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KwaZulu-Natal Department of Health



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MESSAGE FROM THE KZN HEALTH MEC

Dr SM Dhlomo



1 MILLION CIRCUMCISIONS SINCE 2010 – AND NO DEATHS!!!

We extremely pleased at finally reaching the milestone of 1 MILLION circumcisions since the reintroduction of Medical Male Circumcision (MMC) in KZN in 2010.

For this, we wish to convey our heartfelt thanks to Isilo samaBandla for making a call in December 2009 for us to revive MMC, which is performed by experts in a safe environment.

The Department also wishes to give credit and thanks to all our partners, parents and adults who have participated in this programme. I wish to hasten to add that no deaths have been recorded since the campaign started.

MMC is extremely important in our quest to halt the spread of HIV, as it reduces the risk of female-male transmission of HIV by 60%; and also reduces the transmission of cancer of the cervix for females, which goes a long way to enable a healthy generation of young people.

It is also noted to have benefits of keeping the male genital organs in a good hygienic state, reducing the chances of penile cancer the transmission of human papilloma virus which may lead to cervical cancer in the female partner. Now that we have reached this milestone, we should not rest on our laurels.

Instead, we need to accelerate our efforts even more and circumcise another 1 million men and boys before long. In June, the Department will once again hold MMC Camps at schools and community halls throughout the province. Those who attend these camps are taught life skills, undergo HIV testing and counselling and then get circumcised. They are then reviewed and discharged the following day.

We would like to appeal to adult men who are not yet circumcised – and parents or legal guardians of boy children who are not circumcised - to seriously consider the benefits of Medical Male Circumcision.

MMC is free and is performed discreetly, by medically-trained experts. This means minimum pain or discomfort for those who are being circumcised. The healing process is relatively quick and the health benefits are life-long.

If you want to get circumcised, you must:

- Go to your nearest clinic where you will get advice and support;
- Prepare to be tested for diabetes, High Blood Pressure, TB and HIV

We, however, wish to emphasise the importance of condom usage even for people who are circumcised.

It is therefore best to continue to use Dual Protection (a combination of condoms and a female contraceptive).

Dr Sjongiseni Dhlomo



PATIENT RIGHTS

1

IT IS YOUR RIGHT TO BE RESPECTED EVERY PATIENT HAS THE RIGHT TO:

A healthy and safe environment

Participation in decision-making regarding his/ her treatment

Access to health care

Knowledge of one's health insurance / medical aid scheme

A choice of health services

Be treated by a named and qualified health care provider

Confidentiality and privacy

Informed consent to assist in their decision making

Refusal of treatment

Be referred for a second opinion

Continuity of care

Complain about health services

2

PATIENT AND FAMILY RESPONSIBILITIES

To provide accurate information pertaining the health of the patient

To ensure the patient follows the medical recommendations given

To respect other patients, visitors and health employees

To understand that other patients and their families might need more attention than them

To inform the health facility on a patient's information such as their address and contact details

To ensure payment is made for the services

3

The Department of Health urges patients and their families who have visited public health facilities and have not been serviced in a satisfactory manner to return to that health facility and file a complaint with the public relations officer (PRO), the CEO or operations manager.

If you are still not satisfied, contact the KZN Health ombudsman, Mboneni Bhekiswayo, by writing to him at: 330 Langalibalele Street, Pietermaritzburg 3201 or email him on; mboneni.bhekiswayo@kznhealth.gov.za

or call him on **033 395 3275.**

IT'S **FREE**
from Telkom.

4

If calling from a cellphone, you can call the number and ask to be called back.

5

THE DEPARTMENT OF HEALTH ALSO HAS A 24 HOUR CALL CENTER.
DIAL 0800 005 133



MOTHER OF TRIPLETS PRAISES STANGER HOSPITAL STAFF FOR EXCELLENT CARE AND SUPPORT DURING POTENTIALLY RISKY DELIVERY

The 31 year-old mother of an all-boy set of triplets born at Stanger Hospital is full of praise for the medical staff who helped her deliver and take care of her and her babies.

Ms Owethu Macebo, from Darnall at Ilembe District, had stayed at Stanger Hospital for a month, under the close supervision of doctors, awaiting the arrival of her babies. On 16 May 2018, 33 weeks into her pregnancy, she underwent a Caesarean Section and gave birth to three boys named Esakhe, Wenzile, Ibonile, who came weighing in at 1,75kg, 1,7kg and 1,5kg respectively. The operation lasted nearly an hour.

According to doctors, had the pregnancy entered its 34th week, it would have placed her at high risk because of challenges with the slow growth rate of her triplets. "I'm very grateful to everyone who helped me deliver. Even at the maternity ward, where I've been for a whole month, I've had a very good stay. I'm very thankful," said Ms Macebo, whose family has a history of twins.

