

Discovery Health

Journalism Awards

2010



Contents

Foreword
Judges' Comments on the 2010 Awards
Panel of Judges
Finalists
Discovery Health Journalist of the Year 2010
Category Winners and Judges' Citations



Discovery
Health

Foreword

by Dr Jonathan Broomberg

This year marks the third Discovery Health Journalism Awards. These awards were initiated to make a meaningful contribution to the quantity and quality of health journalism in South Africa by promoting and recognising excellent health reporting. It is a broad field that spans regulatory, clinical, scientific, economics and personal finance to lifestyle issues among others.

The independent judging panel received a record 180 entries from journalists reporting across these issues. This increase in the number of entries bodes well for the awards and the footing it has gained over the three years in promoting excellence and interest in the field of health journalism. Coupled with initiatives like the Discovery Centre for Health Journalism at Rhodes University, we are optimistic that it will, over time, have a systemic impact on the overall quality of health reporting in South Africa.

One of the key components of a healthy society is having a well-functioning media. The same applies to the broader health industry. Through excellent health reporting, consumers are better informed about their own health and wellbeing and how they are affected by decisions in this industry. It also fosters open debate and holds civil society, the public and private sectors accountable.

I would like to commend all the journalists in South Africa who report on health and related matters. Thank you for the positive role you continue to play as commentators, consumer champions, investigators, and educators.

Congratulations to all the winners and to their respective media houses.

Best Regards

Dr Jonathan Broomberg
Chief Executive Officer
Discovery Health



Judges'

Comments on the 2010 awards

On behalf of the Judges in the Discovery Health Journalism Awards, I would like to thank Discovery Health for sponsoring awards for an important issue that is critical to a society's well being and survival. Without good health a society cannot develop and indeed to be somewhat tautologically but metaphorical we would have a sick society. The judges would also like to thank all the journalists and their organizations that entered the competition for submitting themselves to comparison with their peers in a process that seeks to identify and reward excellence.

We would like to commend those who entered stories in the news category for demonstrating the highest levels of excellence in journalism which is factual, balanced, informative, well written and presented on pressing health issues of the day. It is this kind of illuminating journalism that a competition of this nature seeks to reward. The news category had by far the best entries and the judges had a hard time choosing a winner.

We would also like to commend entries that focused on health issues that affect those that are marginalised in society and do not enjoy or have access to the health services that the better off in our society have. In this year's entries there were stories about the plight of patients who have been seriously neglected and babies who died in public health facilities that have not been properly managed and have become death holes. In societies with high levels of inequality like ours, disparities in access to health services are a major problem that requires journalists to focus a spotlight on. We would like to encourage a sustained focus on such issues so that society can take corrective action and in particular public officials can be made to account.

In general though the judges felt that to some degree the quality seemed to be down this year. In part there seems to be less and less reliance on science, facts and experts. To be excellent, health journalism needs to be consistently based on scientific facts and to engage with experts.

There was a noticeable drift in some stories to churlism where material is being repeated from elsewhere without active interrogation by journalists. To be excellent, journalism needs to be independent and avoid being co-opted by peddlers of information that is not only suspect but could be positively harmful to the public. Equally in some

stories there is a tendency for journalists to adopt a tone which is prescriptive about health remedies as if they were medical doctors or practitioners. This practice is a dangerous slide towards quackery and must be avoided.

We would also like to see more media houses enter the competition and engage in health journalism. Competition for excellence in journalism can only be good for not only the public but also the health sector. In this regard we noted that there were rather weak entries in the health economics category. We again urge that editors and journalists put an effort into news and analysis of economics of health because it is an important issue in a country with such huge socio-economic inequalities and serious challenges in adequate health delivery for all.

Our recommendation for the 2011 awards is that the news category be medium neutral i.e. not restricted to print only. We urge electronic news media organizations to take this opportunity to enter television and radio news stories. These mediums have high audiences in South Africa including the fact that they reach more of the ordinary people than print media does. This year we will accept entries from online news and features sites in appropriate categories of the competition as long as they follow professional journalistic practices.

