

Message from...

KZN HEALTH, HEAD OF DEPARTMENT DR. SIBONGILE ZUNGU

Too often the best of efforts remain overshadowed by the enormous challenges we are faced with, and as the province with the highest disease burden in the country, there is a lot to be done in meeting those challenges. Health care is a fundamental human right and we are acutely aware that as a public sector we must deliver. But government is a partnership, and to be successful we need to work as a collective to ensure that every person has access to that right.

The right to health care is inextricably linked to poverty, and cannot be addressed in isolation. Malnutrition and food security are an important part of our efforts to working towards our goals in health care delivery. In doing so, we are committed to making sure that human rights are promoted, protected and respected and that measures are taken to eliminate discrimination and combat stigma, especially in areas of HIV/AIDS. As a collective, we must ensure that gender equality is promoted and the vulnerable – children, the aged and the people with disabilities - are protected.

As government, we remain committed to intensifying our efforts to empower women, both to protect themselves and to act as agents of change. Our new Health Road Map paves the way to improved access to services for mother and child, and our male circumcision campaign is on track to meeting the targets set. Health care delivery is a journey, and along the way we will have stops and delays, even the occasional breakdown. But nothing will distract us from getting to our destination, which is to provide proper access to health care for all South Africans. Together, we will get there.



DR MUSA GUMEDE, DEPUTY CITY MANAGER, HEALTH AND SOCIAL SERVICES, ETHEKWINI MUNICIPALITY

This is the year of accelerated service delivery. Our focus and drive is the provision of more clinics which offer comprehensive HIV treatment and male circumcision services. Whilst we are faced with challenges in meeting the Millennium Development Goals in certain areas, our efforts will not be compromised in forging ahead to improve the health of our people in eThekweni. To this effect, our antenatal services have reopened and a TB contacts identification project launched this month. These initiatives together with our increase in Primary Health Care services

will undoubtedly have a positive impact towards meeting the MDG targets.

The Health Unit of eThekweni Municipality is very cognisant that access to healthcare is a basic right of all citizens and is committed to the delivery of an accessible and quality health service. We will soon be embarking on campaigns to promote wellness, cleanliness, child and maternal health and the prevention of diseases and accidents. Our teams will be calling on schools and will be actively involved in community events to ensure service delivery is carried out to all our people.

We urge citizens of eThekweni to support our programmes and to protect health facilities and Community property against criminals and vandals so that services are always available. Through your partnership we can achieve a healthier city.

PUTTING PEOPLE FIRST INSIDE

About Ezempilo

Welcome to the launch edition of the magazine, produced for the Provincial Department of Health with support from the eThekweni Municipality Health Unit. The monthly magazine will be freely distributed to the hospitals and clinics in KZN-starting in eThekweni. The aim is to provide basic health information that would empower you to make an informed choice about your health. Our monthly cartoons can also be used by schools as a teaching aid for young readers in a way that's appealing and youth friendly. Ultimately, it's about playing a role in health care information, and leaving the politics to the politicians. By sharing our knowledge, skills, good fortune, resources and encouraging an attitude of "Batho Pele" - people first, we can be the change we want, rather than demand it. Let's make a difference and make 2011 a year of positive change for all!

Zohra M Teke
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WORLD LEPROSY DAY JAN 31



WHAT YOU SHOULD KNOW ABOUT LEPROSY

- + Leprosy can be cured.
- + Do not fear it. Treat it!
- + Leprosy is not the result of a curse.
- + There is no need to isolate a person with leprosy.
- + People with leprosy who go untreated risk getting disabilities.
- + It's not highly infectious.
- + People with leprosy can stay with their families and remain active.
- + A leprosy control programme is in operation in KZN.

THERE ARE 4 FACILITIES THAT PROVIDE THE SERVICE ON AN OUT-PATIENT BASIS:

- + Edendale Hospital
Last Thursday of every month.
- + Prince Mshiyeni
Last Friday of every month
- + Manguzi
Twice a year (Jan/Aug)
- + Madadeni
Every second month

What is leprosy? Leprosy is a skin disease, commonly known as Hansen's disease. It is usually identified by sores and boils on the skin. However, it's important to know the facts about the condition instead of believing what you hear about it.

