



VIVA FREEDOM, VIVA!






Every year on 27 April South Africans celebrate and commemorate the freedom of all human beings during Freedom Day. South Africa's Freedom Day honours the anniversary of South Africa's first non-racial election of 1994 and pays homage to the country's liberation from apartheid rule, a dark era which also deprived most South Africans to have their say on health care systems.

With South Africa celebrating 27 years of democracy this year, it comes with many privileges that prior to 1994 were unprecedented. This democracy has brought about much change not only in the province of KwaZulu-Natal but to South Africa as a whole. It has brought freedom of choice, and the right to have access to health care.

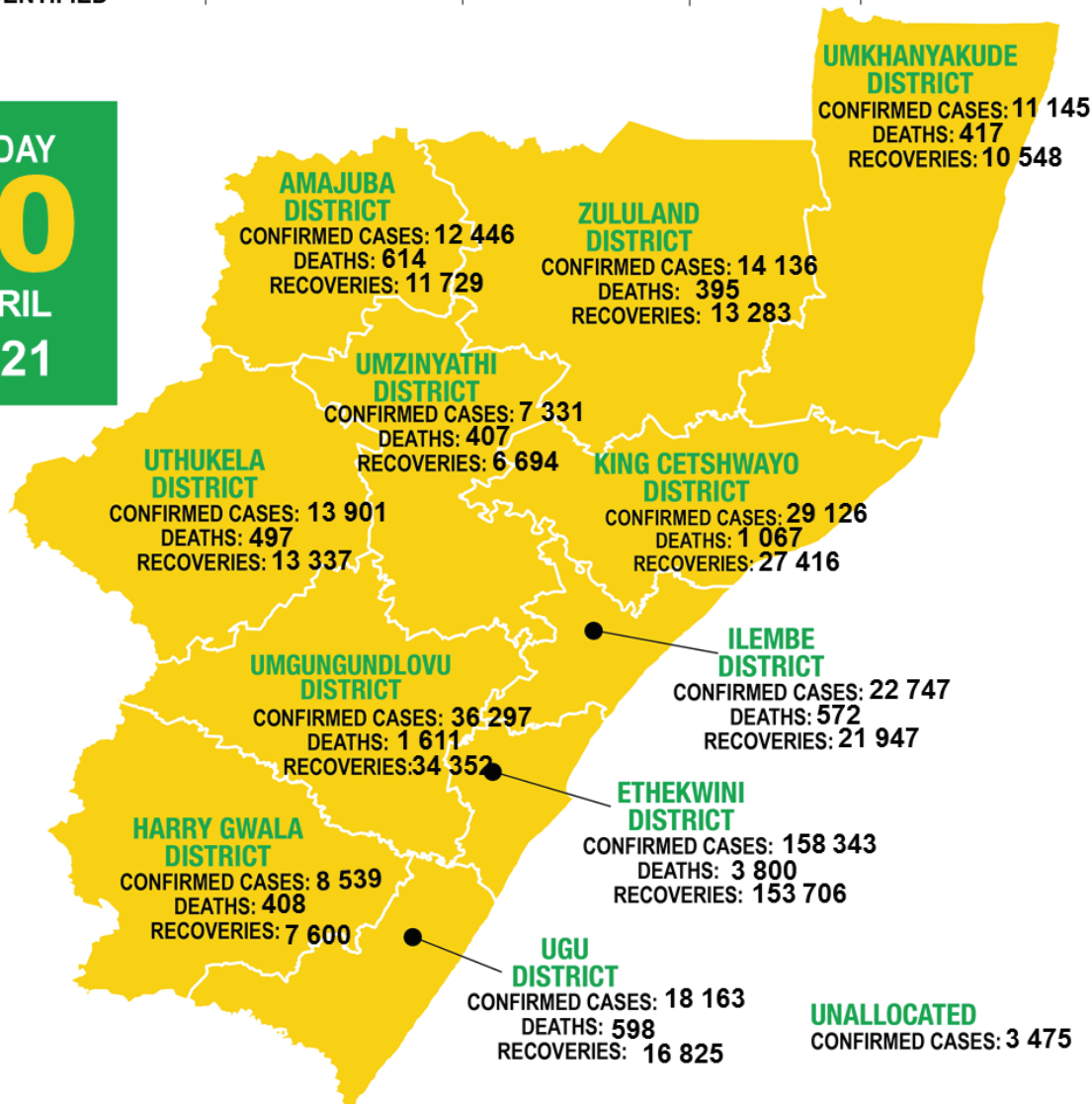


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COVID-19 STATISTICS IN KZN

				
336 513	4 358	320 905	10 386	70
POSITIVE CASES IDENTIFIED	ACTIVE CASES	RECOVERIES	DEATHS	NEW CASES

FRIDAY
30
APRIL
2021



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WhatsApp 'Hi' to 0600 123 456



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FREEDOM TO: VACCINATE OR NOT



Freedom Day has special significance this year. It comes at a time when COVID-19 is reminding us of how easy it is to take basic freedoms for granted. And it is testing our courage in ways that we have not faced before.

This year, we are celebrating Freedom Day apart for a second time, each of us confined to our homes. The pandemic has had a chilling effect on freedom around the globe. However, there is still a chance that our life could still return back to normalcy.

For now, vaccines are the only viable and promising way of getting rid of the pandemic in this country and globally. The KZN Department of Health reiterates its call in encouraging everyone to have themselves vaccinated against COVID-19, as and

when the various phases of the vaccines are rolled out. The South African Human Rights commission believes that many lives can be saved if people take the opportunity to get vaccinated and encourages all adults to opt for being vaccinated.

But, as a constitutional democracy based on the foundations of equality, freedom and dignity, a person's decision to have the vaccine should be voluntary. The commission emphasises that "no person can be forced by anyone, including the state, to be vaccinated". This sentiment has been repeated by the President Cyril Ramaphosa and our provincial Health MEC Nomagugu Simelane on a number of occasions.

Nearly 300 000 healthcare workers have been vaccinated in South Africa's first phase of the country's vaccination programme. Phase 2 vaccinations will

run from 17 May where essential workers, persons in congregate settings, people over 60 years and those over 18 years with comorbidities will receive the shots. On 16 April, the Electronic Vaccination Data System (EVDS) became available to the general public and invited all citizens aged 60 years and above to register for vaccination.

