



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Sexual and Reproductive Health and Rights:

Fulfilling our Commitments

2011–2021 and beyond

Final Draft

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Fulfilling our Commitments

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Department of Health
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The document *Sexual and Reproductive Health and Rights: Reviewing the Evidence*, Department of Health, Pretoria 2011, provides the background information and evidence for *Sexual and Reproductive Health and Rights: Fulfilling our Commitments*.



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Foreword

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Minister of Health

June 2011

Preface

HIV, sexual and gender-based violence, and unwanted pregnancy together undermine the health and wellbeing of large numbers of our population, with young people, and particularly young women – the future generation – being most vulnerable. Sexual relationships and sexual decision-making – things we often find hard to talk about – are at the source of HIV, sexual and gender-based violence and unwanted pregnancy. But this is the challenge we face. The Department of Health can play a key role in supporting individuals and couples in maximising their health and their contribution to society. Talking about sexual and reproductive decision-making, promoting sexual relationships that are mutually respectful, free of coercion, discrimination and violence, where people can enjoy their sexuality safely, and ensure that every child is a wanted child – this is the challenge that HIV, sexual violence and unwanted pregnancy put before us. To do this requires a public conversation about sexual development, sexual relationships and sexual decision-making – all things that our society finds hard to discuss. Yet discuss them we must if we are to lower the rates of HIV transmission, of teenage pregnancy, of sexual violence and indeed of maternal mortality.

Unless there is a fundamental change in the way in which the health sector functions and how it addresses sexual and reproductive health and rights, South Africa will not achieve its commitments in relation to the Millennium Development Goals as laid out in the presidential priorities of increasing life expectancy at birth; increasing the contraceptive prevalence rate, reducing maternal and child mortality; combating HIV and TB and strengthening health system effectiveness.

In his State of the Nation Address of 10 February 2011, President Zuma committed that:

“Given our emphasis on women’s health, we will broaden the scope of reproductive health rights and provide services related to amongst others, contraception, sexually transmitted infections, teenage pregnancy and sanitary towels for the indigent. On the fight against HIV and AIDS, we have revitalised our programmes and promote various prevention measures including medical male circumcision, prevention of mother to child transmission and the promotion of HIV testing.” (Zuma 2010)

The Minister of Health has committed himself and the health care sector to improving a number of indicators through a negotiated service delivery agreement. *Sexual and reproductive rights and health: Fulfilling our Commitments* provides for the delivery of integrated sexual and reproductive health services as part of the primary health care approach within a district health system. The concept of “sexual and reproductive health and rights” takes as its starting point the the Department of Health’s commitment to provision of integrated responses in prevention, treatment and care. It aims to bring together the different components that are often organised separately with separate names, such as ‘maternal and child health’, ‘family planing’ and ‘sexually transmitted infections’ because they all relate to each other, and to achieve the MDGs we have to be able to address them together and with a human rights approach that affords dignity and respect to health care providers and service users alike. *Sexual and Reproductive Health and Rights: Fulfilling our Commitments* clarifies the rights and responsibilities of health service managers and providers, ensuring quality services at every level of care. It presents a shared agenda and message to support the work of the Department of Health and its partners in organising health services and in addressing the social and cultural factors which undermine the sexual and reproductive rights of many South Africans.

We would like to thank everyone who participated in the development of this document and recognise the work of health care providers and communities alike in striving to promote the health, wellbeing and dignity of all South Africans.

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Contributing partners include: national, provincial and district managers of health; United Nations agencies; academics; civil society organisations; and a wide range of individuals and groups who have submitted information and in some cases collated and analysed information for us. The Department of Health would like to express its appreciation to them all.

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VISION

All people in South Africa, regardless of age, sex, ethnicity, religion, gender identity, gender expression, sexual orientation, HIV status, disability, citizenship, location, or any other factors, will have equitable and non-discriminatory access to appropriate sexual and reproductive health information, education and protection and to quality treatment, care and rehabilitation services.

All people in South Africa will be able to protect, promote, enjoy and express their sexual and reproductive health and rights.

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EXECUTIVE SUMMARY

Sexual and Reproductive Health and Rights (SRHR): Fulfilling our Commitments refocuses the Department of Health's efforts to bring down the rate of HIV transmission, lower the rate of teenage and unwanted pregnancies, reduce sexual and gender-based violence, and lower the maternal mortality ratio – that is, to strengthen efforts towards achieving the Millenium Development Goals. Based on evidence from an in-depth literature review, a situational analysis and interviews, *SRHR: Fulfilling our Commitments* provides a framework to guide the actions of the Department of Health – in collaboration with other government departments, the private sector, civil society organisations and international development agencies – to promote a society in which sexual and reproductive rights are recognised and valued and to ensure equitable and accessible sexual and reproductive health services to all South Africans. In doing so, *SRHR: Fulfilling our Commitments* brings together the existing laws, policies and guidelines affecting sexual and reproductive health and rights services.

SRHR: Fulfilling our Commitments:

- Defines comprehensive sexual and reproductive health and rights services as including all aspects of promoting a culture of sexual and reproductive rights, and all aspects of prevention, diagnosis, treatment and care in relation to sexual and reproductive health. South Africa's sexual and reproductive health and rights services will be evidence- and human rights- based and in line with national policies, protocols and clinical guidelines, which will be regularly updated in line with emerging evidence and good practice.
- Identifies the following barriers to achieving sexual and reproductive health and rights: poverty, gender inequity and other sources of prejudice, violence, lack of stewardship and poor management of the district health system, and lack of information for planning, monitoring and decision making. It establishes the following principles for maximum impact of service provision: strong and visible stewardship, integrated services at the district level, a human rights approach, a life cycle approach, meeting diverse needs, care for the caregivers, and intersectoral collaboration.
- Commits to sexuality and relationship education, information and ideas as well as social mobilisation and community and mass media campaigns that will be initiated by government or in collaboration with partners. Such social outreach interventions will enable individuals, families and communities to challenge sexual and gender based violence, to protect and promote sexual and reproductive health and rights and to seek treatment or other forms of assistance for ill health, abuse and other sexuality related concerns. The education, information and ideas will be evidence-based and will inculcate and promote human rights values. Interventions will use methods that build the skills and capacity of communities and individuals to take action to protect and promote their own and the public's sexual and reproductive health. This will foster open conversation about sexuality, and sexual decision-making and a culture that helps to bring down the current rates of sexual violence, HIV transmission and unwanted pregnancy.
- Describes the services available within district health systems, including those provided in communities and through mobile services, and at clinics, community health centres and district hospitals. The services cover the following components: sexuality: desire, pleasure and function; sexual and gender based violence; fertility; maternal, perinatal and newborn health; sexually transmitted infections, including HIV and AIDS; cancers of the reproductive system; and other reproductive health issues.
- Emphasises the importance of providing sexual and reproductive health and rights services – including those aimed at the prevention and management of HIV and AIDS – in an integrated manner. Primary health care managers will work together under the leadership of district health managers integrating planning, service delivery, training, supervision and monitoring (including

data collection). Integration will ensure that all services are available to all clients at the point of access. This will improve the quality of health care and decrease the duplication of resources.

Describes how services will meet the diverse needs of South Africa's population. Services to all clients will be age appropriate and relevant, including services for marginalised or vulnerable populations, such as people with disabilities, transgender people, intersex people, same sex practising people, sex workers and people living with HIV, among others, and will be provided without prejudice or bias in a private and comfortable environment.

