

## CHAPTER 2: IMPLEMENTATION GUIDELINES

### 2.1. Institutional Arrangements

Institutional arrangements play a crucial role in determining the success or failure of the policy making process. This section defines and describes the macro (inter-sectoral) and the micro (intra-organisational) levels of institutional arrangements, which have significant bearing on the success or failure of these policy guidelines. It emphasises political leadership and direction, administrative and analytical capacity and how these could be located in institutional arrangements.

#### 2.1.1. Allocation of functions within the Department of Health

##### 2.1.1.1. Implementation of the gender policy guidelines

Senior management and Human Resources Directorates in the Department of Health and public health agencies are responsible for the implementation of these policy guidelines at the institutional level across the three tiers of government, including the district level. The Gender Focal Points are responsible for giving support to senior management and Human Resources Directorates for their implementation. This includes a range of functions described in Table 2.1 below:<sup>1</sup>

Table 2.1: Division of departmental responsibilities

Role of Senior Management	Role of Human Resources Directorates	Role of Gender Focal Points
<p>a) Implementation of policy guidelines as they pertain to health systems development, health programming and building the understanding and commitment of health providers to promote gender equality in the process of providing health services.</p> <p>b) Monitoring progress towards implementation of the above.</p>	<p>a) Implementation of policy guidelines as they apply to internal working of the Department of Health and Public Health Institutions.</p> <p>b) Building the understanding and commitment of health officials to promote gender equality in the process of managing health services and service providers.</p> <p>c) Monitoring progress in implementation of the above.</p>	<p>a) Advocacy both on the policy guidelines and for gender equity and equality in the Public Health Institutions/ Department of Health and its programmes, as well as in its inputs to national and international institutions.</p> <p>b) Supporting senior management with information and expertise to carry out its functions regarding implementation of the policy guidelines.</p> <p>c) Monitoring overall implementation and impact of the Gender Policy Guidelines.</p>

<sup>1</sup> Specific functions are described in detail in Chapter 3, which deals with goals and objectives of these policy guidelines.

### 2.1.1.2. Performance management systems

In line with the new outcomes-based *Personnel Performance Management System (PPMS)*, *Batho-pele: White Paper on the Transformation of Public Service Delivery*, departments are required to design organisational performance management tools to facilitate improvement of service delivery. These policy guidelines require that responsibilities of managers arising from the guidelines be integrated in the Department's performance management and organisational performance management systems.

## 2.2. Location, Role and Resourcing of Gender Focal Points in the Department of Health

### 2.2.1. Location of Gender Focal Points

#### 2.2.1.1. Gender Focal Points at the management level

The GFPs' function is horizontal. It supports organisational transformation across a department rather than managing a vertical programme within a department. A schematic view of the areas of involvement is presented in Table 2.2. The GFPs need to be able to give input and participate in debate. They are also expected to influence decision-making and support officials at management level. For this reason, the GFPs are located at the heart of management *and* management decision-making, that is, in the office of the Head of Department at provincial level and Director-General at national level, as stipulated in the National Policy Framework for Women's Empowerment and Gender Equality.

Table 2.2: A schematic view of GFPs' areas of involvement

<b>Policy</b> <ul style="list-style-type: none"><li>• Gender based analysis</li><li>• Policy formulation</li><li>• Programme design, and programme planning</li></ul>	<b>Gender mainstreaming</b> <ul style="list-style-type: none"><li>• Statistical analysis</li><li>• Gender based analysis</li><li>• Training skills</li><li>• Research skills, and</li><li>• Planning</li></ul>	<b>Coordination and Planning</b> <ul style="list-style-type: none"><li>• Strategic planning</li><li>• Communication skills</li><li>• Quantitative and qualitative</li><li>• Evaluation skills and</li><li>• Coordination</li></ul>
<b>Advocacy</b> <ul style="list-style-type: none"><li>• Social and economic skills</li><li>• Research/analytical skills</li><li>• Planning</li><li>• Training and</li><li>• Monitoring and evaluation</li></ul>	<b>Liaison Networking</b> <ul style="list-style-type: none"><li>• Communication</li><li>• Grasp of stakeholders' interests</li><li>• Organisational skills and</li><li>• Reporting skills</li></ul>	<b>Capacity Building</b> <ul style="list-style-type: none"><li>• Management skills</li><li>• Facilitation skills</li><li>• Analytical skills</li><li>• Insight into social situation</li></ul>