The reality is that most people are naturally immune to the disease, and those that are not, transmission is still unlikely. More than 90% of the world's population possesses total immunity to leprosy, and close contact with those infected does not mean that you automatically become infected by it. Simple contact with a leper does not mean you will become infected. This is highly unlikely, if not downright impossible.

SYMPTOMS OF LEPROSY:

- Mainly affects the skin and nerves; often in the form of boils and sores.
- Skin patches with little or no feeling.
- Thickening of the skin or lumps, especially on the face and ears.
- Pain, tenderness and/or thickening of a nerve (usually near the joints).
- Loss of feeling or weakness of fingers and/or toes.
- Loss of eyebrows, nose bleeds and a blocked nose.

TREATMENT:

Leprosy can be successfully treated over 6 months to 2 years, depending on how severely a person is affected. The best time to start treatment is as soon as signs of leprosy appear. Treatment reduces the risk of the person spreading leprosy. Treatment reduces the person's risk

of getting disabilities.

Leprosy is a curable disease and treatment provided in the early stages averts disability.

CHALLENGE & RESPONSIBILITY OF SOCIETY TO LEPROSY

A major problem for leprosy patients is that they are often ostracised due to their disabilities and the fear which many people have of the disease. The Leprosy Mission in KZN runs a training programme which educates and provides support to those affected by it.

Be Wise, Get

Circumcised

THE FACTS:

WHAT IS MALE CIRCUMCISION?

Male circumcision is the surgical removal of the foreskin covering the end of the penis so as to permanently expose it.

WHAT ARE THE ADVANTAGES OF MALE CIRCUMCISION?

- (a) Reduced risk of HIV infection
- (b) A lowered risk of getting some sexually transmitted infections, like chancroid and syphilis.
- (c) Reduced risk of developing penile cancer
- (d) Protection against other medical conditions including urinary tract infections.

THE TRUTH

A circumcised man can continue to engage in his sexual relations and can still enjoy sexual fulfilment as before, following a successful circumcision.

HOW LONG DOES IT TAKE TO BE CIRCUMCISED?

Between 15 and 30 minutes. The time taken depends on age, condition of the foreskin, method of pain relief used, and experience of the health worker carrying out the operation. Medical circumcisions are performed at health facilities throughout South Africa, such as community health centres and district hospitals. The circumcision is done by a trained health care provider (doctor or nurse) who is

specially trained to perform this kind of procedure. It is done under local anaesthetic, so

besides a small injection, there is no pain. The wound is then stitched and dressed, and you are given painkillers to help manage any mild pain or discomfort you may have when the anaesthetic wears off. You are also given instructions on how to keep the wound clean while it heals, as well as a medical certificate should you require time off from work or studies while you recover.

AFTER THE PROCEDURE

Once the penis is stitched and dressed, you can go home. You will need a follow up visit to the health care provider to have the dressing removed (usually within a week). After this, you should gently wash your penis with soap and water, using a soft cloth. Stitches will fall out after 10 to 14 days.

WHEN TO CONSULT YOUR DOCTOR OR HEALTH WORKER

Like with any surgical procedure, there can be problems after a circumcision. In most cases these are slight, such as reaction to the pain injection, minor bleeding, or some swelling and pain. With proper care, these issues are easily treated. Should you have any concerns, go to your clinic or doctor.

CLEVER GUYS
USE CONDOMS!



REMEMBER! NO SEX FOR SIX WEEKS PLEASE!

The healing process takes six weeks, during which time you may not have sex or masturbate. If you do, the wound will take longer to heal completely – and you run a higher risk of HIV transmission.

WHAT A MALE CIRCUMCISION DOES NOT DO

- Does not prevent pregnancy
- Provides only partial protection against HIV infection
- Does not benefit the partner of an HIV-positive man
- Does not reduce the risk of HIV infection during anal sex

**QUITE SIMPLY,
GETTING A
MEDICAL
CIRCUMCISION IS
THE RIGHT THING
TO DO.**

KZN Health MEC Dr. Sibongiseni Dhlomo aims for...

Better Health Care

INTERVIEW WITH KZN HEALTH MEC DR. SIBONGISENI DHLOMO

It's been over a year since KZN Health MEC Sibongiseni Dhlomo took office. While Finance Minister Pravin Gordhan heaped praise on the KZN Health Department for its cost cutting measures, the MEC has quietly been getting the job done. But what do we know about him?