The Minister of Health, Dr Zweli Mkhize launched the COVID-19 EVDS system for those over 60 years of age. The launch forms part of the Department's preparations for the second phase of the vaccination programme. Dr Mkhize said, "We do understand that not everyone in this country has a smart phone or has access to the internet. For this reason, we will be using the smartphones and petrol that has been donated to us by various companies and philanthropic organizations to send out teams to help our vulnerable citizens who do not have access to digital technology: this includes the elderly, the homeless and those who live in deep rural areas that are difficult to reach".

However, US health authorities raised the alarm on the vaccine recently, linking it to a rare and severe type of blood clot. Dr Mkhize then announced the temporary suspension of the Johnson & Johnson vaccine as a precautionary measure as an investigation unfolded.

The Health Department understands that the Johnson and Johnson saga has further deepened concerns about the vaccine. However, the Centre for Disease Control and Prevention (CDC) has also confirmed that the country has not registered any report of blood clot following the vaccination.

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THE FREEDOM TO: CHOOSE CONTRACEPTIVES



The KwaZulu-Natal Department of Health through its state of the art facilities offers you the freedom of choice when it comes to contraception.

While condoms are the only contraceptive method that can be used to prevent pregnancy, HIV and Sexually Transmitted Infections (STIs), the following methods can be used to prevent pregnancy only. It is recommended that they are paired up with the use of condoms to help prevent STIs and HIV:

- **Copper Intrauterine Device (Cu IUD)** - Commonly known as 'the loop'. A small T-shaped plastic device that is inserted into the vagina and placed in the uterus (womb) to prevent pregnancy. It is an efficient device as it can prevent pregnancy for up to 10 years.
- **Levonorgestrel - Releasing Intrauterine System (LNG-IUS)** - commonly known as Mirena, is a soft T-shaped plastic device that is inserted into the vagina and placed in the womb to prevent pregnancy and can work for up to 5 years.
- **Implant** - Hormonal implants are small thin plastic rods that are about the size of a matchstick, and they are inserted under the skin to prevent pregnancy and are effective for up to 3-5 years depending on the type of implant.
- **Hormone injection** - They contain hormones that are given at regular intervals by a health care provider. The injection is required every two to three months, depending on the type. Administered.
- **Oral contraceptive pill** - Commonly known as the 'the pill'. Comes in a 21-day or 28-day pack. The pill is also used to regulate menstrual periods.

