

## NORTH WEST / NOORDWES

<b>SUB-DISTRICT</b>	<b>FACILITY</b>	<b>TYPE</b>	<b>TEL NUMBER</b>
<b>SUB-DISTRIK</b>	<b>FASILITEIT</b>	<b>TIP</b>	<b>TEL NOMMER</b>
Lekwa-Teemane LM	Bloemhof/Christiana H	District Hosp	(053) 433 1146
Madibeng LM	Brits Hosp	District Hosp	(012) 252 3311
Merafong City LM	Carletonville Hosp	District Hosp	(018) 787 2111
Lekwa-Teemane LM	Christiana Hosp	District Hosp	(053) 441 2238
KagLSAno LM	Ganyesa Hosp	District Hosp	(053) 996 3356
Mafikeng LM	Gelukspan Hosp	District Hosp	(016) 336 2100
Ditsobotla IM	General de la Rey H	District Hosp	(016) 632 3041
Moses Kotane LM	George Stegmann H	District Hosp	(014) 556 1774/9
Klerksdorp LM	Klerksdorp/Tshepong Hosp	Regional Hosp	(018) 406 4400 (018) 406 4600
Kgetleng Rivier LM	Koster Hosp	District Hosp	(014) 543 2027
Ramotshere Moiloa	Lehurutshe Hosp	District Hosp	(018) 363 3505
Mafikeng LM	Mafikeng General H	Regional Hosp	(018) 383 2005
Moses Kotane LM	Moretelelesi Hosp	District Hosp	(014) 519 0600/07
Maquassi Hills LM	Nic Bodenstein Hosp	District Hosp	(018) 596 1100 (018) 596 2110
Potchefstroom LM	Potchefstroom Hosp	Regional Hosp	(018) 297 7011
Rustenburg LM	Rustenburg Hosp	Regional Hosp	(014) 590 5100
Mamusa LM	Schweizer-Reneke H	District Hosp	(053) 953 1291
Kgetleng Rivier LM	Swartruggens Hosp	District Hosp	(014) 544 0751
Greater Taung LM	Taung Hosp	District Hosp	(053) 994 1805/9
Ditsobotla LM	Thusong Hosp	District Hosp	(018) 338 2418 (018) 338 2920
Ventersdorp LM	Ventersdorp Hosp	District Hosp	(018) 264 2081 (018) 264 4478
Naledi LM	Vryburg Hosp	District Hosp	(053) 927 2121
Ramotshere Moiloa	Zeerust Hosp	District Hosp	(018) 642 1121

## KWAZULU-NATAL

<b>SUB-DISTRICT</b>	<b>FACILITY</b>	<b>TYPE</b>	<b>TEL NUMBER</b>
<b>SUB-DISTRIK</b>	<b>FASILITEIT</b>	<b>TIPE</b>	<b>TEL NOMMER</b>
Newcastle LM	Madadeni Hosp	Regional Hosp	(034) 374 9221
Newcastle LM	Newcastle Hosp	Regional Hosp	(034) 328 0000
Utrecht LM	Niemeyer Memorial H	District Hosp	(034) 331 3011
eThekwini SD	Addington Hosp	Regional Hosp	(031) 332 2111
eThekwini SD	Inkosi Albert Luthuli H	National Central H	(031) 240 1000
eThekwini SD	King Edward VIII Hosp	Prov Tertiary Hosp	(031) 360 3111
eThekwini SD	Mahatma Gandhi Hosp	Regional Hosp	(031) 502 1719
eThekwini SD	McCords Hosp	District Hosp	(031) 268 5700
eThekwini SD	Osindisweni Hosp	District Hosp	(032) 541 0323
eThekwini SD	Prince Mshiyeni Memorial Hosp	Regional Hosp	(031) 907 8111 (031) 907 8254
eThekwini SD	RK Khan Hosp	Regional Hosp	(031) 459 6000
eThekwini SD	St Aidan's Hosp	Regional Hosp	(031) 314 2200
eThekwini SD	St Mary's Hosp	District Hosp	(031) 717 1000
eThekwini SD	Wentworth Hosp	District Hosp	(031) 460 5000
KwaDukusa LM	Stanger Hosp	Regional Hosp	(032) 437 6000
Maphumulo LM	Umphumulo Hosp	District Hosp	(032) 481 7787/8/9
Maphumulo LM	Untujambili Hosp	District Hosp	(033) 444 0818
Ndwedwe LM	Montebello Hosp	District Hosp	(033) 506 0008
Kokstad LM	East Griqualand/Usher Hosp	District Hosp	(039) 797 8100
Ingwe LM	St Apollinaris Hosp	District Hosp	(039) 833 1045/55
Matatiele LM	Taylor Bequest Hosp	District Hosp	(039) 737 3107
Ubuhlebezwe LM	Christ the King Hosp	District Hosp	(039) 834 2067
Umzimkhulu LM	Rietvlei Hosp	District Hosp	(039) 260 0000
Umzimkhulu LM	St Margaret's Hosp	District Hosp	(039) 259 9222
Hibiscus Coast LM	Murchison Hosp	District Hosp	(039) 687 7311
Hibiscus Coast LM	Port Shepstone Hosp	Regional Hosp	(039) 688 6000
Umdoni LM	GJ Crookes' Hosp	District Hosp	(039) 978 7000
uMuziwabantu LM	St Andrew's Hosp	District Hosp	(039) 433 1955
The Msunduzi LM	Edendale Hosp	Regional Hosp	(033) 395 4911
The Msunduzi LM	Grey's Hosp	Prov Tertiary H	(033) 897 3000
The Msunduzi LM	Northdale Hosp	District Hosp	(033) 387 9000
uMshwathi LM	Appelsbosch Hosp	District Hosp	(032) 294 0002
Hlabisa LM	Hlabisa Hosp	District Hosp	(035) 838 1003
Jozini LM	Bethesda Hosp	District Hosp	(035) 595 1004
Jozini LM	Mosvold Hosp	District Hosp	(035) 591 0122
Umhlabuyalingana LM	Manguzi Hosp	District Hosp	(035) 592 0150/9303
Umhlabuyalingana LM	Mseleni Hosp	District Hosp	(035) 574 1004
Endumeni LM	Dundee Hosp	District Hosp	(034) 212 1111
Msinga LM	Church of Scotland H	District Hosp	(033) 493 0004
Nquthu LM	Charles Johnson Mem H	District Hosp	(034) 271 1900
Umvoti LM	Greytown Hosp	District Hosp	(033) 413 9400

Emnambithi LM	Ladysmith Hosp	Regional Hosp	(036) 637 2111
Okhahlamba LM	Emmaus Hosp	District Hosp	(036) 488 1570
Umtshezi LM	Estcourt Hosp	District Hosp	(036) 342 7000
Mthonjaneni LM	KwaMagwa Hosp	Regional Hosp	(035) 450 2071
Nkandla LM	Ekhombe Hosp	District Hosp	(035) 834 2000
Nkandla LM	Nkandla Hanp	District Hosp	(035) 833 0012
uMhlathuze LM	Lower Umfolozi War H	Regional Hosp	(035) 902 8500
uMhlathuze LM	Ngwelezana Hosp	Regional Hosp	(035) 901 7000
uMlalazi LM	Catherine Booth Hosp	District Hosp	(035)474 8403/9/7
uMlalazi LM	Eshowe Hosp	District Hosp	(035) 473 4500
uMlalazi LM	Mbongolwane Hosp	District Hosp	(035) 476 6242
Abaqulusi LM	Vryheid Hos	District Hosp	(034) 982 2111
Nongoma LM	Benedictine Hosp	District Hosp	(035) 831 0314
Ulundi LM	Ceza Hosp	District Hosp	(035) 832 0081/0021
Ulundi LM	Nkonjeni Hosp	District Hosp	(035) 873 0013
uPhongolo LM	Itshelejuba Hosp	District Hosp	(034) 413 2542