In addition to the framework for service provision, *SRHR: Fulfilling our Commitments* identifies the essential steps for implementation, including ensuring the necessary leadership, governance, financing, medical technologies and products, service delivery, effectively trained and skilled health service managers and providers, with the appropriate attitude and competencies; and strengthening the information base for planning, monitoring and evaluating community-based and health system interventions.

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PURPOSE OF THIS DOCUMENT

To refocus our efforts

SRHR: Fulfilling our Commitments refocuses the Department of Health's efforts to achieve sexual and reproductive health and rights for South Africa's population as a whole.

To guide and support our actions

SRHR: Fulfilling our Commitments provides a framework to guide the actions of the Department of Health – in collaboration with other government departments, the private sector, civil society organisations and international development agencies – to promote a society in which sexual and reproductive rights are recognised and valued and to ensure equitable and accessible sexual and reproductive health services to all South Africans.

It guides public health service managers on what services should be offered at different levels of care. It supports health care providers in promoting the rights and health of all people in South Africa through their interactions with their clients. It guides health care providers and partners of the Department of Health on how to support individuals and communities to challenge cultural norms that undermine sexual and reproductive health and rights.

To describe the services the Department of Health is responsible for providing

SRHR: Fulfilling our Commitments describes the health, information and outreach services that the Department of Health is responsible for providing or supporting, based on current laws and policies, to ensure the sexual and reproductive health and rights of South Africa's population. It does so as part of the Department of Health's commitment to achieve a long and healthy life for people in South Africa, through: strengthening health system effectiveness, in particular through integrating services and institutionalising a human rights approach to health care; combating HIV; and decreasing maternal and infant mortality. It supports efforts to achieve the Millennium Development Goals.

SRHR: Fulfilling our Commitments draws on existing evidence that is available in a companion document *SRHR: Reviewing the Evidence*, an in-depth literature review and situation analysis.

DEFINING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS¹

Rights

Sexual and reproductive rights exist when all people have control over and can decide freely and responsibly on matters related to their sexuality – including sexual and reproductive health – free of coercion, discrimination and violence. These rights are embedded in the South African Constitution and in South Africa's commitment to implement international human rights treaties.

Health

Sexual and reproductive health is not merely the absence of disease, dysfunction or infirmity. Sexual and reproductive health means a state of physical, emotional, mental and social wellbeing in relation to sexuality, and in all matters relating to the reproductive system and its functions and processes. This meaning of sexual and reproductive health is in line with both national policy and internationally agreed-upon definitions.

Sexuality

Sexual health cannot be defined, understood or made operational without a broad consideration of sexuality, which underlies important behaviours and outcomes related to sexual health. The working definition of *sexuality* is: a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.

Sex and gender

The word "sex" refers to the biological and physiological characteristics that define people. While society tends to believe that people are either "men" or "women", science shows these characteristics in fact form a continuum, so that some people have more characteristics associated with being men and women and some have less. Some people are born with a mix of characteristics, known as "disorders of sex development" or "intersex". Intersex people can suffer severe stigmatisation because of cultural assumptions that people should be either "male" or "female". They also may need specialist medical interventions to protect their health and wellbeing.

While many people have sexual relationships with people of the opposite gender, some also have sexual relationships with people of the same gender. *SRHR: Fulfilling our Commitments* refers to this as "same sex practising". A person's sexual orientation is defined by the gender to which the person is sexually attracted, which may be to one or to both genders.

The word "gender" is used to describe the roles, behaviours, activities and attributes that a particular society considers appropriate for men and women. Despite the social assumption that all people's gender matches their biological sex, this is not the case: some people's experience of their gender ("gender identity") and behaviour ("gender expression") does not correspond with the gendered social and cultural norms associated with their biological sex. Hence someone with the biological characteristics of a woman may appear more like a man or may in fact live life as a man. The word "transgender" is used to describe people whose gender characteristics do not match their

¹ Definitions are drawn from United Nations (1994), United Nations (1995) and World Health Organisation (2010).

biological sex. The lack of social recognition of this reality can lead to stigmatisation and lack of access to appropriate health services for transgender people.

The relationship between health and rights

Sexual health requires a positive and respectful approach to a person's sexuality and sexual relationships. To be sexually healthy, people need to be able to have pleasurable and safe sexual experiences, free of coercion, discrimination and violence. They need to have access to sexual health information and services. For people to have and keep their sexual health, their sexual rights must be respected, protected and fulfilled. All people have these rights.

Reproductive health requires that a person is able to reproduce and has the freedom to decide if, when and how often to do so. This implies that all people have the right to be informed about reproduction. They have the right to have access to contraception that is safe, effective, affordable, acceptable and of their choosing, and to safe termination of pregnancy. All people have the right to health care services that will enable women to go safely through pregnancy and childbirth and will give couples the best chance of having a healthy baby.

South African law protects people's sexual and reproductive health and rights

The South African Constitution has a human rights approach to sexuality and reproduction. It guarantees:

- the right to equality
- the right to freedom from discrimination on the basis of race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth
- the right to be treated with dignity and respect
- the right to life
- the right to freedom and security, including the right to be free from all forms of violence from either public or private sources and not to be treated or punished in a cruel, inhuman or degrading way
- the right to bodily and psychological integrity, which includes the right to make decisions concerning reproduction, to security in and control over their body, and to not be subjected to medical or scientific experiments without their informed consent.

The Constitution also guarantees the right to health care services, including sexual and reproductive health care, for everyone.

These fundamental, constitutional rights are reflected in South Africa's many sexual and reproductive health and rights laws, policies and guidelines, which are described below².

International law also supports a human rights approach to sexuality and reproduction

A human rights approach to sexuality and reproduction is also reflected in international treaties that South Africa has signed and ratified, including the United Nations' Convention on the Rights of the Child (1989), Convention on the Elimination of All Forms of Discrimination Against Women (1979), and Convention on the Rights of Persons with Disabilities (2006), as well as international consensus agreements, including the Programme of Action of the International Conference on Population and Development (United Nations, 1994) and the Platform for Action of the Fourth World Conference on Women (United Nations, 1995).

² See "The legal and policy framework", in the section "What do effective sexual and reproductive health and rights services look like?"

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BARRIERS TO ACHIEVING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN SOUTH AFRICA

SRHR: Fulfilling our Commitments refocuses the Department of Health's efforts on addressing the key factors that are contributing to South Africa's burden of disease and undermining the human rights of many South Africans:

- poverty
- gender inequity and other sources of prejudice
- violence
- lack of stewardship and poor management of the district health system
- lack of information for planning, monitoring and decision making.

Poverty

Poverty, including poor nutrition, affects people's physical and mental development and safe childbirth. Poverty can be responsible for a lack of privacy for exploring and enjoying sexual relationships. It can mean that people lack money for transport to health services and that they are unable to take time from work or childcare to access health services. In addition, poverty often motivates people to have sexual relationships in exchange for resources for themselves or their families. Using their sexuality in this way increases people's vulnerability to sexual ill health and unwanted pregnancies.

SRHR: Fulfilling our Commitments provides a framework for intersectoral action to address the barriers to achieving sexual and reproductive health and rights created by poverty.