BACKGROUND

A doctor by profession, Dr. Dhlomo previously worked as eThekweni's Deputy Municipal manager in Health. Before that, he worked as a director on project Phithidisa in the South African Military Health Service (SAMHS) for four years, which looked into HIV research in the SANDF, but preferred to keep a low profile even then. He has a quiet demeanour, a humble approach and lack of courtship of the media, which is unusual given his position. Perhaps it's his upbringing which moulded his character at an early age, setting him apart. Born in the sleepy town of Umbumbulu in KZN, Dr. Dhlomo studied Medicine, followed by further studies in Psychology and Sociology, and later a postgraduate in public health and strategic project management. This was topped with a postgraduate diploma in HIV and AIDS management and a post graduate

diploma in Palliative Care.

WORKING LIFE

Dr. Dhlomo worked as a doctor at King Edward Hospital, and later opened his own practice at Madadeni Medical Centre in Newcastle. He then went on to lecture in Public Health at the University of KwaZulu-Natal, advising the Vice Chancellor; worked at SANDF for four years, before becoming Deputy City Manager of Health and Social



Services at eThekweni Municipality, until his resignation, to become KZN's provincial Health MEC in 2009.

SHAKEN AND STIRRED

Dr. Dhlomo recommended the appointment of Dr. Sibongile Zungu as head of department to the premier soon after taking office, describing her as the "best person for the job." Dr. Zungu had previously worked as a doctor in Gauteng and Mpumalanga and came on board

to assist in turn around of one of the most difficult portfolios in the province, and has proved to be one of the MEC's greatest strengths at his side.

MAKE ME LOOK LIKE A HOSPITAL

A few months into his position, Dr. Dhlomo introduced a project called 'make me look like a hospital.' The idea is to identify areas and issues in a hospital that prevent it from

showcasing itself as a presentable hospital. Already, 22 out of the province's 63 have gone through the revamp, while the MEC and his team have been travelling extensively across the province's hospitals and clinics, talking to patients, staff, and health personnel, making unannounced visits.

WORK IN PROGRESS

Dr. Dhlomo is acutely aware of the challenges in health care in the province, and together with his team, is committed to meeting these despite the constraints. Health is an emotionally charged portfolio and the salvos aimed at it are fast and furious. Despite this, there have been positive changes and while it is still a work in progress, we can finally see the light at the end of the tunnel – and with that, hope for better health care for all.

Breast Feeding IS BEST



All provincial hospitals encourage mothers to breastfeed, and have stepped up their campaign to promote breastfeeding. Why? Breastfeeding your baby builds the emotional bond between mother and baby, it is your baby's natural source of food and prevents the baby catching many diseases.

All physically able women should breastfeed. Speak to your doctor or nurse if you think you may have problems breastfeeding. It is not advisable to breastfeed if you have any of the following:

- Cardiac disease
- Kidney disease
- Cancer
- Severe Tuberculosis
- Severe epilepsy

Benefits of exclusive breastfeeding for the first six months:

The first breast milk, called colostrum, should be fed to the baby within an hour of birth. It contains nutrients and antibodies that line the baby's stomach, protecting against infection. Milk is always available. You will produce more milk every time you breastfeed. Breast milk is always sterile (safe to drink) and the correct temperature.

A reduced risk of breast cancer, ovarian cancer. Breastfeeding helps mother lose her pregnancy weight. Mothers who were breast fed have lower blood-pressure, cholesterol, risk of type-2 diabetes. Breast milk has the correct amounts of vitamins, proteins, carbohydrates, fats and minerals for baby. Breast milk contains antibodies which help build the baby's immunity against common childhood diseases like diarrhoea and pneumonia. Mothers who are HIV-positive can still give their babies breast-milk by heat treating the milk to make the HIV virus inactive. It must be done at the correct temperature to maintain the nutrients. This method is safe and affordable. It helps lower the risk of HIV-infected mothers passing HIV to their babies. Your clinic will have more information.

Why breastfeeding is better

- Baby will be at risk of disease if unclean water is used to make formula.
- Mothers mixing too little formula with too much water, puts baby at risk of malnutrition.
- Breastfeeding saves money as you don't need to buy bottles and formula.