## FREE STATE / VRYSTAAT

<b>SUB-DISTRICT</b>	<b>FACILITY</b>	<b>TYPE</b>	<b>TEL NUMBER</b>
<b>SUB-DISTRIK</b>	<b>FASILITEIT</b>	<b>TIPE</b>	<b>TEL NOMMER</b>
Masilonyana LM	Winburg Hosp	District Hosp	(051) 881 0046
Matjhabeng LM	Bongani Hosp	Regional Hosp	(057) 396 6300
Matjhabeng LM	Katleho Hospital	District Hosp	(057) 212 4221
Matjhabeng LM	Thusanong Hosp	District Hosp	(057) 354 2111
Nala LM	Nala Hosp	District Hosp	(056) 515 2071
Tswelopele LM	Mohau Hosp	District Hosp	(053) 444 1912
Mangaung LM	Botshabelo Hosp	District Hosp	(051) 533 0111
Mangaung LM	Dr JS Moroka Hosp	District Hosp	(051) 873 2233
Mangaung LM	National District Hosp	District Hosp	(051) 405 2911
Mangaung LM	Oranje Hosp	Regional Hosp	(051) 407 9911
Mangaung LM	Pelonomi Hosp	Regional Hosp	(051) 405 1911
Mangaung LM	Universitas Hosp	Prov Tertiary H	(051) 405 3911
Mangaung LM	Mantsopa Hosp	District Hosp	(051) 91 3268
Mafube LM	Mafube Hosp	District Hosp	(058) 813 1040
Metsimaholo LM	Metsimaholo Hosp	District Hosp	(016) 976 0270
Moqhaka LM	Boitumelo Hosp	Regional Hosp	(056) 25 2113
Ngwathe LM	Parys Hosp	District Hosp	(056) 811 2155
Ngwathe LM	Tokollo Hosp	District Hosp	(058) 892 3039
Dihlabeng LM	Dihlabeng Hosp	Regional Hosp	(058) 303 5331
Dihlabeng LM	Phekolong Hosp	District Hosp	(058) 303 5331
Maluti a Phofung LM	Elizabeth Roos Hosp	District Hosp	(058) 789 1213
Maluti a Phofung LM	Mofumahadi Manapo Mopeli	Regional Hosp	(058) 713 1211
Maluti a Phofung LM	Thebe Hosp	District Hosp	(058) 622 1111
Nketoana LM	Nketoana Hosp	District Hosp	(058) 863 2806
Phumelela LM	Phumelela Hosp	District Hosp	(058) 013 1044
Setsoto LM	Itemoheng Hosp	District Hosp	(058) 48 2114
Setsoto LM	John Daniel Newberry Hosp	District Hosp	(051) 943 0434
Setsoto LM	Phuthuloha Hosp	District Hosp	(051) 92 2284
Kopangong LM	Diamond/Diamant Hosp	District Hosp	(051) 724 0058
Mohokare LM	Embekweni Hosp	District Hosp	(051) 673 1211
Mohokare LM	Matlakeng Hosp	District Hosp	(051) 673 1240
Mohokare LM	Stoffel Coetzee Hosp	District Hosp	(051) 683 1120

## WESTERN CAPE / WES-KAAP

<b>SUB-DISTRICT</b>	<b>FACILITY</b>	<b>TYPE</b>	<b>TEL NUMBER</b>
<b>SUB-DISTRIK</b>	<b>FASILITEIT</b>	<b>TIPE</b>	<b>TEL NOMMER</b>
Tygerberg SD	Tygerberg Hosp	National Central H	(021) 938 4911
Eden DMA	Uniondale Hosp	District Hosp	(044) 752 1068
Southern SD	Victoria Hosp	Regional Hosp	(021) 799 1111
Saldanha Bay LM	Vredenburg Hosp	District Hosp	(022) 713 1251
Matzikama LM	Vredendal Hosp	District Hosp	(027) 213 3706
Northern Panorama	Westfleur Hosp	District Hosp	(021) 572 3071
Central SD	Somerset Hosp	Regional Hosp	(021) 402 6429
Stellenbosch LM	Stellenbosch Hosp	District Hosp	(021) 887 0310
Swartland LM	Swartland Hosp	District Hosp	(022) 487 9201
Swellendam LM	Swellendam Hosp	District Hosp	(028) 514 1141/2
Prince Albert	Prince Albert Hosp	District Hosp	(023) 541 1300
Bergrivier LM	Radie Kotze Hosp	District Hosp	(022) 913 1175
Central SD	Red Cross Children's Hosp	National Central H	(021) 658 5111
Hessequa LM	Riversdale Hospital	District Hosp	(028) 713 2445
Br River/WinelandsLM	Robertson Hosp	District Hosp	(023) 826 3155/6/7
Cape Agulhas LM	Otto Du Plessis Hosp	District Hosp	(028) 424 2654
Oudtshoorn LM	Oudtshoorn Hosp	District Hosp	(044) 272 8921
Drakenstein LM	Paarl Hosp	Regional Hosp	(021) 872 1711
Br River/Wine-lands LM	Montagu Hosp	District Hosp	(023) 614 1860
Mossel Bay LM	Mossel Bay Hosp	District Hosp	(044) 691 2011
Central Karoo DMA	Murraysburg Hosp	District Hosp	(049) 844 0053
Kannaland LM	Ladismith Hosp	District Hosp	(028) 551 1010
Laingsburg LM	Laingsburg Hosp	District Hosp	(023) 551 1237
Bergrivier LM	LAPA Munnik Hosp	District Hosp	(022) 487 9201
Eastern SD	Hottentots Holland H	Regional Hosp	(021) 852 1334
Tygerberg SD	Karl Bremer Hosp	Regional Hosp	(021) 916 1911
Knysna LM	Knysna Hosp	District Hosp	(044) 382 6666
Central SD	Groote Schuur Hosp	National Central H	(021) 404 9111
Overstrand LM	Hermanus Hosp	District Hosp	(028) 312 1166
Breede Valley LM	Eben Dönges Hosp	Regional Hosp	(023) 348 1100
Eastern SD	Eerste River Hosp	District Hosp	(021) 904 8188
Southern SD	False Bay Hosp	District Hosp	(021) 782 1211
George LM	George Hosp	Regional Hosp	(044) 874 5122
Klipfontein SD	GF Jooste Hosp	Regional Hosp	(021) 690 1000
Theewaterskloof LM	Caledon Hosp	District Hosp	(028) 312 1670
Witzenberg LM	Ceres Hosp	District Hosp	(023) 312 1116
Cederberg LM	Citrusdal Hosp	District Hosp	(022) 921 2153/4/5
Cederberg LM	Clanwilliam Hosp	District Hosp	(027) 482 1628
Beaufort West LM	Beaufort West Hosp	District Hosp	(023) 415 2188

