is the clarion call from KwaZulu-Natal Health MEC Ms Nomagugu Simelane-Zulu, as the much-feared second wave of COVID - 19 rears its ugly head in various parts of the globe. Hit by an exponential increase in infections, England has already gone into a hard lockdown, which will remain in place until 2 December; while the US recorded more than 121,000 new daily coronavirus cases on 5 November 2020, exceeding its previous record of more than 100,000 new cases reported the day before.

Speaking during a community outreach programme known as #IsibhedlelaKubantu at Mthonjaneni Local Municipality Ward 6 (Melmoth, King Cetshwayo District), MEC Simelane-Zulu said: "We are worried about the possible return of a second wave of COVID - 19, if we do not change the way we do things. When we attend funerals, we must be ones who say, 'No. Please do not make us sit like this'. And if one of the mourners is not wearing a mask, let us kindly ask them to put one on, so that they may

protect themselves, as well as us.

"Those of us who host other ceremonies, such as events or weddings, must ensure that their patrons are protected. Many people have passed away after attending funerals in rural areas because there has been less adherence to COVID - 19 safety protocols, such as the wearing of masks, washing of hands, and social distancing. We are pleading with our people to ensure that we vanquish this disease by following these practices."

The #IsibhedlelaKubantu programme, which took place under a scorching sun, was well attended and had a tangible massive impact on the lives of rural village dwellers at Emthonjaneni Ward 6. No fewer than 130 patients were seen in just a few hours by dedicated teams of healthcare professionals, including a doctor, nurses, dentists, optometrists, and medical male circumcision practitioners. Nine women underwent Pap Smears to detect cancerous cells in their cervix; 48 patients were tested for Tuberculosis; and 63 were screened for eye-related ailments, with five patients who exhibited sight-related challenges being referred to hospital.

No fewer than 55 patients received glasses, another 55 received walking sticks, three received wheel chairs, and three underwent medical male circumcision, while 11 were seen for dental services.

One of the beneficiaries, 60 year-old Bonani Ncengwa from Ward 6, expressed her heartfelt gratitude to MEC Simelane-Zulu for bringing the programme to her area. "I underwent a health inspection. We felt very welcome. I was also very happy with the level of treatment that I received.






I got all the help that I needed. Overall, I'm very grateful," she said. The visit to Emthonjaneni Ward 6 came a day after MEC Simelane-Zulu had descended on Ramsgate, near Port Shepstone, as part of her Nqo-Nqo-Nqo Sikhulekile Ekhaya house-to-house-visits programme. Accompanied by four teams made up of doctors, nurses, and allied healthcare professionals, the programme saw 13 households being visited in the area.

Ramsgate/ Ray Nkonyeni Ward 2 resident Sharee Van Rensburg commended MEC Simelane for coming to her aid. After being attended to by healthcare professionals just outside her home, she said: "I think this is an absolutely super idea. The team of healthcare professionals comes around and checks all folks, it's really super and I didn't think it would happen, but here they are. I think visiting people in their own homes and attending to their healthcare needs is a marvellous idea. Keep it up. It's awesome and it gives a lot of people hope. I