Finally, we would like to warmly congratulate the Discovery Health Journalist of Year winner and winners in each category because their entries were a shining example of excellence in journalism and specifically excellence in health journalism.

Professor Tawana Kupe
Convener of Judges
Discovery Health Journalism Awards



Panel of Judges



Convener – Professor Tawana Kupe

Professor Tawana Kupe is Associate Professor of Media Studies and Executive Dean of the Faculty of Humanities at Wits University. He holds BA Hons and MA degrees in English and a Doctor of Philosophy degree in Media Studies from the University of Oslo in Norway. He has taught Journalism and Media Studies at universities in Zimbabwe, Norway and South Africa.

He has published a book, book chapters and journal articles on journalism and media. Kupe has been a columnist for a number of newspapers and magazines including The Sunday Times, City Press, The Media, and Maverick and is regular commentator for radio and television.

He has since 2001 been a judge of a number of journalism and media awards including: Vodacom Journalism of the Year Award (of which was a founding Judge), MTN Women in the Media, SADC Media Awards and Webber Wentzel Legal Journal Journalist of the Year Award.



Dr Bवेश Kana

Dr Kana is a celebrated researcher in his field and he has delivered papers across the globe, with numerous awards for it. He holds a BSc in biochemistry and genetics, with an honours degree in biochemistry. He has also obtained a Doctor of Philosophy in mycobacteriology from the University of the Witwatersrand.

He is currently the director of the DST/NRF Centre of Excellence for Biomedical TB Research in the Faculty of Health Sciences at the University of the Witwatersrand where he is involved in studying tuberculosis (TB) with a focus on identifying novel targets for the development of new antimicrobial agents. He has worked extensively overseas in the US and collaborates with researchers at leading institutions such as the Public Health Research Institute and Harvard University. He serves on several university committees and is involved in the lecturing and mentoring of post graduate students. He is a reviewer for various international scientific journals and has held grants from the National Research Foundation, the National Health Laboratory Service, the Fogarty International Centre and the South African Medical Research Council.



Siki Mgabadeli

Siki is an independent financial journalist and producer. She is currently the host of Morning Talk on SAFM – a talkshow, which deals with politics, life and finance between 9am and 12 midday, Monday to Friday. She also co-anchored SABC3's Africa Inc., a show looking at BEE. She was, until recently, senior business news anchor at CNBC Africa. She is the face of the GSMA's Mobile Money Summit and was a presenter and facilitator at the 2011 GSMA Mobile World Congress in Barcelona. She covered major African markets and participated at the World Economic Forum on Africa, the IBSA Editor's Conference in India and the African Green Revolution Conference in Oslo, Norway. She has won a variety of awards for her journalism including the Telkom ICT Journalist of the Year award – TV News Category and the Sanlam Financial Journalist of the Year: TV Category.



Mandy de Waal

Mandy de Waal is a writer and journalist who reports on technology, corruption, business, psychopaths, scams, science, the media sector and whatever else she finds interesting. Back in journalism after spending time in the corridors of corporate greed, de Waal has written for Mail & Guardian, Noseweek, City Press, Rapport, Brandchannel (New York) and a number of other titles. She now writes for The Daily Maverick. A judge for the Discovery Health Journalism Awards, de Waal also sits on the panel of judges for the PICA Awards convened by the Magazine Publishers Association of South Africa. de Waal has a predilection for good coffee, smart atheists, intelligent writing and well constructed arguments.