Gender inequity and other sources of prejudice

Gender inequity refers to inequitable power relationships and inequitable control over resources between men and women, and the consequences of these inequities for their lives, their health and wellbeing. Society's assumptions that women are not equal to men and that they therefore do not have the right to make decisions about their sexual and reproductive lives make women more vulnerable to unwanted pregnancies, sexual and gender based violence and sexually transmitted infections, including HIV. Early pregnancy can also limit their education and employment opportunities. Not having the right to make these decisions limits women's opportunities to enjoy safe and satisfying sex lives, an essential dimension of their human rights and their sexual health and wellbeing. Stigmatisation of any kind – whether on the basis of disability, sexual orientation, HIV status, gender identity, gender expression or employment in sex work – can undermine people's sense of self worth. This increases their vulnerability: they feel unable to protect themselves, including their sexual and reproductive health and rights.

Violence

In South Africa there is a culture of silence around interpersonal violence, and high levels of interpersonal violence are accepted in our society. This puts all people at risk, across the life cycle. People who are already undervalued or stigmatised become more marginalised, because they are perpetually vulnerable to violence. Criminalisation makes sex workers additionally vulnerable to violence. Abusive and violent experiences in childhood not only undermine children's rights, but can also be significant risk factors for unhealthy and violent behaviours and health problems later in life.

Violence is widely associated with masculinity. This association undermines men's ability to establish mutually respectful sexual relations and increases their vulnerability to unsatisfying emotional relationships, sexually transmitted infections, including HIV, and unplanned parenthood.

SRHR: Fulfilling our Commitments *guides government, the private sector, communities, development agencies and civil society organisations in approaches to interventions that:*

- *build the public's knowledge about sexual and reproductive health and rights*
- *build the social norms that challenge gender inequity and violence, discrimination and stigmatisation.*

Lack of stewardship and poor management of the district health system

Service delivery in the public sector is not as good as it should be. There are substantial inequities across the country in both the availability and the quality of services. Strong stewardship and good management are needed to recruit, support and retain appropriately trained staff. Sexual and reproductive health and rights depend on this.

Providing quality services is undermined by: the poor implementation of existing norms and standards on sexual and reproductive health and rights; the failure to use information for planning, monitoring and improving service delivery; the lack of service integration and effective referral systems between levels of care; and the inadequate infrastructure and technology. In addition, both health care providers and clients complain of disrespect and abuse.

Sexual and reproductive health and rights services tend to focus on women of reproductive age and on children. They are not oriented to meet the different needs of men, transgender people, people with disabilities, people living with HIV, adolescents and young people, women who are not of reproductive age, sex workers, or people with diverse sexual orientations, among others. Health care providers tend to equate sexual and reproductive health with maternal and child health. They lack knowledge about the full scope of sexual and reproductive health and rights.

SRHR: Fulfilling our Commitments *aims to:*

- *identify the health care services that should be provided at each level of care*
- *institutionalise a human rights approach to service delivery.*

Lack of information for planning, monitoring and decision making

Information on the social determinants of poor sexual and reproductive health and rights is limited to what small sub-national studies provide. There are considerable gaps in data on critical aspects of sexual and reproductive health and rights, such as sexuality, teenage pregnancy and sexual and gender based violence. There are also gaps in data on sexual and reproductive health and rights experiences, needs and services in relation to specific groups of people, such as disabled people and transgender people or, more specifically, on HIV prevalence among vulnerable groups, such as men who have sex with men.

Information on the performance of the health care system in relation to sexual and reproductive health and rights is limited to a few routinely collected indicators, which are of sub-optimal quality and not easily available. Information on health care outcomes does not reflect the impact of health service interventions that aim to improve sexual and reproductive health and rights. There is a lack of applied research that evaluates interventions to strengthen the public and community commitment to gender equality and sexual and reproductive rights, including the impact of such interventions on adolescents. Public sector efforts to strengthen the quality of integrated sexual and reproductive health services also need to be evaluated³.

³ See the companion publication *SRHR: Reviewing the Evidence* for the available data on which this assessment is based.

SRHR: Fulfilling our Commitments *aims to address the lack of adequate sexual and reproductive health and rights information by:*

- *strengthening the health service's collection and use of data*
- *building partnerships with research institutions to strengthen the understanding of sexual and reproductive health and rights and gather evidence on effective interventions.*

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GUIDING PRINCIPLES

- Strong and visible stewardship
- Integrated services at the district level
- A human rights approach
- A life cycle approach
- Meeting diverse needs
- Care for the caregivers
- Intersectoral collaboration

Strong and visible stewardship

Politicians and health system managers will build strong leadership at all levels, with clear and unambiguous messaging to promote sexual and reproductive health and rights. Health system managers will have the ability to provide effective leadership and guidance to all parties responsible for delivering quality sexual and reproductive health and rights services, including development partners and civil society. Performance management systems will be in place to ensure the accountability of these managers.

Integrated services at the district level

A functional, district-based health system will enable all people to access quality, comprehensive sexual and reproductive health and rights services as part of the primary health care package. These services will be available close to home and will be coupled with effective referral systems as necessary. Sexual and reproductive health and rights services will be fully integrated and will be part of all services provided at each level of care.

A human rights approach

A human rights approach to service provision will build individuals' and health care providers' knowledge of and commitment to promoting their own sexual and reproductive health and rights and community sexual and reproductive health and rights.

Health care providers will:

- adhere to Batho Pele and the Patients' Rights Charter, providing services that are customer-friendly and confidential, with a high standard of professional ethics
- offer a welcoming and professional service that enhances the human rights, dignity and health of all clients
- reach out to the communities and families in greatest need
- be responsive to complaints or suggestions for improvement.

A life cycle approach

Services will address the needs of all people at all stages of their lives. Young people have different sexual and reproductive health and rights information and services needs from people in their twenties and thirties. The needs of people as they get older and, in the case of women, move beyond reproductive age, are also different. A life cycle approach ensures that clients will have their specific sexual and reproductive health and rights needs met, irrespective of their age.

Meeting diverse needs

Health care providers will have the necessary information and skills to address the needs of any person entering a health facility, whether that person is disabled, intersex or transgender, living with HIV, engages in same sex practices or sex work, or is celibate, infertile or pregnant. Resource constraints may not allow separate services to be offered to people with particular needs (and this would not necessarily support human rights), but health service managers and health care providers will be sensitive to the needs of vulnerable or marginalised populations, including those who do not traditionally access services. Managers may, if possible and appropriate, innovate to offer specific services to specific populations at specific times, as long as every person is offered appropriate services at the time that they choose to seek services.

Care for the caregivers

Health service managers will create an environment that supports health care providers' rights. Health care providers work in contexts of physical and psychological stress, which are often exacerbated when they are offering stigmatised services—for example, termination of pregnancy. Managers will institutionalise systems of support for providers and create a climate of respect.

Intersectoral collaboration

The Department of Health will promote a culture of sexual and reproductive health and rights through community education and by providing accessible sexual and reproductive health and rights services in collaboration with other government departments – including the Department of Basic Education, the Department of Higher Education and Training and the Department of Social Development – and with the criminal justice system, development agencies and civil society.

WHAT DO EFFECTIVE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS SERVICES LOOK LIKE?