- **Voluntary sterilisation for women**

- An effective and permanent form of contraceptive that involves the fallopian tubes being cut and tied to prevent pregnancy. Female voluntary sterilisation is permanent and irreversible, so you will need to be sure about your choice of not having any more children in the future.

- **Voluntary sterilisation for men -**

This is the process of cutting and tying sperm tubes, commonly known as a 'vasectomy'. It is a permanent contraceptive to prevent pregnancy in men and can rarely be reversed.

Emergency contraceptive methods can be used to prevent pregnancy and HIV after having unprotected sex or in the case of rape.

These are some of the emergency contraceptive methods available:

- **Post-exposure Prophylaxis (PEP)**

- is a 28-day antiretroviral that helps the body prevent HIV. It must be taken 72 hours (3 days) after sexual intercourse or rape.

- **Emergency contraceptive pill -**

commonly known as 'the morning after pill'. It is used to prevent unplanned pregnancy after unprotected sex. It must be taken as soon as possible, and within 120 hours (5 days) to be effective.

- **Emergency Cu IUD** - is a loop that is inserted into the womb up to 5 days after unprotected sex to prevent pregnancy, this only aids in preventing pregnancy, not HIV or STIs. With so many options readily available to you, you can visit your nearest clinic and speak to a healthcare professional about the best option for you, to keep yourself and your partner safe from HIV and STIs and unplanned pregnancy.

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THE FREEDOM TO: SPEAK

Did you know that with the Department of Health in KwaZulu-Natal (KZN) you have a right to lodge a complaint directly to its complaint management team that deals with your concerns about service delivery?

The KZN Department of Health would like to remind its inhabitants of their right to freedom of speech regarding all matters concerning health services delivered to them by the Department as it is their right enshrined in the South African Constitution.

- There are public relations officers (PROs) and suggestion boxes in most KZN hospitals where the public is allowed to lodge complaints

and concerns on health related matters. Where a PRO is unavailable, the hospital manager or clinic operational manager is ready to talk to you. In fact, hospital CEOs' contact details have been made public by the Department and are available on the Department's website.

- The Department of Health has social media platforms which members of the public can refer their complaints and compliments.
- There is a complaint management team at the KZN Department of Health Head Office which handles all complaints sent through phone calls, WhatsApp, email, and social media (Facebook, Twitter, and Instagram). However walk- ins to make a complaint are not allowed.

KZN Health Call Centre

Tel: 0800 00 5133

WhatsApp (Department of Health Complaints):

+27 82 314 1167

Twitter: KwaZulu-Natal Department of Health (@kznhealth)

Facebook: KwaZulu-Natal Department of Health

Instagram: KZN Department of Health (@kznhealth)

Email: Sandile.Bhengu@kznhealth.gov.za,

Khanyisani.Khanyile@kznhealth.gov.za,

Zamambo.Mkhize3@kznhealth.gov.za,

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FROM HOUSE TO HOUSE: COVID-19 CONTACT TRACING

Eventually, contact tracing teams grew to an astounding 620 and 565 for screening teams. Although many homes welcomed the tracer teams, some faced challenges. Busisiwe Hadebe, a professional nurse employed at East Boom Community Health Centre, recounts her experience. “In the beginning it was scary since COVID-19 was new.

I also had never been this involved in outreach activities since my work was contained within the walls of the facility as an infection prevention and control co-ordinator. We had to go to areas we weren't familiar with and used Google maps to find the houses of the contacts. We'd worry if we were going to be accepted into homes.