### **2.2.1.2. Full-time role for Gender Focal Points**

Staffs who are given responsibility for changing gender norms in a department are frequently given this task as a ‘add on’. This in effect sets up the GFP to fail. In the absence of these tasks being incorporated into performance agreements, it is frequently impossible for the GFP to allocate the necessary time to perform these functions. The gender policy guidelines require changes in attitudes and behaviour throughout the department. They also require reviewing policies and programmes throughout the department. For this reason, these guidelines require that national and provincial GFPs be full-time positions. GFPs at local level may also require full-time positions, depending on the size of the local authority and hence the scope of work.

### **2.2.1.3. Resourcing of Gender Focal Points**

For Gender Focal Points to be able to optimally play their intended role, the policy guidelines recommend and encourage the executive and legislative structures at national and provincial level to:

- ❑ Allocate financial and human resources to enable GFPs to implement the policy guidelines;
- ❑ Allocate resources, including information technology and personnel to facilitate coordination, capacity building of GFPs, communication, networking and collaboration;
- ❑ Provide the national, provincial and local GFPs with regular technical, mentoring and advisory services; and
- ❑ Enable GFPs to function effectively towards the goal of women’s empowerment and gender equality by providing institutional infrastructure, disseminating information, monitoring and evaluation

## **2.3. Intra and Inter-Sectoral Coordination Framework**

### **2.3.1. Process of coordination**

Figures 1, 2 and 3 contained in the Appendix section reflect the key structures of the South African National Machinery and the proposed Public Health Sector Gender Machinery. The diagrams enable the reader to see and conceptualise the linkages, roles and responsibilities of various structures aimed at facilitating effective gender mainstreaming in the public sector and in this regard the public health sector.

The coordination framework in these policy guidelines mirrors the framework outlined in South Africa’s National Policy Framework for Women’s Empowerment and Gender Equality. To minimise confusion and facilitate effective coordination, the framework

spells out roles and responsibilities of all internal and external role-players including stakeholders. The following principles underlie effective delivery of the gender-mainstreaming programme within the public health sector:

- ❑ Participatory democracy
- ❑ Clear lines of communication
- ❑ Accountability
- ❑ Consultation
- ❑ Advocacy
- ❑ Transparency

### **2.3.2 Coordination Functions of Internal Key Role Players**

The Department of Health is a national centre of delivery for advancement towards Gender Equality. The Minister and Director-General in the Department thus have a central role to play in the health sector specific programme. The functions listed below for Ministers and Director-Generals at national level mirror those for the MECs and Director-General in the provinces.

The Gender Focal Point is the facilitating unit within the Department and is thus the centre for co-ordination at the departmental level. The GFP is also responsible for liaising with counterparts who are located in the centres of delivery at provincial levels.

#### **2.3.2.1. Relationship between GFPs and Maternal, Child and Women's Health Directorates**

The terms 'gender' and 'women' are often and incorrectly applied interchangeably. As a result, the GFPs are frequently given responsibility for addressing matters of women's health. These policy guidelines seek to clarify roles and responsibilities.

The GFPs' functions differ from those of Maternal, Child and Women's Health (MCWH) directorates. All programmes of the department, from communicable diseases to mental health to nutrition to women's health, have to address the causes and consequences of gender inequality as they pertain to their specific programmes. Likewise, within the department, Human Resources Directorates have to address the causes and consequences of gender inequality in staffing ratios and institutional rules and culture.

GFPs carry responsibility for supporting all directorates and institutions in identifying and addressing gender inequity or inequality. They have no line function or programming responsibilities. In contrast, MCWH directorates are responsible for programmes, which address health issues pertaining to motherhood, children and women, including gender-

related dimensions of these health issues. This includes responsibility for health promotion events targeting these groups. Therefore, the MCWH directorates decide if and how they wish to use specific days of the calendar. For example, the National Women's Day (9 August), the 16 Days of Action on Violence Against Women and the International Day of Action for Women's Health (28 May) to promote awareness in their fields of responsibility, just as the communicable diseases or AIDS directorates would decide if and how to use World AIDS Day.

All directorates must incorporate gender awareness into their programming and it is in this task that the GFPs will provide support.

#### **2.3.2.2. National, provincial and local Departments of Health**

Within the Department of Health, each directorate at national level will work with and support its equivalent at provincial level in each step of implementation of these policy guidelines. This applies likewise at provincial in relation to local levels.