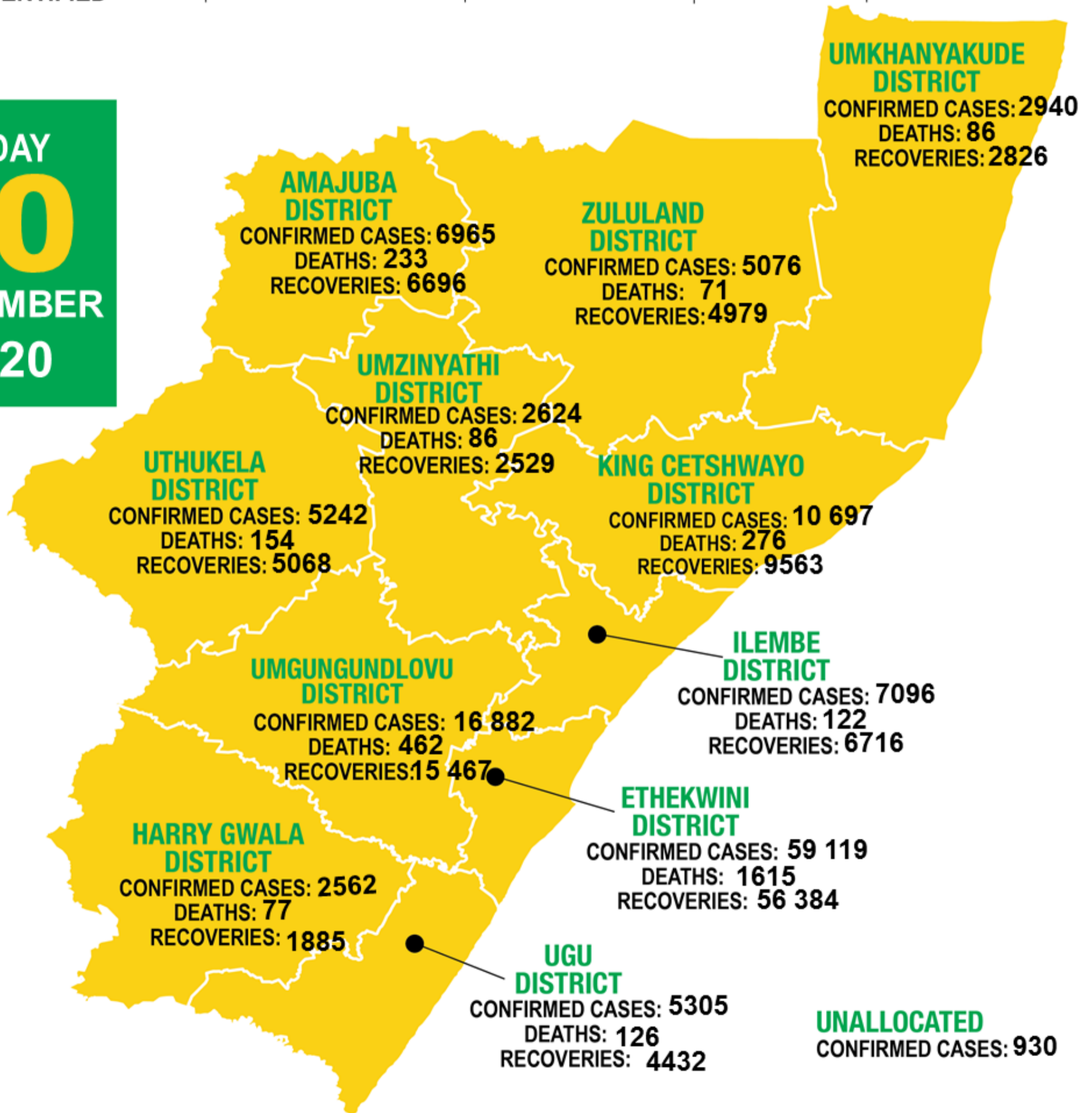
couldn't believe it. A lot of people can't go to clinics because they don't have money for transport. This is a marvellous idea." MEC Simelane-Zulu vowed that the Department would continue to strengthen Primary Health Care, while augmenting it with its new and innovative community outreach programmes, such as Isibhedlela Kubantu, Nqo-Nqo-Nqo Sikhulekile Ekhaya, and many others.



COVID-19 STATISTICS IN **KZN**

				
125 438	5585	116545	3308	156
POSITIVE CASES IDENTIFIED	ACTIVE CASES	RECOVERIES	DEATHS	NEW CASES

FRIDAY
20
NOVEMBER
2020



Learn more to Be READY for #COVID19:
www.sacoronavirus.co.za

NICD Hotline: 0800 029 999
WhatsApp 'Hi' to 0600 123 456

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HOW TO AVOID STRESS DURING YOUR EXAM PREPARATION

It is normal to feel a bit worried about exams, especially if you're under pressure from school or family. Exam stress can cause you to feel anxious and this might affect your sleeping or eating habits.

If you recognise any of these feelings, or are worried that exam pressure is taking over your life, you are not alone, and there are things you can do:

DR Sally, Psychologist from McCord Hospital advises us: There are very few people who enjoy exams. It is not ideal to give a representation of a whole year's work in a 3 hour exam. However, exams are a fact of life and should be regarded in a positive light. In order to stay calm, a timetable can be drawn up that, if followed, will enable all the course material to be revised. It is inadvisable to cram too much information into the brain at the last minute. Rather rend the

data into smaller and smaller chunks of information which will remind the brain of the larger amount of information that one can draw from.

Some scholars take stimulant pills to open the mind before exams and to prevent sleepiness so more can be studied on the eve of the exams. However this might not be advisable as an overstimulated brain might lead to an over agitated brain on the day of the exam. Rather opt for a calm brain that is able to think steadily throughout the exam. A good night's sleep, a light meal and a simple prayer before the exam can

be reassuring and effective. And after the exams are over, please beware of celebrating too wildly. After-exam parties, involving drinking alcohol, have tragically lead to fatal fighting and vehicle accidents. Students have their whole promising lives ahead of them and should preserve themselves. Lastly, if you are not successful in an exam, do not consider yourself a failure. There will always be another opportunity to prove your worth and knowledge.