For 30 year-old Dr Mpilo Zimu, who led

the obstetric, neonatal, and anaesthetics team that delivered the triplets, his first ever delivery of triplets was a good experience. He was assisted by paediatrician specialists Dr Heloise Goodfellow, Dr Victor Olujobi, and Dr Nalisu Mazubane.

"It was more of a team effort," Dr Zimu said. "I was working with the consultants, and it happened that on that day, I was one of the doctors allocated for theatre. Obviously, they were delivered a bit pre-term. So, we had to be careful in terms of how we deliver them because they were small babies, and whether they're presenting head or buttocks first. That plays a role. But I wasn't alone. There were other doctors who were there as well."

MEC DHLOMO SUPPORTS KZN PREMIER'S CALL FOR MASS PROGRAMME TO SCREEN AND TEST FOR DISEASES

KwaZulu-Natal Health MEC Dr Sibongiseni Dhlomo has thrown his full weight behind a programme to accelerate mass public screening and testing for diseases, which was announced by Hon. Premier Mr Willies Mchunu during his Budget Speech presentation.

Speaking after presenting the budget speech for his office in the KZN Provincial Legislature recently, Premier Mchunu said that Government will launch a major screening programme throughout the province, focusing on prevalent diseases such as cancer, TB, HIV and other diseases of lifestyle (such as diabetes, high blood pressure, hypertension, obesity).

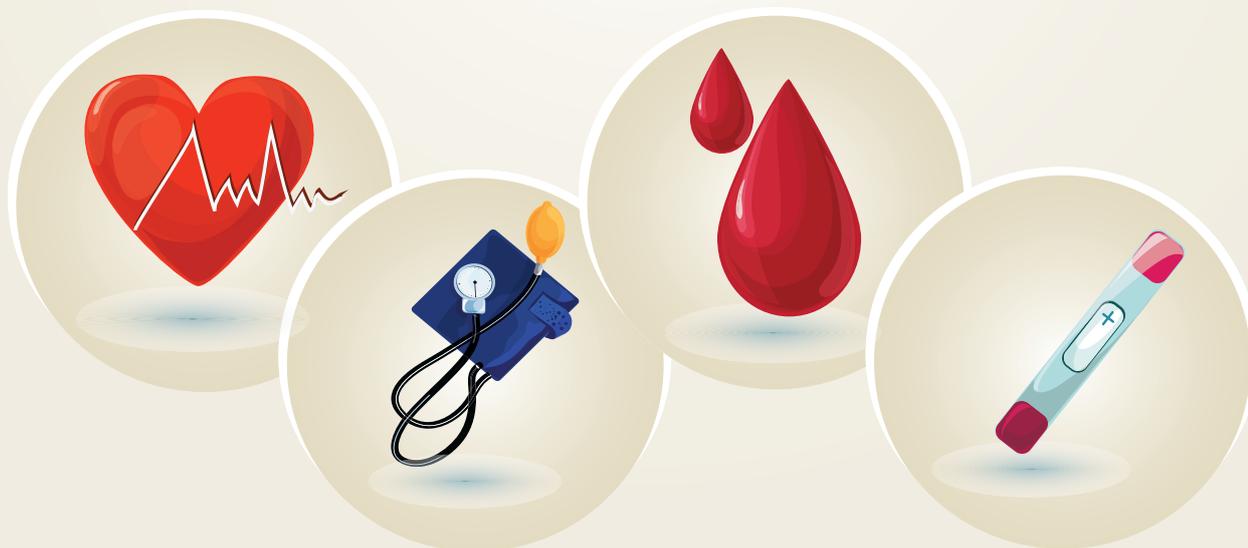
“Among the challenges we have to deal with as a province, is health. The province is witnessing less HIV and AIDS related deaths, which implies government is succeeding in its endeavour to improve the quality of life of those infected.

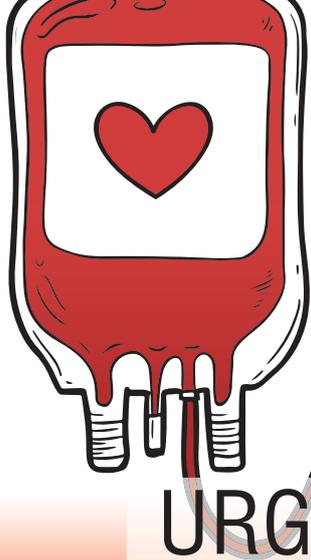
“About 52.6% of HIV positive people have been placed on anti-retroviral (ARV) treatment in the province. However, efforts need to be intensified in preventing new HIV and AIDS infections within the province. The prevalence of diseases remains one of our major concerns as the Office of The Premier,” the Premier said.