Advantages For Your Baby

- Mother's milk is the most nutritious food for baby's growth and development and is free! It is easily digested, causing less colic, diarrhoea and prevents constipation. It provides immunity against many viral infections.
- Less nappy rash and thrush.
- Constantly available at the right temperature.
- Promotes proper jaw and teeth development.
- Breastfeeding enhances bonding.



NURSES



- CRITICAL NEED



Last year marked the International Year of the Nurse. The campaign saw countries around the world coming together to honour all nurses for the vital service they provide. As we step forward into 2011 we should continue to value the efforts of our nurses who work tirelessly in our health institutions, with limited resources and under severe conditions.

SHORTAGE

South Africa faces acute staff shortages in every sector, and health care is no different. Take 53 year old Bessie, for example. She works a 14-hour shift each day, barely having enough time for her own family's needs. She leaves early to get to the hospital on time, and is often called on to work late shifts. She rarely sees her children, and has often missed out on important birthdays and celebrations at home. Instead, most of her adult life has been spent caring for others in hospital, tending to the sick, and making sure needs are met. Despite the frustrations, she is passionate about her field. "I

became a nurse because I wanted to care for the sick. Sometimes I feel that we are not recognised and we need more money, but I cannot ignore the oath I took to care for the sick when I graduated. That is why I take my job seriously and owe it to myself to do it well. The sick are vulnerable in hospital and they are placed in our care and we need to treat them well. It is our responsibility," she says.

EXODUS

The pressure on nurse shortages is further worsened by the flight of many experienced nursing staff, who leave to work overseas.

CHALLENGES

Like most health workers in rural areas, nurses have to work under very difficult situations. Shortages of medical resources often mean that patient care is sometimes compromised. KZN Health Department has embarked on a number of plans to ensure that problems are addressed and more community health workers are trained to provide a primary health care service.

NURSES ARE PEOPLE TOO

Too often we tend to forget that nurses also have good days and bad days, like most of us. They cry, laugh, get angry and have their own problems. Through this, they have to deal with the responsibility of someone's life. When they cannot give their patients the necessary medical care, it makes them feel helpless. On graduation, a nurse takes an oath to do everything he/she can to help those that need help. This means they are often in risky situations, where they can easily become infected with a patient's illness. Despite these risks, they still go on day after day, trying to provide health care delivery to those who depend on them.

CARING PROFESSION

For some nurses, their work is just a job. For most nurses however, their job is a passion, and they remain committed to saving lives. Their need to help encourages them to pick their weary legs up and take the next step to helping the patient placed in their care. To those that do, here's to you - thank you for building a healthy South Africa.

TEENAGE PREGNANCY



THESE GIRLS CAN BECOME INFECTED WITH H.I.V. IF THEY HAVE UNPROTECTED SEX.

YOU MEAN THEY HAVE SEX WITHOUT A CONDOM?



YES! AND THEY THINK IT'S COOL! THESE MEN ARE LYING TO THE GIRLS.



ALSO, THE GIRLS SHOULD NOT THINK FALLING PREGNANT IS A QUICK SOLUTION TO GET OUT OF SCHOOL AND BE TAKEN CARE OF.



WHAT CAN BE DONE?



FOR A START, TEENAGE GIRLS CAN SAY **NO** TO THESE SUGAR DADDIES. TEACH THEM THAT IT IS MORE IMPORTANT TO FINISH SCHOOL FIRST.