ON HOW TO OVERCOME STRESS DURING EXAMS

Name: Mlondi
Surname: Jali
Age: 22 years
School: University of KwaZulu-Natal
Year: 2nd year

I always prefer to get myself a quiet environment where I will be able to focus. I make sure that I have something to eat like fruits, chocolates and snacks to keep myself calm and think about positive things that will help me concentrate. I listen to ambient study music which boosts my focus ability and helps me to concentrate. I also use active recall; I look for previous papers and study with them.



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Name: Fanabo
Surname: Hlophe
Age: 24 years
School: Durban University of Technology (DUT)
Year: 2nd year

I organise my study space. I always make sure that I have enough space to spread my text books. I prefer studying at night, because there's more peace and quiet, and very few distractions. I somehow believe if you study and then sleep it will help you consolidate information and improve recall. I do take mental boosters to help me keep awake at night.

I take regular breaks. I study for 2 hours and take a 15 to 20 minutes break either listening to music or having a snack. I prefer snacks with a lot of sugar and energy drinks and fruits, it helps to uplift my level of concentration and keeps me focused. I read as I write, I absorb more information if I make my own notes and use highlighter pens to emphasize important information.



BRAND NEW R50M ONCOLOGY MACHINE A MAJOR BOOST IN THE PROVINCE'S FIGHT AGAINST CANCER



KwaZulu-Natal Health MEC Ms Nomagugu says the brand new R50 million oncology machine unveiled at Grey's Hospital earlier this month is proof yet again that government is serious about providing good quality healthcare for all, regardless of social status, or whether a person has medical aid or not.

The recent commissioning of the new, second linear accelerator has injected renewed vigour and excitement at Grey's Hospital, strengthening the tertiary hospital's capacity to provide better and faster oncology services for scores of people who come from Umgungundlovu, Umzinyathi, Uthukela, Amajuba and Harry Gwala districts. With two machines, the hospital will now be able to treat up to 75 cancer patients each day, up from 45 with the old single machine.

MEC Simelane-Zulu also says the arrival of this state-of-the-art machine at Grey's Hospital is a catalyst for the advancement of existing plans to establish a brand new tertiary or central hospital at King Cetshwayo District. This will bring convenience to cancer patients who are currently forced to travel hundreds of kilometres to access oncology services in urban centres at eThekweni (Addington and King Cetshwayo districts) and at Umgungundlovu (Grey's Hospital – saving the Department millions of rands in transportation costs in the

process.

Figures from the W.H.O's International Agency for Research on Cancer show that in 2018, South Africa had a total of 107 467 cancer cases (made up of 47 764 males and 59 703 females); with a total of 57 373 deaths (which was made up of 28 138 males and 29 235 females).

THE MOST COMMON TYPES WERE:

- Breast cancer (at 14 097 or 13.1%),
- Cervical cancer (at 12 983 or 12.1%),
- Prostate cancer (at 12452 or 11.6%),
- Lung cancer (at 8 239 or 7.7%), and
- Colo-rectal cancer (at 6 937 or 6.5%).

Other types of cancer made up for 52 759 (or 49.1%) of the total number of cases.

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Speaking at the Grey's Hospital handover, MEC Simelane-Zulu said: "We have found it extremely challenging that cancer is now the number three killer among all races (after tuberculosis and diabetes). We have also found it most challenging in the Black community in particular, because that is a community that doesn't readily accept that cancer is actually one of the killers that we are faced with.

"We don't have to be killed by cancer. We have to be screened, and get tested for cancer so that we can get the treatment. If we don't get proactive, by the time we get treated you find that the cancer is too advanced and as the Department of Health, we are unable to help. "We need the whole of society to make one another conscious of this, in order to ensure that we get our people to get tested. "We're therefore calling upon our people to come forward much early, so that we are able to detect and treat the cancer."