He added that the programme will start with the provincial EXCO, the Office of The Premier and proceed to the Department of Health and all other Departments. “This is just one way of encouraging people to take care of their health by screening and not waiting to get sick before they check their health. Prevention is better than cure and early detection of diseases can lead to successful treatment. Often, by the time you get sick it is too late for some .”

MEC Dhlomo has applauded the Premier's announcement and has also called on all sectors of society to support it. “We are very happy with the clarion call made by the Honourable Premier in support of the State of the Nation Address, where the President Ramaphosa called for all South Africans to prioritise going to screen and test and check if they have any illnesses. “Our Honourable Premier has made a very bold statement that it will have to start with us as leaders in our government departments. I therefore implore all of us in the Department that we must do everything humanly possible to be available to support all MECs in their respective districts, where they are the political champions.

Screening for diseases is free. “We want to say, any country that screens and tests its citizens and preaches the gospel of disease prevention is a focused country. It actually prepares its citizens and ensures that the country does not shoot in the dark. With the mass health screening of our fellow compatriots we will get to know what ailments they suffer from and how to really look after them.”





MEC DHLOMO RESPONDS TO THE *Blood* BANK'S **DESPERATE** CALL FOR **BLOOD DONATION,** URGES OTHERS TO DONATE AND GIVE THE PRECIOUS GIFT OF LIFE

With blood stocks at critical levels enough to last just 1,3 days, KZN Health MEC Dr Sibongiseni Dhlomo has responded to the blood bank's desperate calls for blood donation – and he is urging the public to also heed this desperate call to help save lives.

People in urgent need of regular blood supply may include mothers giving birth, cancer patients, people involved in road crashes, and patients who suffer complications during major surgery. But Mr Sifiso Khoza, KZN regional marketing director at the South African National Blood Service, says the organisation is concerned that blood donors have not been donating enough blood lately.

"We currently only have blood that is enough to last 1,3 days. People just do not donate. We are not quite sure why, and it has taken us by surprise. We do not know what went wrong. The situation is critical. We are appealing to residents of KwaZulu-Natal – active donors, potential donors and lapsed donors – to help to bolster the regional blood stock."

Although all blood types are needed, blood group-O is in demand as it is universal and can be transferable to all patients in need. MEC Dhlomo, who is a blood-O donor, is moved by the plight of the SANBS, and has urged all South Africans who are eligible to step forward and help save lives. Speaking while donating blood at Umlazi Megacity yesterday (11 May 2018), MEC Dhlomo said: "I am always concerned when I hear that the province has low blood stocks. It always serves as a timely reminder for me to honour my appointment to donate blood. I would wish that all of us who are already regular blood donors can remember and honour the days of our appointments. We are not meeting the required levels, and that is extremely concerning. So we are calling upon other South Africans who are not yet regular blood donors to come forward and assist us.

"Every South African between the ages of 16 and 65; who is in good health and whose blood is considered safe to really come forward and assist. Donating blood is a gift of life. You give someone else a chance to live, and live better. I urge all of us to try our best to do that," says the MEC. Regular blood donor Nozipho Cebekhulu (25), from Umlazi, who was also donating blood yesterday, echoed the MEC's sentiments. "Donating blood is a gift that no money can buy. If I can save or prolong another person's life with my blood, I think that's more than any gift that I can give to another person. Tomorrow, you might need blood and find that there's not enough. That should be enough motivation for all of us to stand up and go and donate blood," she said.



To find out more about donating blood and to locate your nearest **SANBS** donor centre in KwaZulu-Natal, visit sanbs.org.za or call **0800 11 90 31**

MEC DHLOMO URGES NURSES TO GO BACK TO BASICS



MEC Dhlomo with Ms V Gwagwa (Vice President of the International Council for Nurses), Reverend Sigungu Shangase



With International Nurses Day being commemorated on 12 May 2018, KZN Health MEC Dr Sibongiseni Dhlomo has thanked all hard-working nurses in the province, and urged all nurses to go back to basics in the provision of healthcare.

MEC Dhlomo was speaking at a meeting held in Durban, which was held to consolidate the Department's plans to utilise the skills and expertise of retired nurses in a bid to improve the quality of healthcare service across the province.

Addressing a group of current and retired nurses and Department officials, MEC Dhlomo described nurses as advocates for patient care, saying that the current generation could learn a lot from their retired predecessors.

"We need to look at what has gone wrong and go back to those basics where nurses were the foundation of love, empathy and care".