## EASTERN CAPE /OOS-KAAP

<b>SUB-DISTRICT</b>	<b>FACILITY</b>	<b>TYPE</b>	<b>TEL NUMBER</b>
<b>SUB-DISTRIK</b>	<b>FASILITEIT</b>	<b>TIP</b>	<b>TEL NOMMER</b>
Umzimvubu LSA	Mary Teresa Hosp	District Hosp	(039) 255 0062
Umzimvubu LSA	Mount Aylit Hosp	District Hosp	(039) 254 0231
Umzimvubu LSA	Sipetu Hosp	District Rasp	(039) 255 0077
Amahlati LSA	Cathcart Hosp	District Rasp	(045) 843 1029
Amahlati LSA	SS Gida Hosp	District Hosp	(040) 658 0097
Amahlati LSA	Stutterheim Hosp	District Hosp	(043) 683 1313
Buffalo City LSA	Bisho Hosp	District Hosp	(040) 835 2950/60
Buffalo City LSA	Cecilia Makiwane Hosp	Regional Hosp	(043) 708 2111
Buffalo City LSA	Frere Hosp	Regional Hosp	(043) 709 1111
Buffalo City LSA	Grey Hosp	District Hosp	(043) 643 3300
Buffalo City LSA	Komga Hosp	District Hosp	(043) 831 1013
Buffalo City LSA	Nompumeleto Hosp	District Hosp	(040) 673 3321
Mbhashe LSA	Madwaleni Hosp	District Hosp	(047) 131 1371
Mnquma LSA	Butterworth Hosp	District Hosp	(047) 491 4161/5
Mnquma LSA	Tafalofefe Hosp	District Hosp	(047) 498 7223
Nkonkobe LSA	Adelaide Hosp	District Hosp	(046) 684 0066
Nkonkobe LSA	Bedford Hosp	District Hosp	(046) 685 0043
Nkonkobe LSA	Fort Beaufort Hosp	District Hosp	(046) 645 1111
Nkonkobe LSA	Victoria Hosp	District Hosp	(040) 653 1141
Emalahleni LSA	Dordrecht Hosp	District Hosp	(045) 953 1195
Emalahleni LSA	Glen Grey Hosp	District Hosp	(047) 878 0018
Emalahleni LSA	Indwe Hosp	District Hosp	(045) 952 1190/1288
Intsika Yethu LSA	Cofimvaba Hosp	District Hosp	(047) 874 0111
Inxuba Yethemba LSA	Cradock Hosp	District Hosp	(048) 881 2123
Inxuba Yethemba LSA	Martje Venter Hosp	District Hosp	(045) 846 0053
Inxuba Yethemba LSA	Wilhelm Stahl Hosp	District Hosp	(049) 242 1111
Lukhanji LSA	Frontier Hosp	Regional Hosp	(045) 839 4001
Lukhanji LSA	Hewu Hosp	District Hosp	(040) 841 0133
Lukhanji LSA	Molteno Hosp	District Hosp	(045) 987 0089
Lukhanji LSA	Sterkstroom Hosp	District Hosp	(045) 966 0268
Ngcobo LSA	All Saints Hosp	District Hosp	(047) 248 1111
Ngcobo LSA	Mjanyana Hosp	District Hosp	(047) 532 4496
Sakhisizwe LSA	Cala Hosp	District Hosp	(047) 877 0129
Sakhisizwe LSA	Elliot Hosp	District Hosp	(045) 931 1321
Camdeboo LSA	Aberdeen Hosp	District Hosp	(049) 846 0578
Camdeboo LSA	Andries Vosloo Hosp	District Hosp	(042) 243 1313
Camdeboo LSA	Midland Hosp	District Hosp	(049) 892 2211
Camdeboo LSA	SAWAS Memorial Hosp	District Hosp	(049) 836 0214
Camdeboo LSA	Willowmore Hosp	District Hosp	(044) 923 1148
Kouga LSA	BJ Vorster Hosp	District Hosp	(042) 288 0714
Kouga LSA	Humansdorp Hosp	District Hosp	(042) 295 1100
Kouga LSA	Sundays Valley Hosp	District Hosp	(042) 230 0567

Makana LSA	Port Alfred Hosp	District Hosp	(046) 624 5752
Makana LSA	Settlers Hosp	District Hosp	(046) 622 2215
N Mandela LSA	Dora Nginza Hosp	Regional Hosp	(041) 406 4111
N Mandela LSA	Livingstone Hosp	Regional Hosp	(041) 405 9111
N Mandela LSA	Port Elizabeth Prov H	Regional Hosp	(041) 392 3911
N Mandela LSA	Uitenhage Hosp	District Hosp	(041) 9951111
King Dalindyebo LSA	Mthatha General Hosp	Regional Hosp	(047) 501 3000
King Dalindyebo LSA	Nelson Mandela Acad	Regional Hosp	(047) 502 4513
King Dalindyebo LSA	Zitulele Hosp	District Hosp	(047) 575 0005
Mhlontlo LSA	Nessie Knight Hosp	District Hosp	(047) 557 0722
Mhlontlo LSA	St Lucy's Hosp	District Hosp	(047) 545 9831
Nyandeni LSA	Bambisana Hosp	District Hosp	(039) 253 7803
Nyandeni LSA	Canzibe Hosp	District Hosp	(047) 564 1346
Nyandeni LSA	Isilimela Hosp	District Hosp	(047) 564 2805
Nyandeni LSA	St Barnabas Hosp	District Hosp	(047) 555 1010/1/2
Qaukeni LSA	Greenville Hosp	District Hosp	(039) 251 3009/10
Qaukeni LSA	Holy Cross Hosp	District Hosp	(039) 200 2590/1
Qaukeni LSA	St Elizabeth's Hosp	Regional Hosp	(039) 253 1111
Qaukeni LSA	St Patrick's Hosp	District Hosp	(039) 251 0232/6
Elundini LSA	Maclear Hosp	District Hosp	(045) 932 1186
Elundini LSA	Tayler Bequest Hosp	District Hosp	(039) 257 0007
Maletswai LSA	Aliwal North Hosp	District Hosp	(051) 634 2381
Matetswai LSA	Burgersdorp Hosp	District Hosp	(051) 653 1882
Maletswai LSA	Steynsburg Hosp	District Hosp	(048) 884 0241
Senqu LSA	Cloete Joubert Hosp	District Hosp	(045) 971 0091
Senqu LSA	Empilisweni Hosp	District Hosp	(051) 661 0037
Senqu LSA	Lady Grey Hosp	District Hosp	(051) 603 0093