Before the unveiling of the new machine, the MEC was taken through a presentation about the new machine, which showed that its arrival would:

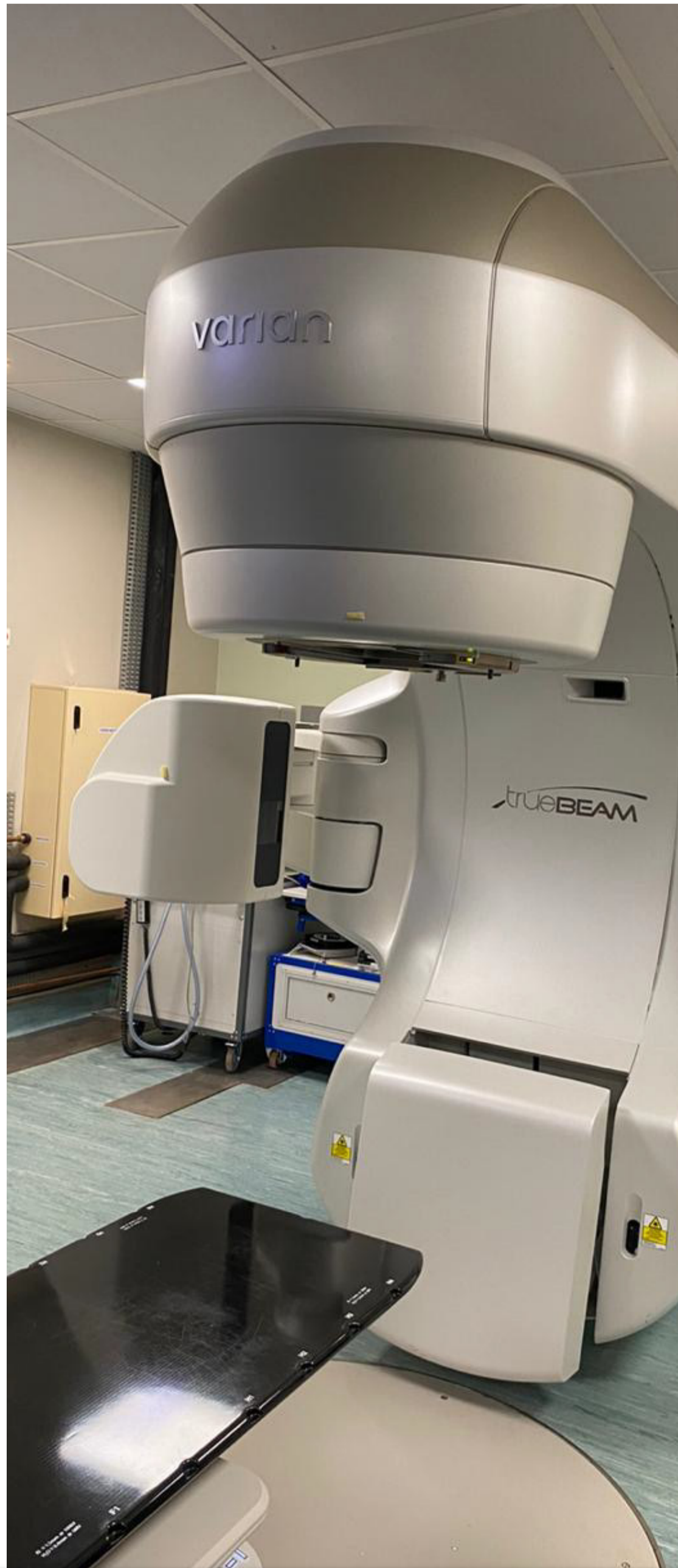
- Enable Grey's Hospital to treat a maximum of 75 patients each day, which is essential to ensure prompt access to radiotherapy services than was previously possible;
- Reduce the burden on hospital services that patients require while awaiting radiotherapy;
- Make the treatment sessions quicker and easier for the patients to cope with, while it also has the potential to be used in future to provide radio-surgery (with appropriate upgrades), which was not possible with the older machine.

The MEC was extremely impressed, describing the machine as one of the best, and comparable with the standard in the private healthcare sector. She said its installation at Grey's Hospital showed that the Department had the capability to provide the best health possible, and was a sign of good things to come. "The kind of work that is being done here should be replicated in the rest of the province. We need a fourth oncology facility (after Addington, Inkosi Albert Luthuli Central Hospital, and Grey's Hospital. Because if we don't plan properly, at some point, we're going to be inundated with numbers that we won't be able to deal with properly.

"The fact that we have this new machine tells us that we really can do this... and make sure the service at Grey's is at its best, and then we incrementally move to the north of the province. "As part of those plans, we've agreed that we're going to have a hospital with an oncology unit in that part of the province." Turning her attention to the medical specialists present, the MEC said: "If we work together, and you assist us to get specialists there, it will reduce a lot of the work and the large numbers that you are seeing here. "Even if the specialists that we need give us two or three days of their time, that is enough so that we avoid making patients travel for a long time to get assistance. I am relying on you specialists to go and recruit your colleagues on our behalf, so that you see a manageable number of patients."