"Throughout the world, if you complain about a poor health system, you would improve that system if you bring back to basics the role that is to be played by nurses. The nurse is an ambassador for patient care. The nurse is the main person that comes in the middle

of discussions and advises because the patient stays longer with a nurse than any other health professionals. The doctor comes for a limited period, so does a pharmacist... but the nurse stays for eight hours and will be followed by another nurse when the shift ends.

Therefore, if you want to take care of patients and have them satisfied, we need to listen to nurses. The nurses themselves need to bring back that leadership quality that once was there. We have to go back to basics, where nurses used to be at the forefront of providing care and empathy to patients."

Young Eshowe Hospital Doctor Mourned



KwaZulu-Natal Health MEC Dr Sibongiseni Dhlomo has expressed his deepest condolences to the family, colleagues and friends of a 29 year-old Eshowe Hospital doctor who sadly lost his life during a horrific road crash on 16 May 2018.

It is believed that Dr Ndyeboyesizwe Julius Nondonga was on his way to work when his vehicle got involved in a collision with a truck on the UThukela bridge between Mandeni and KwaDukuza on the N2 highway. Originally from UMthatha, Dr Nondonga graduated from the University of KwaZulu-Natal four years ago.

CEO of Eshowe Hospital Mr Nhlanhla Sangweni described him as one of the best doctors at the hospital's Obstetrics and Gynaecology unit. "He was always prepared to lend a hand," Mr

Sangweni said. After graduating, Dr Nondonga joined Eshowe Hospital as a Community Service doctor in January 2015, and began working in Obstetrics and Gynaecology a year later.

MEC Dhlomo is saddened by this tragic incident. "We send our sincere condolences to the Nondonga family, and to Eshowe Hospital. We will make time to visit the hospital to give them support after this great loss of a son who was promising and doing so much in one of our rural hospitals. It's not often that you find young doctors willing to support us in the rural of hospitals like Eshowe. We really mourn his loss," he said.



MEC DHLOMO VISITS HOME OF SLAIN EDENDALE HOSPITAL NURSE



URGES WOMEN NOT TO STAY IN ABUSIVE MARRIAGES AND RELATIONSHIPS

KZN HEALTH MEC, Dr Sibongiseni Dhlomo, has urged women not to tolerate abusive marriages and relationships, but instead speak out and report abuse to the police and find a way to leave those who abuse them – before it is too late.

MEC Dhlomo was speaking at Edendale Hospital's maternity ward during a brief prayer meeting held in remembrance of nursing sister Ntombizodwa Charlotte Dlamini (40), who was allegedly gunned down by her husband in front of her parents, brother and sister-in-law, on Sunday (13 May 2018), Mother's Day – one day after International Nurses' Day.

It is alleged that the late Mrs Dlamini, a mother of two, and her husband first got involved in an altercation on Saturday, which resulted in her being severely assaulted and injured. On Sunday morning, despite being injured, she went to work.

However, after her colleagues discovered that she was not well, they referred her to a doctor at the hospital, but she refused treatment, opting instead to be seen by a private doctor. After the consultation, she left for her parents' home. It was there that her husband arrived, stormed inside and found her sitting in the dining room.

It is alleged that he then demanded that she comes home with him. He then went into her bedroom, shot at the door, kicked it down and then shot her in the neck and on the stomach. He fled the scene, and it is believed that he later killed himself.

MEC Dhlomo visited sister Dlamini's distraught colleagues at Edendale Hospital and gave them words of comfort and a prayer. He then visited the slain nurse's parents at their home, the scene of the incident, at Westgate, near Beazley, Pietermaritzburg.

Addressing nurses at Edendale Hospital, MEC Dhlomo said: *"Please, I really want to urge you... even on a day like this... I advocate for the education of the girl child. Traditionally, we grew up in an environment where only boys were sent to school, and not girls. Now women are getting educated, but we see many of them still involved in relationships of bondage. I urge you to get out of those relationships. Women need to say, 'God, even if you blessed me with this marriage, I will not stand being abused, because eventually, I will die.' I am pleading with you to ensure that wherever you go, in the name of uMaNtuli (the slain nurse) you must say, 'I will not stand this complicated relationship. I would rather take my children and find another place to stay'."*

A woman who is not educated becomes dependent on an abusive partner, and ends up dying. To women who are educated... nurses, teachers, please, get out of such marriages. We can't have one more person dying because they persevered in a dangerous environment. It's a painful death that is unimaginable. [For the father] To see his child murdered in front of him, it's too much."

Sister Dlamini's father Mr Lot Ntuli thanked management of Edendale Hospital and the Department, and said that his family is battling to come to terms with his daughter's gruesome death.