Categories and Finalists

Category 1, Best Health Economics Journalism

No winner

Finalists: Category 2, Best Analysis and Commentary Writing

1. Mari Hudson, What's New Doc, Our babies are dying and Organ trafficking
2. Antoinette Pienaar, Beeld, Jou lewe in 'n leek se hand

Finalists: Category 3, Best Health News Reporting

1. Anna-Maria Lombard, City Press and Volksblad, Hospital left to rot
2. Anna-Maria Lombard, City Press, Healthcare sick as dog
3. Zinhle Mapumulo, Sowetan and The New Age, Poor infection control leads to death of babies at Charlotte Maxeke

Finalists: Category 4, Best Investigative Reporting

1. Jo-Anne Smetherham, Men's Health, Origins of an outbreak
2. Lebogang Seale, The Star, Mentally ill patients stuck in hospital hell
3. Morne Malan, Health Intelligence, The tarnished 'gold' of medical research

Finalists: Category 5, Best Health Lifestyle Feature

1. Colette du Plessis, Baba & Kleuter, My triomf oor diabetes
2. Glynis Horning, Men's Health, Too close for comfort
3. Lori Cohen, Women' Health, Breast in show
4. Emily Pettit-Coetzee, Men's Health, "Are you addicted to...Sex?"

Finalists: Category 6, Best Health Consumer Reporting and Feature Writing

1. Patricia Anne McCracken, Bona, The price of life and death in SA
2. Miles Masterson, Men's Health, Plastic panic
3. Xanet van Vuuren, Living and Loving, Preventing pneumonia
4. Glynis Horning, O Magazine, Lifting spirits, raising hope'

Category 7, Best Trade Publication Health Journalism

No winner

Finalist: Category 8 - Radio Health Journalism

1. Ayanda Yeni, Health-e News Service and SAFM, Children's mental health

Finalists: Category 9: Television Health Journalism

1. Peter Groenewald, Carte Blanche, Rift Valley Fever
2. Sasha Wales-Smith, Special Assignment, SABC 3, In the line of duty and Thula Mama
3. Michael Duffet, Carte Blanche, Progeria
4. Joy Summers, Carte Blanche, Intersex
5. Odette Schweigler and Nicole de Chaud, Carte Blanche, Cure for blind children
6. Anna-Maria Lombard, 3rd Degree, ETV, Coerced sterilisation



Lebogang Seale

Lebogang hails from Tzaneen in Limpopo. He enrolled for a BA degree at the University of Limpopo (formerly University of the North), majoring in English and History. He also completed a Postgraduate Diploma in Education at the same university in 1986 and joined the teaching profession the following year.

While working as a teacher, he enrolled for a BA Honours Degree in English with UNISA on part-time basis while also freelancing as a journalist, publishing regularly for titles such as City Press, Daily Sun and regional newspapers.

Lebogang left teaching in 2005 to go into journalism on a fulltime basis and completed a Postgraduate Diploma in Journalism and Media Studies at Rhodes University in Grahamstown.

He joined The Star (Independent Newspapers) in 2006 as a general news reporter. He has written a wide array of articles- from hard-hitting news, features, investigative, opinion and analysis pieces on a wide range of genres, including politics, sports, health and education. Lebogang has established himself as a diligent and dynamic reporter who is passionate about his career.

In a very close contest for the overall winner Lebogang Seale's powerful breaking story 'Mentally ill patients stuck in hospital hell' and his follow up is what most journalists dream of – a powerful story that makes a real change in people's lives. Seale delved into an often ignored world in health – the rights of mentally ill people. His story effected change for one of the most vulnerable people in our society and led to accountability from both provincial and national government. His tenacity and following up a story he broke to its logical conclusion, is to be commended.

Psychiatric patients moved at last after exposé by The Star

New hospital said to be 'too smart for crazy people'

LEBOGANG SEALE

THE ACUTE psychiatric ward at the old Nkhensani Hospital was found to have been unsuitable for use way back in 2006.

But for reasons not known to health officials, the psychiatric unit was not provided for when the new Nkhensani Hospital was built.

This is the finding of a report by the national Health Department into the conditions at the old Nkhensani district hospital in Giyani.

The report follows an exposé by The Star about the plight of mentally disabled patients treated in the dilapidated buildings infested with rats, mosquitoes and snakes. Sources at the hospital had told The Star that the psychiatric section was left in the rundown building because the newly built hospital was



PRIMITIVE: A shower area in the old hospital.