## LIMPOPO

<b>SUB-DISTRICT</b>	<b>FACILITY</b>	<b>TYPE</b>	<b>TEL NUMBER</b>
<b>SUB-DISTRIK</b>	<b>FASILITEIT</b>	<b>TIPE</b>	<b>TEL NOMMER</b>
Blouberg LM	Blouberg Hosp	District Hosp	(015) 501 0505
Molemole LM	Botlokwa Hosp	District Hosp	(015) 527 0058
Gr Tubatse LM	Dilokong Hosp	District Hosp	(013) 214 7270
Mutale ML	Donald Fraser Hosp	District Hosp	(015) 982 4050
Gr Tzaneen LM	Dr CN Phatudi Hosp	District Hosp	(015) 355 3432
Greater Letaba LM	Duiwelskloof Hosp	District Hosp	(015) 309 9241
Makhado LM	Elim Hosp	District Hosp	(015) 558 3201
Lephalale LM	Ellisras Hosp	District Hosp	(014) 763 2227
Modimolle LM	FR Odendaal Hosp	District Hosp	(014)7172324
Mogalakwena LM	George Masebe Hosp	District Hosp	(015) 295 9056
Gr Groblersdal IM	Groblersdal Hosp	District Hosp	(013) 262 3024
Blouberg LM	Helene Frans Hosp	District Hosp	(015) 505 0750
Makhudutamaga LM	Jane Furse Hosp	District Hosp	(013)265 1000
Greater Letaba LM	Kgapane Hosp	District Hosp	(015) 328 3510
Lepelle-Nkumpi LM	Lebowakgomo Hosp	District Hosp	(015) 632 6900
Greater Tzaneen LM	Letaba Hosp	Regional Hosp	(015) 303 1711
Makhado LM	Louis Trichardt Hosp	District Hosp	(015) 516 0148
Thumamela LM	Malamulele Hosp	District Hosp	(015) 851 0026
Polokwane LM	Mankweng Hosp	Prov Tertiary Hosp	(015) 267 0330
Ba-Phalaborwa LM	Maphutha L Malatjie H	District Hosp	(015) 769 1520
Gr Marble Hall LM	Matlala Hospital	District Hosp	(013) 264 9602
Gr Tubatse LM	Mecklenburg Hosp	District Hosp	(015) 619 0208
Musina LM	Messina Hosp	District Hosp	(015) 534 0446
Mogalakwena LM	Mokopane Hosp	Regional Hosp	(015) 483 0331
Greater Giyani LM	Nkhensani Hosp	District Hosp	(015) 812 3251
Ba-Phalaborwa LM	Phalaborwa Hosp	District Hosp	(015) 781 3511
Gr Groblersdal LM	Philadelphia Hosp	Regional Hosp	(013) 983 0112
Mogalakwena LM	Potgietersrus Mogalakwena	Prov Tertiary Hosp	(015) 297 3163
Maruleng LM	Sekororo Hosp	District Hosp	(015) 383 0006
Polokwane LM	Seshego Hosp	District Hosp	(015) 223 5141
Makhado LM	Siloam Hosp	District Hosp	(015) 973 0004
Makhudutamaga LM	Rita's Hosp	District Hosp	(013) 298 1000
Thabazimbi LM	Thabazimbi Hosp	District Hosp	(014) 777 1599
Thulamela LM	Tshilidzini Hosp	Regional Hosp	(015) 964 1061
Greater Tzaneen LM	Van Velden Memorial	District Hosp	(015) 307 4475
Mogalakwena LM	Voortrekker Memorial	District Hosp	(015) 491 2236
Bela-Bela LM	Warmbaths Hosp	Regional Hosp	(014) 736 2121
Aganang LM	WF Knobel Hosp	District Hosp	(015) 221 0002
Laphalale LM	Witpoort Hosp	District Hosp	(014) 769 0025
Lepelle-Nkumpi LM	Zebediela Hosp	District Hosp	(015) 662 0787



## NORTHERN CAPE / NOORD-KAAP

<b>SUB-DISTRICT</b>	<b>FACILITY</b>	<b>TYPE</b>	<b>TEL NUMBER</b>
<b>SUB-DISTRIK</b>	<b>FASILITEIT</b>	<b>TIPE</b>	<b>TEL NOMMER</b>
Richtersveld LM	Alexander Bay Hosp	District i-fasp	
Dikgatlong LM	Barkly Wes Hosp	District Hosp	(053) 531 0661
Hantam LM	Calvinia Voortrekker H	District Hosp	(027) 341 1205
Kareeberg LM	Carnarvon Hosp	District Hosp	(053) 382 3036
Umsobomvu LM	Colesberg Hosp	District Hosp	(051) 753 0771
Enthanjeni LM	De Aar (Centr Karoo) H		Regional Hosp
	(053) 631 2123		
Siyancuma LM	Douglas Hosp	District Hosp	(053) 298 2612
Ubuntu LM	Richmond Hosp	District Hosp	(053) 693 0112
Nama Khoi LM	Springbok Hosp	District Hosp	(025) 122 018
Ubuntu LM	Victoria West	District Hosp	(053) 621 0271
Nama Khoi LM	Nababeep Hosp	District Hosp	(027) 713 8542
Umsobomvu LM	Noupoort (Fritz Visser) H	District Hosp	(049) 843 1448
Tsantsabane LM	Postmasburg Hosp	District Hosp	(059) 130 664
Siyathemba LM	Prieska (Bill Pickard) H	District Hosp	(053) 353 2037
Sol Plaatjie LM	Kimberley Hosp	Regional Hosp	(053) 802 9111
Nama Khoi LM	Kleinzee Hosp	District Hosp	(027) 807 3767
Kamiesberg LM	Garies (Van Rooyen) H	District Hosp	(027) 652 1002
Khara Hais LM	Gordonia Hosp	District Hosp	(054) 331 1580
Phokwane LM	Hartswater Hosp	District Hosp	(053) 474 0148
Thembelihle LM	Hopetown (Wege) H	District Hosp	(053) 203 0163
Phokwane LM	Jan Kempdorp Hosp	District Hosp	(053) 456 0126
Kai Garib LM	Kakamas Hosp	District Hosp	(054) 431 0866
Kai Garib LM	Keimoes Hosp	District Hosp	(054) 461 1004

## GAUTENG

<b>SUB-DISTRICT</b>	<b>FACILITY</b>	<b>TYPE</b>	<b>TEL NUMBER</b>
<b>SUB-DISTRIK</b>	<b>FASILITEIT</b>	<b>TIPE</b>	<b>TEL NOMMER</b>
Johannesburg SD	Chris Hani Baragwanath Hosp	National Central H	(011) 933 2159
Johannesburg SD	Coronation Hosp	Regional Hosp	(011) 470 9000
Tshwane North SD	Dr George Mukhari H	National Central H	(012) 529 3111
Mogale City LM	Dr Yusuf Dadoo Hosp	District Hosp	(011) 951 6132
Johannesburg SD	Edenvale Hosp	Regional Hosp	(011) 882 2400
Ekurhuleni East SD	Far East Rand Hosp	Regional Hosp	(011) 817 1426
Ekurhuleni South SD	Germiston Hosp	District Hosp	(011) 345 1200
Lesedi LM	Heidelberg Hosp	District Hosp	(016) 341 2171
Johannesburg SD	Helen Joseph Hosp	Regional Hosp	(011) 489 0111
Johannesburg SD	Johannesburg Hosp	National Central H	(011) 488 4911
Tshwane Cent SD	Kalafong Hosp	Regional Hosp	(012) 318 6400
Emfuleni LM	Kopanong Hosp	District Hosp	(016) 423 7000
Mogale City LM	Leratong Hosp	Regional Hosp	(011) 411 3500
Tshwane Cent SD	Mamelodi Hosp	District Hosp	(012) 601 1905
Ekurhuleni South SD	Natalspruit Hosp	Regional Hosp	(011) 389 0500
Tshwane North SD	Odi Hosp	District Hosp	(012) 702 2274
Ekurhuleni East SD	Pholosong Hosp	Regional Hosp	(011) 738 5020
Tshwane Cent SD	Pretoria Acad Hosp	National Central H	(012) 354 1000
Tshwane Cent SD	Pretoria West Hosp	District Hosp	(012) 386 5111
Emfuleni LM	Sebokeng Hosp	Regional Hosp	(016) 930 3000
Johannesburg SD	South Rand Hosp	District Hosp	(011) 435 0022
Ekurhuleni South SD	Tambo Memorial Hosp	Regional Hosp	(011) 892 1144
Ekurhuleni North SD		Tembisa Hosp	Regional Hosp
	(011) 926 0814		
Tshwane Cent SD	Jubilee Hosp	District Hosp	(012) 717 2075