"I am grateful for the support we are getting. But I would be lying if I said I've been able to sleep. I just can't. I noticed that my wife's body was shaking when she was trying to sleep. It's bad. Very bad. The pain is just too much."



KZN HEALTH MEC PLEASED WITH NHI PROGRESS

(more people have had better access to quality healthcare; there are moves to accelerate even more)



More people have had access to better healthcare service in KwaZulu-Natal since the province started piloting the National Health Insurance in 2012. And, although there's still work to be done, health managers and staff at hospitals and clinics are better trained and equipped, and facilities at the three pilot sites – and elsewhere - are in much better condition than they previously were.

This emerged during a visit by KZN Health MEC Dr Sibongiseni Dhlomo to Uthukela and Zululand Districts, as part of a series of province-wide roadshows aimed at reporting to communities on NHI progress. The roadshows will also outline government's plans to help reduce the burden of diseases in KZN and also further improve access to quality healthcare – especially for the poor.

NHI is a health financing system that is designed to pool funds to provide access to quality, affordable health services for all South Africans based on their health needs, irrespective of their socio-economic status. In KwaZulu-Natal NHI is currently being piloted at three districts; Amajuba, Umzinyathi and Umgungundlovu.

Speaking in Ladysmith, MEC Dhlomo said he is pleased with the progress that the province has made in implementing the National Health Insurance: "We are starting a roadshow for all districts, focusing

Delivering the KZN Health Budget Speech earlier this week, MEC Dhlomo said: "Through these teams the Department is able to provide essential services to communities outside of health facilities." ***Over and above the mentioned teams, the Department is also making use of Community Care Givers (CCGs) as part of Ward Based Outreach Teams (WBOTs) to promote health and prevent diseases at a household level. We currently have 124 WBOTs throughout the province that are instrumental in linking up individual families who require referrals to healthcare workers and clinics.*** "Our efforts fit in well with Operation Sukuma

Sakhe (OSS) as the Department gets and attends to certain cases directly from a household or the War Rooms. Working at this level enables health workers to identify new ailments and make appropriate Clinical follow ups of clients requiring assessment and care referral to hospitals, PHC Clinics and palliative care facilities. These interventions have assisted us to prevent maternal, child mortality and morbidity within the community."

MEC Dhlomo said that between April and December 2017, UMzinyathi District with its 20 GPs had attended to 13 819 clients; UMgungundlovu District, which has 31 GPs, attended to 45 984 patients and Amajuba District with its hard working 12 Contracted GPs attended to 16 908

on updates for NHI. We have not been updating South Africans for some time, and there is a possibility that we might lose focus on it, with people not knowing where we are. NHI is mainly meant to advantage the poorest. It is about getting everybody to buy into a process of saying, 'health is a public good, not a reserve for those who are rich, or those with a lot of money in their pockets.' We are extremely happy.

"We already are seeing signs of NHI in our province in terms of visits by school health teams, family health teams and GPs being part of clinic visits and consultations. We are very excited with this visit at Uthukela District because people are showing positive signs about NHI and they are saying we must accelerate it, so that it can be rolled out and benefit more people."

The poor stand to benefit from NHI because they don't have a lot of money to buy health services. They are the ones who are very keen to see it. I am really pleading with those who will be able to contribute to this fund to find it in their hearts... to say we need to have that social solidarity to get everybody to be part of it."

The Re-Engineering of Primary Health Care, which is in line with NHI, is being implemented throughout the province through 4 streams:

- Family Health Teams (Ward Based Outreach Teams),
- School Health Teams,
- District Clinical Specialist Teams and
- Contracted GPs/ Doctors to provide medical coverage in clinics.

clients. Among the most notable benefits of NHI, has been the aspect of GPs participating on the Health

Practitioners Contracting programme, which has resulted in:

Much improved medical coverage at clinics with GPs visiting them at least once a week, especially those in extremely remote areas;

Clients are no longer bypassing the clinic because they know there is a doctor available at appointed times. Reviewing of clients on chronic medication is now done by GPs at PHC level.

Better management of the many complicated patients at PHC clinic level (ARV, diabetes, epilepsy, CCF, acute presentations etc.)

Decongestion of our hospitals as clients seen by professional nurses are now referred to doctors on site rather than to the hospitals.

Most importantly, these General Practitioners provide mentorship and guidance to nurses at the clinic; thus improving skills, knowledge and subsequently quality of care.

TOBACCO BREAKS HEARTS!

CHOOSE HEALTH NOT TOBACCO



The negative impact of tobacco on public health is one of the concerns for the Department of Health. In 2018 the Department of Health wants to urge the public, particularly its employees, to choose health over risk. Choose YOU. World No Tobacco Day, celebrated on the 31st of May, will focus on the impact tobacco has on the cardiovascular health of people worldwide.