There was an incident where one of our teams was victimized by a household because the members didn't want to be screened or tested. Some people even denied that there was a positive case in their home and consequently didn't permit them in their home. Tracers were even reported as intruders to the SAPS and chased away.

The grueling challenges were endless, not least the initial fear and stigma associated with the novel virus. Not too long ago did hundreds of belligerent community members gather outside Ntunjambili Hospital, Zululand, in protest against the admittance of positive cases in the facility for the first time.

“We used Departmental vehicles to travel so in my mind we were targets for by the communities because of the myths at that time. Many people didn't understand how it was contracted so there was that animosity, especially in informal settlement areas.” Sr Hadebe recalls.

Sr Hadebe emphasises, however, “There is no other job I would rather be doing. I like helping people who are vulnerable, giving much needed information was an especially satisfying aspect of the job.

“Also, in some families you'd be touched by the abject poverty they were living in. We were able to link those families with community health workers in order for them to be profiled and provided with relevant help such as registering them for social relief grants.”

Today the sizes of the teams have contracted in number as the number of positive cases in the province has decreased, other teams are still active and tracing the contacts of the new cases. Other personnel have been redirected to render other health services.

Altogether, about 500 000 contacts have been traced and 462 573 contacts tested with a 17% positivity rate. Call centres in all districts have also been established to telephonically interact with contacts and monitor positive cases.



The COVID-19 pandemic has highlighted the intense circumstances that health professionals, specifically nurses and doctors, undergo on a daily basis.

However, there are several unsung heroes that have also been part of the fight against the spread of the coronavirus. One such profession is that of the COVID-19 tracer teams. Contact tracing began in earnest on 06 March 2021, after the identification of Patient Zero in Pietermaritzburg.

The initial team swiftly compiled a list of the patient's closest contacts and scheduled appointments to collect specimens of those who displayed symptoms while others were advised to quarantine for 14 days. Other activities covered during the home visits included assessment of the environment in cases of self-isolation, monitoring of self-isolation compliance and adherence to regulations.

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“RESPECT PATIENTS AT ALL TIMES IN ORDER TO PRESERVE STRUGGLE HERO’S LEGACY,” URGES KZN HEALTH MEC



KWAZULU-Natal Health MEC Ms Nomagugu Simelane urged management and staff at the newly-renamed Mfundo Lushaba Community Health Centre (CHC) at Umzumbe, on the south coast of the province, to treat their patients with respect and dignity at all times.

Speaking at a small ceremony to mark the official opening of the facility formerly known as Turton CHC, the MEC said treating patients well will serve to preserve and uphold the legacy of the late Mr Lushaba, who was an Umkhonto WeSizwe operative and later became the mayor of Umzumbe Local Municipality, before passing away tragically during a car crash in 2007, at the tender age of 37.

Although there has been slight disquiet over the renaming of the facility, with some threatening to embark on court action to halt the process, MEC Simelane made it clear that she was neither “ashamed” nor “embarrassed” that the facility was being renamed after the former mayor. She emphasised that all requisite public

consultative processes had been widely followed ahead of the renaming process.

She then urged communities to always seek ways to record, document and celebrate the history of its own heroes, lest it fades away with the passage of time. Failure to do so would result in the story of the proverbial hunted being told from the perspective of the hunter.

“Not everyone can write well, but many people in our communities are good orators. Those people need to find good writers who can sit them down, so that their stories can be recorded and documented.”

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The MEC called on healthcare workers at this facility and elsewhere in the province to maintain the highest professional standards at all times.

“This gesture [of renaming this facility] poses a major challenge to the management and staff of this facility to represent Comrade Lushaba well, and do justice to his name. If staff mistreats patients and engages in medical

negligence, that will not help us at all as it will only serve to drag his good name – and that of his beloved ANC – through the mud. It would also mean we are failing our own people, the majority of whom rely on the public healthcare system for their health and wellbeing.”

The MEC also revealed that, as of the latest reporting cycle, 334 794 people

had been infected with COVID – 19 in KZN since the virus was first discovered, with a total of 10 625 having sadly lost their lives. The province had registered 107 new cases, while 318 929 people had recovered from the virus.

The vaccination process was also continuing in earnest, with 51 243 vaccinations done since the process started, the MEC said.