**ANNEXURE B****OFFENCES IN TERMS OF THE CRIMINAL LAW (SEXUAL OFFENCES AND RELATED MATTERS) AMENDMENT ACT, 2007 (ACT NO. 32 OF 2007) AND COMMON LAW SEXUAL OFFENCES AND THEIR CAS CRIME CODES****23701**

Section 3: Rape

**23702**

Section 4: Compelled rape

**23703**

Section 5: Sexual assault

**23704**

Section 6: Compelled sexual assault

**23705**

Section 7: Compelled self-sexual assault

**23706**

Section 8: Compelling or causing persons 18 years or older to witness a sexual offences, sexual acts or self-masturbation

**23707**

Section 9: Exposure or display of or causing exposure or display of genital organs, anus or female breasts to persons 18 years or older ("flashing")

**23708**

Section 10: Exposure or display of or causing exposure or display of child pornography to persons 18 years or older

**23709**

Section 11: Engaging sexual services of persons 18 years or older

**23710**

Section 12: Incest

**23711**

Section 13: Bestiality

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**23712**

Section 14: Sexual act with corpse

**23713**

Section 15: Acts of consensual sexual penetration with certain children (statutory rape)

**23714**

Section 16: Acts of consensual sexual violation with certain children (statutory sexual assault)

**23715**

Section 17: Sexual exploitation of children

**23716**

Section 18: Sexual grooming of children

**23717**

Section 19: Exposure or display of or causing exposure or display of child pornography or pornography to children

**23718**

Section 20: Using children for or benefiting from child pornography

**23719**

Section 21: Compelling or causing children to witness sexual offences, sexual acts or self-masturbation

**23720**

Section 22: Exposure or display of or causing exposure or display of genital organs, anus or female breasts to children ("flashing")

**23721**

Section 23: Sexual exploitation of persons who are mentally disabled

**23722**

Section 24: Sexual grooming of persons who are mentally disabled

**23723**

Section 25: Exposure or display of or causing exposure or display of child pornography or pornography to persons who are mentally disabled

**23724**

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Section 26: Using persons who are mentally disabled for pornographic purposes or benefiting therefrom

**23725**

Section 55: Attempt, conspiracy, incitement or inducing another person to commit sexual offence

**23726**

Section 71(1): Trafficking in persons for sexual purposes

Section 71(2): Involvement in trafficking in persons for sexual purposes

Section 71(6): Transportation by commercial carrier of a person for sexual purposes into or out of the Republic without travel documents required for lawful entry into or departure from the country

**22004 / 22993**

Common law rape - **only applicable if offence was committed before 16 December 2007, but reported after the Criminal Law (Sexual Offences and Related Matters) Amendment Act came into operation.**

**13994**

Common law indecent assault - **only applicable if offence was committed before 16 December 2007, but reported after the Criminal Law (Sexual Offences and Related Matters) Amendment Act came into operation.**

**25011**

Common law Incest - **only applicable if offence was committed before 16 December 2007, but reported after the Criminal Law (Sexual Offences and Related Matters) Amendment Act came into operation.**

**ANNEXURE C****POSSIBLE SAMPLES TO BE TAKEN FROM THE VICTIM**

Please note that this table should only be used as a guideline, and that it remains the responsibility of the investigating officer to ensure that all the necessary samples are taken. The health care professional may be requested to take one or all of the following samples from the victim:

Sample	Description
Swab (posterior fornix)	Swab must be air dried. Crime Kit 1 or 3
Glass smear of swab	Swab must be rolled over glass slides. Do not use fixative and do not put slides on top of each other.
Anal, vaginal or oral swabs or smear where applicable	Anal, oral or vaginal swabs and smears where applicable (it must be dry before being placed in tube)
Hair exhibit (foreign hair, not that of victim)	These must be combed from the victim's pubic area.  Place the hairs in a soft paper envelope. Crime Kit 4
Control hair samples from the victim's head and pubic area	A minimum of 20 hairs are required.  These must be pulled from different places on the victim's head. (Root of hair must be included)  These hairs are required from different places on the head as there may be length and colour differences. Crime Kit 4  <b>They must not be cut from the victim.</b>  Place the hairs in a soft paper envelope.
Nail scrapings	Scrapings from under the nails of the victim if he or she has scratched the suspect (only if blood was drawn). Crime Kit 1

## Additional samples required

Where groupings and comparisons are required, the following additional samples must be taken:

Sample	Description
A control blood sample of the victim	All the suspects and all other parties with whom the victim has had intercourse within 72 hours (3 days) before the reported incident must be gathered and a blood sample from each is to be taken. Questions concerning parties with whom victim has had sexual intercourse must be posed sensitively and must be asked in private.  Control blood samples must be in a fluid form, as well as one coagulated blood sample (red-brown plug), and one EDTA blood sample (purple plug). Crime Kit 2
DNA	If DNA analysis is required details can be obtained from the Forensic Science Laboratory which will offer guidance in this regard.

The health care professional may also need to take an alcohol sample and /or collect body fluid.

A blood-alcohol kit must be used for this purpose and be sent to the Department of Health. Advice on contraceptive counselling may be given on request.

In the event of any uncertainty regarding the gathering, packaging and transportation of samples, the investigating officer should contact the Forensic Science Laboratory without delay.

**ANNEXURE D****POSSIBLE SAMPLES TO BE TAKEN FROM THE SUSPECT**

Please note that this table should only be used as a guideline and that it remains the responsibility of the investigating officer to ensure that the necessary samples are taken. If the suspect is traced he will be taken to the health care professional and the following samples may be taken:

Sample	Description
Pubic hairs	<p>These must be combed from the suspect's pubic area .</p> <p>Place the hairs in a soft paper envelope</p>
Control hair samples from the suspect's head	<p>Minimum of 20 hairs are required.</p> <p>These must be pulled from different places on the suspect's head. Crime Kit 4</p> <p>These hairs are required from different places on the head as there may be differences in length and colour.</p> <p>Hair must not be cut from the suspect's head.</p> <p>Place the hairs in a soft paper envelope.</p>
Blood	Crime Kit 2 EDTA
Blood for determining alcohol content	<p>Only required if this is a factor in the case.</p> <p>Blood or Alcohol Kit</p>

The health care professional may also need to take an alcohol sample and collect body fluid. A Blood/Alcohol Kit must be used for this purpose and the samples be sent to the Department of Health.



**ANNEXURE E****SEXUAL OFFENCE STATEMENT CHECKLIST**

Please note that the checklist should only be used as a guideline, and that it remains the responsibility of the investigating officer to take a full statement in every case.