Components

Comprehensive sexual and reproductive health and rights services include all aspects of promoting a culture of sexual and reproductive rights, and all aspects of the prevention, diagnosis, treatment and care of sexual and reproductive health issues. South Africa's sexual and reproductive health and rights services will be evidence based and in line with national policies, protocols and clinical guidelines, as listed below⁴.

Building on the World Health Organisation's Reproductive Health Strategy to Accelerate Progress towards the Attainment of International Goals and Targets (2004), comprehensive sexual and reproductive health and rights services will focus on:

- sexuality: desire, pleasure and function
- sexual and gender based violence
- fertility management: contraception, termination of pregnancy, infertility
- maternal, perinatal and newborn health
- sexually transmitted infections, including HIV and AIDS
- cancers of the reproductive system
- other reproductive health issues.

Components of sexual and reproductive health and rights services

Component	Summary of all services
Sexuality: desire, pleasure and function	<ul style="list-style-type: none"> • Provide age-appropriate sexual health information, education and counselling for safe and satisfying sexuality, including on: sexual development; sexual function and pleasure; mutually respectful sexual and reproductive decision making; and all dimensions of the essential sexual and reproductive health and rights package • Provide community education on cultural values that foster sexual and reproductive health and rights and positive health seeking behaviours, and support these values
Sexual and gender based violence	<ul style="list-style-type: none"> • Prevent and manage sexual and gender based violence • Promote cultural values that decrease the incidence of sexual and gender based violence
Fertility	<ul style="list-style-type: none"> • Provide comprehensive contraception services • Provide safe termination of pregnancy • Address infertility
Maternal, perinatal and newborn health	<ul style="list-style-type: none"> • Provide antenatal care • Prevent mother-to-child transmission of HIV • Provide safe delivery care • Provide postpartum care • Provide postnatal care

⁴ See "The legal and policy framework".

Sexually transmitted infections, including HIV and AIDS	<ul style="list-style-type: none"> • Prevent and manage sexually transmitted infections • Initiate HIV counselling and testing • Manage HIV and AIDS • Initiate antiretroviral treatment • Follow up clients on antiretroviral treatment • Provide adherence and self management support
Cancers of the reproductive system	<ul style="list-style-type: none"> • Prevent and manage cervical cancer • Prevent and manage breast cancer • Prevent and manage male reproductive tract cancers
Additional SRHR issues	<ul style="list-style-type: none"> • to be determined on an as-needed basis

The legal and policy framework

In addition to the Constitution, a number of laws, policies and guidelines, including those listed below, define the provision of sexual and reproductive health services in South Africa. *SRHR: Fulfilling our Commitments* incorporates the philosophies, principles and commitments in these laws, policies and guidelines.

List of laws, policies and guidelines

Laws	<ul style="list-style-type: none"> • Choice on Termination of Pregnancy Act 92 (1996); Amendment Acts (2004, 2008) • Domestic Violence Act 116 (1998) • Sterilisation Act 44 (1988); Sterilisation Amendment Act 3 (2005) • Promotion of Equality and Prevention of Unfair Discrimination Act 4 (2000), as amended by section 16 of the Judicial Matters Amendment Act 22 (2005) • National Health Act 61 (2003) • Alteration of Sex Description and Sex Status Act 49 (2003) • Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 (2007); National Directives and Instructions on conducting a Forensic Examination on survivors of Sexual Offence cases in terms of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007; Government Notice 223, 6 March 2009
Policies	<ul style="list-style-type: none"> • White Paper on Population Policy 1998 • A Comprehensive Primary Health Care Package for South Africa (2001); Core Package for Four Levels of Care: A Discussion Document (2007) • National Contraception Policy: Guidelines within a Reproductive Health Framework (2001) (currently being revised) • A Policy on Quality in Health Care for South Africa (2007) • National Youth Policy 2008–2013 • National Service Delivery Agreement for Outcome 2: A Long and Healthy Life for All South Africans (October 2010) • HIV/AIDS and STI Strategic Plan for South Africa 2007–2011 (2007) • National Policy on Rape, Sexual Assault and Other Related Sexual Crimes (2010 draft, drawing on the National Sexual Assault Policy 2005)
Guidelines	<ul style="list-style-type: none"> • National Guidelines for Cervical Screening Programme (2000) (currently being revised) • Policy Guidelines for Youth and Adolescent Health (2001) (forthcoming updated draft) • Gender Guidelines for Public Health (2002) • The School Health Policy and Implementation Guidelines (2003)

	<ul style="list-style-type: none"> • National Contraceptive Service Delivery Guidelines within a Reproductive Health Framework (2003) (currently being revised) • National Strategic Plan for the Implementation of the Choice on Termination of Pregnancy Act (2004) • Draft National Policy for Conscientious Objection in the Implementation of the Choice on Termination of Pregnancy Act of 1996 (2007) • Guidelines for Maternity Care in South Africa: A Manual for Community Health Centres and District Hospitals (2007) • Saving Mothers: Essential Steps in the Management of Common Conditions Associated with Maternal Mortality (2007) • First Line Comprehensive Management and Control of Sexually Transmitted Infections: Protocol for the Management of a Person with a Sexually Transmitted Infection According to the Essential Drug List (2008) • Policy Guidelines: Child and Adolescent Mental Health (2008) • Primary Health Care Supervision Manual: A Guide to Primary Health Care Facility Supervision (2009) • Clinical Guidelines: Prevention of Mother-to-Child Transmission (2010) • Clinical Guidelines for the Management of HIV/AIDS in Adults and Adolescents (2010) • Guidelines for the Management of HIV in Children (2010) • National HIV Counselling and Testing Policy Guidelines (2010) • Guidelines for Tuberculosis Preventive Therapy among HIV infected individuals in South Africa (2010)
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These laws, policies and guidelines will be regularly updated in line with emerging evidence and good practice.

The social framework: A culture of sexual and reproductive health and rights

The Department of Health, in collaboration with partners, will promote a culture of sexual and reproductive health and rights that is evidence based and adheres to the comprehensive, integrated and human rights approach of *SRHR: Fulfilling our Commitments*.

- Content
- Method
- Outcomes
- Assessment

Content

Social outreach interventions will provide:

- education on how to prevent negative health outcomes and make effective use of health services
- information on sexual and reproductive development and functions
- ideas on human rights and responsibilities in relation to sexuality and sexual and reproductive relationships.

Education, information and ideas will be:

- age appropriate
- context appropriate: targeted to be meaningful to the local population
- evidence based and scientifically accurate
- grounded in human rights.

Method

The Department of Health, in collaboration with other government departments, non-governmental organisations, community and faith based organisations, the academic sector and development partners will implement social outreach interventions at local, district, provincial and national levels; and in schools, clinics, communities and workplaces. Interventions will include in-school and out-of-school classes with interactive methodologies, workshops, public dialogues, campaigns and use of social and mass media.

Trained agents will use such methods to allow individuals and communities to:

- gain new knowledge
- internalise human rights perspectives and values
- practise different ways of behaving
- reflect on these changes and develop confidence to promote these values and practices.