Likewise, the national GFP will work with the provincial GFPs and, through these, with the local GFPs to build their capacity for implementation, and will draw on their inputs for monitoring.

#### **2.3.2.3. Functions of the Health MINMEC**

MINMEC is a committee composed, first and foremost, of the Minister and the counterpart Members of Executive Councils at provincial levels. There is thus a MINMEC corresponding to each national department of government. The Health MINMEC committee is constituted as follows:

- The Minister of Health (Chairperson);
- Two Special Advisors to the Minister of Health;
- Nine provincial MECs for Health;
- Director-General and 2 Deputy Directors-General from the national Department of Health;
- Nine provincial Heads of Health;
- 5 representatives from the South African Local Government Association (SALGA) and
- One representative from the South African Military Health Services (SAMHS)

The committee has a political mandate to ensure that national health policies, including the Gender Policy Guidelines for the Public Health Sector are implemented optimally to improve the health status of the people of South Africa.

#### **2.3.2.4. Functions of the Provincial Health Restructuring Committee (PHRC)**

This committee is responsible for discussing all national policy matters relating to health, including these policy guidelines. Once matters have been discussed at the PHRC they

are then referred to the Health MINMEC for final approval and authorisation of implementation. However, once the Health MINMEC has ratified these policy guidelines, members of the PHRC have a responsibility to ensure that the guidelines are implemented in the public health sector.

The committee is composed of: the Director-General (Chairperson) of Health, 9 Heads of Provincial Health Departments; 2 Deputy Directors-General of Health; 1 member from South African Military Health Services (SAMHS) representing the Surgeon-General and 2 Members from South African Local Government Association (SALGA).

### **2.3.2.5. Functions of the Minister of the Department of Health<sup>2</sup>**

The Minister of Health is charged with responsibility to:

- ❑ Liaise with the Minister in the Office of the Presidency on gender issues in the Department of Health;
- ❑ Together with the Minister in the Office of the Presidency, oversee the translation of national goals into health sector specific programmes;
- ❑ Together with the Minister in the Office of the Presidency, report to cabinet on health sector specific programmes; and
- ❑ Provide political leadership in the Department of Health.

### **2.3.2.6. Functions of the Director-General in the Department of Health**

The Director-General in the Department of Health is charged with responsibility to:

- ❑ Assist the Director-General in the Office of the Presidency in ensuring the integration of gender in all public service regulations;
- ❑ Make provision for health sector specific programmes to integrate gender considerations;
- ❑ Together with the Director-General in the Office of the Presidency, account to cabinet on health specific programmes;
- ❑ Facilitate the development of an administrative system that centres on gender;
- ❑ Provide the Office of the Presidency with reports pertaining to the health sector; and

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<sup>2</sup> The functions of the Minister and Director-General in the Department of Health mirror those of the MECs for Health and Heads of Health in the provinces.

- ❑ Facilitate the provision of resources to the gender programme of the Department of Health.

### **2.3.2.7. Functions of the Gender Focal Points:**

The Gender Focal Points are charged with responsibility to:

- ❑ Liaise with the Office on the Status of Women (OSW);
- ❑ Lead the process for developing health sector specific indicators;
- ❑ Conduct health sector specific analysis on gender disparities, and to develop a comprehensive sector plan;
- ❑ Lead the development of health sector specific management information systems; and
- ❑ Liaise on external reporting.

### **2.3.2.8. The Workplace Gender Forum**

**Mandate:** The Workplace Gender Forum (WGF) is charged with the mandate to:

- ❑ Provide the strategic direction for effective implementation of the Health Sector Gender Action Plan;
- ❑ Initiate a process of institutionalising gender equity in the Public Health Sector (PHS);
- ❑ Provide leadership for the mainstreaming of gender in the department;
- ❑ Establish broad operational plans, in line with the Health Sector Action Plan and indicators to measure the effectiveness of policies and time frames for their implementation;
- ❑ Liaise with the Public Health Sector Coordinating Committee in developing a plan of action aimed at targeting and mainstreaming gender issues into the Public Health Sector policies, programmes and projects;
- ❑ Identify mechanisms aimed at disseminating information and sensitising health workers on gender issues; and
- ❑ Ensure maximum utilisation of existing available resources in pursuit and promotion of gender equity within the PHS.