Item	Detail
1	Paragraph statements.
2	Do not prime the victim - it must be his or her own statement. (Never ask leading questions.)
3	Full names (Maiden name, if applicable) - Age and date of birth - Identity number - Occupation - Residential & postal address - Telephone number and code - Place of employment, if applicable - Cellphone number - Facsimile number
4	Detail of events leading up to the incident. (This will vary according to circumstances and there will be more information in some cases than in others.)
5	Describe the scene of crime prior to the attack.
6	Fully describe the victim's clothing and the victim (this may assist forensic identification).
7	Describe the other victims (if more than one victim was involved).
8	Day and date. Specify the day of week.
9	Clarify time - how did the victim know what the time was?
10	Describe, if possible, any route taken by the victim prior to attack.
11	Witness - any known to victim, describe other witnesses and give their names (if possible), witnesses may link the victim to the suspect.
12	How the suspect approached victim.
13	How the suspect maintained control of the victim.
14	If restraints were used, did the suspect bring them with him or her or did they belong to the victim?
15	Weapons, etc, used, displayed, mentioned.



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	Use of Instruments	Foreign objects used or placed in vagina, anus, etc.
	Digital penetration (Fingers)	In vagina or anus.
	Fetishism	Particular attraction / request for certain object (clothing / perfume / baby oil).
	Voyeurism	Watching a particular act (eg suspect watching victim masturbate).
	Cunnilingus	Mouth to vagina
	Sexual sadism	Beatings, burning, whipping, biting, twisting breasts, asphyxiation (strangulation) until victim is unconscious, painful bondage (tied up).
	Annullingus	Licking anus.
	Urination	Urinating on victim.
	Defecation	Defecation of human waste matter (faces) on victim.
	Bestiality	Forced to perpetrate sexual act with animal.
34	If sexual intercourse took place, exact description of how the victim felt (force, fear, fraud).	
35	How penis entered vagina (or other orifices) - position of bodies - position of hands - position of legs	
36	Was the suspect's penis erect?	
37	Was any lubricant used?	
38	Was the suspect circumcised?	
39	Did the suspect have difficulty in achieving an erection or maintaining it or experience premature ejaculation?	
40	Was the victim forced manually to masturbate the suspect to achieve or maintain his erection?	
41	Did suspect ejaculate? How did the victim know that the suspect had ejaculated?	
42	Did the suspect use anything to wipe his penis after the offence?	

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43	Was anything done by the suspect to remove or stop semen being left behind, Eg forcing the victim to wash, combing victim's pubic hairs, using a condom?
44	If tissues were used, what happened to them? Where did they come from?

Item	Detail
45	If oral sex occurred, did the victim spit out semen or vomit - if so, where?
46	Did the suspect tell or force him/her to take any drugs or medication or alcohol?
47	Was there any blood anywhere ? Describe whether it was on the victim or suspect or scene of crime.
48	If a number of sexual acts were carried out, describe the exact position in which they were committed and the speech used towards the victim, prior, during and after these acts.
49	Any specific threats made to victim not to report the offence. The exact words used must be given.
50	Any actions or words used to prevent that the victim recognize the suspect.
51	Did the suspect take steps to avoid leaving fingerprints?
52	Was any of victim's property taken to assist the suspect in locating him or her again? Was this taken to stop the victim from reporting the incident? Was this specifically mentioned by the suspect?
53	Did the suspect suggest they meet again ? Give specifics.
54	Was the suspect curious about the victim's life, family or previous relationships, sexual or otherwise?
55	Did the suspect pay any compliments to the victim?
56	Did the suspect make excuses for what he had done or apologize for it?
57	Did the suspect make any mention of Police procedures?
58	How did the attack end?
59	How did the victim leave the scene?
60	How did the suspect leave the scene. Was it by foot, by car, or bicycle?
61	Did the victim tell anyone and when did he or she do so?
62	A full description of the suspect(s) from head to toe.
63	Include a description of the suspects clothing. It may be necessary to state what the suspect was not wearing, eg a jacket.

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Item	Detail
64	Did the suspect speak in language known to victim? Clarify.
65	Did the suspect have an accent? Clarify, if possible.
66	Did the victim know the suspect? If the answer is in the affirmative, give details. Would the victim be able to recognize suspect again?
67	How was the incident reported to police?
68	Permission from victim for the examination of the scene or his/her property and for the removal of items for evidence and forensic examination.
69	Fully describe all property taken, including serial numbers, colours, sizes, identifying marks.
70	Get the victim to formally identify any property left by the suspect at the scene.
71	Describe all the injuries inflicted on the victim.
72	Include the fact that victim did not consent, even if this is obvious.
73	Record the absence of consent for the removal of any of the victim's property by the suspect.
74	Is the victim willing to attend court?
75	Make sure that the victim reads the statement thoroughly and that it is signed in all the right places.
76	When was the last time the complainant had sexual intercourse? If within 72 hours before the incident, control blood samples are required from all the partners.
77	Victim's consent to forensic testing of articles seized for examination and that the victim knows that the articles may be damaged in the process of the forensic examination.

**ANNEXURE F****GUIDELINES RELATING TO THE TAKING OF A STATEMENT OF A CHILD VICTIM****1. Introduction**

The basic principles pertaining to the taking of statements from children remain the same as those applicable to adult victims and witnesses.

The instructions pertaining to the taking of statements as set out in Standing Orders 322, 327 and Standing Order General 18 of 1990 must be adhered to.

There are, however, a few differences pertaining to the format and content of statements of children. These will be outlined below.

**2. General aspects**

- A child is a person under the age of 18 years as defined in section 28 of the Constitution.
- It is imperative that it be determined, before the taking of the statement, whether or not the child understands the oath or affirmation. It is generally accepted that a child under the age of 12 years does not understand the oath or affirmation and that a statement under oath or affirmation can therefore not be taken from him or her. In exceptional cases where a child is under the age of 12 years and can fully explain the oath or affirmation to the police official taking the statement, such a statement may be sworn or affirmed to.
- Should a child be older than 12 years, it should still be determined whether or not that child understands the oath or affirmation.
- In cases involving very young children (below the age of 7 years) who are unable to write their names or make a mark, but are able to give a full account of what happened to them, the police official who interviews the child should make a statement with regard to the interview conducted with the child. The investigative notes made during the interview must be attached to the statement of the police official in order to support the content of this statement.
- It is not always necessary, possible or advisable that the parent/guardian or accompanying adult should physically be present whilst the statement is obtained. The courts regard the statement of the child as admissible as long as the parent/guardian or accompanying adult is aware of the contents thereof and has acknowledged this by means of a signature.

- Should the parent, guardian or accompanying adult be an adult witness in the same case and the child indicates that he or she would like that adult witness to be present during the taking of the statement, it is imperative that the statement of the adult witness be taken before the statement of the child so as to ensure objectivity and minimize influence.
- Should the parent, guardian or accompanying adult be the alleged offender, the statement of the child should, under no circumstances, be taken in the presence of the alleged offender.
- Every page of the statement should be initialled by the police official taking the statement, the child, the interpreter and the parent, guardian or accompanying adult (Standing Order 322 and 327).
- All corrections must be corrected according to Standing Order 301.1 and initialled and dated by the police official who took the statement, the child and the parent, guardian or accompanying adult.