The MEC added: "Access to health is a human right. As soon as everyone begins to understand that, and we are allowed to ensure that the best out there is what's provided in the public sector, that is when our people will reap the benefits. "With this, we're saying it's not only people who can afford...

it's not only people who are insured... who have a right to get the best treatment. "Those who are uninsured, like the majority of our people – who come to our facilities – also have a right to be given the best treatment."



KZN HEALTH MEC WARNS OFFICIALS TO GET THEIR FINANCES IN ORDER OR FACE THE CONSEQUENCES



KwaZulu-Natal Health MEC Ms Nomagugu Simelane-Zulu has issued a stern ultimatum to hospital CEOs and finance managers in the province: get your finances in order and help the Department improve its audit outcomes, or face the consequences.

Speaking at a workshop attended by hospital CEOs, finance managers and Treasury officials in Durban on Wednesday (18 November 2020), MEC Simelane-Zulu welcomed the refresher training programme, which entails, among others, a brand new “management reporting pack” and ongoing mentorship to guide CEOs and finance managers and help improve fiscal discipline in their facilities.

The MEC, however, did not mince her words about looming action against those who behaved recklessly with the public purse, and allowed the wastage of scarce financial resources under their watch. She said KwaZulu-Natal Premier Mr Sihle Zikalala had made it clear that, after years of receiving qualified audits due to irregular expenditure, the Department needed to turn around its financial management as a matter of urgency – or heads will roll.

“These negative audit outcomes have continued for 10 years because there have been no consequences. When the Department started getting them, many of you were already managers. But none of you have had consequences implemented against you. That comes to an end today. The MEC cited a number of her own personal experiences whereby hospital CEOs had no clue about the financial state

of facilities that they were ultimately responsible for. “I’ve visited a number of hospitals... But the majority of them, when you ask a simple question about finances from the CEO, they don’t know the answer. But in the majority of cases, the managers let the finance manager run the system as if they’re not there. “In one instance, the CEO was not ashamed to say to me, ‘Yes, I signed, but I did not read the document... He didn’t see anything wrong with the fact that he did not read a document that he’s supposed to account for. So, that says to me, even the finance of the facilities are not really known by our CEOs, because there’s always someone else who will deal with that. It comes to an end today.

“Every single manager according to their delegation is going to see consequence management. Consequence management is one factor that we need to start implementing as the Department of Health. It cannot be that we get negative audit outcomes from the Auditor-General, because of how we manage facilities. There’s one small team of managers at head office, but there’s 73 of you as CEOs. “So, if you’re given a responsibility, a mandate, and delegations, and you don’t implement them, what must we do with you? Why must we keep you? We’re not going to. It’s a commitment I’m making right here, right now. We’re not going to be afraid to take action.”

MEC Simelane-Zulu also made it clear that she was not threatening staff, but merely asking people to do their job. “I’m here to say to managers, you have to manage. You get paid to manage. You don’t get paid to be big bosses sitting in big offices. It cannot be that I arrive at some facilities as the MEC, and I ask questions about what is happening... and only someone else knows the answers, but the CEO of the facility does not. “It cannot be that I get into a facility, there’s equipment that hasn’t been delivered because it hasn’t been paid for, and the CEO doesn’t know why we’ve not paid.

“It cannot be that we get into a facility, and we have paid twice for a particular service, but the CEO does not know why that happened. In fact, the CEO is unable to explain to us why there’s been a double payment. It’s can’t be.” The MEC said she had officially written to the Head of Department, Dr Sandile Tshabalala, enquiring about what action should be taking about yet another impending qualified audit for the Department. “My question is... the people who are responsible... what consequences are going to be taken against them? We need to start now. We’re starting now. I’m not being hard on the facilities... We’re doing the same thing at head office, because some of the adverse comments that we are getting from the

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Auditor-General are not from the facilities, but from our own systems at head office.” The MEC was at pains to point out that not all CEOs and staff were failing to carry out their duties; and that, in fact, many were punching above their weight, under difficult circumstances.

The MEC continued: “Every single manager that is not managing is going to have to be dealt with. That also means you as managers have a responsibility to implement consequence management in your own facilities. We also need managers who... are not going to be afraid to manage a particular person just because they are said to be better educated than them, for instance.

“We are here to say to you, things are not well. You have to take responsibility to manage, and you have an opportunity to bring about positive change. We need all of you to be able to take that challenge and run with it.”

The MEC said she was

extremely concerned that a large number of the healthcare workers who became infected with COVID – 19 had sought medical treatment in the private sector. She described this as an indictment on the state of public health facilities, which needs to change.