THE PROCESS HAS UNFOLDED AS FOLLOWS:

From the first 80 000 doses that the country received on the 16th of February 2021, KZN received 10 800.

The second batch of 80 000 doses was received at the beginning of March, with KZN being allocated 15 120 vaccines (public sector =10 585 and private sector = 4 535), which was broken down as follows:

- EThekwini Catchment areas = **2 200 vaccines**
- Edendale Catchment areas = **4 760**
- General Justice Gizenga Mpanza Catchment areas = **1 280**
- Madadeni Hospital Catchment areas = **2 345**

For now, vaccination for the private sector is taking place at St Augustine’s Hospital in Durban and Madadeni Medi-clinic in Newcastle. The third batch of 80 000 doses for the country has also been received and distributed at hospitals as follows:

- GJ Crookes: **3800 (includes 200 for the private sector)**
- Ladysmith: **2400 (includes 300 for the private sector)**
- Medi-clinic: **1800**
- St Augustine’s: **5600 (includes 800 for the public sector)**
- Dundee: **1600**
- Vryheid Christ the King: **1600**
- Ngwelezane: **2000 (includes 200 for the Private sector)**
- Hlabisa Hospital will receive its vaccines during the next round of the vaccination campaign, when it starts next week.

The districts and hospitals that are next in line to receive the vaccines on 13 April dates are:

- St Augustine’s eThekwini and its catchment hospitals (8000 doses, made up of 50% for the public and 50% for the private sector)
- Medi-clinic UMgungundlovu (500 doses: 50% public and 50% private)
- Ladysmith uThukela and catchment hospitals (1500 doses with 10% going to the private sector)
- Vryheid Zululand & catchment hospitals (1000 doses with 10% going to the private sector)
- Ngwelezane and catchment hospitals (2200 with 20% going to the private sector)
- Hlabisa, Umkhanyakude and catchment hospitals, including Benedictine, Nkonjeni, and St Francis. They will receive 4400 doses, with 10% of it going to the private sector).

MEC Simelane added: “I wish to re-iterate our call that, when the vaccine becomes available for use by the public, we absolutely need to take full advantage of it. “This is the least we can do to save our lives, and to honour and remember those who passed away before the vaccine became available. “Most importantly, even though it looks like the second wave of COVID – 19 has subsided, this does not mean that we must now be complacent because COVID – 19 is still pretty much alive, and claiming people’s lives. And there is the ever-looming threat of the third wave, which has already taken other countries by storm.

“We are pleading with our people to continue washing their hands regularly, and to maintain social distancing. We know that the regulations say that people must wear a mask when they are venturing out to the public. But as the Department of Health we go a step further and request that you also wear a mask when at home. Especially, those who share their homes with people who are aged 60 and above, and those who have co-morbidities, who are especially susceptible to COVID – 19.”

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KZN HEALTH MEC PLEADS WITH PUBLIC TO FOLLOW PATIENT REFERRAL SYSTEM AND PREVENT UNNECESSARY OVERCROWDING



KwaZulu-Natal Health MEC Ms Nomagugu Simelane has made an impassioned plea to the public to adhere to the Department's established patient referral system, saying this would help prevent unnecessary overcrowding of high-level and specialist hospitals due to the presence of patients with minor ailments.

Over the past year, the Department has recruited no fewer than 6 757 additional personnel, on a contractual basis, to bolster its capacity to fight the COVID -19 pandemic, as well as respond effectively to the province's pre-existing burden of disease.

The Department has also made massive investments in infrastructure development, which has included the upgrading of previously dilapidated and poorly-resourced health facilities through construction of COVID - 19

isolation facilities that can be easily converted into ICU and high care wards in future, as well as the procurement of health technology equipment.

All of this has, to a considerable extent, given healthcare facilities the ability to enhance service delivery by reducing patient waiting times, and improving overall client experience.

Furthermore, patients who may be aggrieved now have better recourse since the contact details of hospital Public Relations Officers, clinic operational managers, hospital CEOs,

and district managers have been made visible at strategic facility areas, and on publicly available on the Department's official website and on its social media platforms – as per the directive from MEC Simelane.