Outcomes

Effective social outreach interventions will:

- promote individuals' acquisition of the values of fairness, respect for human dignity, non-discrimination and equality, safety, responsibility, reciprocity and empathy, tolerance and respect for the rights of others; reinforce these values, which are prerequisites for establishing and maintaining healthy and safer sexual and social relationships
- strengthen individuals' abilities to develop themselves and their sense of self worth – including understanding their own sexuality, sexual development, sexual orientation and gender identity, and sexual behaviour, as an aspect of their personhood; encourage those who suffer from sexual dysfunction to seek help; empower individuals to retain their personal autonomy and exercise personal choice in relation to becoming sexually active, deciding if and when to have children, and enjoying safe and satisfying sexual relationships
- build individuals' skills to negotiate sexual and reproductive relationships in ways that promote equality and respect for oneself and others and enable people to protect themselves from HIV, sexual and gender-based violence and unwanted pregnancies
- promote individuals' ability to make and act on informed decisions that protect their health, including seeking treatment or other forms of assistance for abuse, or other sexuality related concerns and appropriately use preventive and curative sexual and reproductive health and rights services
- build the capacity of individuals, families and communities to challenge gender stereotypes and fearful or negative attitudes towards sexuality and towards those who engage in non-conforming but consensual sexual practices; break silences and challenge sexual and gender based violence, sexual exploitation and abuse and other cultural norms that undermine sexual and reproductive health and rights
- involve individuals, families, communities and, particularly, any populations which are the focus of interventions, meaningfully in the design, implementation, allocation of resources, and monitoring and evaluation of interventions.

Assessment

The Department of Health will assess its social outreach interventions for their effectiveness for diverse populations, and encourage its partners to do so. The department and its partners will share the findings of such assessments with all agencies undertaking comprehensive sexuality education and information programmes and campaigns in South Africa.

The health service framework: District based services

- Services at all levels of the district health system
- Referrals
- Integrated services are accessible services
- Meeting diverse needs
- Involving sexual partners

Services at all levels of the district health system

The health care system in South Africa uses the primary health care approach, and the district health system is the vehicle for delivering this care. Within a district, sexual and reproductive health and rights services are provided in communities, through mobile services, at clinics, at community health centres, and at district hospitals. *SRHR: Fulfilling our Commitments* defines the package of essential services to be provided at this district level of health care. District health services will be provided by nurses, midwives, medical officers and family physicians, working as a team.

Referrals

For most clients, the first point of contact with the health care system will be at the district level. Clear referral systems – from community to clinic to community health centre and to the district hospital – will ensure that there is a continuum of care to and from the community. Referrals will be accompanied by an emergency transport system and client transport system. Clients will be referred to the next levels of health care as necessary: to regional hospitals for specialist care, and to tertiary and, in some instances, quaternary care, for sub-specialist care. All services provided at the district level will also be available at regional and tertiary hospitals, ensuring the vertical integration of services.

Integrated services are accessible services

All services – including those aimed at the prevention and management of HIV and AIDS – will be provided in an integrated manner. Primary health care managers will work together under the leadership of district health managers integrating planning, service delivery, training, supervision and monitoring, including data collection. Integration will ensure that all services are available to all clients at the time that they access them.

Integrated, accessible sexual and reproductive health and rights services will:

- improve the quality of health care
- decrease the duplication of resources
- ensure that individuals and families are treated holistically.

The services outlined in this document are those provided in the public sector. However, the district health model provides for collaboration and partnership between the public, the for-profit and the not-for-profit health and social development sectors. Health care providers will refer clients with special needs to appropriate services, some of which may not be in the public sector.

Meeting diverse needs

Relevant and age appropriate information, education and services will be provided to meet the diverse needs of South Africa's population. This diverse population includes marginalised or vulnerable groups, such as people with disabilities, intersex people, transgender people, same sex practising people, sex workers, and people living with HIV. Specific attention will be given to physical

access for people with disabilities and to communication access by providing sign language translators and materials in local languages and in Braille.

Involving sexual partners

Achieving sexual and reproductive health and rights requires the support of sexual partners. Health care providers will encourage their clients to involve sexual partners in all aspects of prevention, treatment and care, where appropriate.

In communities

Community-level services will be provided by appropriately trained community health workers as part of the primary health care outreach team⁵. These services include those components of sexual and reproductive health and rights services that are appropriate outside of health services. Community health workers will work under the supervision of a professional nurse.

Services provided by community health workers

Screen, assess and refer, through household visits	<ul style="list-style-type: none"> • Identify at-risk households and individuals, particularly those at risk of domestic and gender based violence • Facilitate access to social grants (childcare, disability, old age) and other health and social services (such as for orphans and vulnerable children, and for people with mental health and substance abuse needs) • Assist with registering births and deaths • Assess the need for key preventive and care services, and facilitate access: for example contraception, termination of pregnancy, early antenatal care, care in pregnancy, support for breastfeeding and early childhood, prevention of mother-to-child transmission, and cervical screening
Provide information and education on sexual and reproductive health and rights, and provide appropriate home care	<ul style="list-style-type: none"> • Promote family practices, for example by providing information and support on appropriate feeding options for all women, and on newborn care • Support clients on treatment for chronic conditions and provide an integrated approach to adherence support for diabetes, hypertension, tuberculosis and antiretroviral therapy • Distribute male and female condoms and oral contraception, including emergency contraception and promote dual protection
Provide psychosocial support	<ul style="list-style-type: none"> • Identify and refer, for assessment and treatment, people with particular psychosocial needs, such as people living with HIV, survivors of violence, women with maternal depression and people who are suffering as a result of social stigmatisation
Carry out community assessments, campaigns and screening programmes, in communities, schools and early childhood centres	<ul style="list-style-type: none"> • Provide community education on cultural values that foster sexual and reproductive health and rights and positive health seeking behaviours, and support these values • Support community campaigns that promote healthy behaviours and the elimination of harmful cultural practices, such as sexual and gender based violence, unsafe traditional circumcision, female genital mutilation, early marriage or sexual debut, and the stigmatisation of people for sexuality related reasons

⁵ These are teams within a district that address community level work in the district. Other teams will be addressing service provision in clinics, and so on.

At clinics

Services provided at clinics

Sexuality: desire, pleasure and function	
Provide age appropriate health information, education and counselling for safe and satisfying sexuality	<ul style="list-style-type: none"> • Information, education and counselling on: <ul style="list-style-type: none"> ○ sexual development over the life cycle, including in relation to sexual orientation, gender identity and gender expression ○ sexual function and pleasure, including providing information on: the effects of menopause, the effects of various drug regimens on sexual function, the diversity of consensual sexual practices among both opposite sex and same sex practising people, and how to address the health issues that all of these raise ○ mutually respectful sexual and reproductive decision making ○ all dimensions of the essential sexual and reproductive health and rights package • Referral to dedicated counsellor where necessary
Sexual and gender based violence	
Prevent and manage sexual and gender based violence	<ul style="list-style-type: none"> • Screening for sexual and gender based violence, especially intimate partner violence and sexual violence against women, men, transgender people and children, and referral as required to appropriate networks • Post-sexual assault services • Counselling and referral to medico-legal services for further management • HIV counselling and testing • Emergency contraception • Prophylaxis for sexually transmitted infections • Post-exposure prophylaxis • Post-trauma counselling and referral
Fertility	
Support fertility planning and provide comprehensive contraception services	<ul style="list-style-type: none"> • Health education and counselling for individuals and couples on sexuality and reproductive health and rights, including sexual and reproductive decision making across the life cycle, appropriate to diverse groups, including HIV positive people • Pre-conception health and risk assessment for all genders, and counselling on healthy lifestyles • Contraception services as per national and provincial guidelines including dual protection: intrauterine devices, hormonal contraception, male and female condoms and emergency contraception, or referral for sterilisation
Provide safe termination of pregnancy	<ul style="list-style-type: none"> • Early detection of pregnancy • Information and counselling on sexual and reproductive health and rights, including rights to termination of pregnancy under the Choice on Termination of Pregnancy Act and contraceptive options after termination of pregnancy • Referral to accredited centres for termination of pregnancy
Address infertility	<ul style="list-style-type: none"> • Information to couples and individuals about infertility, including on: sociocultural practices that are harmful, and the causes of infertility,