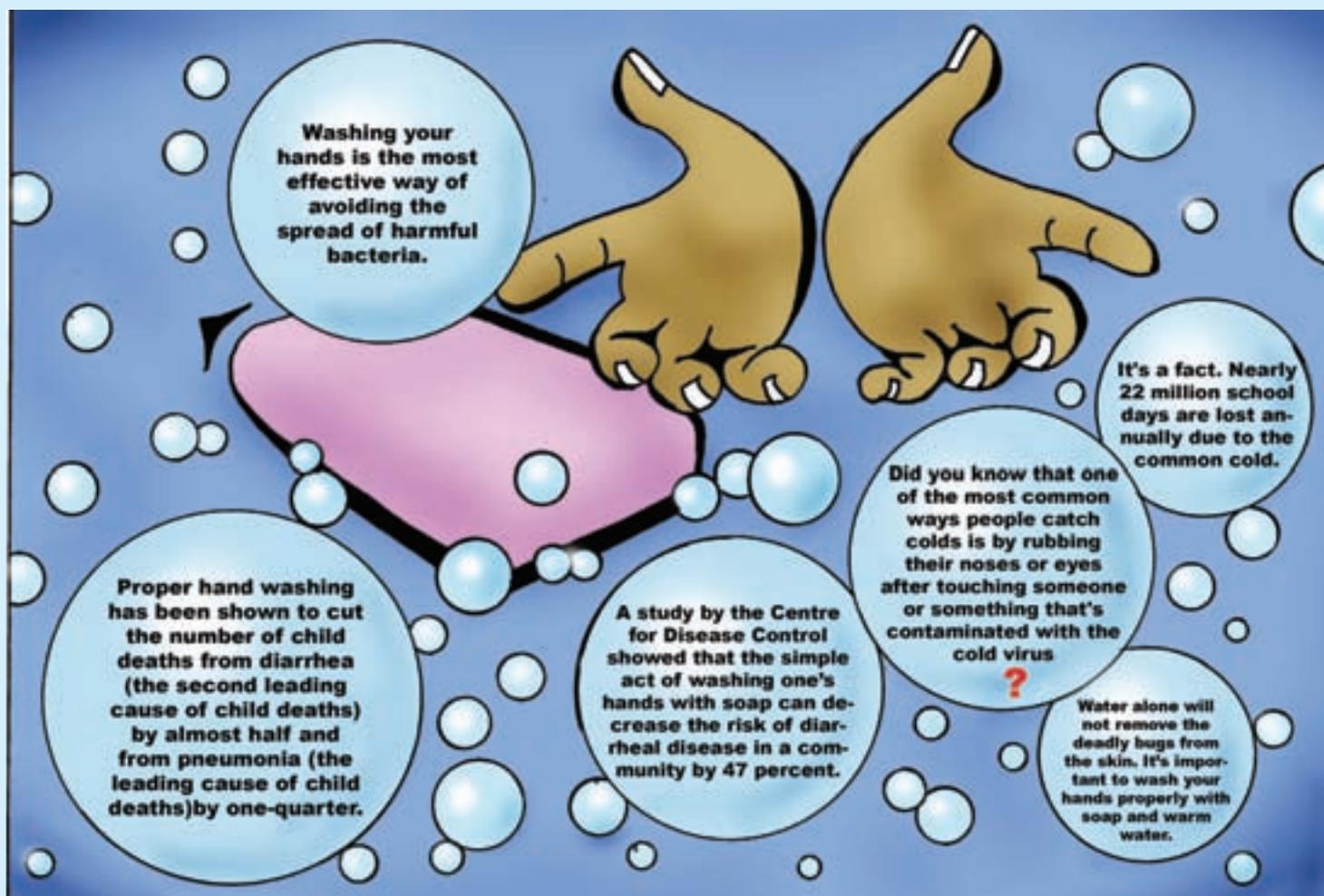
**DO YOU HAVE A QUESTION,
OR A PROBLEM?**

Call the **ETHEKWINI HEALTH DISTRICT** at
031 - 240 5300 or visit your nearest clinic, or
ZOE-LIFE at 031 - 279 2560 for pregnant
teenagers wanting support.

The monthly guide to

Baby & Child Health

This Month: Diarrhoea



WHAT IS IT?

Diarrhoea is when a person goes to the toilet often, passing loose, watery stools, and can be a sign of irritation of the intestines – the part of the body that controls the flow and digestion of food and water in our body.

OH BABY!

Babies on a milk diet pass liquid stools often many times a day, and this is normal. Once a baby starts to take solid foods, their stools become firmer and more regular. Loose stools can result when a baby or child eats too much of a certain food rich in fibre or it may be an infection, sometimes because of food contamination – often caused by unwashed hands.

IS IT SERIOUS?

Diarrhoea in a baby is always serious because of the dangers of dehydration – where the baby loses too much water from the body. Diarrhoea with vomiting, sweating or a fever is also serious in a baby or child.

WHAT SHOULD I DO FIRST?

