# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 1059**

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**(INTERNAL QUESTION PAPER NO. 11)**

**Ms N N Chirwa (EFF) to ask the Minister of Health:**

What (a)(i) total number of recommendations emanating from the reports of the Commission for Gender Equality concerning his department have been implemented over the past 10 years and (ii) are the details of the recommendations and (b)(i) total number of recommendations have not been implemented and (ii) are the reasons for not implementing these recommendations?

###### NW1307E

**REPLY:**

The National Department of Health engagements has been on the issues highlighted in the following Commission on Gender Equality (CGE) report.

1. Report on the consultative hearings on the status of shelters in South Africa 2020.

 (a) (i) Total number of recommendations is six (6) and 1 of the recommendations has six (6) sub-recommendations.

 (b) (i) Total number of recommendations not implemented is two (2).

 Table below responds to details of the recommendations and indicate those implemented and not implemented

 Table:

| Recommendations | Implemented  | Not implemented | Reason for not implementing |
| --- | --- | --- | --- |
| (a) The NDOH must develop norms and standards for the provision of services to domestic and GBV survivors, including:1. The creation of an area-relevant shelter referral list
2. The sensitive treatment of survivors of GBV.
3. The required services for survivors and their children at shelters and duties of care.
 | List received from the Department of Social Department Front line workers are trained on treatment on sensitivity to survivorsThere are guidelines focussing on mothers and children implemented by all health facilities using the Sexual Reproductive and Health Rights policy and guidelines |  | Plotting of the shelter list to health facilities still needs to be concluded.  |
| 1. The prioritisation of survivors of GBV at clinics and hospitals.
2. Transport for survivors to health facilities and the provision of primary healthcare at shelters.
3. Clear, sensitive norms for the provision of services to the LGBTIQA+ community and PWDs and other vulnerable survivors.
 | Ambulances are provided when needed. Front line workers are now trained for gender sensitisations in the Sexual Reproductive and Health Rights Module Adapted the The South African National LGBTI HIV Plan, 2017-2022 that define norms and package of care also to survivors. |  | After the process of plotting shelters, we will be able to know proximity of shelters to health facilities. Where there are no fixed structures, we will look at the option of mobile clinics. |
| 1. The NDOH is to issue a circular by the end of December 2019 on the prioritisation of GBV survivors at health facilities at all levels. A copy of the circular is to be provided to the Commission.
 |  | Director General of Health to still approve Circular | Director General of Health to still approve Circular |
| 1. The NDOH is to develop a programme on harmful social norms and myths that facilitate the spread of GBV, rather than to focus only on a legislative approach. The Commission welcomes engagements on this development
 |  | This Programme is a social phenomenon and Ndoh will not be able to prepare a Programme, however, will collaborate with other social stakeholders guided by the National Strategic Plan doe Gender Based Violence and Femicide. |  |
| 1. The NDOH is to make mental health services as well as detoxification facilities more accessible to shelter residents. The NDOH must revert with the proposed roll-out plan.
 | Mental Health services are established in terms of the National Mental Health Policy Framework and Strategic Plan 2013-2020, which is being updated and founded on the provisions of the Mental Health care Act 2002 (Act No 17 of 2002).Access for all citizens including shelter residents is ensured, among others, through the following initiatives:* Integration of mental health in the core package of district health services.
* Routine screening for mental illness and a stepped approach to management and referral for mental conditions from PHC.
* Establishment of district specialist mental health teams to plan and coordinate mental health services in districts.
* Strategic purchasing of services from health providers to render mental health services at Primary Health Care. These includes psychiatrists, Psychologists, Registered Counsellors, Social Workers and Occupational Therapists.
* Regarding Detoxification, Substance abuse prevention, treatment and rehabilitation services are provided in terms of the Prevention of and Treatment of Substance Abuse Act, 2008, which is led by the Department of Social Development (DSD).
* Substance abuse

rehabilitation centres are subsidized by DSD. * The Department of Health screens for and manages substance abuse across all levels of the health system in line with the Adult Primary Care guidelines and the Essential Medicines List, Standard Treatment Guidelines.
* Detoxification is provided to all community members in general hospitals, when required.
 |  |  |
| (e) The NDOH must provide a report on the training that frontline staff, managers, and senior managers have received on GBV. | Report was provided for frontline staff provided in 2020. |  |  |
| (f) The NDOH has a duty to educate communities around issues of health and it must engage the community around the stigmas surrounding survivors, and where to seek help. | Community mobilization is done on this issue by the Department and partners such as Love Life and Soul City. |  |  |

2. Report into the investigation on the forced sterilization of women living with HIV/AIDS in

South Africa 2020.