VULNERABLE: A patient lies in a ward at the old Nkhensani Hospital in Giyani. Psychiatric unit patients were left in terrible conditions at this hospital when a new one was opened nearby.

deemed "too smart to accommodate crazy people".

The new hospital, in Giyani about 3km away, was opened in 2007.

Following the exposé, a delegation from the national and provincial health departments visited the hospital in November to "establish the nature of

the challenges in the unit and report on the remedial actions and interventions".

In December, the national department sent its report to Dr Aggrey Morake, the head of Limpopo's Department of Health and Social Development, detailing the investigation's findings and recommen-

dations.

According to the report, signed by the acting deputy director-general in the national department, Dr Yogan Pillay, and which The Star has seen, the psychiatric ward should have been provided for when the new hospital was built.

This was because the old hospital was "written off" and declared unsafe for occupa-

tion in 2006. "The officials reported that the conditions found in 2006 still prevailed, if not gone worse..."

"For reasons not known to us, the psychiatric unit was not provided in the new Nkhensani Hospital," the report states. "Lack of action in this case lands us to be judged as insensitive and unresponsive to human suffering. We have

a pressing obligation to take appropriate action to protect mental healthcare users as they are unquestionably highly vulnerable."

The report recommends that psychiatric patients be transferred to other facilities and that the dilapidated building be closed.

It states that an evaluation should be done of the "step

down" facility that is currently idle at the new Nkhensani Hospital, with a view to upgrading it to become the psychiatric facility.

"This potentially will be mid-term to long-term solutions," says the report.

"If this option is not suitable," the report adds, "please consider evaluating Evuxakeni Hospital with a

view to first building an acute psychiatric unit ahead of plans to revitalise the hospital."

The Star has since learnt that the last groups of mentally disabled patients were moved to Evuxakeni Hospital on Thursday, a day before the cut-off date of December 31 to relocate them.

But that was only after officials had to deal with angry nurses and other staff members refusing to be moved unless they were given letters notifying them of their relocation.

A nurse told The Star they were entitled to benefits for the "permanent" relocation.

After a series of meetings with no resolution, officials from the provincial health department and the Mopani district office were deployed to try to find a solution.

The impasse was resolved after intervention by the workers' union, Denosa. Staff members agreed to the "temporary" relocation while a solution was still being sought with the province about what benefits they should receive.

Mentally ill patients stuck in hospital hell

Snakes, rats, rapes and escapes ... but still no action'

LEBOGANG SEALE

RUTTED floors, stained walls, broken windows, and water seeping through ceilings tainted by intricate spider webs. Snakes that slither around the hospital buildings and rats that creep into wards buzzing with mosquitoes. Demoralised and stressed

nurses.

These are some of the harrowing conditions that mentally disabled patients being treated at the old Nkhensani Hospital in Giyani, Limpopo, have to endure. Their sin: the newly built hospital was deemed "too smart to accommodate crazy people".

In 2007, the district hospital – one of the oldest and busiest in the Mopani region – was moved about 3km away after the existing buildings were "written off" and declared unsafe for occupation.

But the acute psychiatric unit was left out when all other departments at the district hospital were relocated to the new hospital, leaving the mentally disabled patients and their caregivers in a dire situation. Nurses, who did not want to be named for fear of reprisals, have described the move as blatant discrimination against the patients.

For two nights, The Star spent several hours in the hospital's acute psychiatric wards – located at the far end of the buildings and bordered

by thick bushes – and found patients and nurses living and working in shocking conditions.

The sharp stench of urine emanates from the toilets. Thick layers of paint peeling from the grubby walls, broken doors and windows, and leaking pipes in the toilets add to the grime.

"It's been like this for long, but it has got worse since the relocation," one nurse said.

"I don't think they have any plans for these patients because our pleas to be relocated

have fallen on deaf ears.

"It's not only stigmatisation but inhumane to treat people like this. It's time the government intervened to save these patients," she said.