“Do you know that the percentage of them who actually came to our facilities was less than 5%? The vast majority did not trust our own system enough to come and be hospitalised in our facilities. Those who did not go to private hospitals requested for beds to self-isolate at home. Those who needed to be hospitalised immediately wanted to go to Inkosi Albert Luthuli Central Hospital, and we questioned that... because they had other facilities closer to them.”

She said good management also entailed hospital managers getting tough on staff who mistreat patients. “Some of our staff are so unfriendly to our patients it’s sad. The reason why this kind

of attitude continues is because there’s no consequence management.

The reason why a nurse thinks she can insult a grandmother anyhow is because he or she knows they’ll get away with it. The reason why when a patient asks for tea, and a nurse says to her, ‘You think you’re in a hotel, leave me alone...’ is because she knows nothing is going to happen. And nothing happens because you’re not managing. You, sitting here, are not managing. So, the state of healthcare is where it is, because you are being paid for a job that you’re not doing.

Yes, there are challenges that are due to labour issues, which is something we are dealing with. But when we come to your facilities, we must not get there and point our fingers at you for not doing what you’re supposed to do.”

MEC Simelane-Zulu emphasised that help was at hand for CEOs and finance managers who were struggling or felt

overwhelmed, for whatever reason. “We are making a call to CEOs and finance managers to do your job, and make sure your finances are in order.

If you don’t understand what needs to be done, ask. Our lines are open. Contact your district manager. If you’re still unhappy, speak to your district. If you don’t get support, go to head office. The CFO is there, so are the Deputy Directors-General, and the Head of Department.

“As MEC I also take calls and texts from everyone, and I always respond. We are here together. We are supposed to turn this vehicle together. It cannot be driven by just one person. If that was the case, then it means you’re not needed.

The fact that you’ve been employed is a clear indication that for us to be able to keep this vehicle on the road, all of us are needed.”



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NOT ONLY EATING TOO MUCH SUGAR CAN CAUSE YOU DIABETES!



November 14 was World Diabetes Day which is earmarked annually to raise awareness about diabetes. This year the World Diabetes Day campaign focuses on promoting the role of " Nurses" in the prevention and management of diabetes.

Diabetes Mellitus is an abnormally high blood glucose (sugar) level caused by the inability of the body to either produce or respond to insulin properly. Insulin is a hormone necessary to carry glucose from the bloodstream into the body cells where it is used for energy. If there is too little insulin, blood glucose levels continue to rise, as glucose is not removed from the bloodstream.

THERE ARE FOUR (4) TYPES OF DIABETES:

Type 1 diabetes, also known as insulin-dependent diabetes. It generally occurs in children (who usually have a slender build), but is usually diagnosed before the age of 40 years. Type 2 diabetes, also known as non-insulin dependent diabetes. This type of diabetes generally occurs in adults, is the most common form of diabetes and is often associated with obesity.

Gestational diabetes: This type of diabetes occurs during pregnancy and usually disappears after childbirth. Other specific types occur as a result of specific genetic syndromes, surgery, drugs, malnutrition, infections and other illnesses.

Diabetes symptoms may include constant thirst, increased hunger, urinating more than usual, numbness/tingling in fingertips and toes, tiredness, unexplained weight loss, blurred vision/visual disturbance, skin infection due to slow healing wounds, and constant tiredness. However, symptoms may vary from individual to individual.

Unfortunately, there is no cure for diabetes, but with careful monitoring and commitment, diabetics can avoid complications and enjoy a long, productive life.

GENERAL ADVICE FOR PREVENTION AND MAINTAINING GOOD BLOOD SUGAR LEVELS

- Attain and maintain a healthy body weight.
- Eat small, regular meals and do not skip any meals.
- Include plenty of fibre-rich carbohydrates such as whole wheat products, dry beans, vegetables and fruit.
- Give preference to unrefined carbohydrates.
- Include at least 5 portions of fruit and vegetables in your diet every day.
- Limit fat intake, especially saturated fats (animal fats) and remove all visible fat from meat before cooking.
- Use healthier cooking methods such as steaming, baking in the oven, microwaving, boiling, braising over the fire – instead of deep frying in oil or adding fat.
- Sugar, salt and alcohol should only be used by well-controlled diabetics and then only in limited quantities.
- Drink at least 6-8 glasses of water per day.
- Do regular physical exercises for a minimum of 30 minutes at least 3 times per week. Any exercise program should be initiated with the permission of a doctor and the ideal would be for a diabetic to go to a dietician for dietary advice, which can be accessed through the KwaZulu-Natal health facilities.