(a) (i) Total number of recommendations is nine (9) only 5 applicable to the Department of Health

(b) (i) Total number of recommendations not implemented is one (1) and in process.

Table below responds to details of the recommendations and indicate those implemented and

not implemented

Table:

|  |  |  |  |
| --- | --- | --- | --- |
| Recommendations | Implemented  | Not implemented | Reason for not implementing |
| 1.The Commission will refer this report and its findings to the Health Professions Council of South Africa (Health Professions Council of South Africa) and the complaints contained herein. The HPCSA guides and regulates health professions on all aspects pertaining to professional conduct and ethical behavior. Thus, they ought to engage with this report on this matter as they have the necessary capacity to investigate the professional conduct and behavior of the implicated health care practitioners. |  | Responsibility of CGE |  |
| 2. The Commission will refer this report and its findings to the South African Nursing Council (SANC) and the complaints contained herein. The SANC guides and regulates nurses on all aspects pertaining to professional conduct and ethical behavior. Thus, they ought to engage with this report on this matter as they have the necessary capacity to investigate the professional conduct and behavior of the implicated health care practitioners; |  | Responsibility of CGE  |  |
| 3.The NDOH, upon receipt of this report must interrogate andscrutinise the provisions of the Sterilisation Act and interrogateconsent forms for sterilisations to ascertain whether the provisionscontained therein provide for and protect the principle of informedconsent in all respects. The NDOH must report to the CGE within 3(Three months) of receipt of this report as to what concrete steps the Department will take to ensure that the eradication ofthe harmful practice of forcedsterilization. | Implemented, and there was no need to change the Act however, clarification on Sterilization Act was provided in the National Contraceptive guideline updated in 2019 |  |  |
| 4. The NDOH, upon receipt of this report must facilitate dialogue between themselves and the complainants to for them to find ways of providing redress to the Complainants. | Done on the 3rd and 4th June 2021 in Durban.  |  |  |
| 5. The Commission will present this report as part of its petition to the SALRC for amendments to legislation that ensure consent is properly obtained such as counselling prior to consent, the timing of obtaining consent and compulsory information that must be provide. |  | Responsibility of CGE |  |
| 6. The NDOH must revise consent forms to bring them into conformity with the guidelines provided by International Federation of Gynaecology and Obstetrics and standardised for all sterilization procedures. The NDOH should also print consent forms in all official languages, and the explanation around the procedure,particularly its irreversible nature should be given in the patient’s language of choice. This must be executed and attested to; | Implemented. Translation to 10 other languages completed and the process is in the process of acquiring tender to print the revised consent forms.  |  |  |
| 7. The NDOH must make it an operational policy requirement that where a patient agrees to sterilisation, they must be given a“Cooling off” period to fully appreciate the risks andconsequences of their sterilisation procedure. | Implemented as documented on the revised Maternity case record |  |  |
| 8. Standard timeframes should be put in place in relation to when the discussion around sterilisation should take place. Patients cannot be informed about this process minutes before going to theatre.Patients must also be informed that they are at liberty to changetheir minds at any time before the procedure takes place; | Implemented as documented on the revised Maternity case record |  |  |
| 9. The DOH must ensure that their filing systems, both manual andelectronic are standardised for ease of coordination. Feedback to the latter must be provided within 3 months from date of this report. |  | Not implemented however the process of filing systems are being addressed through the NHI configuration systems.  |  |

3. Report on the Government's Emergency Response Action Plan (ERAP) on Gender-based Violence and Femicide, Review of implementation 2020.

No recommendations in the report specific to the Department of Health.

4. Report on the gender transformation on procurement 2018/19

No recommendations in the report.

5. Report on the Victims Charter: Assessing the Effectiveness of Implementation by Departments of Health and Correctional Services 2012.

No recommendations in the report.

END.