# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 2890**

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**(INTERNAL QUESTION PAPER NO. 32)**

**Mr P G Moteka (EFF) to ask the Minister of Health:**

(a) What number of incidents of (i) racism and (ii) sexual harassment have occurred at public healthcare institutions to (aa) staff and (bb) patients and (b) in each case, what is the (i) name and (ii) location of each institution where each incident happened?

###### NW3198E

**REPLY:**

The following table reflects the information in this regard.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Province** | **(a)number of incident** |  | **(aa) staff** | **(bb) patients** | **(b)** |  |
|  | **(i)racism** | **(ii) sexual harassment** |  |  | 1. **Name of institution** | 1. **Location of institution** |
| Eastern Cape | No case reported | 1 | Staff | No case reported | Emergency medical services | Sarah Baartman district(port Elizabeth) |
|  | No case reported | 1 | Staff | No case reported | Head office | Bhisho |
| Free state | No case reported | No case reported | No case reported | No case reported | No case reported | No case reported |
| Western Cape | No case reported | 1 | staff | No case reported | Cape Medical Depot | Cape Town CBD |
|  | No case reported | 1 | staff | No case reported | Karl Bremer Hospital | Bellville |
|  | No case reported | 1 | No case reported | Patient | Du Noon CHC | Milnerton |
|  | No case reported | 1 | staff | No case reported | New Somerset Hospital | Green Point |
| Northern Cape | No case reported | 1 | Staff (1) | No case reported | Robert Mangaliso Sobukwe Hospital Complex | James Xum Admin Building |
| Limpopo | No cases reported | No cases reported | No cases reported | No cases reported | No cases reported | No cases reported |

The following Provinces are yet to submit their inputs to the question:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gauteng |  |  |  |  |  |  |
| KwaZulu Natal |  |  |  |  |  |  |
| Mpumalanga |  |  |  |  |  |  |
| North west |  |  |  |  |  |  |

END.