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DR TSHABALALA WARNS AGAINST THE DANGERS OF SOFT DRINKS

My name is Dr. Wanda Tshabalala from Madadeni Section 4. I have an interest in glucose metabolism and action of drugs used to treat diabetes in the body. My base speciality training is internal medicine with interest in endocrinology and diabetes subspecialty. My interest is control of diabetes based on understanding since my interaction with rural patients is that they fail to understand and control diabetes.

SOFT DRINKS AND SUGAR FREE DRINKS

Most soft drinks contain a lot of sugar and high usage can result in obesity and an early onset of diabetes. Typically, a glass of contains more than 9 table spoons of sugar with can be problematic for the body to deal with.

The drinks that are labelled as sugar free-drinks are usually made of corn fructose syrup that is used as a substitute of glucose. This kind of sugar can be handled well by the intestines in small amounts but in large amounts it can be converted to glucose and fats which is not good for the control of diabetes and the control of fats in the blood. These can contribute to accelerated blood vessel disease that can result in early heart attacks and foot amputations.

COMPLICATIONS OF DIABETES

- Vascular diseases that lead to amputation, strokes, and heart attacks
- Heart disease that can lead to heart failure (Diabetic cardiomyopathy)
- Renal failure leading to requirement of dialysis
- Neuropathy with change in sensation and painful burning feeling in hands and feet

TREATMENT

Treatment of diabetes is best managed by a multidisciplinary team which consists of dietician, nurses, general practitioners and specialists. Treatment for type 1 diabetes is complex and is best managed by specialist physicians and endocrinologists. The targets of glucose control depend on the complications that have already occurred and the risk profile of each individual. The HBA1C is a blood test that reviews glucose levels over a 3-month duration. The recommended target of HBA1C is levels below 7%. It is recommended to be done twice a year in patients that meet the recommended target which is associated with reduced risks of diabetes complications. The recommended glucose levels to suggest adequate control of diabetes are: before food glucose levels is 4.4 to 7.2mmol/dL and 2 hours after food is bellow 10mmol/dl.

Also, patients with diabetes need to have good blood pressure control of below 120/80 and good cholesterol and lipids levels to avoid accelerated vascular events. It is important to understand this condition as a patient and that diabetes must be controlled in the first 6 months of diagnosis to avoid complications and early loss of life.



THE ROLE OF MULTIDISCIPLINARY MEMBERS:

Dietician

- Helps with diet and eating programs
- Knowledge about glycaemic index of different foods

Personal trainer and group exercise

- Can help with encouraging activity and exercises and meeting body weight targets
- Can help shape exercise program

Nurses

- Screening and diagnosing
- Prevention of diabetes and patient education

General practitioner

- Diagnoses the type of diabetes
- Initiates first line treatment
- Monitoring of treatment response
- Detection of complications
- Assesses the need for referral to specialists

Specialists

- Treats cases failing to meet treatment targets
- Treating type 1 diabetes
- Diagnosing other forms of diabetes such as LADA and MODY diabetes

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TOGETHER FOR BABIES BORN TOO SOON



November 17 was World Prematurity Day which is commemorated world-wide every year. This year's theme is: "World Prematurity Day 2020, Together for babies born too soon – Caring for the future".

By definition a preterm /premature baby is a baby born more than a month early (before 36 completed weeks). Once they have reached term gestation (9 months/40 weeks) they are no longer considered premature.

In SA a baby who is born weighing 500g or more is considered viable but babies weighing less than 1000g at birth are likely to have lots of problems such as difficulty breathing and susceptibility to infection. However, if they survive they can spend as long as 3 months in hospital.

There are various reasons for why a baby would be born premature and sometimes it is impossible to know why the baby was born early. Most common causes are teenage pregnancy, maternal illness or infection, maternal high blood pressure, and physical problems that make it difficult to keep the baby inside the mother (incompetent cervix) amongst others.

Preventing a premature birth is challenging but includes

- not smoking and drinking alcohol during pregnancy
- improving a mother's health (especially if she has a chronic illness like TB and HIV since they carry an increased risk of prematurity)
- preventing a teenage pregnancy,
- improving early and ongoing clinic attendance from when mother first knows she is pregnant (preferably before 5 months), and preventing selective caesarean section births before 9 months.

Successful interventions to improve preterm outcomes include:

- Skin-to-skin care (Kangaroo mother care-KMC)
- Early support for breathing
- Surfactant therapy to mature baby's lungs once born
- Treatment of infection with antibiotics
- Prevention of hypothermia/hypoglycaemia
- Breastfeeding



Sister Dhanalutchee Padaychee

Sister Dhanalutchee Padaychee, 54 years-old, said she has been working as a nurse for 30 years and has worked for 20 years of her experience as a clinical nurse in the prematurity ward at the Northdale Hospital in Pietermaritzburg.

