

HEALTH MATTERS

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JULY • 2015



MEC Dhlomo steps up community health care

New Health HOD ● Childhood diarrhoea



health

Department:
Health
PROVINCE OF KWAZULU-NATAL



FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE

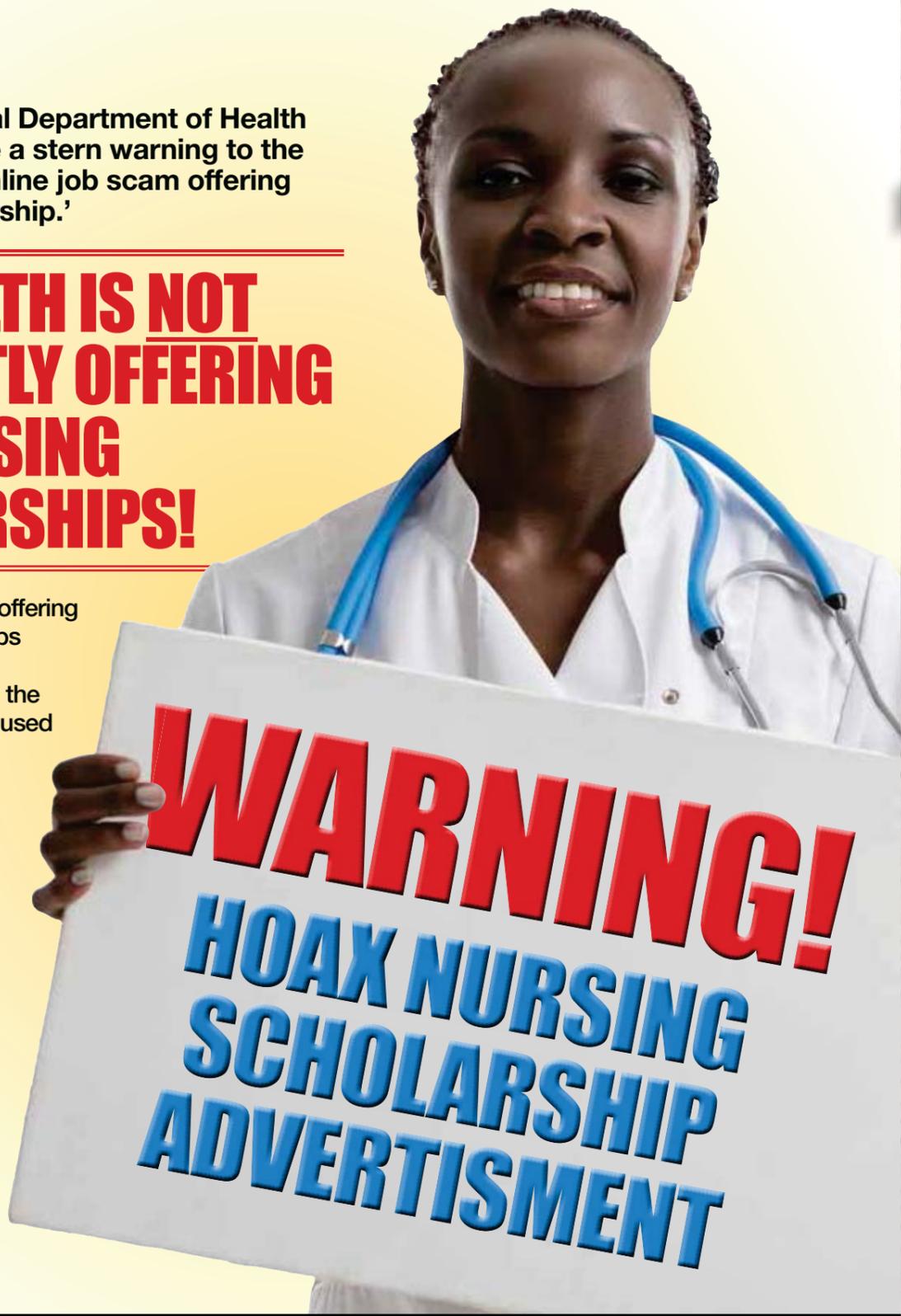
The KwaZulu-Natal Department of Health would like to issue a stern warning to the public about an online job scam offering a 'Nursing Scholarship.'

KZN HEALTH IS NOT CURRENTLY OFFERING ANY NURSING SCHOLARSHIPS!

Beware of any adverts offering bursaries or scholarships and do not provide any personal information to the advertiser – it could be used fraudulently!