There have been reports of patients escaping, as well as incidents of rape.

According to another nurse, authorities at Nkhensani Hospital had in 2008 planned to move male patients to Evuxakeni (CRT) Hospital in the nearby township and the females to Mankweng Hospital outside Polokwane, about

150km away. But these plans were halted after community protests that Mankweng was too far away.

Nkhensani Hospital spokeswoman Mildred Risaba referred all enquiries to the provincial department.

Limpopo Department of Health and Social Development spokeswoman Roleta Lebelo said the patients were not moved because the new hospital did not have the necessary facilities for the mentally disabled. She could not say why this was not provided

for at the new hospital.

"Although the building (at the original hospital) is old, the facilities have not collapsed and psychiatric patients still receive the necessary care," she said. She added that plans were under way to relocate the entire psychiatric unit to Evuxakeni.

SA Federation for Mental Health programme manager Lindiwe Shayi condemned the alleged discrimination against the mentally disabled patients as a gross violation of their basic human rights.

"We will launch an investigation into the allegations to ensure that the affected persons have access to treatment," she said. National Department of Health spokesman Fidel Hadebe said: "The law is very clear about discrimination against patients. There must be conditions that are acceptable to all patients regardless of their physical or mental conditions."

Judges' Citations

Category 2 Winner: Best Commentary and Analysis Antoinette Pienaar (Beeld)



The Simply Slim story became news early in 2010 after the Medicines' Control Council banned sales of the pills. A massive money-making industry, journalist Antoinette Pienaar noted that the MCC was hardly effective in implementing its decision and did a thorough investigation of the story for her piece "Joy lewe in 'n leek se hand" (Your life in the hands of a novice). Pienaar's investigation and analysis

shows the shortcomings of the MCC system, and reveals a regulatory body where resource shortages, legal confusion and an absence of clear regulations are enabling makers of supplements and alternative medicines to hoodwink the consumer. The analysis was incredibly comprehensive and indepth, and provided consumers with a definitive context of all the issues related to the Simply Slim case, as well as other medicines in this category. Pienaar's work stands as an example of excellence that other journalists would do well to emulate. Beeld needs to be lauded for the good work, and inspired journalism in this category.

Category 3 Winners: Best Health News Reporting Anna-Maria Lombard (City Press and Volksblad) Zinhle Mapumulo (Sowetan and The New Age)



Anna-Maria Lombard and Zinhle Mapumulo's news stories on systemic issues on hospitals were exemplary pieces of news journalism which demonstrated very good and clear writing, depth of information and a wealth of facts, balance and richness in sources. Their news stories brought a light to shine on an issue of public concern about the state of public health facilities in our society by exposing neglect and waste of public funds. In this regard, the stories were a good example of sources of holding public officials account. In addition the news stories were well presented and a very good read indeed.

Vet kanse met pille

Smouse se blink beloftes kan tot ernstige probleme lei

'n "Veilige kruiemiddel" wat jou maer maak? Kyk mooi voordat jy sulke beloftes ten koste van jou gesondheid glo, skryf **Antoinette Pienaar**.

Min maer mense sal ooit verstaan hoe dit voel om etlike jare lank te sukkel met ernstige gewigprobleme, desperaat vir 'n oplossing tussen al die foetiediete, lewendruk en beteroeterige raad van gesondheidsbewusters. Dit is die desperasie wat mense weerloos maak vir pil-smouse se blink beloftes. Hulle sukkel een ná die ander om gereguleerde verslankingsproduk, houtgerus dat dit "natuurlik" en "veilig" is. Talle sakemanne, dikwels altesbehawwe opeledede natuuropste, maak egter sakele geld uit sogenaamde kruieprodukte wat met voorskryf- of onwettige chemiese middels aangevul word.

Etiketke kan lieg
In 'n onlangse navorsingsstudie aan die Universiteit van Toulouse in Frankryk het navorsers 'n nuwe toetsmetode beproef op 20 kruiemiddels of dieetaanvullings wat met verslankingsaanpakke in China, Suid-Afrika en op die internet bekend is. Net twee was werklik kruiemiddels en slegs vier se inhoud het met die etiket gestrook.