**Composition of the WGF:** At national level, the Workplace Gender Forum will be made up of provincial GFPs whereas at provincial level it will be made up of provincial, local and district GFPs.

### **2.3.3. Coordination Functions of External Key Role Players**

The coordination framework of these policy guidelines is in line with the framework stipulated in South Africa's National Policy Framework for Women's Empowerment and Gender Equality.

Inter-sectoral coordination is critical in implementation of these policy guidelines. However, it does not in itself solve women's health problems. Good governance that ensures women's participation in decision-making, based on the principles of *health as a human right, gendered or parity democracy, accountability, and transparency* is essential.

The framework for intersectoral coordination proposed by these policy guidelines will be based on the agreements made in the Beijing Platform for Action (BPA), in which 12 critical areas of concern were identified. The BPA combined with the CEDAW and other international human rights instruments, provides strategies and recommendations to improve the political, economic, social and cultural well being of women. Nevertheless, these need to be more systematically integrated and linked across sectors to women's health.

Some challenges which require inter-sectoral collaboration are: gender-based violence, trafficking of women and child prostitution, environmental health, occupational health and access of women workers to health services, health promotion and prevention of ill-health, community health, sexual and reproductive health, and tropical diseases.

#### **2.3.3.1. Office on the Status of Women and the Department of Health**

The coordination process is centred in the Presidency through the *Office on the Status of Women (OSW)*. The Office on the Status of Women (OSW) is responsible for the implementation of the National Policy Framework for Women's Empowerment and Gender Equality. To co-ordinate and monitor its implementation the OSW will use a Gender Management System, of which the GFP in the Department of Health is one component. The GFP will obtain both information and expertise from the OSW, and feedback the processes, plans and indicators developed by the Department of Health during implementation of its own Gender Policy Guidelines. In this way, the Department of Health will link to the national Gender Management System. Thus, as the key-coordinating unit of the national machinery the Office on the Status of Women has a central role of coordination.

**Mandate:** The Office on the Status of Women is charged with the mandate to:

- ❑ Report to the Minister and the Director General in the Office of the Presidency;
- ❑ Design frameworks for converting goals into programmes;
- ❑ Lead the process of developing strategies;
- ❑ Lead the process of developing the national action plan;
- ❑ Initiate lead processes to facilitate compliance with national, regional, sub-regional and international instruments;
- ❑ Prepare reports to reflect compliance with instruments; and
- ❑ Liaise with all stakeholders in the co-ordination framework.

### **2.3.3.2. Commission on Gender Equality and the Department of Health**

The Constitution of the Republic of South Africa Act of 1996 makes provision for the establishment of a Commission on Gender Equality (CGE). South Africa's National Policy Framework for Women's Empowerment and Gender Equality Act of 2000 also refers to the broad functions and role of the CGE as an integral part of the national machinery for gender equality. As an independent statutory body, the role and functions of the CGE in relation to implementation of this policy guidelines will remain at advisory, consultative and research levels. The functions include the following:

- ❑ To promote gender equality in the public health sector through monitoring, evaluating and making recommendations on all health policies and practices of organisations, bodies and institutions;
- ❑ To enable the public to promote gender equality through developing, conducting and managing information and education programmes on gender and health issues;
- ❑ To make recommendations to parliament and/or appropriate provincial legislatures following an evaluation of any health related bill or proposed health legislation likely to affect gender equality or the status of women;
- ❑ To recommend to Parliament or the Provincial Legislature the adoption of new health legislation which could promote gender equality and the status of women;
- ❑ To investigate any gender related issue, including gender and health related matters, on its own accord, or on receipt of a complaint from any consumer of public health services, and attempt to resolve any dispute or rectify any act or omission by mediation, conciliation and negotiation;

- ❑ To liaise closely with health institutions, bodies or authorities with similar objectives to the CGE, in order to foster common policies and practices and promote coordination and co-operation in relation to the handling of complaints in cases of overlapping jurisdiction;
- ❑ To monitor compliance with international conventions, covenants and charters, acceded to or ratified by the Republic of South Africa, which promote gender equality and related to the objectives of the Commission.

### **2.3.3.3. The Health Sector Coordinating Committee and the Department of Health**

The *Health Sector Coordinating Committee* forms the crux of the coordination framework and is responsible for effective coordination of the Public Health Sector Gender Programme. The National Gender Focal Point will chair the committee. Membership cuts across all health departments in the three tiers of government and organs of civil society, which are involved in the health field and have a particular interest in gender and health issues.