	<p>and treatment options in the public and other sectors</p> <ul style="list-style-type: none"> • Assessment and counselling of infertile couples • Appropriate referral
Maternal, perinatal and newborn health	
Provide antenatal care	<ul style="list-style-type: none"> • Early diagnosis of pregnancy • Education and counselling for all women and couples about: avoidance of unhealthy practices such as tobacco, alcohol and other substance abuse; preparation for labour and birth; maternal, perinatal and postnatal and newborn care; prevention of mother-to-child transmission of HIV; and contraceptive options • Basic antenatal care as per current policy and treatment guidelines at minimum • Detection of a pregnancy at risk, recognition of complications, and referral • Booking for delivery • Identification and treatment of concurrent conditions: maternal mental disorders, sexually transmitted infections (including HIV), tuberculosis, urinary tract infections and anaemia • Psychosocial support for HIV positive pregnant and postpartum women
Prevent mother-to-child transmission of HIV	<ul style="list-style-type: none"> • Routine HIV counselling and testing of all pregnant women, and where possible partners, at each antenatal visit, including labour and delivery • Encouragement of couples and partner testing to avoid reinfection • Appropriate regimen to prevent mother-to-child transmission, as per current protocols and guidelines • Psychological support for women on the prevention of mother-to-child transmission programme • Counselling on safe feeding and contraceptive options • Nutritional support for HIV positive mothers and babies
Provide safe delivery care	<ul style="list-style-type: none"> • Delivery of uncomplicated pregnancies • Identification of complications, and referral • Reporting of maternal deaths • Promotion of involvement of birth companions
Provide postnatal care	<ul style="list-style-type: none"> • Immediate care of the newborn <ul style="list-style-type: none"> ○ Maintaining of temperature: kangaroo mother care ○ Assigning Apgar score at 1 and 5 minutes ○ Measurements (length and head circumference) ○ Screening of newborn for development impairment and genetic disorders ○ Examination of newborn within 6 days
Provide postpartum care	<ul style="list-style-type: none"> • Clinical observation of mother • Ensuring informed choice in feeding practices and providing appropriate education and follow-up support, including supporting breast feeding as appropriate • Information on child preventive care • Identification and counselling for postpartum depression and anxiety • Referral to social support services as required • Provision of postpartum contraception
Sexually transmitted infections, including HIV and AIDS	
Prevent and manage sexually	<ul style="list-style-type: none"> • Counselling on sexuality and sexual and reproductive health and rights –

transmitted infections	<p>including prevention and treatment of sexually transmitted infections and HIV, reproductive options and contraception including dual protection – with appropriate attention to vulnerable populations such as sex workers, people living with HIV and adolescents</p> <ul style="list-style-type: none"> • Syndromic management of sexually transmitted infections, as per standard treatment protocols • Human papilloma virus vaccination in collaboration with schools • Testing for HIV and promotion of testing for HIV • Provision of male and female condoms
Initiate HIV counselling and testing	<ul style="list-style-type: none"> • HIV counselling and testing at all visits, as a standard component of medical care • Offer couples counselling where indicated and requested
Manage HIV and AIDS	<ul style="list-style-type: none"> • Diagnosis and management of opportunistic infections, as per national guidelines for the management of HIV and AIDS in adults, adolescents and children • Screening and basic management of common mental disorders
Initiate antiretroviral treatment	<ul style="list-style-type: none"> • Initiation of treatment of adults and children, as per current treatment guidelines
Follow up clients on antiretroviral treatment	<ul style="list-style-type: none"> • Follow-up of clients, according to national guidelines • Discussion and counselling on fertility intentions
Provide adherence and self management support	<ul style="list-style-type: none"> • Follow-up of clients monthly, or more frequently if adherence is poor • Promotion of antiretroviral treatment adherence • Finding of lost-to-follow-up clients • Organising support groups
Cancers of the reproductive system	
Prevent and manage cervical cancer	<ul style="list-style-type: none"> • Cervical cancer screening, as per national guidelines • Information and counselling on sexual and reproductive health and rights services, including cancers of the reproductive system • Follow-up and tracing of women with abnormal smears • Referral if necessary
Prevent and manage breast cancer	<ul style="list-style-type: none"> • Information on self examination • Examination of breasts during contraception visits, and during routine visits for high risk women • Referral to medical officer for abnormal clinical findings
Prevent and manage male reproductive tract cancers	<ul style="list-style-type: none"> • Information on symptoms and signs of testicular, penile and prostate cancers • Referral to medical officer if necessary
Additional SRHR issues	
	<ul style="list-style-type: none"> • Services for women with general gynaecological complaints • Provision of information on and initial management of the menopause

At mobile points

Mobile services are provided by professional nurses in areas where people are further than five kilometres away from a health care facility. The sexual and reproductive health and rights services that are available at each mobile point will depend on available staff and logistical requirements.

Minimum services provided at mobile points

Component	Required services
Sexual and gender based violence	<ul style="list-style-type: none">• Identification of survivors of sexual and gender based violence, and referral to medico-legal services and counselling and support services
Fertility	<ul style="list-style-type: none">• Fertility planning, contraception services as per national and provincial guidelines, including hormonal contraception, male and female condoms and emergency contraception, or referral for IUDs or sterilisation Information on termination of pregnancy and referral to accredited centres
Maternal, perinatal and newborn health	<ul style="list-style-type: none">• Antenatal care, postpartum and postnatal care
Sexually transmitted infections, including HIV and AIDS	<ul style="list-style-type: none">• Treat sexually transmitted infections• Test for HIV and provide counselling
Cancers of the reproductive system	<ul style="list-style-type: none">• Refer people for screening for malignancies
Additional SRHR issues	<ul style="list-style-type: none">• Identify people in need of mental health support, for example in relation to maternal depression and anxiety, and refer them to appropriate services

At community health centres

Community health centres will provide all clinic level services as well as those services listed below.