Die res was almal chemiese aangevul, hoofsaaklik met sibtramien, die aktiewe bestanddeel in die voorskryfmedisyne Reductil, wat ook in Suid-Afrika in Chinese verslankingsmiddels gekry is. Die vlakke van sibtramien in

Dit is al in dieetpille gekry

- Sibtramien: skedule 4-verslankingsmiddel waarvan die gebruik in Brittanje en die Europese Unie opgeskort is.
- Efedrien: streng beheer (skedule 6 in Suid-Afrika). Verhoog bloeddruk, moenie saam met antidepressante gebruik word nie.
- Fenfluramin: dieetmiddel wat serotonienvlakke verhoog en in 1997 aan die mark onttrek is ná gevalle van hartklepsiekte.
- Fentermin: skedule 4-

diëtmiddel. Soort amfetamien. Teenaangedui by hoë bloeddruk, ooraktiewe skildklier, gloukoom, hartskle, vermoede are en 'n geskiedenis van middelmisbruik.

Diëtmiddel wat serotonienvlakke verhoog en in 1997 aan die mark onttrek is ná gevalle van hartklepsiekte.

Diëtmiddel wat serotonienvlakke verhoog en in 1997 aan die mark onttrek is ná gevalle van hartklepsiekte.

we hoewelheid kwik of lood bo die veiligheidsperk kan wees.

Farmasie se graad onverwerkte materiaal is veronderstel om baie suiver te wees en die fiese eienskappe, soos digtheid en die grootte van partikels, word gespesifiseer en beheer. Dit is byvoorbeeld onaanvaarbaar dat die partikels binne een kapsule erg verskil in grootte. Van Nieuwenhuizen glo nie die feit dat 'n middel "natuurlik" of "plantaardig" is, maak dit veilig nie. Die plante kan besmet raak tydens die verbodings en verwerkingsproses.

Giftige gevaar
Mr. Gys van Nieuwenhuizen, 'n chemiese ingenieur van Gauteng, meen onverklaarde voorskryfmedisyne is nie die enigste rede hoekom ongereguleerde verslankingsmiddels gevaarlik kan wees nie. Die gehalte van die onverwerkte materiaal word in verskillende grade gemeet. Daar is stowwe wat geskik is vir diervoeding, landbou en nywerheidsgebruik, voedsel, asook 'n farmasie se graad.

Die onverwerkte materiaal vir diervoeding, landbou en nywerheidsgebruik, voedsel, asook 'n farmasie se graad. Die onverwerkte materiaal vir diervoeding, landbou en nywerheidsgebruik, voedsel, asook 'n farmasie se graad. Die onverwerkte materiaal vir diervoeding, landbou en nywerheidsgebruik, voedsel, asook 'n farmasie se graad.

Hospital horrors cost us R1bn

Unnecessary deaths due to medical negligence rife in state hospitals

ANNA-MARIA LOMBARD
lombard@citypress.co.za

Medical negligence in state hospitals cost taxpayers well over a billion rand last year and the figure keeps rising yearly. City Press can reveal that state hospitals nationwide have failed to provide adequate healthcare. Babies have been born with brain damage, surgical instruments have been left behind in patients and wounds have gone septic.

The Gauteng health department's yearly report shows there were 2008 - expenditure it didn't budget for. In KwaZulu Natal - where health MEC Sibongiseni Dhlomo reportedly admitted a "high level of negligence" in a case of the disappearance of a baby's body from Durban's Prince Malyoti Hospital earlier this year - yearly reports show claims against the department increased from R45 mil-

lion in 2007 to more than R75 million in 2008. The Free State also ended 2008 with a deficit of R22 million and paying out only about R100,000. North West paid out almost R11 million in 2008 and incurred new claims of about R5 million.