All advertisements by the Department are placed in reputable news media, on the intranet and on notice boards.

Anyone with any information on the origins of the false advertising is urged to contact the South African Police Services to ensure those behind the scam can be brought to book.



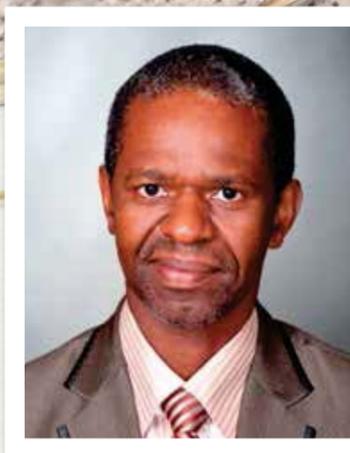
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FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE

Message from...

KZN Health MEC,
Dr Sibongiseni Dhlomo



WISH TO START by thanking the Honourable Premier of KwaZulu-Natal for appointing a new Head of the KwaZulu-Natal Department of Health. The new HOD, Dr Sifiso Mtshali, brings a wealth of knowledge and experience and has led the Inkosi Albert Luthuli Central Hospital (IALCH) with distinction. Just recently, IALCH was hailed as second only to Steve Biko Academic Hospital in the achievement of National Core Standards. We have full faith in Dr Mtshali's ability to run the Department's R32 billion budget, which is geared towards the prevention and management of diseases in this Province. The Department will be stronger with a full-time accounting officer. We look forward to working closely with Dr Mtshali to help us realise Outcome 2 of the government, which is to achieve "a long and healthy life for all South Africans."

THIS MONTH ALSO marks the birth of our late former statesman, Nelson Mandela. On this day, we will be remembering Mandela's remarkable achievements in working towards conflict resolution, democracy, human rights, peace, and reconciliation. Nelson Mandela's birthday is also a call to action for people to recognise their ability to have a positive effect on others around them. It is hoped that the day will once again inspire people to embrace the values that Mandela stood for, such as freedom, democracy, equality, caring, forgiveness, diversity, reconciliation, and respect. We therefore all have a duty to carry Mandela's legacy forward by doing the best we can in all that we do – even when no one is looking.

THE MONTH OF JULY also affords us an opportunity to put the spotlight on Hepatitis, through World Hepatitis Day, July 28. The condition

can be self-limiting or can progress to fibrosis (scarring), cirrhosis or liver cancer. Hepatitis viruses are the most common cause of hepatitis in the world, but other things, such as infections, toxic substances such as alcohol and certain drugs can also be contributing factors.

ACCORDING TO THE World Health Organisation, 400 million people are living with hepatitis B and C worldwide. About 1.4 million die from this every year and many more become infected. Transmission of this virus can be prevented through better awareness and services that improve vaccinations, blood and injection safety, and reduce harm. The virus that causes hepatitis is often easy to spread, but it is a disease that can be prevented. For example, if you are unsure about the cleanliness of the water that you are consuming, boil it. All food must be cooked well, and fruit must be peeled. Health care workers or caregivers to people with a contagious form of hepatitis are advised to take extra steps to stay clean. They can achieve this by washing their hands, utensils, bedding, and clothes with soap and hot water. To prevent the spread of hepatitis B, stay away from the blood or the body of someone who is infected with the disease. That means no kissing or sex or sharing of razors, scissors, needles or toothbrushes. However, this does not mean that those with Hepatitis must be discriminated against. They still need love, care and support.

IN THE SPIRIT of Nelson Mandela Day, I would like to leave you with this quote from this great South African: "Even if you have a terminal disease, you don't have to sit down and mope. Enjoy life and challenge the illness that you have."

God Bless!

inside



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Your suggestions and comments are welcome, and if you have been impressed by a health worker who provided an outstanding service, let us know and we will feature them!
CONTACT US on 031 562 9803, write to us on PO Box 25439, Gateway 4321 or email editor@ezempilohealthmatters.co.za

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EARLY BOOKING SAVES LIVES



"I look forward to taking up the challenges within the Department to deliver on our commitment to provide quality, accessible health care to all the people of KwaZulu-Natal."



ABOVE For the past four years Dr Mtshali has been the Chief Executive Officer of Inkosi Albert Luthuli Central Hospital in Durban.

MEET THE NEW HOD FOR DEPARTMENT HEALTH IN KZN, DR S.T. MTSHALI

MEC Dhlomo welcomed the new head of his department this month, Dr Sifiso Mtshali, who stepped into office from 1 July.