According to the Centre for Disease Control and Prevention (CDC) tobacco smoke is a toxic mix of more than 7,000 chemicals. Many are poisonous and cause damage when they get deep into your body tissues. Your body needs to fight to heal the damage each time you smoke which can lead to disease.

The same poisonous chemicals reach every organ in your body. They move swiftly from your lungs into your blood stream. The blood flows through your arteries carrying the chemicals to tissues in all parts of your body.

SMOKING IS AN ATTACK ON YOUR BODY THAT KEEPS IT UNDER ATTACK EVEN AFTER SMOKING

Smoking makes your immune system work overtime. Your body makes white blood cells to respond to injuries, infections and even cancers. Tobacco smoke poisons can disrupt the way your body heals itself and can cause sudden blood clots, heart attacks, and strokes.

SECOND-HAND SMOKE TRIGGERS HEART ATTACKS

Research by CDC says that even sitting in a smoky bar raises your odds of a heart attack. When you breathe second-hand smoke, platelets in your blood get sticky and may form clots, just like in a person who smokes. Prolonged smoking is not only one of the causes of heart attacks and blood clots, but worsens them if they already exist.

SMOKING HURTS UNBORN BABIES

Smoking during pregnancy increases the risk of pregnancy complications, premature deliveries, low birth weight infants, stillbirths, and sudden infant death syndrome (SIDS). Babies whose mothers smoke are about three times more likely to die from SIDS (crib death). Mothers know it is important to quit smoking while they are pregnant. However, starting to smoke again after your baby is born is also dangerous. Babies who breathe secondhand smoke are more likely to die from SIDS. Smoking also reduces a woman's chance of getting pregnant. Chemicals in smoke interfere with the functioning of the tubes that ova (eggs) travel through to reach the womb.

IT IS NEVER TOO LATE TO QUIT SMOKING!

To quit smoking is difficult but not impossible. It is about wanting a better body, a better mind and a better lifestyle. There are many reasons that could be motivation to your ending of a toxic relationship with tobacco such as;

- I want more years with my family and friends
- I want to be at my daughter's wedding
- I want to live to enjoy retirement
- I want to make healthier life choices that ultimately affect other aspects of my life and people around me
- I want to spend my money on something besides cigarettes

When you are ready, here are some ways to begin:

- Talk to your doctor and consider nicotine replacement therapy.
- Find a support program. Social support can help when you are trying to quit.
- Focus on eating right and exercising.
- Do not get discouraged. Quitting often takes several attempts before you succeed.

**REMEMBER! TOBACCO BREAKS HEARTS:
CHOOSE HEALTH NOT TOBACCO**

World Hypertension Day

KWAZULU-Natal Health MEC Dr Sibongiseni Dhlomo has made an appeal to the public to undergo free health screening at least once a year, in order to nip “silent killer” non-communicable diseases such as hypertension in the bud – before they cause irreparable damage.

The MEC’s stern warning came as World Hypertension Day was being commemorated worldwide on 17 May 2018.

“Promoting health and wellness is critical to preventing and managing lifestyle diseases, particularly the major non-communicable diseases such as hypertension, heart disease, high blood cholesterol and diabetes. To become a healthy nation, South Africans need to make informed decisions about what they eat, whether or not they consume alcohol or should smoke, among other factors. Healthy lifestyles, including keeping a healthy diet and regular physical exercise, can make all the difference. Many people are walking without ailments without even knowing it. But when you undergo health screening, it means diseases can be detected early, which makes it easier and cheaper to treat and/or manage them,” says Dr Dhlomo.

The purpose of World Hypertension Day is to promote public awareness of hypertension and to encourage citizens of all countries to prevent and control this “silent killer.”

The KwaZulu-Natal Department of Health provides health screening free of charge at all its health facilities, and at all its community outreach programmes.

The risk factors for Hypertension are:

A family history of high blood pressure, an unhealthy diet, including excessive salt intake, excessive alcohol consumption, smoking, being overweight (especially around the stomach area), which increases the risk 2-6 times, lack of physical exercise, stress levels, old age, pregnancy.

The signs and symptoms of high blood pressure include headaches, weakness, dizziness, sore eyes, blurry vision and shortness of breath.

The following are guidelines for lowering or normalizing high blood pressure:

Eat 3-6 small meals per day.

Eat a healthy balanced diet, low in saturated fat (animal fats found in red meat, skin of chicken and full cream dairy products);

Overweight people are advised to lose. Losing as little as 4.5kg can lead to a meaningful drop in blood pressure.

Limit salt (sodium chloride) intake to one teaspoon per day. “Hidden salt” in processed foods represents 65-80% of our intake of sodium chloride with only 15% coming from the salt we add at the table.