Services provided at community health centres

Sexual and gender based violence	
Manage sexual and gender based violence	<ul style="list-style-type: none"> • All clinic level services • Care and management of injuries • Screening for depression, anxiety and other common responses post-assault and immediate and long term psychological care and counselling • HIV counselling and testing • Emergency contraception • Sexually transmitted infections prophylaxis • Post-exposure prophylaxis • Documentation and collection of medico-legal evidence, and recording of injuries using appropriate crime kit if trained staff are available; if not, refer to district hospital • Liaison with criminal justice system and provision of evidence in court • Referral of children to child protection services • Referral of women to places of safety
Fertility	
Support fertility planning and provide comprehensive contraception services	<ul style="list-style-type: none"> • All clinic level services • Male and female sterilisation at selected community health centres • Genetic counselling and management of most common genetic conditions
Provide safe termination of pregnancy	<ul style="list-style-type: none"> • All clinic level services • Medical and surgical termination of pregnancy in designated facilities • Post-termination of pregnancy contraception and other services, as per Choice on Termination of Pregnancy guidelines • Other sexual and reproductive health and rights services
Address infertility	<ul style="list-style-type: none"> • Limited initial investigation of infertility • Referral
Maternal, perinatal and newborn health	
Provide safe delivery care	<ul style="list-style-type: none"> • All clinic level services • Delivery of uncomplicated pregnancies • Provision of basic emergency obstetric care • Referral for women requiring a higher level of care
Sexually transmitted infections, including HIV and AIDS	
Manage HIV and AIDS	<ul style="list-style-type: none"> • All clinic level services, including appropriate counselling services • Medical male circumcision in selected, accredited facilities
Cancers of the reproductive system	
Prevent and manage cervical cancer	<ul style="list-style-type: none"> • All clinic level services • Abnormal results seen by a medical officer • Referral to regional hospital for further investigation where necessary

At district hospitals

District hospitals will provide all clinic and community health centre services as well as those services listed below.

Services provided at district hospitals

Sexual and gender based violence	
Manage sexual and gender based violence	<ul style="list-style-type: none">• Comprehensive management of survivors of sexual and gender-based violence
Fertility	
Support fertility planning and provide comprehensive contraception services	<ul style="list-style-type: none">• Specialised contraceptive services for women with specific medical conditions
Maternal, perinatal and newborn health	
General	<ul style="list-style-type: none">• All clinic and community health centre services• Referral point for surrounding clinics and community health centres• Referral to level 2 or 3 hospitals
Provide antenatal care	<ul style="list-style-type: none">• Antenatal care for high risk women, including on site routine blood testing• Antenatal ultrasound• Treatment of pregnancy problems, including admission to hospital
Provide safe delivery care	<ul style="list-style-type: none">• Comprehensive management of complex deliveries• Vacuum extraction, caesarean section and manual removal of placenta• Regional and general anaesthesia• Blood transfusions• Pre-term baby care• Emergency newborn care• Support to the community health centre's obstetric services
Provide postpartum care	<ul style="list-style-type: none">• Sterilisation, if women have requested this in writing in the antenatal period
Cancers of the reproductive system	
Prevent and manage cervical cancer, breast cancer and male reproductive tract cancers	<ul style="list-style-type: none">• Screening for malignancy• Referral to appropriate treatment and management centres
Additional SRHR issues	
	<ul style="list-style-type: none">• Services for women with general gynaecological complaints• Basic menopause treatment and hormone replacement therapy• Basic gynaecological procedures• Management and prevention of genetic disorders and birth defects• Genetic screening and counselling services• Information, counselling and referral of transgender and intersex persons to sub-specialist care

At regional, tertiary and quaternary hospitals

Clinics, community health centres and district hospitals will refer clients who require specialist care to regional (level 2) hospitals. These will refer clients for sub-specialist care to tertiary and quaternary hospitals, for example for foetal medicine, combined specialist clinics, or sex reassignment surgery.

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IMPLEMENTATION

The World Health Organisation (2007) proposes six building blocks of a well functioning health care system. Each of these is critical to the effective implementation of the sexual and reproductive health and rights services set out in *SRHR: Fulfilling our Commitments*.

The World Health Organisation's six building blocks of a well functioning health care system:

- leadership and governance
- financing
- medical technologies and products
- service delivery
- human resources
- information, monitoring and evaluation for improving service quality.

Leadership and governance

- Political leadership
- Intersectoral collaboration
- Engagement with development partners and civil society
- Accountability

Political leadership

Strong and visible leadership and political will are critical for building a culture of human rights and for providing effective health services. Political leaders and health service leaders at all levels in South Africa will articulate their commitment to sexual and reproductive health and rights and build it into all public platforms, including international forums. They will communicate standard, clear and unambiguous messages in order to promote a common vision and approach. A common vision and approach is necessary for ensuring the delivery of comprehensive and integrated sexual and reproductive health and rights services in line with *SRHR: Fulfilling our Commitments*.

Intersectoral collaboration

Many of the barriers to achieving sexual and reproductive health and rights cannot be addressed by the Department of Health alone. *SRHR: Fulfilling our Commitments* ensures an intersectoral approach by providing the basis for collaboration with other departments at the point of their overlapping responsibilities – such as the Department of Basic Education, the Department of Higher Education and Training, the Department of Social Development and the South African Police Service – at national, provincial and local levels.

The provision of preventive and promotive sexual and reproductive health and rights services by any government department – such as sexuality and relationships education in schools, and health services in universities and prisons – must be consistent with *SRHR: Fulfilling our Commitments*.

Engagement with development partners and civil society

Much of the service provision and community outreach on sexual and reproductive health and rights is undertaken by stakeholders other than government. The Department of Health will foster partnerships with these stakeholders – the private sector, bilateral and multilateral agencies, development agencies, non-governmental organisations, community and faith based organisations, and other civil society groups. The department will provide leadership to ensure that programmes adhere to the comprehensive, integrated and human rights approach advocated in *SRHR: Fulfilling our Commitments*.

Accountability

Mechanisms will be established to educate clients about their rights and to ensure recourse for them. The Department of Health will provide data on the quality of care required and the human rights focus of sexual and reproductive health and rights services to health service governance structures that have been established to ensure accountability to communities and clients. Members of these governance structures will participate in standardised training programmes that include sexual and reproductive health and rights to ensure that they are able to monitor the performance of health system facilities in delivering services in line with *SRHR: Fulfilling our Commitments*.

Financing

SRHR: Fulfilling our Commitments defines a package of essential sexual and reproductive health and rights services that government is committed to providing. Resource allocation at national and provincial levels to district health services should reflect these priorities. The focus on prevention in *SRHR: Fulfilling our Commitments* will result in reduced health care costs in the longer term.

Medical technologies and products

All drugs and supplies that are required to deliver the package of essential sexual and reproductive health and rights services will be incorporated in the Essential Primary Care and Hospital Drugs lists.

Service delivery

Organisational structures and programmes at national, provincial and district levels of the health system will be organised to facilitate the delivery of comprehensive and integrated sexual and reproductive health and rights services, as follows:

Sexual and reproductive health and rights services will be provided in a way that ensures:

- continuity of care for an individual across health conditions, across levels of care, and over a lifetime
- effective, safe, quality services
- accessible and equitable services, available to all who need them.

Sexual and reproductive health and rights policies and clinical and supervision guidelines in line with the vision of this document will be available, and they will be regularly updated in line with emerging evidence and good practice in line with the four-yearly reviews of the World Health Organisation's Medical Eligibility Criteria.

Priority will therefore be given to:

- raising public concern for human rights and mobilising communities to protect the human rights of all people
- raising the demand for services by informing and educating individuals and communities

- reducing the financial, cultural and social barriers to access
- providing a package of essential services, based on population health needs
- building the managerial, technical and conceptual capacity of district and clinic managers to foster the integrated delivery of sexual and reproductive health and rights services as an essential part of primary health care, and undertake supportive supervision
- ensuring regular and scheduled supportive supervisory visits by primary health care managers to monitor the quality of service delivery, community perceptions of services and whether services meet community needs, and key aspects of service delivery that will most impact on sexual and reproductive health and rights.