Padaychee said premature babies were previously kept in an incubator, and now they are kept in an Intensive Care Unit or the servo warmer. "The clinical care takes a lot of our time. We have to monitor the babies' temperature and oxygen. We try our best to keep them rolled with a shirt or blanket to keep them warm, even with a plastic, so that the baby won't feel uncomfortable." "As soon as the baby has been delivered," she said, "We try to put the baby in the servo warmer and put a drip for 48 hours to see if the baby is coping and feed it with a tube until they weigh 1.35 kilograms."

"We teach mothers how to do the mother care, the Kanga care and don't allow breast feeding until the baby is 1.5 kilograms. We then discharge the baby when it is at least weighing 1.7 kilograms and do a follow up on their weight and if there are other problems, they can visit the hospital or the clinic any time for a normal check-up." "According to her, most preterm babies do well.

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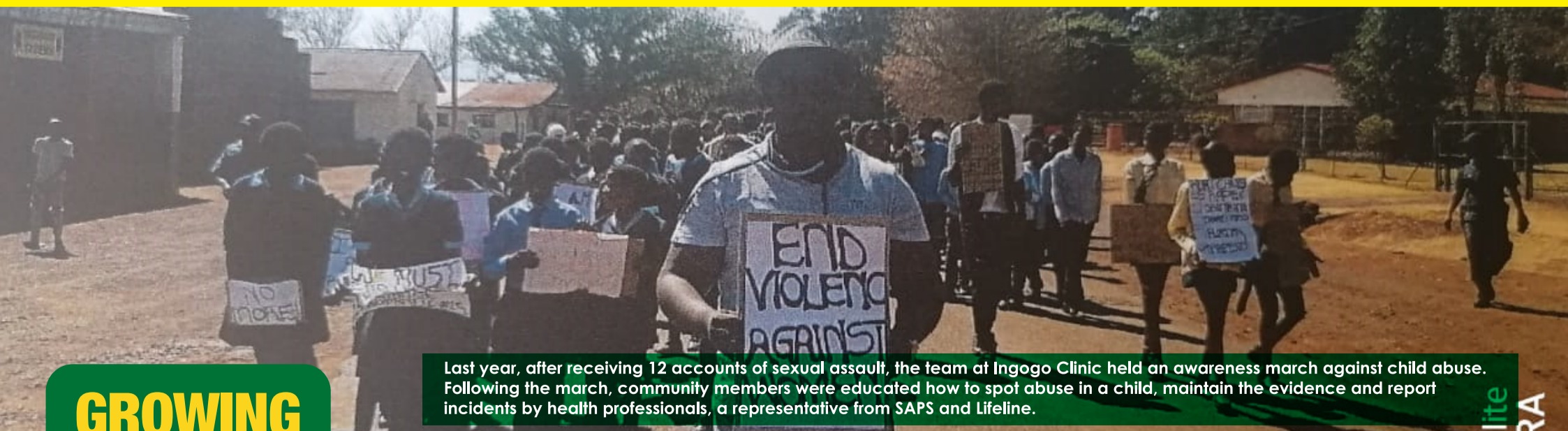
KZN HEALTH IN THE FIGHT AGAINST WOMEN AND CHILDREN ABUSE

The country recognizes and sympathises with victims of abuse in the 16 Days of Activism Against Women and Child Abuse towards the end of this month (25 Nov-10 Dec).

The KZN Department of Health plays an important role in defending and supporting the vulnerable, such as the establishment of adolescent and youth friendly services (AYFS) offered at many of our clinics. Joslyn Abrahams is the youth representative for Ingogo Clinic, Amajuba District. She and some of her colleagues are responsible for creating an environment where young people in the community not only feel safe to access health services sans judgement but also a place where they can express their personal challenges.

“We have support groups where we discuss health related matters. We usually start with an ice-breaker such as reading magazines and discussing the topics covered in them and then begin to deal with deeper and personal health matters,” says Abrams. She continues to share one of the many success stories to emanate from the support groups. When she found that a 10 year old child being was abused at a foster home, she immediately reported the matter to the police and consequently other children were also removed from that home, which underwent an investigation thereafter.

AYFS can be found in all eleven districts and are still expanding. They include initiatives such as happy hour (an hour where youth are prioritized in a clinic), gardening, counselling and more.



Last year, after receiving 12 accounts of sexual assault, the team at Ingogo Clinic held an awareness march against child abuse. Following the march, community members were educated how to spot abuse in a child, maintain the evidence and report incidents by health professionals, a representative from SAPS and Lifeline.

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