ABOUT DR MTSHALI

Described as a strategist, Dr Mtshali graduated with a B.Sc (Chemistry) at the University of Cape Town in 1991 before pursuing his studies in medicine, qualifying with an MBChB in 1996 through MEDUNSA. His passion for learning also saw him obtaining various additional qualifications including a Masters in Business Administration (Healthcare Management) from the University of Free State in 2002 and a Masters in Health Economics and Pharma-economics (University of Pompeu Fabra, Spain).

Coupled with approximately 19 years of experience in various fields, several leadership positions in both public and private sector organisations, Dr Mtshali also completed a learnership on the universal health coverage run by the World Bank which has further strengthened his understanding and perspective of the National Health Insurance especially within the African context.

PAST SUCCESS

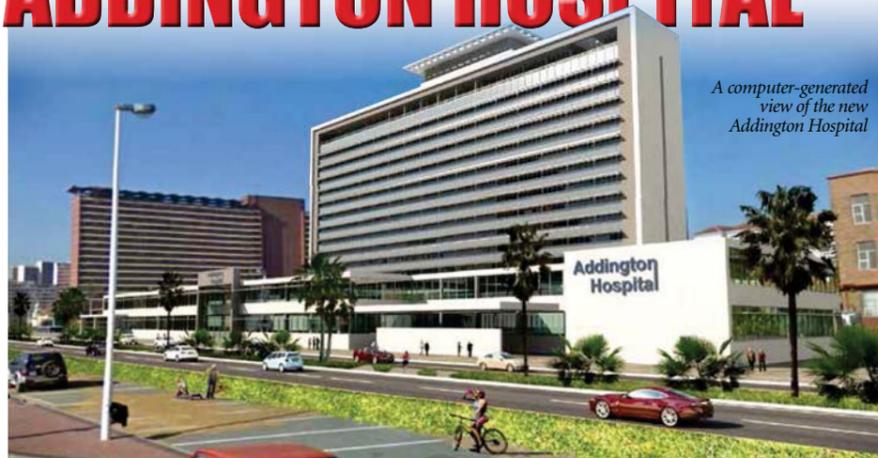
Dr Mtshali spent the last four years as the Chief Executive Officer of Inkosi Albert Luthuli Central Hospital, where his leadership and management skills saw the hospital sustain high levels of performance and standards of care. Under his leadership the hospital received an accolade at the 2014 Centre for Public Service Innovation (CPSI) awards for the best managed Public Private Partnership (PPP) in the country. The academic and administration skills at the hospital have seen him emerge as a formidable leader and team player which, says MEC Dhlomo, augurs well for his role as HOD in the Department of Health, KZN.

PRACTISING WHAT HE PREACHES...

Dr Mtshali is a keen sportsman who focuses on keeping fit and leading a healthy lifestyle. His fitness routine includes running half marathons with hopes of entering bigger races in the future! He also enjoys travelling, reading and watching wild life documentaries.

MEC Dhlomo, together with the senior management team and staff of the Department have all extended their congratulations to Dr Mtshali on his promotion and wish him all the best in his new position as Head of Department.

DAWN OF NEW ERA AT ADDINGTON HOSPITAL



A computer-generated view of the new Addington Hospital

The multi-million rand upgrade of Durban's historic Addington Hospital is nearing completion and will begin the start of a new chapter for the 136 year-old hospital. Let's take a look at how things have changed...

Background of Addington

Built in 1879, the 520-bed Hospital is the second biggest public health care institution in KwaZulu-Natal, after King Edward VIII Hospital. The hospital served a small targeted community where black patients were denied treatment and sent to other hospitals instead. The hospital was therefore never built to serve the needs of all South Africans. After the fall of apartheid, the current Department of Health in KwaZulu-Natal decided to revamp the old building to ensure it was able to serve all patients as, due to its age, parts of the hospital were not safe.

How KZN Health transformed Addington:

Although the KwaZulu-Natal Department of Health once considered closing down this hospital during renovations, it later decided against this, as it did not want to compromise health care service delivery.

relocated to other health facilities. After starting the revamp during 2009/10, the following has been achieved:

- ★ Refurbishment of a hospital facade
- ★ Refurbishment and Rehabilitation of 7 theatres
- ★ General Maintenance of Hospital Wards and Roof repairs at the Poly Clinic
- ★ Electrical and Mechanical Maintenance repairs and upgrade in the Centenary Hall and Informatics
- ★ Refurbishment of two Theatre chillers
- ★ Replacement of 26 air conditioners
- ★ Upgrade of the Accident and Emergency Unit.