### 3. Format and requirements of statements of children

A statement is divided into 3 parts:

- A preamble
- Content
- Ending

#### 3.1 Preamble of the statement

- In most cases involving children, the statement will not be sworn to or affirmed.
- The following must appear on the first line of the statement:
  - Full names and surname of the child
  - Indication of whether the statement is sworn to/affirmed or neither
  - The language spoken by the child (this enables the prosecutor to arrange for a relevant interpreter and intermediary at the trial)
  - Example:  
*JOSEPH THABANG RICHIE states in English/Zulu/Sepedi*
- The following should appear in the preamble (paragraph 1):
  - Identity number or date of birth of the child
  - Full residential address of the child
  - Cellular phone number of the child
  - Home telephone number and contact particulars of the parent/guardian
  - Name of the child's school
  - Physical address of the child's school
  - The grade in which the child is
  - The name of the child's class teacher

### 3.2 Content of statement

- Before commencing with the writing of the statement, during the interview, the police official should determine whether or not the child knows the difference between the truth and a lie. This can be done by posing, for example the following questions to the child:

Truth	Lie
<i>There are televisions in South Africa</i>	<i>There are no televisions in South Africa</i>
<i>The sun shines during the day</i>	<i>The sun does not shine during the day</i>
<i>You can use a pencil to draw a picture</i>	<i>You use a pencil to plant a tree</i>

- Once this has been determined, paragraph 2 of the statement will contain the following:  
*I know the difference between right and wrong. I know what it means to speak the truth. What I am about to say, is the truth.*
- The exact words used by the child must be used in order to ensure authenticity and originality. The following can be used as examples:

Words of child	Adult translation
<i>The uncle spanked me</i>	<i>Mr Nel assaulted me</i>
<i>The naughty man put his toti into my flower</i>	<i>Mr Ndlovu inserted his penis into my vagina</i>
<i>He put his wee-wee into my wee-wee</i>	<i>Mr Rodricks raped me</i>

- Care must be taken not to "translate" the language used by the child into adult language, for example, the meaning of "toti" and "flower" should under **no** circumstances be written in brackets after the child's words. It must be kept in mind that the defence is entitled to obtain a copy of the child's statement. The defence may cross-examine the child on terminology used in the child's statement. This may lead to an acquittal in court.
- A statement must be submitted by the police official or the parent/guardian/ accompanying adult in which an explanation is given to the meaning of the words used by the child.



- Great care must be taken in recording the child's statement in an understandable, chronological order since children often do not refer to events in sequence. It is therefore advisable that the police official who obtains the statement from the child, should make extensive notes during the interview before commencing with the writing down of the statement. Police officials should refer to the module on investigative interviewing of children in order to understand this and apply this to practice.

### 3.3 Ending of statement

- Once the statement has been obtained, the entire statement is read to the child and an opportunity is given to the child to make any corrections/changes/additions.
- The child is requested to write his/her name or make his/her mark on the next line after the last word of the statement.
- Should the services of a translator be utilized, the translator is required to certify the translation in the following manner:  
*Translated from Zulu to English and visa versa*
- The interpreter then signs the certification.
- The parent, guardian or accompanying adult of the child then endorses the statement in the following  
*Statement was obtained in my presence. I have read the contents thereof.*
- The parent/guardian/accompanying adult signs the statement and endorses the date time and place under his/her signature.
- The police official who obtained the statement endorses it in the following manner:  
*The above statement was taken by me in the presence of the parent/guardian/accompanying adult.*
- The police official's signature is placed thereon and the date, time and place is endorsed under his/her signature.

#### 4. Example of a statement of child

JOSEPH THABANG RICHIE states in English:

1.

I am a 9 year old boy and I was born on 1 April 1999. I stay at 123 Alpha Road, Windsor Park, Pretoria. My home telephone number is 012 393 1234. My mother's cell phone number is 083 123 4567 and my father's cell phone number is 082 123 7654. I am a grade 3 pupil at Windsor Park Primary School, 456 Beta Road, Windsor Park, Pretoria. I am in Miss Dhlamini's class. My home language is isiZulu.

2.

I know the difference between right and wrong. I know what it means to tell the truth. What I am about to say, is the truth.

3.

On Monday, 6 November 2008, I went to my uncle John's house after school. I normally go there every day after school. I don't know what his address is but he stays close to my school.

4.

After I had lunch, uncle John told me to go and change my clothes. Whilst I was in the bathroom, changing my clothes, uncle John came into the bathroom. I was standing in my underpants and he asked me how my day at school was. He sat on the toilet with all his clothes on and asked me to come and sit on his lap. I sat on his lap and started telling him about my day at school.

5.

Uncle John then started kissing me on my mouth. He put his tongue into my mouth. I tried to jump off his lap but I couldn't because he was holding me too tightly. Uncle John then put his hand inside my underpants and started playing with my toti. I told him to stop but he said that if he carries on a little while longer, I would like it. I felt scared and didn't know what to do and I started crying.

6.

At that moment I heard my aunt Elizabeth's car in the driveway. Uncle John threw me off his lap and told me to get dressed. He said that what happened is

our secret and I mustn't tell anyone about it. He promised to buy me a new bike for Christmas.

7.

While I was busy getting dressed, my aunt Elizabeth came into the bathroom. She saw I had been crying and asked me what was wrong. I started crying again and I told her what happened. My aunt didn't say anything to me, she just took me home. When we arrived at my house, my aunt and parents sent me to my room and they spoke in the lounge. I never told anyone else but my aunt about what happened to me.

XXXXXXXXXX

*(Child writes his/her name or makes his mark)*

The above statement was translated by me from Zulu to English and back into Zulu.

XXXXXXXXXX

*(Signature of translator)*

Statement was obtained in my presence. I read the contents thereof.

XXXXXXXXXX

*(Signature of parent/guardian/accompanying adult)*

Pretoria  
2008-11-17  
11:20

The above statement was taken by me in the presence of the mother, Ms JS Richie.

XXXXXXXXXX

*(Signature of police official)*

Pretoria  
2008-11-17  
11:23

## 5. Conclusion

Obtaining a statement from a child remains a challenge and requires specialized skills. Investigating officers should approach this task with empathy and diligence. Statements which are obtained correctly ensures that the interest of justice is upheld and that children as victims are empowered.

**ANNEXURE G****REGISTER RELATING TO APPLICATIONS FOR A  
COMPULSORY HIV TEST**

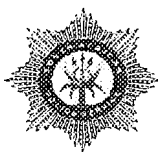
**The following information relating to every application for an HIV test must be recorded:**

- (a) The CAS/CR number;
- (b) The date of the application;
- (c) the full names, date of birth, identity number, address and contact details of the victim;
- (d) if the application is brought by an interested person on behalf of the victim, the full names, date of birth, identity number, address and contact details of that interested person and the relationship between the victim and the interested person;
- (e) the full names, date of birth, identity number, address and contact details of the alleged offender;
- (f) full particulars of the alleged sexual offence;
- (g) the date the order for HIV testing was made;
- (h) whether the application was granted or dismissed by the magistrate;
- (i) whether a warrant of arrest was issued;
- (j) the magistrate's court and particulars of the magistrate who considered the application;
- (k) if the application was granted, the date on which, and name of the health establishment where the order was executed; and
- (l) where the sealed record is kept of the test results in cases applied for by an investigating official.