- 1) If your baby is under one year old and has diarrhoea for six hours with any other sign of illness, consult your doctor, clinic or hospital immediately.
- 2) Don't give an older child any food or milk, instead give them water often.
- 3) Check if your child has a fever. If he does, use a warm cloth to wipe his body often until the fever goes down, or until you can get to a health worker.
- 4) Pay attention to hygiene. The

infection could spread through the family if your child does not wash his hands after going to the toilet, or if you don't wash yours after changing a baby's nappy.

WHEN TO CONSULT YOUR DOCTOR?

Take your baby to the nearest clinic or hospital if he has had diarrhoea



Your doctor may prescribe a powder to be added to all your child's drinks. This contains glucose and will replace the important liquid and salt that your child's body lost during the diarrhoea.

Your doctor will recommend bed rest and to only give liquids to your child until any fever has passed.

For a bottlefed baby, your doctor may prescribe glucose and salt solutions instead of milk feeds and recommend that you then slowly reintroduce the milk.

If your baby is breastfed, you will be advised to continue breastfeeding - breast milk is best!

If your baby or child is seriously ill, your doctor may admit him to hospital so that he can be put on a drip to get important liquid back into his body.

WHAT CAN I DO TO HELP?

Be strict about hygiene. Wash your hands before preparing food and after changing your baby's nappies. If your baby is under six months, sterilise all

feeding equipment by putting it in clean water and boiling them for at least 10 minutes.

Advise anyone with diarrhoea to stay away from your baby.

When the diarrhoea has cleared, first introduce simple food to your baby's diet such as yoghurt, bananas, rice and soups.

for more than six hours with any other signs of discomfort, such as a fever.

Consult your doctor immediately if your child has diarrhoea with vomiting, or if his stools are greasy or contain blood.

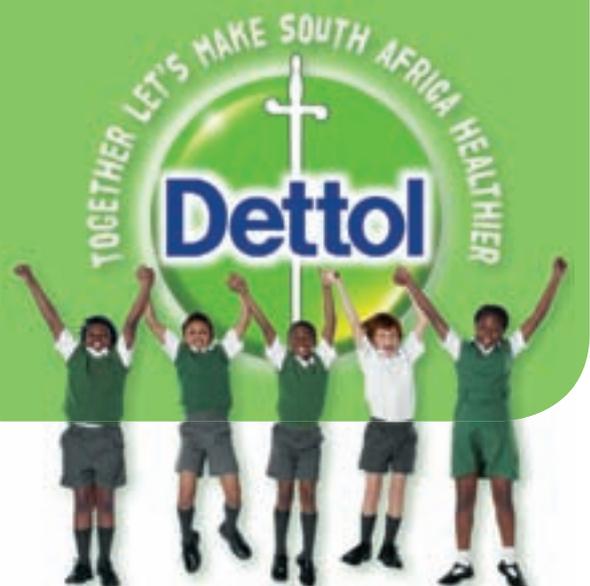
WHAT MIGHT THE DOCTOR DO?

After checking your child, the doctor will treat the illness.



Decrease illness by up to 75%* with Dettol and good hygiene habits.

Dettol's mission is to keep families healthy. So to show how families can fight the germs that cause illnesses like tummy bugs, colds and flu, a two-year study was completed. We wanted to clearly prove the connection between hygiene and health. In the first year, families maintained their normal routine. In the second, they started using Dettol products every day, and adopted good hygiene practices like disinfecting surfaces and washing hands – considered to be an effective overall way to prevent the spread of infectious disease. After the change in hygiene practices and the regular use of Dettol products, there was a staggering decrease of up to 75% in illnesses in this group. You too can make a difference by making Dettol and good hygiene habits part of your everyday life. **Together let's make your family healthier.**



*Taken from the Hygiene Promotion and Illness Reduction Study conducted in 2006 and 2007 amongst 740 children under the age of 5.

Through the keyhole

REWARD FOR MORTUARY CLEANER

It's my calling, says a proud Eunice



It's not the kind of job many people would want, or dream of. But for sixty year old Eunice Ndlovu, it's a calling, and one that she takes a lot of pride in - even after 20 years.