The refurbishment of a further six theatres is also currently underway. The entire project is due for completion later this year.

Relocation of eye services

The relocation of Eye Services to McCord

aimed at transforming McCord Hospital into a specialist Eye Care Centre in the province.

New beginnings

Once complete, the new look Addington Hospital will ensure it delivers health care in an environment that is caring and delivers to standards as outlined in the national standards of health care.

A hospital for all!

"We are pleased that this process is nearing finalisation. We know that revitalizing a health facility with patients in the premises takes longer than anticipated. We are mindful that we must be influenced not only by the safety of our patients but also by infection control. As we moved patients from one wing to another, we had to be extra careful. There were days when there was no construction, but only cleaning and moving of patients. We thank all those who have been involved in this process, including patients and their relatives for

JULY 28 WORLD HEPATITIS DAY

It's closer than you think

Around 50% of us have been exposed to the Hepatitis B virus (HBV) at some point in our lives, yet many of us know very little about it. This day is an opportunity to learn and teach others so that we can understand and empower our communities on the issue - and help prevent the spread.

WHAT IS HEPATITIS?

It's when there is an inflammation of the liver (an inflammation is when a part of the body becomes red, swollen and painful). It has different causes, but a viral infection is the most common (a viral infection means you have a virus in your body). The hepatitis B virus is 50 to 100 times more infectious than HIV because it can survive in some places up to seven days, while HIV survives for only a few minutes outside the human body.

HOW DOES IT SPREAD?

The virus is passed on when blood or body fluids from an infected person enters the body of an unprotected person. The most common way is through unprotected sex, infection from mother to child during birth, drug abuse, direct contact with a bleeding wound, sharing of tooth brushes, razors or needles and contact with an infected surface.

HOW CAN YOU TELL YOU'VE BEEN INFECTED?

Symptoms of HBV can last a few weeks and include the following:

- ★ Yellowing of the skin and eyes (jaundice)
- ★ Dark urine
- ★ Extreme tiredness
- ★ Nausea, vomiting, stomach pain.

PREVENTION IS BETTER THAN CURE



1 95% of those vaccinated against HBV will not contract a serious form of the disease; make sure your child is up to date with the vaccination needed.



2 Wash your hands regularly - especially after contact with lift buttons, public taps and stairs.



3 Use condoms during sex - the virus are present in sperm, vaginal fluid and your bloodstream.



4 Avoid taking drugs and never share needles or syringes.



5 Wear protection when dealing with open wounds or cuts.



6 Never share razors, toothbrushes or other sharp instruments.

KNOWLEDGE IS POWER: USE IT TO SAVE YOUR LIFE!

WHAT TO DO IF YOU HAVE A SEXUALLY TRANSMITTED INFECTION

YEBO ANNA! WHY ARE YOU LOOKING SO WORRIED? HOW ARE THINGS WITH YOU AND THABO?

THAT IS JUST THE PROBLEM. LAST NIGHT WE HAD AN ARGUMENT ABOUT HIM NOT WANTING TO WEAR A CONDOM. I DON'T EVEN KNOW IF HE IS FAITHFUL TO ME OR NOT.



YO, ANNA, YOU REALLY MUST GO TO THE CLINIC.



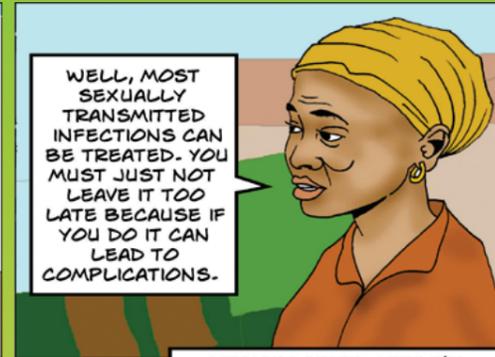
BUT WHY? THERE IS NOTHING WRONG WITH ME.



YOU NEED TO CHECK IF YOU HAVE A STI; YOU KNOW, A SEXUALLY TRANSMITTED INFECTION. VERY OFTEN YOU FEEL NORMAL, LIKE THERE IS NO PROBLEM.



WHAT IF I DO HAVE AN INFECTION? WHAT THEN?



WELL, MOST SEXUALLY TRANSMITTED INFECTIONS CAN BE TREATED. YOU MUST JUST NOT LEAVE IT TOO LATE BECAUSE IF YOU DO IT CAN LEAD TO COMPLICATIONS.