The Mpumalanga health department responded to DA questions that 10 people were injured and six died in the last five years due to negligence.

Over the past year, 269 new claims were instituted against the Eastern Cape health department, 43% of them for negligence, admits spokesperson Sibusiso Kuperus.

In the past year Port Elizabeth attorney Francis Swaneepoel has taken on 10 cases involving children with brain damage from deficient oxygen at birth. Swaneepoel has won large settlements for his clients but says money is not the point. "Families are torn apart. How do you calculate a disabled child's life expectancy? Experts could estimate 10 years, but often they live much longer and have dire health problems."



ONE TOO SOON: The ward in which five infants died of diarrhoea in one day at Charlotte Maxeke hospital.

PHOTO: WATHSWA RUSELO

11 BABIES DIE SAME DAY

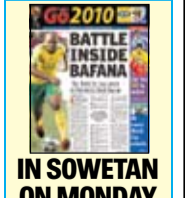
Gauteng reels as toll reaches 17 in one week

FULL REPORT ON PAGE 2



HALLE BERRY SHACKS UP WITH EX IN SA

PAGE 3



IN SOWETAN ON MONDAY



Category 4 Winner: Best Investigative Reporting Lebogang Seale (The Star)



Investigative journalism is the lifeblood of a participatory democracy, and these journalists inform the public discourse and are the watchdogs that report on graft, mismanagement and injustice in society. The Star's Lebogang Seale broke a story in an area of health journalism that is under reported on in South Africa, that of mental health. At great personal risk, Seale went undercover to expose the horrific conditions of mentally

challenged patients at the old Nkesani Hospital in Giyani in Limpopo. The story broke in The Star and was widely reported on by other media including radio and television. The best effect of investigative journalism is that it brings about change. In Seale's case this story effected a change of management at the hospital, brought government attention to the plight of these patients and saw them being moved away from the snakes, rats and appalling conditions where they were staying to better facilities. In an age where so many journalists do stories behind their desks, Seale must be applauded for breaking this story and highlighting the plight of the mentally challenged and those who neglected to care for them.

Mentally ill patients

Psychiatric patients move

New hospital said to be 'too smart for crazy people'

LEBOGANG SEALE

THE ACUTE psychiatric ward at the old Nkhensani Hospital was found to have been unsuitable for use way back in 2006.

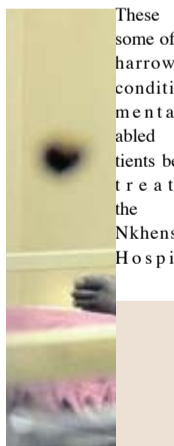
But for reasons not known to health officials, the psychiatric unit was not provided for when the new Nkhensani Hospital was built.

This is the finding of a report by the national Health Department into the conditions at the old Nkhensani district hospital in Giyani.

The report follows an exposé by The Star about the plight of mentally disabled



PRIMITIVE: A shower area in the old hospital.



VULNERABLE patients were left in

deemed "too smart to accommodate crazy people".

The new hospital in Giyani

the challenges in the unit and report on the remedial actions and interventions"

and declared occupation in 2006 reported that found in 2006

that sli
al buildi
, into w
quitos.
d stres

These
some of
harrow
conditi
ment a
abled
ients be
treat
the
Nkhens
Hospit

Category 5 Winner: Best Health Lifestyle Feature Colette du Plessis (Baba 'n Kleuter)



The piece on diabetes by Colette du Plessis represents an excellent example of health journalism. Colette very skilfully combines the use of a touching narrative that is interspersed with key scientific information on the various aspects of diabetes. Colette's consultation with experts and subsequent unpacking of complex issues adds significant value to this feature. The article is well-researched, well-written and carefully structured to

make for a balanced piece and easy reading.

My triomf oor DIABETES



Vir sommige is dit 'n veertig weke lange fees. Ander bely dat hulle dié tyd soms omgewens het. En dan is daar dié wat nie tyd het vir jubel-sange of klaagliedere nie, want om swanger te wees is vir hulle gewoon baie harde werk. Mariana Smith is so 'n vrou: Sy's 'n diabeet en ma van vier. Sy het haar besielende verhaal met ons gedeel.