Limit your intake of processed foods, foods high in salt and those containing flavouring salts. Read labels of products for sodium content before purchase!

Limit or avoid alcohol intake.

Caffeine in coffee, tea, cola drinks and chocolate may cause blood pressure to increase temporarily. Excessive intake is therefore not recommended.

Physical activity should be part of your daily routine. Try to exercise for at least 30-45 minutes most days of the week. Avoid strenuous exercise such as lifting heavy weights, which can raise blood pressure. Rather try walking, swimming, cycling or golf. Consult your doctor for advice on the type of exercise you should be doing.

Important: If you have been diagnosed with High Blood Pressure, take any medication exactly as prescribed. Don’t stop or change it unless advised to do so by your doctor.

WORLD

RED CROSS

World Red Cross Day is an annual event celebration of the “International Red Cross and Red Crescent Society”. It is celebrated every year to pay tribute to the volunteers that have participated in the events as well as welcome their precious contribution for helping people in need. It is the largest volunteer driven organisation worldwide. The Red Cross Society has 100 million members and a presence in 189 countries.

DAY

The South African Red Cross Society (SARCS) has changed to reflect the environment in which it is working in. The National Society is organized into five regions under the control of elected National Council. Each region has several branch offices and which in turn have several committees with representation from the communities.

As an important partner in South Africa’s health and welfare network, the main concerns of the society is to encourage and promote the improvement of health, the prevention of disease and the mitigation of suffering. SARCS is based in seven provinces, Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mahikeng and Western Cape.

They focus on:

Disaster Management:

Disaster Risk Management, Planning, Response, Tracing and Reduction.

Humanitarian Values:

includes the Dissemination programme.

Health and Care:

Community Home Based Care HIV/AIDS, Peer Education, Water and Sanitation.

Organisational Development:

Corporate Governance, Management, Human Resources, Administration, Financial Reporting, Resource Mobilisation, Volunteer Management, Youth Development and Empowerment.

The KwaZulu-Natal province has seven (7) branches that service and provide relief to the community.

These branches are situated in the following areas:

- Durban Metro
- Howick
- Newcastle
- Pietermaritzburg
- Port Shepstone
- Zululand
- Umzimkhulu

RABIES



Rabies is an infectious viral disease that is almost always fatal following the onset of clinical symptoms. In up to 95% of cases, domestic dogs are responsible for the rabies virus transmission to humans. Rabies can affect both domestic and wild animals. It is spread to people through bites or scratches, usually via saliva. Rabies is a vaccine-preventable disease. Vaccinating dogs is the most cost-effective strategy for preventing rabies in people. Dog vaccination reduces deaths attributable to rabies.

The following vaccinations are available and compulsory:

- First vaccination at 3months
- Second at approximately 1 year of age and then after every 3yrs.
- Annual vaccinations is a provision of the Act where the director of Vet services decides it is necessary due to the severity of the current situation)
This is applied selectively in KZN.

Main Symptoms of rabies in dogs:

- Owner will see a change in behaviour as brain of dog fills with virus.
- Dog will wander off (Many cases are recorded as strays)
- Agitation as the dog does not know what is happening to it.
- Strange vocalizations – howling, barking.
- Salivation, cant swallow, appears to have something stuck in throat.
- Incoordination.
- Dehydration (Rabid dogs are not generally scared of water) as they cannot drink throat is paralysed, but will try.
- Chewing strange objects.
- Will bite at the air as if there are flies around it.
- Aggression – Often biting will only occur when stimulated by sound touch, movement etc.
- Paralysis often of back legs.
- Depression – sickly looking
- Staring eyes
- Death occurs normally within three days of first signs.

It is advisable to contact a veterinarian for an immediate appointment or report the incident to a local health department and follow their recommendations if you believe your dog has these symptoms

Message to people who have been bitten

Rabies is mainly a disease in dogs but can affect all warm-blooded animals and all have the potential to transmit the disease.

- Wash wound under running water for more than 5min.
- Clean wound with any disinfectant.
- Go immediately to the nearest clinic!
- A dog bite in KZN is seen as an emergency and an ambulance can be called if transport is problem.
- Treatment consists of four injections which must be completed!!!!
- If a bad bite, additional injections will be done into the wound

Education on dog behaviour and bite prevention for both children and adults is an essential extension of a rabies vaccination programme and can decrease both the incidence of human rabies and the financial burden of treating dog bites. Increasing awareness of rabies prevention and control in communities includes education and information on responsible pet ownership, how to prevent dog bites, and immediate care measures after a bite. Engagement and ownership of the programme at the community level increases reach and uptake of key messages.