I HAD A S.T.I. LAST YEAR. AT FIRST I KNEW NOTHING ABOUT IT, AND JUST BY CHANCE A FRIEND ASKED ME IF I GO FOR REGULAR CHECK-UPS.

I WENT FOR A TEST AND THEY FOUND THAT I DID HAVE A S.T.I. THEY GAVE ME MEDICINE AND IN A FEW WEEKS I WAS FINE. YO!

STRAIGHT AFTER WORK I'M GOING TO THE CLINIC TO GET TESTED FOR STI'S. YOU KNOW, I THINK THABO HAS A GIRLFRIEND IN THE CITY, SO I HAD BETTER NOT TAKE A CHANCE. I WILL DEFINITELY GO



IF YOU ALREADY HAVE A SEXUALLY TRANSMITTED INFECTION OR YOU THINK YOU ARE AT RISK:

- TREAT IT EARLY DON'T WAIT UNTIL YOU ARE ILL.
- HELP YOUR PARTNER TO GET TREATED AT THE SAME TIME OTHERWISE YOU CAN GET INFECTED AGAIN.
- MAKE SURE TO TAKE ALL MEDICINES GIVEN TO YOU FOR THE TREATMENT EVEN IF THE SIGNS GO AWAY.
- PRACTICE SAFER SEX YOU CAN ALWAYS GET ANOTHER STI OR HIV/AIDS IF YOU DON'T.

Medical students embrace rural health

Final and sixth year medical students at the University of KwaZulu-Natal are thriving in rural health facilities as part of their six week placement there, under a new rotational programme introduced by the Department of Rural Health, UKZN College of Health Sciences with the support of the Medical Education Partnership Initiative (MEPI). The introduction of the programme, says Dr Sandy Pillay, Communicating Principle Investigator of the MEPI-UKZN grant, allows medical students first hand experience of community health issues.



PHINDILE CHONCO *St Andrews Hospital*

"At St Andrews I learnt how to treat a patient holistically. There were some challenges but the experience definitely taught me how to be a better person and to be able to deal with people with different personalities. I learnt how to work with and understand other people so we can be a good team. I also learnt that we cant medically help all people and sometimes you should listen with compassion and give advice on how best to handle the illness and that listening to patients is a healing remedy on it own. The experience has made me a stronger and more understanding person. Patients used to come to the hospital just wanting

to be admitted because they have nothing to eat at home or they don't have a shelter to go back to so its important to be understanding of some patients and not to only look at the sickness they have but look at them as a whole. As someone from a rural area I would go back and work there, because I know that there is a huge shortage of doctors and a lot of patients needing help. Also, as a person from a rural background, other people from rural areas can be encouraged to see that they can become what ever they wish to be. It does not matter where they come from, its what they want to be that counts."

"I learnt that listening to patients is a healing remedy on its own." – PHINDILE

"I was terrified when I was told I had to live in a rural area for six weeks!" – MOHAMED

"It's a humbling experience." – SIYANDA



MOHAMED KHAN *Emmaus Hospital*

"I've spent most of my life living in the big cities of KZN and had no idea what to expect from my rural experience. But at Emmaus Hospital I was pleasantly surprised by the living arrangements, the hospital facilities and the welcoming nature of the people of Emmaus. The NGO's and the work they do in the heart of the rural communities really opened my eyes. My time spent there taught me a valuable lesson that no task is too small to make a difference. Before I started my rural experience I had dreaded going out of the city for my community service. This experience has taken away that fear factor and I definitely think Emmaus will be my first choice for comm serv at the end of my internship. The community of Emmaus made me feel welcome and I'd like to go back there as a qualified doctor so I can help people and make a difference."



SIYANDA KUBHEKA *Bethesda Hospital*

"The rotational program here helped me supplement the knowledge that I acquired in Cuba. It moved me from an academic situation to a practical setting where I could experience the daily health challenges that people face in their lives. The range of acute cases in rural hospitals in South Africa is much wider than in Cuba. I've learnt a lot and it reminds me why I wanted to become a doctor. It puts everything into perspective and makes you humble. Students on the programme must avail themselves of opportunities to see new things, do procedures and be open about their experience. They must involve themselves and try to gain as much knowledge from the experience, because you learn more from working in rural areas than anything you read in books."

KZN HEALTH



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NEWS

Fighting Disease, Fighting Poverty, Giving Hope



WORK HARDER TO DETECT MALNUTRITION IN CHILDREN

KWAZULU-NATAL HEALTH MEC, DR SIBONGISENI DHLOMO, has stepped up his call to all health workers to be more vigilant in detecting malnutrition among children.