The Department also has a help desk that is accessible through its official Facebook page (KwaZulu-Natal Department of Health) inbox.

Speaking during the official renaming and opening of the Mfundo Arnold Lushaba Community Health Centre (former Turton CHC) at Umzumbe on Friday, MEC Simelane said:

“It is important, wherever we go, that we talk about how our referral system works, so that our communities understand and adhere to it. For an

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example, if I wake up today suffering from a bout of flu, is there really a need for me to go to GJ Crookes, or come to a Community Health Centre when I have a Primary Health Care

clinic closer to me? “When we have minor ailments, but leave our clinics and come to health facilities at a higher level care, we are taking up space for people who have serious

conditions, or who may be seriously or critically injured and require emergency care.”

The South African public healthcare system is structured as follows:

1. Primary Health Care Clinics:

A Primary Health Care Clinic offers services such as immunisation, family planning, anti-natal care, and treatment of common ailments, treatment and management of Tuberculosis, HIV/AIDS counselling, among other services.

If the clinic cannot assist, they will refer the patient to a Community Health Centre.

2. Community Health Care Centres:

A Community Health Care Centre, which is also known as a “mini hospital”, is the second step in the provision of health care, but can also be used for first-contact care. It offers similar services to a Primary Health Care Clinic, but with the addition of a 24-hour maternity service, emergency care, casualty, and a short stay-ward. The Community Health Care Centre will refer a patient to a District Hospital when necessary.

3. District Hospitals:

These hospitals normally receive patients who have been referred by Primary Health Clinics or CHC, and provide generalist support such as diagnostic, treatment, care, counselling and rehabilitation services.

Clinical services offered at a District Hospital include Surgery, Obstetrics & Gynaecology, Out-Patients Department, Medicine, Paediatrics, Mental Health, Geriatrics, Casualty and Clinical Forensic Medical Services, among others. Patients at district hospitals will be delivered by doctors and primary health care nurses. If the District Hospital cannot help a patient, then they will refer them to the local Regional Hospital for treatment.

4. Regional Hospitals:

This is the second level of health care. These hospitals will normally receive referrals from district hospitals, and provide specialist support.

If the Regional Hospital cannot help; they will refer to the Provincial Tertiary Hospital.

5. Provincial Tertiary Hospitals:

These hospitals provide sub-specialist support to a number of regional hospitals and are at the third level of health care. They are staffed by specialists and generalists and offer services such as neurosurgery, neurology, plastic & reconstructive surgery, cardiology, urology, paediatric surgery, maxillo-facial surgery, psychiatry, occupational health and orthopaedics amongst other services. If a Provincial Tertiary Hospital is unable to help a patient, they will refer them to a National Central Hospital.

6. Central Hospitals:

Central hospitals are at the fourth and highest level of health care. They consist of very highly specialised referral units, which together provide an environment for multi-speciality clinical services, innovation and research. Patients are referred to

these hospitals by Provincial Tertiary Hospitals.

MEC Simelane added: “When we design these referral patterns, our intention is not to make our people suffer. Yes, once you arrive at a hospital, you may not be turned away... but it’s important that we make the public understand these things, so that they seek help at the appropriate level, according to their ailments.

“That will ensure that our facilities do not get known for being overcrowded when they need not be.”

The nearly 7000 staff members who have recently been recruited at clinics, Community Health Centres, and hospitals have been deployed in various categories, as follows:

- Staff nurses: 3 844
- Nursing Assistants: 1 238
- Admin Clerks: 611
- General Orderlies: 923
- Data Capturers: 30
- Physiotherapists: 21
- Radiographers: 26
- Psychologists: 4
- Audiologists: 26
- Optometrists: 4

From these numbers, 1030 enrolled nurses have been promoted to professional nurses.

The Department will continue to seek out ways to improve the quality of healthcare provision in the province, said the MEC.

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KZN HEALTH IN PICTURES

RENAMING AND OFFICIAL OPENING OF MFUNDO ARNOLD LUSHABA CHC



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CORPORATE COMMUNICATIONS
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healthchatbulletin@kznhealth.gov.za