**Mandate:** The Health Sector Coordinating Committee is charged with the mandate to:

- ❑ Develop mechanisms and guide processes for effective gender mainstreaming in the public health sector;
- ❑ Provide guidance for gender analysis;
- ❑ Develop a gender action plan for the public health sector;
- ❑ Design tracking and evaluation frameworks; and
- ❑ Facilitate a process of information sharing and dissemination on gender and health through development of a Management Information System.

### **2.3.3.4. Participation and role of Civil Society Organisations, the Private Sector and the International Development Agencies**

The Reconstruction and Development Programme (RDP) in line with the New Public Management paradigm commits the government to transparency and increased public participation in the policy analysis and programme development processes. Furthermore, South Africa's National Policy Framework for Women's Empowerment and Gender Equality (2000 p 31) recognises that

“The national machinery alone cannot shift public policy agendas for women without the participation of organisations of civil society”.

It is widely recognised that development management and therefore the implementation of programmes and projects is the joint responsibility of government, the private sector and NGOs. Therefore, civil society organisations form key partners and play a pivotal role in ensuring that the goals and objectives of these policy guidelines are realised.

Non-governmental organisations (and international development agencies) can play an effective and a vital catalytic role in promoting these policy guidelines. They can commit themselves to acting politically as advocates for the protection of women's rights as human rights, for example, by exposing violence against women, calling attention to the needs of the girl child, and promoting and developing a comprehensive, holistic and rights-based approach to health services for women. They should mobilise around these policy guidelines within the public health sector and the public at large to ensure that the electorate understand and support the changes that need to be made.

Non-governmental organisations have extensive experience of advocacy, which involves the identification of key decision-makers, preparation of position papers, lobbying, using the media and press conferences. Health professional associations can be involved in advocacy because their members are likely to be among the first to be affected by the changes brought about by these policy guidelines. A coordinated approach by these associations and NGOs representing different constituencies is needed towards the Department of Health and Public Health Sector.

NGOs should support GFPs in mobilising community support and presenting ideas and information in a meaningful way to community members, making linkages between communities and policy makers. Of particular importance is inter-sectoral networking and networking with women's organisations. It is crucial that women move into decision-making positions at the district level.

Many NGOs have already developed training programmes in gender sensitivity which can easily be adapted to take account of the special needs of the health sector. Health professional associations will also need to sensitise their own members as they play a crucial role in providing health services at all levels.

The support of the private sector, including pharmaceutical companies and private clinical services, should be enlisted to collaborate in ensuring quality care, access to and provision of services, particularly for poor women. Involvement must also be sought of practitioners of complementary and traditional medicine, for whom codes must be established to prevent practices that violate human rights and especially the rights of women and children.

### **2.3.3. 5. The GFP Social Cluster and the Department of Health**

The GFP Social Cluster, constituted by government departments<sup>3</sup>, is the second central point in facilitating implementation of the gender policy guidelines. The GFP Social

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<sup>3</sup> The departments are: Education, Housing, Social Development, South African Police Services, Land Affairs, Agriculture, Home Affairs, Justice and Sport & Recreation.

Cluster can also be entrusted to link on the basis of these guidelines with international organisations such as BPA and CEDAW which are actively involved in gender issues and the amelioration of the condition of women.

**Mandate:** The GFP Social Cluster is charged with the mandate to:

- ❑ Coordinate work done by the social cluster sectors on gender issues;
- ❑ Design frameworks for converting sectoral goals into programmes;
- ❑ Lead the process of developing inter-sectoral strategies;
- ❑ Lead the process of developing an inter-sectoral national action plan;
- ❑ Initiate lead processes to facilitate compliance with national, regional, sub-regional and international instruments;
- ❑ Prepare intersectoral reports to reflect compliance with instruments;
- ❑ Liase with the Office on the Status of Women; and
- ❑ Liase with all stakeholders in the co-ordination framework.

#### **2.3.3.6. The role of the Department of Health in fostering partnership with civil society**

Community involvement is essential to ensure that the voice of all, in particular women, is heard in designing health services. The Department of Health and the public health institutions have a responsibility to ensure active community participation in implementation of these policy guidelines, and in the design, implementation and monitoring of action plans.