Addressing senior and district management hospital and clinic officials recently, Dr Dhlomo said more lives could be saved if malnutrition was detected early in children. "All our Health facilities have nutrition advisors. It is concerning, however, that we are not picking up malnutrition early enough. We can reduce the rate of under-5 mortality and morbidity if we can get our nutrition advisors visiting Phila Mntwana centres in the province to assist. At the moment, we are picking up malnutrition when it is already severe. When these malnourished children, sometimes with doubtful immunisation status, present at facilities they succumb to diarrhoea and pneumonia," said Dr Dhlomo.

The MEC noted with concern that if, as KZN, we don't pay attention to goals to reduce child mortality and improve maternal health, there would not be any considerable improvement in

Medical students from Cuba assist across KZN

MORE THAN 300 MEDICAL STUDENTS studying in Cuba have been deployed across the 11 KZN Health districts to assist in patient care during their mid term holidays from Cuba.

The students, who are all from poor backgrounds in KZN, were given a golden opportunity to study medicine in Cuba, thanks to a partnership program between South Africa and Cuba. "Cuba has excellent health outcomes as a result of their primary Health care approach. This has allowed them to eliminate some diseases like malaria, TB and others. Because of strong health education and health promotion, people in Cuba only develop hypertension and other non-communicable diseases quite late in life. If our students get to visit the clinics and hospitals, they will observe the disease profile in South Africa and that will assist them a lot when they complete their training and return to South Africa to begin serving as medical doctors," said MEC Dhlomo during his welcome address to the students back home.



Dr Dhlomo expressed appreciation to Cuba for partnering with South Africa in Health, adding that this continues to have a significant impact on alleviating the shortage of doctors here. "South Africa comes from a shameful history that fostered segregation in Medical Education. The apartheid regime limited the universities

that black South Africans could enter, which meant that by 1985, 83% of all doctors and 94% of all specialists were white.

Former President Nelson Mandela and former Cuban President Fidel Castro agreed to enter into a joint health co-operation to train medical students from South Africa in Cuba to redress

this inequality, which led to the SA-Cuban Medical Partnership. "We are happy to announce that for KwaZulu-Natal there are 907 students that have been sent to Cuba since the inception of the Programme. Of these, 789 are still attending, and 88 completed the training Programme," added MEC Dhlomo.



Community outreach steps up to curb spread of HIV and AIDS

THE DEPARTMENT OF HEALTH has reiterated its call to all community leaders to drive more awareness on the promotion of healthy lifestyles within their communities.

Addressing communities in Mbumbulu south of Durban recently, Dr Dhlomo outlined the many services available to ensure people take control of their health, including sexual health. Some of the interventions by the Department include promotion of dual protection (use of

JULY MENTAL HEALTH AWARENESS MONTH

MENTAL HEALTH IN THE WORKPLACE: SUPPORTING COLLEAGUES WITH MENTAL HEALTH PROBLEMS

“One in four people will experience some form of mental health problem in their lifetime”

WORLD HEALTH ORGANISATION



Depression

According to the World Health Organisation, Depression is the leading cause of disability worldwide. Around the world, more than 350 million people of all ages suffer from depression.

Here's what to watch out for in someone who may be depressed:

- * Tearful, nervous or irritable behaviour
- * Loss of interest in work and difficulty concentrating
- * Feeling overwhelmed and unable to deliver what is expected of them
- * Loss of appetite
- * Getting tired easily
- * At worst, they may feel suicidal

Substance use disorder

In times of extreme stress, many people may turn to substances such as alcohol and drugs to help them cope. Substance abuse can often go hand in hand with mental health problems, and can often worsen the symptoms of a mental illness.

Signs of possible substance abuse:

- * Abrupt decline in attendance, quality and output of work
- * Irritability, paranoia and being withdrawn
- * Withdrawal from responsibility
- * Decline in physical appearance and grooming
- * Unusual borrowing of money from friends and co-workers
- * Requests for leave around payday

HOW CAN I HELP A COLLEAGUE IN MENTAL DISTRESS?