DEUR COLETTE DU PLESSIS

Haar kans op so baie gesonde swangerskappe was skraal, maar sy het deurgedruk. Mariana Smith met haar vier spruite: Marellize van der Merwe (7 jaar), Matthew Smith (2 ½ jaar) en die tweeling Luke en Samantha Smith (8 maande).

Judges' Citations

Category 6 Winner: Best Health Consumer Reporting and Feature Writing Glynis Horning (O Magazine)



Lifting spirits, raising hopes. The search for effective treatment and management of HIV has defined modern science and medicine in South Africa. The discovery of a gel that effectively protects against HIV infection represents a quantum leap in efforts to prevent HIV transmission. Glynis Horning's article on the discovery of this intervention and its application in a group of target females in a clinical trial reports this important issue with

vigour and excitement through interviews with trial participants, scientists and programmatic researchers. The careful unpacking of the various steps in the trail and role of key stakeholders allows for easy assimilation of the facts and brings to light the beneficial impact of the gel. This is an excellent, well researched piece of journalism that is a credit to the journalist.

Category 8 Winner: Radio Health Journalism Ayanda Yeni (Health-e News Service and SAFM) Commendation: Alcohol



The mental health of children and associated support programs for affected kids has been long neglected in our society even though this issue cuts across the entire fabric of our society. Living in a country with limited resources, the challenges of providing appropriate mental health care support for children are significant. Using the medium of radio, Ayanda Yeni reports on this multi-dimensional issue in a tactful and pointed

manner which brings to light all the key concerns. Her balanced portrayal of the story through consultation with professional sources makes for an insightful and provocative piece of radio journalism. The highlighting of issues that distinguish management of mental health care in South Africa versus developed countries is an added asset of this submission.

Neither of the women is employed, relying on the meagre earnings of their men. Both told their partners about their participation in the trial, a decision the researchers had left to them.

"My boyfriend said it didn't matter, as long as it protected us," murmurs Xoliswa. It helped, she says, that the gel was "nice to use, not smelly or messy. I put it in a few hours before, so it got absorbed, and he didn't even notice."

Both women were able to insist on their partners wearing condoms as

The gel promises protection to women not able to negotiate safe sex.

Aids Conference, it brought stunned silence, then cheers, tears and a standing ovation. It did the same in Vulindlela, when the presentation was

of the trial women tested HIV-positive a few months in," says Sylvia. "Rumours started that there was HIV in the gel, but we put the women on ARVs and took them under our wing."

"I told the people who said this, 'No, CAPRISA is here to help us,'" says Xoliswa. "In the early days of the programme, people would be carried to the clinic. Now we know more and talk about infection, and people come early for treatment."

LOOKING FORWARD

There's still much work to be done, says Quarraisha. The trial needs confirmatory studies, and if the gel is approved and registered, it will be manufactured locally. If that day comes – and it could be within three years – the Karims would like the women of Vulindlela to be the first who are offered it. "Inkosi Zondi has already told us that he would be happy if women in his family had access to something like this," Quarraisha says.

"It's quite amazing," she muses. "In the past 30 years, only five of 37 prevention trials internationally have shown impact on HIV, and three were

Category 9 Winner: Television Health Journalism Anna-Maria Lombard (3rd Degree, ETV) Commendation: Intersex



In her piece on forced sterilization 'Baby Blues', Anna-Maria Lombard takes on an issue that is not in the mainstream and puts it at the forefront so that those affected by it the most have access to information. Lombard's story goes to the heart of the trust that we place in our doctors and when that trust is broken it can have dire consequences for we, the patients. The fact that these forced sterilizations are taking place in public

hospitals on which the marginalized depend, makes this a powerful story. It was a well-crafted story combining the human narrative, research into this practice and powerful visuals.