Health system managers will receive ongoing training in facilitation skills and primary health care management with a human rights perspective. Regular and supportive supervision and training will ensure that managers foster a working environment that enables and requires health care providers to work in a professional manner that respects and promotes the human rights of both health care providers and all clients, as defined in *SRHR: Fulfilling our Commitments*.

Human resources

The effective provision of sexual and reproductive health and rights services requires skilled managers and providers with the appropriate attitude and competencies, in keeping with the vision of *SRHR: Fulfilling our Commitments* and the appropriate service delivery and clinical guidelines.

Attitude

District and facility managers and health care providers will:

- respect each other and their clients, and work in accordance with personal and professional ethics
- support their clients in understanding their current HIV status, and their fertility desires, and on that basis, in making decisions that best suit their needs
- approach all clients, especially vulnerable and marginalised people, in a non-judgmental and non-discriminatory way
- respect their clients' choices, and show empathy and reassurance
- ensure that services are confidential and private
- have the values and the communications skills to engage respectfully with clients about sexual and reproductive health and rights across the life cycle and to meet the specific sexual and reproductive health challenges of diverse groups.

Competencies

Health system managers will have the management, leadership skills and resources to foster:

- team work
- the provision of quality services
- an environment that enables and requires health care providers to work in a professional manner that respects and promotes the human rights of all clients
- an environment that supports the needs of health care providers, including their mental health and their safety.

Health care providers will:

- have the clinical competencies to provide the services outlined in *SRHR: Fulfilling our Commitments*, including counselling services
- be able to share information
- be able to work with communities as well as with individuals

- be able to recognise the health concerns and needs of all people, including marginalised, vulnerable and stigmatised populations, in keeping with the guiding principles of *SRHR: Fulfilling our Commitments*.

Training

The Health Professions Council of South Africa and the South African Nursing Council will ensure that the curriculum for health care providers incorporates all aspects of *SRHR: Fulfilling our Commitments*.

Pre-service training institutions need to ensure that all cadres of health care providers have the attitudes and competencies outlined above. This includes community health workers, nurses and doctors. The training agencies for different health professionals, including counsellors, have a responsibility to produce competent health care providers capable of promoting human rights in line with all national health policies, including this document.

District and clinic managers will receive ongoing training in facilitation skills and primary health care management with a human rights approach.

In-service education and training conducted by different units in the Department of Health will incorporate training that supports existing health care providers to offer integrated sexual and reproductive health and rights services in a client centred and respectful manner.

Information monitoring and evaluation for improving service quality

Information on the social and cultural determinants of sexual and reproductive health and changes in social norms and practices

To shift public values and cultural norms in favour of gender equity and to end the sexuality and gender related stigmatisation of a wide range of people requires a deep understanding of changing cultural norms in many different communities in South Africa. The Department of Health will work with tertiary educational institutions and applied research institutions to undertake research that: contributes to social and cultural understandings of sexual and reproductive health and rights; assesses the effectiveness of mass media and community based interventions to promote sexual and reproductive rights; and assesses changes in public values and practices over time.

Information on health system performance

SRHR: Fulfilling our Commitments promotes a culture of using information generated within the health services to improve the quality of services. Existing health information systems collect extensive data on health system performance. District quarterly reviews and monthly supervisory visits will provide information on the delivery of sexual and reproductive health and rights services. Selected indicators will be used to monitor the delivery and use of sexual and reproductive health and rights services, communities' perceptions of these services (annually) and health care provider satisfaction (annually). Client satisfaction surveys will include assessments of the quality of care and the human rights focus of services. Specific attention will be paid to developing and sharing lessons learnt, particularly about the most effective ways of strengthening the sexual and reproductive health and rights approach. These lessons will be shared within and across districts by district managers during district quarterly reviews.

The Department of Health will work with tertiary institutions and applied research institutions to undertake research that informs service delivery and monitors the effectiveness of service delivery and outreach programmes – particularly new services that are not well understood, such as male

medical circumcision, which has implications for people’s understanding of sexuality, manhood and sexual safety.

Information on health status and health outcomes

The national level will continue to monitor changes in health status and health outcomes as well as in the prevalence of cultural practices, such as the levels of sexual and gender based violence.

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CONCLUSION

Sexual and Reproductive Health: Fulfilling our Commitments brings together the Department of Health's legal and policy obligations. It serves as a call to action by managers and health care providers in the Department of Health nationally, provincially and locally. It also serves as a call to action by other government departments, the private sector, civil society organisations and international development agencies which are similarly committed to improving the dignity, health and wellbeing of all people in South Africa.

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REFERENCES AND RESOURCES

References

United Nations (1979). Convention on the Elimination of All Forms of Discrimination against Women. General Assembly Resolution 34/180 of 18 December 1979

United Nations (1989). Convention on the Rights of the Child. Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989. Available at <http://www2.ohchr.org/english/law/crc.htm>

United Nations (1994). Programme of Action of the International Conference on Population and Development. Report of the International Conference on Population and Development, 5–13 September 1994, UN Doc. A/CONF.171/13

United Nations (1995). Platform for Action of the Fourth World Conference on Women, September 1995. UN Doc. A/CONF.177/20

United Nations (2006). Convention on the Rights of Persons with Disabilities. Available at <http://www.un.org/disabilities/>

World Health Organisation (2004). Reproductive Health Strategy to Accelerate Progress Towards the Attainment of International Goals and Targets. WHO/RHR/04.8

World Health Organisation (2007). Everybody's Business: Strengthening Health Systems to Improve Health Outcomes

World Health Organisation (2010). Developing Sexual Health Programmes: A Framework for Action. WHO/RHR/HRP/10.22

Useful resources for implementation

Haberland, N and Rogow, E, eds (2009). It's All One Curriculum – Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education. New York: Population Council

Michau, L and Naker, D (2003). Mobilising Communities to Prevent Domestic Violence: A Resource Guide for Organisations in East and Southern Africa. Kampala: Raising Voices Available at <http://www.raisingvoices.org/publications.php>

United Nations Development Programme/World Bank/World Health Organisation Special Programme for Research and Training in Tropical Diseases and Women's Health Project, University of the Witwatersrand (2005). Health Workers for Change: A Manual to Improve Quality of Care Available at <http://web.wits.ac.za/Academic/Health/PublicHealth/GenderHealth/HealthSystemsResources.htm>; or <http://apps.who.int/tdr/publications/tdr-research-publications/health-workers/pdf/health-workers.pdf>

United Nations Educational, Scientific and Cultural Organisation (2009). International Technical Guidance on Sexuality Education. Paris

Welbourn, A (1995). Stepping Stones: A Training Package in HIV/AIDS, Communication and Relationship Skills. London: Strategies for Hope

Women's Health Project (2000). Sexual Rights Workshop Manual. Johannesburg: School of Public Health, University of Witwatersrand Available at <http://www.wits.ac.za/academic/health/publichealth/genderhealth/10605/resources.html>

World Health Organisation (2011). Sexual and Reproductive Health: Core Competencies in Primary Health Care. Geneva

See the associated publication *Sexual and Reproductive Rights and Health: Reviewing the Evidence* for the data and analysis upon which this document is based.

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