The most important thing you can do is treat them with respect and dignity. Beyond this, try to help by doing the following:

- * Talking with your colleague is the first step towards finding out how they would like you to support them
- * Let your colleague know that you are there if they want to talk
- * Make sure you can talk somewhere quiet and private
- * Let your colleague share as much or as little as they want to
- * Ask questions to help you understand what they are going through, but tell them that they don't have to answer any questions that make them feel uncomfortable
- * Try not to be judgmental regarding the circumstances your colleague may be going through
- * It is important to remember that while you are playing a supportive role to your colleague, you are not their therapist or doctor. Don't try to diagnose someone or second guess their feelings. Always encourage them to seek professional help
- * Talk about wellbeing. Exercise, good diet and relaxation can all help improve everyone's mental wellbeing. Talk about ways of de-stressing and ask your colleague if there is anything that they find helps. Ask if your colleague is in touch with any self-help groups or has supportive friends.

HOW DO I RESPOND IF A COLLEAGUE IS SUICIDAL?

Hints or threats about suicide should **NEVER** be ignored. If a colleague says they are feeling suicidal or can't go on, or if you suspect they are thinking of taking their own life, it is very important to encourage them to get help. Alerting management of your concerns might also prove helpful, as they can also encourage and possibly assist your colleague in getting help.

DISCRIMINATION IN THE WORKPLACE

People experiencing mental health problems often face discrimination and abuse in the workplace, either from their co-workers or from management. If you see that one of your colleagues is being discriminated against it is important to educate them regarding the many laws that protect them and their rights in South Africa. They can also look online at the constitution of South Africa, under the Bill of Rights and the Labour Relations Act.



It's a frightening statistic, but a fact. You can't always solve your colleague's problems for them, but there are a few simple steps you can take to help someone who needs your help in that situation

HOW DO I KNOW IF A COLLEAGUE HAS A MENTAL HEALTH PROBLEM?

Sometimes it will seem obvious when someone you work with is going through a hard time, but there is no simple way of knowing if they have a mental health problem. And in reality, it isn't always necessary to know. It's more important to respond sensitively to someone who seems troubled than to find out whether or not they have a diagnosis.

If you are unsure what signs to look out for, here are some basic guidelines to help you determine whether one of your colleagues might be experiencing some form of mental health problem. But please remember – these are just general, practical guidelines and are in no way intended as guidelines for official diagnoses. It is always

There are 24-hour suicide crises lines available that can offer assistance:

LIFE LINE (011) 728 1347
SOUTH AFRICAN DEPRESSION AND ANXIETY GROUP 0800 567 567

LET'S WORK TOGETHER TO REMOVE THE STIGMA!

YOUR GUIDE TO COPING WITH CHILDHOOD DIARRHOEA



Diarrhoea kills more children under the age of five years in South Africa than any other disease.

Diarrhoea in children is common and can be treated at home before it becomes serious. Babies and children are more affected because their natural defence system that helps fight infection is not fully developed. Most causes of diarrhoea come from food allergies, a virus or even antibiotics. Use the following guide to treat your child with diarrhoea at home, but always check with your health worker if it does not get better within four hours of treatment

CUT OUT AND KEEP GUIDE

1 GIVE MORE FLUIDS
Anyone with diarrhoea, especially children, loses a lot of water from the body. If this lost fluid is not replaced, there is danger of the body "drying up" (known as dehydration) which can lead to death very quickly, especially in babies and children. For this reason, it's very important to replace the lost water from diarrhoea by giving a solution known as an oral rehydration solution, which is a mixture of water, electrolytes (salts) and glucose. The solution bought from shops contains potassium, which is an important mineral that helps your body work properly, but you can also make up your own oral solution at home as an emergency remedy to treat the diarrhoea immediately, if it is not too serious or until your child can be seen by a health professional.

Recipe for oral hydration solution

YOU WILL NEED:



1 litre of clean water

½ tea-spoon salt

8 tea-spoons sugar

METHOD

Add the sugar and salt to the water and mix well and let the child take small sips of this solution (one to two teaspoons every five minutes).

WARNING: Don't let anyone with diarrhoea drink too much of the solution in one go as this will make them vomit. Small sips must be taken at a time.

Other drinks you can give in small sips: weak tea, fruit juice and clean water.

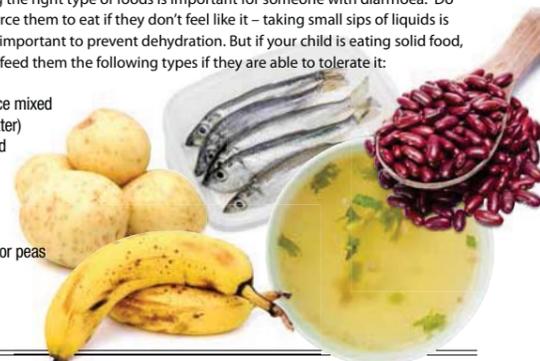


2 CONTINUE BREASTFEEDING YOUR BABY
Babies with diarrhoea should still be breastfed because breast milk helps protect their immune system which is important as their body develops. Bottle fed babies have a higher risk of getting diarrhoea. Breastfed babies usually have loose stools, which is normal unless there is blood in it. A breastfed baby also has less risk of getting diarrhoea because breast milk contains important nutrients which help keep germs away.



