FROM

african south



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SPECIAL PROGRAMMES

CONCEPT DOCUMENT ON PROVISION OF SANITARY TOWEL PROJECT

1. PURPOSE

To respond to the presidential call of providing sanitary pads to the most needy girl learners, in the province

2. BACKGROUND

Reproductive Rights are legal rights and freedoms relating to reproduction and reproductive health. They rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information to do so, and the right to attaining the highest standard of sexual and reproductive health. Reproduction should be free of discrimination, coercion and violence. However States have been very slow in incorporating these rights in internationally and nationally legal binding instruments.

During his 2011 State of the Nation Address the President of SA Mr. Zuma stress some of this rights. One thing that he mentioned was an intense effort to increase the uptake of contraception (as a free health service aspect) and decrease the number of teenage pregnancies. He also enforced the idea of providing the Most Needy Learners with Sanitary Towels to encourage them to use proper protection, not to use newspapers and dirty cloths, as this is in contrast with Healthy Lifestyle principles.

3. OBJECTIVES

- > To respond to the Presidential pronouncement.
- > To improve the attendance in schools and drop absenteeism
- To solidify the fact that young women perform as good as boys when it comes to education
- Improve rural health by integrating the sanitary campaign to some of Department of Health Programmes e.g. Contraceptive Services





3. PROBLEM STATEMENT AND ALTERNATIVE OPTIONS

There are hard to reach most needy girl learners when it comes to provision of Reproductive Health Services. Learners are in schools when health services are delivered (mobile clinics) or fixed clinics are very far and are closed when they come cut of school. They do not have money to buy pads like their school mates, this results in them not coming to school for the entire menstrual days, or risk being degraded should they be discovered by using news papers and not so clean cloths.

Aconcerted effort still needs to be strengthened to improve health education and principles of healthy lifestyle. A well coordinated implementation of Peer Education from the Youth Centres in the districts as an intervention will increase access to information on healthy lifestyle and contraceptive use.

4. MOTIVATED SUBMISSION

4.1 Farm, Informal Settlement and Deep Rural Schools

Learners in these school settings are still provided health promotion in a scanty manner. There is still a slow provision by school nurses and health promoters. The Department of Health is implementing promotion and prevention by establishing youth centres and satellite centres to implement peer education programme. Eighteen (18) youth centres are functional in the province. The Department of Health is also intensifying the implementation of the National Adolescent Friendly Initiatives (NAFSI) in order to promote youth friendly services. These NAFSI standards are also linked with the mobile services provided by the department.

4.2. Peer Education Programme

All health sub-districts have trained peer educators, those that do not have youth centres the peer educators are functioning from the clinics. In the Peer Education Programme the National Youth and Adolescent Wellness and Fitness Chatter is being implemented. This includes

- Healthy lifestyle by encouraging proper nutrition and physical activity Arts indoor and outdoor sports
- Information sharing on; teenage pregnancy prevention strategies, HIV & AIDS, STIs, substance and drug abuse gender based violence, peer pressure and assertiveness, contraceptives and menstruation, VCT and HCT, TB, body changes sexual abuse and rape.
- Skills development and job opportunities as an exit strategy from youth. Computers have been delivered to the centres for computer skills





5. IMPLICATIONS

5.1 Financial Implications

- > The project on tract at present cost the department R16m for this current financial year.
- > Youth Programme is funded from Special Programme's equitable shares
- Developmental partners like Department of Education and the Department of Social Development, Women, Children and People with Disabilities have been approached to assist with funding of some interventions
- A sustainability plan is been developed for the department to produce the pads. This will include job opportunities for the youth and increase the uptake of contraceptives in the province.

5.2. Personnel Implications

> This project has brought with it a need for additional personnel to cater for the scaling up of peer education for the peer education programme especially for the out of school youth.

5.3. Communication Implementation

The communication network has bee established between the two sister departments. A programme of notifying Schools Governing Bodies and the Local Municipalities of the project has been planned and it will be implemented very soon

5.4. Political Implications

- There is a need for political support for this project. Motivation and approval of functional structures.
- Support of the implementation of the South Africa's National Policy Framework for Women's Empowerment and Gender Equality.
- Support for the political call to increase the uptake of contraceptives to decrease the number of unwanted pregnancies, which leads to increased unsafe abortions which are a direct cause of maternal mortalities



5. CONSULTATION

5.1. Internal

Integrated approach in implementation of the project activities, planning and funding of the activities is undertaken with Chief Directorate Strategic Health Programmes specifically with the Maternal, Child & Women's Health (MCWH) directorate. The Communication directorate and the Office of the MEC are also the internal stakeholders

5.2. External

The Department of Education and Department of Social Development, Women, Children and People with Disabilities are on board as the external partners. The first plenary and consultative meeting took place on the 11th April 2011. The next meeting is scheduled for the 20th April 2011. The next meetings will be with more stakeholders when planning or unfolding the sustainability project.

6. GOVERNMENT PRIORITIES

6.1. Special Groups (Gender/ Disability/ Youth)

Needy women in their reproductive years, women with disabilities and youth are priority groups in reproductive health services and access to contraceptives. The youth will also be brought on board on the importance of reproductive health rights and the services that are available. The importance of reproductive health will emphasized more in Basic Education Curriculum.

6.2. National Strategy and Priorities

- The establishment and proper placing of the Gender Focal Person (GFP) is a priority. This will enable the GFP to plan in an innovative manner and to report correctly in the Country reporting format as prescribed by SADC.
- The Presidential pronouncement in his 2011 State of the Nation Address of increasing the uptake of contraception in the country and issuing of sanitary pads to the most needy learners. This in compliance with the South Africa's National Policy Framework for Women's Empowerment and Gender Equality.



Provincial Strategy & Priorities

Theprogramme aims at reaching the needy communities and the previously marginalized groups. The interventions are also guided by what is contained in the Integrated Provincial Gender Strategy (IPGS) of the NW Province. The activities are further guided by what is in the departmental Annual Performance Plan (APP). These are jurther strengthen by the presidential pronouncements, which led to the development of this project.

7. RECOMMENDATIONS

That the Special Programmes be allowed and supported to implement this project.