SOUTH AFRICAN POLICE SERVICE

SUID-AFRIKAANSE POLISIEDIENS

SAPS 580(a)

**NOTICE OF SERVICES AVAILABLE TO VICTIM***Section 28(3) of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007)*

***(The member to whom the alleged commission of a sexual offence is reported, must hand this form to the victim of the alleged offence or an interested person)***

The purpose of this Form is to provide the victim of the alleged sexual offence with information, and in particular with the details of the available services regarding the receiving of Post Exposure Prophylaxis (PEP) for possible HIV infection and for the testing of the alleged sex offender for HIV.

**Note:**

*In terms of section 27 of the Act, an "interested person" is any person who has a material interest in the well-being of a victim, including a spouse; same sex or heterosexual permanent life partner; parent; guardian; family member; care giver; curator; counsellor; medical practitioner; health service provider; social worker; or teacher of the victim. An interested person may apply on behalf of the victim for the services referred to in this Form.*

**What is HIV infection?**

HIV refers to infection with the human immuno-deficiency virus. HIV destroys important cells that control and support the immune system. As a result, the body's natural built-in defence mechanisms are weakened and find it difficult to offer resistance against illnesses. Most people infected with HIV ultimately develop AIDS and die as their bodies can no longer offer any resistance to illnesses such as TB, pneumonia and meningitis. Infection with HIV therefore has serious consequences for you as an individual. There is currently no cure for HIV/AIDS.

**How is HIV transmitted?**

HIV is transmitted in three different ways:

- through sexual intercourse;
- during a blood transfusion when HIV infected blood is passed directly into the body; and
- by a mother to a fetus during pregnancy, childbirth or whilst breast feeding.

**Can I be exposed to HIV during a sexual offence?**

Yes, if you come into contact with the blood, semen or vaginal fluid of the offender. For example, if you were vaginally or anally raped and the semen of the offender entered your body, you would have been exposed to HIV.

**What is PEP?**

PEP (Post Exposure Prophylaxis) refers to antiretroviral medication administered to reduce the risk of a person contracting HIV after a known exposure to the virus. The treatment usually involves the administering of a group of drugs (or certain medication on its own) which act against HIV. It is important that PEP be administered to you as soon as possible after the sexual offence was committed, but in any event within 72 hours after the alleged sexual offence has been committed. A public health establishment designated by the Minister of Health may administer the medication and this will be done free of charge. A list of public health establishments within a reasonable distance from the police station where the complaint was laid and where

this treatment may be obtained, is attached to this notice. You will be able to obtain free medical advice from the health establishment in respect of the administering of PEP before it is administered. You must consent to the administering of PEP.

#### **Can I expose other people to the risk of HIV infection as a result of my possible exposure to HIV?**

You cannot transmit HIV through daily contact with other people, such as hugging, shaking hands, and sharing food, water or utensils. However, since HIV may be transmitted through sexual intercourse, you may have become infected through the alleged sexual offence and may, as a result, infect your sexual partner. You should therefore practice safe sex until you are certain that you have not been infected. If you are pregnant, you may transmit HIV to your unborn child. If you are breast feeding, you may also expose your child to the risk of HIV infection. ***You must obtain expert advice (as set out at the end of this Notice) to deal with the implications of the risk of infection for yourself, your sexual partner and others.***

#### **What about other sexually transmitted infections?**

During the commission of a sexual offence, the victim may also be exposed to other sexually transmitted infections (STI's). All other STI's can be treated effectively without serious consequences to the health of the victim. You will be able to obtain free medical advice from the health establishment in respect of STI's, the symptoms to look out for and what to do if you suspect that you may have contracted such an infection.

#### **How do I deal with my possible exposure to HIV during the alleged sexual offence?**

You can apply to a magistrate to have the alleged offender tested for HIV, and the results of his or her tests will be disclosed to you. If you know the HIV status of the alleged sex offender, it may give you peace of mind and place you in a better position to make decisions on whether you should take medication to prevent or reduce the risk of HIV transmission and what you can do to protect your sexual partner and others against HIV infection. *Expert medical advice may be necessary for you to deal with the implications of the risk of infection for yourself, your sexual partner and others. The test result from a compulsory HIV test may not be reliable, because the alleged offender may be in the window period while he or she is tested for HIV. This means that the test result may indicate that the alleged offender tested negative although he or she is, in fact, HIV positive. You must therefore talk to an expert before you make any medical or lifestyle decision based on the test result. Furthermore, please take into account that an HIV positive test result does not mean that the virus was necessarily transmitted to you during the commission of the sexual offence.*

***It is in your own best interest to be tested for HIV when you feel ready to do so. In the meantime, make sure that you practice safe sex.***

#### **How do I apply for HIV testing of the alleged sex offender?**

- You must report the commission of the sexual offence to the police station nearest to where the offence was committed. The Police will investigate the matter.
- You may immediately thereafter apply for the HIV testing of the alleged sex offender, or inform the investigating officer that you wish to apply for the HIV testing of the alleged offender.
- An application form can be obtained from the police station. You must complete the application form to apply for an order to have the alleged offender tested.
- Once you have completed and signed the application form, you may hand it to the investigating official.

#### **Who will consider my application?**

The investigating officer who is responsible to investigate the alleged sexual offence, will submit your completed application to a magistrate. The magistrate will consider the application during court hours in his or her office. The magistrate may request further evidence, orally or by affidavit and may also question the

alleged offender before taking a decision. The investigating officer will inform you of the outcome of your application.

**What will happen once the magistrate has ordered that the alleged offender be tested for HIV?**

The investigating officer will ensure that two blood samples of the alleged offender are taken at the same time and are tested for HIV.

**Who will pay for the HIV testing?**

The State. It will not cost you any money.

**How will I be informed about the HIV test result?**

Once the results become available, the investigating officer will as soon as possible ensure that you receive a sealed envelope containing the HIV test result, as well as information on where you can obtain assistance in dealing with the results and the implications thereof.

**May I disclose the HIV status of the alleged offender to other people?**

The HIV test results may only be disclosed to the victim or the interested person who initiated the application for the compulsory HIV testing of the alleged offender, the alleged offender, the investigating officer and the prosecutor, where applicable, or any other person who needs to know the test results for purposes of any civil proceedings or an order of the court.

**For what period may I apply for the HIV testing of the alleged sex offender?**

You must apply within 90 days after the alleged sexual offence was committed. The 90 day period is called a window period, which means that if the test is conducted thereafter, it will not be reliable since, if the test is positive, the alleged offender could have contracted the virus after the alleged offence had been committed. Remember that, even if the test was conducted during the 90 days, a negative test result may not be reliable since the alleged offender may be in the window period and test negative although he or she is in fact HIV positive. It is therefore advised that, if you decide to apply to have the alleged offender tested for HIV, you do so as soon as possible after the alleged commission of the sexual offence. However, it remains in your best interest to have yourself tested for HIV.

**Are there any service organizations which can provide counseling and support?**

There are a number of private and public facilities that will assist you to deal with the implications of the HIV test results. Some of these services are free of charge, while others may require the payment of a fee. These include:

- Private medical and social facilities (eg a general medical practitioner or psychologist);
- Public medical and social facilities, including —
  - Life Line
  - Child Line
  - Child protection organizations
  - Local State Hospitals and Clinics
  - Rape Crisis
  - FAMSA
  - Departments of Social Welfare
  - Local AIDS Service Organizations

Contact details of these service providers are available in the telephone directory and from the investigating officer.