ETHICS TALK

SEXUAL HARASSMENT IS ILLEGAL AND UNETHICAL WHAT IS SEXUAL HARASSMENT?

In 1994 the Commission for Conciliation, Mediation and Arbitration (CCMA) defined sexual harassment as: Any unwanted conduct, which is sexual in nature; be it physical, verbal or non-verbal. Should the conduct affect the dignity of the person affected or create a negative or hostile environment it can be considered as sexual harassment. Sexual harassment is relevant in a workplace if granted sexual favours become a condition of employment. Refusal to accede to sexual demands may affect employment decisions and may affect the employee's work or create a hostile environment.

— FORMS OF SEXUAL HARASSMENT AND SEXUAL FAVOURITISM —

1 Sexual harassment may include unwelcome physical, verbal or non-verbal conduct, but isn't limited to:

- Physical conduct of a sexual nature that includes all unwanted physical contact, ranging from touching, rape, and included a strip search by or in the presence of the opposite sex
- Verbal forms of sexual harassment that included unwelcome insinuations, suggestions and hints, sexual advances, comments with sexual overtones, sex-related jokes or insults or unwelcome graphic comments about a person's body made in their presence or directed toward them, unwelcome and inappropriate enquiries about a person's sex life, and unwelcome whistling directed at a person or group of persons
- Non Verbal forms of sexual harassment including unwelcome gestures, indecent exposure, and the unwelcome display of sexually explicit pictures and objects.
- Quid pro quo harassment occurs where an owner, employer, supervisor, member of management or co-employee, undertakes or attempts to influence the process of employment, promotions, training, discipline, dismissal, salary increase or other benefit of an employee or job applicant, in exchange for sexual favours.

2 Sexual favoritism exists where a person who is in a position of authority rewards only those who respond to his/her sexual advances while other deserving employees who don't submit themselves to any sexual advances are denied promotions, merit rating or salary increases.

If you are aware of sexual harassment incidents at your workplace, you can play a major role by:

- Bringing the seriousness of harassment to the attention of management or your human resources (HR) unit.
- Report known or suspected incidents. In most cases victims feel powerless to report.
- Know that it is not the intention of the perpetrator but it is how the victim felt.

CREATING A SAFE WORK ENVIRONMENT

Many practical steps can be taken, as part of an integrated programme, to counter harassment:

A clear policy from management

- Senior management must develop a clear definition of, and policy on sexual harassment.
- If a clear policy exists, and is well promoted, both the person being harassed and the person considering harassing someone, will know what the individual's rights are what's acceptable, and what isn't. This may also help the person being harassed to lodge a complaint.

3 Complaints and Disciplinary Procedures

- There must be clear guidelines on reporting and disciplinary procedures in cases of harassment, and these must be communicated to all staff members.
- Appropriate staff members can be selected, appointed and trained as complaints officers with authority to institute disciplinary measures when necessary.

In large companies, counsellors can be appointed and trained to provide support and to give advice to staff who are sexually harassed, or to counsel harassers if required.

4 Education

Employers should include the issue of sexual harassment in their orientation, training and educational programmes of employees.

5 Confidentiality

Grievances regarding sexual harassment must be handled in a confidential manner in regards to both parties:

- Only appropriate parties (appropriate management, the aggrieved and their representatives, the alleged perpetrator and their representatives, witnesses and an interpreter if necessary) may be present in disciplinary enquiries.

So what can you do if you're experiencing sexual harassment at work?

- Be clear and firm and let the offending party know that their conduct is offensive.
- Tell others.
- Don't doubt yourself.
- Safety in numbers. Make sure that you're not alone with this person behind closed doors.
- Report the matter.
- Keep records.

WHAT'S NEW

a

The Man Pill

Scientists in London are a step closer to developing a male contraceptive pill after a compound was found to slow down sperm enough to stop fertilization. Developed by researchers at the University of North Carolina, EP055 binds to protein on the surface of sperm and disrupts its ability to swim.

- *Independent on Saturday 05/05/2018*

b

Danger In Kissing Babies

It's alright for families to kiss a baby, but there are dangers that exist such as the spread of various diseases. One example is that after contact with an infected person, children may develop sores (that are called blisters) which are created by an infection called herpes Simplex Virus type 1 (HSV type 1). These types of sores grow in any part of the body especially when babies are still young. According to research which was conducted by Dani Stringer, a specialist in the United States of America, babies can die at an early age due to HSV type 1.

- *Ilanga 30-02/05/18*



**NO KISSING
PLEASE!**

**YOUR GEMS ARE
TOO BIG FOR ME**

PHOTO GALLERY



PHOTO GALLERY



PHOTO GALLERY





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