At five o'clock each morning, Ndlovu leaves her well-kept home on the dusty roads outside Pietermaritzburg to catch a taxi to go to work at Edendale hospital. Before leaving, she makes sure her husband, who is unable to work due to a disability, has his porridge and that her two sons are out of bed, ready for the day. Described as brave by her friends and family, Ndlovu has been working as the only mortuary cleaner at the hospital for 20 years. A recent visit by health officials, including health MEC Sibongiseni Dhlomo revealed the spotless state of the mortuary, thanks to the efforts of Ndlovu. Unlike the usual smell of death found in mortuaries, there was no unbearable stench at the mortuary. This, despite working alone and away from the watchful

eye of the public. So impressed was Dr. Dhlomo, that he decided to pay her a visit at her home to thank her. Ndlovu was overcome with emotion, as the MEC presented her with gifts, including cash. She bowed her head in disbelief as she was also handed a certificate by the MEC and Head of Department of Health, Sibongile Zungu, in recognition of her loyalty. "We all know that our hospitals are not that clean, and usually we tend to focus on cleanliness on areas that are visible to the public, like the reception areas. Yet here we have a lady who takes a lot of pride in cleaning and maintaining the mortuary, even though it is not an area that is openly visible to the public on a daily basis. Mrs. Ndlovu has spent 20 years taking care of the mortuary as if it was her own home, and she is a humble leader," said Dr. Dhlomo. Speaking to Ezempilo after receiving the award, Ndlovu said she could not believe all the attention she received for doing

her job, and that she would use the opportunity to motivate other workers at the hospital. "I began working as a volunteer for two years as a mortuary cleaner, because I felt that someone needed to care for the deceased. I also felt that it was my calling, and that one day God would reward me. Now I feel even more proud of my job, and would never leave it even if they offered to transfer me to another department. I believe that even if you are given a cent for doing something, you should do it well". she said, as the sound of a vuvuzela and a clucking chicken added to the party atmosphere around her home. The mother of three drew her new blanket snugly around her shoulders - a gift from the MEC- and shook her head in disbelief as she watched the MEC sitting in her humble lounge, laughing and sharing tea and sandwiches with her neighbours. "I believe God has finally rewarded me," she whispered.

COMMUNITY IN ACTION



share a little **more** sunshine



Enriched with
Vitamins
A, D and E

Also available in a handy
fridge free sachet.



MATERNAL & CHILD HEALTH

Road map – saving lives

KZN has the highest number of mothers and children dying in the country. For this reason, the provincial Health Department recently launched The Maternal and Child Health Road Map 2014 as a way to help save the lives of mothers and children in the province.

What is the new Road Map about? The new plan will ensure better health care, education and access to resources for the poor, especially mothers and children. Between 2011 and 2014, the lives of more than 300 women and 19 000 babies and children will be saved.

How will this be done?

The aim is to make sure that basic and emergency pregnancy health care is provided to those that need it through the following:

- Increase access to safe delivery through basic emergency care in key areas for pregnant mothers.
- Providing female education.
- Introduction of dedicated or specialised ambulances for mother and child care.

- Providing access to Highly Active Anti Retroviral Therapy (HAART) for pregnant women.
- Improving staff knowledge and skills.
- Improving quality of clinical care through the introduction of teaching teams.
- Identifying waiting mothers in fairly rural hospitals to ensure they are prioritised to be seen by health workers.

Benefits to your infant

- Support and help will be provided for infant care in all hospitals in each service area.
- Availability of healthcare machines to help babies who struggle to breathe in each labour unit and nursery in the province.
- There will be more beds available for babies in high care.

Benefits to your child

- A campaign to improve mother and child health care will be implemented.
- Improving current primary health care activities.

The right to health is connected to other human rights, including the right to life and education, which is highly relevant in the struggle against maternal, perinatal and infant mortality.

– MEC Dhlomo.

- Use new methods to improve mother and child health care. Such as growth monitoring, breastfeeding, immunisation, family planning, and providing food supplements.

The launch of the Maternal and Child Health Road Map 2014 gives us hope that by working together, we can save more lives. Through it, we will build healthier communities. Poverty will decrease and women and children will enjoy the right to better health care.

Most importantly, the Road Map is a united effort to save the lives of women and children. It's also about the responsibility of all of us - government departments, donors, businesses, UN agencies, NGOs, health professionals and academics - to do more for women and children, and to hold each other accountable. It's the year of united action!

Road to Health Chart