3 GIVE THE RIGHT FOODS
Eating the right type of foods is important for someone with diarrhoea. Do not force them to eat if they don't feel like it – taking small sips of liquids is more important to prevent dehydration. But if your child is eating solid food, try to feed them the following types if they are able to tolerate it:

- * Rice water (rice mixed with some water)
- * Ripe or cooked bananas
- * Pap
- * Potatoes
- * Chicken
- * Beans, lentils or peas (well cooked)
- * Fish
- * Chicken soup



WHEN TO GET IMMEDIATE MEDICAL HELP

Take your child to the nearest hospital or clinic immediately if they have any of the following symptoms, as their diarrhoea could be severe and life threatening:

- * Does not urinate in more than 8 hours
- * Has a very dry mouth and no tears
- * Blood in their stool
- * Has more than 8 stools within 8 hours.
- * The diarrhoea is watery and your child vomits repeatedly.
- * Your child starts acting very sick.

PREVENTING DIARRHOEA AT HOME

Good hygiene is vital in preventing diarrhoea. Encourage everyone at home to:

- * Wash hands with soap and water after using the toilet, changing baby's nappy, before and after preparing food.
- * Make sure all meat and eggs are cooked well.
- * Wash fruit and vegetables before eating.
- * Never mix raw and cooked meat together and always wash cooking areas well to prevent contamination.

PREVENTING DISEASE BEGINS WITH HEALTHY HABITS AT HOME

Pholela Community Health

Birthplace of the world's Primary Health Care model

Rural health care is one of the most challenging areas in our health system, but despite all the obstacles, there are many facilities within our province which deliver health care beyond expectations and are rarely recognised. Pholela Community Health Centre Ingwe (KwaHlanganani) in the Sisonke Health District is one of them. More importantly, it's also where primary health care started – now the main focus of the new National Health Insurance that will change our health service from curing only, to focusing on the prevention of diseases.

What's so special about Pholela CHC?

It all began in 1940, when it became the first ever Health Centre to be established by the then Union Health Department. Following its success as a community health facility, the government decided to establish Health Centres around the country. All health professionals were first sent to Pholela CHC to gain experience before being sent to other health centres around the country, making it an important facility to practise primary health care, serving the needs of the local community.

Model of Primary Health Care (PHC)

Pholela Community Health Centre is known all over the world as the site where the Community Oriented Primary Health Care concept began. The late professor, Sydney Kark, introduced the primary health care approach, where health workers interact at community level to gain knowledge of a community's health needs through home visits, community education and understanding of local health concerns. As a result, the local



community started getting involved, taking responsibility for their own health, becoming more proactive.

Revival

Realising the role that community health played in South Africa, the Pholela CHC was built with help from donors brought in by the then Minister for Health Dr Nkosazana Zuma who also grew up depending on Pholela Health Centre for her Health needs as a member of the Bulwer Community.

Success today

Despite many challenges, Pholela CHC has achieved outstanding results and continues to be recognised as the birthplace of Primary Health Care. Some of its key successes include:

- ✳ General medical & surgical services
- ✳ Mobile clinic
- ✳ Home visits & health education
- ✳ Community garden
- ✳ X-Ray
- ✳ Dental clinic

- ✳ Close interaction with Traditional Health Practitioners
- ✳ TB door-to-door visits (quarterly)
- ✳ Oral Health outreach
- ✳ Mother-to-mother-to-be Programme (M2M2B)
- ✳ All satellite clinics are down-referral sites for ARV treatment
- ✳ Visiting needy families and providing assistance where possible.

Community Visits

Pholela CHC workers do not sit back; they are actively involved in the community, with the following aims:

- ✳ Health education on how to prevent diseases
- ✳ Advice on garden, hygiene, sanitation, water and address problems regarding sanitation and water with municipality
- ✳ Assist those who cannot visit the clinic for early detection of TB to prevent the spread of TB
- ✳ Encouraging poultry farming and gardening to address poverty.

Halala Pholela CHC for leading the way!



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Department:
Health
PROVINCE OF KWAZULU-NATAL

FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE