

SANITARY DIGNITY FRAMEWORK

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1 INTRODUCTION

11 In 1996, former President Nelson Mandela stated that -as long as women are bound by poverty and as long as they are looked down upon, human rights will lack substance.¹

12 Although South Africa has since made significant progress in respect of improving the plight of women, many challenges still exist.

13 In 2017, the former Minister in the Presidency responsible for Women, Minister Susan Shabangu, mentioned that the current health system of South Africa provides free access to contraceptives and health services for sexually transmitted diseases. She emphasised that what remains -... is the provision of sanitary towels for the indigent girl child. For most indigent women, menstruation is often a rather inconvenient biological reality against which there is no control (and) which is expensive for most ordinary women.²

14 It was in this context that the then Department of Women, as the custodian of the promotion and advancement of gender equality and the empowerment of women, decided to develop this Sanitary Dignity Implementation Framework for the provision of sanitary dignity.

15 Since June 2019, the Department of Women assumed the new name i.e. Department of Women, Youth and Persons with disabilities (DWYPD).

2 DEFINITIONS

2.1 In this Framework, unless the context indicates otherwise—

-Constitution means the Constitution of the Republic of South Africa, 1996;

-Director-General means the Director-General of the DoW; now Director General for DWYPD

¹ Speech delivered by former President Mandela on Women's Day (1996) – see www.sahistory.org.za/archives/speech.

² Speech delivered by Minister Shabangu during the Debate on the State of the Nation Address on 14 February 2017.

-**DoW** means the Department of Women;

“**DBE**” means Department of Basic Education

“**DWYPD**” means the Department of Women, Youth and Persons with disabilities

-**HOD** means the head of a provincial department;

-**Indigent persons** means the indigent girls and women as identified in paragraph 9.1.5 of the Framework and who, due to poverty, lack necessities of life such as sanitary products and other requirements to achieve sanitary dignity;³

-**ISM** means an Indigent Sanitary Management Committee as proposed in paragraph 10.4 of the Framework;

-**MEC** means the member of the Executive Council of a province responsible for women or designated by the Premier of such province as contemplated in paragraph 10.3.1 of this Framework;

-**Menstruation** means the monthly cycle of changes in the ovaries and the lining of the uterus, preparing itself for fertilisation;⁴

-**Minister** means the national Minister responsible for women, youth and persons with disabilities;

-**PSDC** means a Provincial Sanitary Dignity Committee as proposed in paragraph 10.3 of the Framework;

-**Quintile** means the ranking of a school according to the social status of the school community;⁵

-**SABS** means the South African Bureau of Standards established in terms of the Standards Act, 2008 (Act No. 8 of 2008);

³ The term “indigent” is in general defined as a person who is so poor and needy that he/she cannot provide the necessities of life (food, clothing, shelter) for himself/herself – see <http://legal-dictionary.thefreedictionary.com/indigent>.

⁴ See www.medicinenet.com.

⁵ Chris van Wyk *An overview of Education data in South Africa: an inventory approach* Stellenbosch Economic Working Papers: 19/15. Van Wyk mentions that this is an indication of the socio-economic status of the school. Please also refer to paragraph 87 of the *National Norms and Standards for School Funding* as published in Government Gazette No. 29179 of 31 August 2006.

-**Sanitary dignity** means the preservation and maintenance of the self-esteem of an indigent girl or woman especially during menstruation;

-**Sanitary products** means disposable sanitary pads, reusable sanitary pads, tampons and menstrual cups or any similar product that complies with the standards contemplated in this Framework and that is provided to indigent persons free of charge;

-**Sanitary waste** means used sanitary products that cannot be re-used or recycled;⁶

-**SDOC** means the national Sanitary Dignity Oversight Committee as proposed in paragraph 10.2 of this Framework.

“**Value chain**” means the procurement, manufacturing, production, distribution and disposal of sanitary products and other requirements to achieve sanitary dignity in a sustainable, effective and efficient manner.

3 BACKGROUND AND MANDATE

3.1 Background

3.1.1 Menstruation is a natural and routine occurrence experienced by nearly all women of reproductive age⁷. It affects girls and women differently and in many instances it has a negative impact on their psychological state of health. The ability to manage menstruation with adequate dignity is essential to the human rights of women and girls.

3.1.2 The Constitutional Court described the right to dignity and the right to life as the most important human rights. The court expressed the view that the right to dignity is the acknowledgement of the intrinsic

⁶ See Ministry of Drinking Water and Sanitation: Government of India: *Menstrual Hygiene Management National Guidelines* December 2015. For a general definition of “waste”, see https://www.environment.gov.za/sites/default/files/reports/environmentoutlook_chapter13.pdf. The Department of Conservation: New Zealand: *Menstrual Waste in the Backcountry: Science for Conservation: 35* defines “menstrual waste” as being “the by-products of menstruation and menstrual management and includes items such as sanitary pads, tampons, human bodily excretions, product wrapping, and toilet paper.” See www.doc.govt.nz/documents/science-and-technical/sfc035.pdf.

⁷ The average woman will have more than 450 menstrual cycles over approximately 45 years of her life – PATH Publication *Outlook on reproductive health* February 2016.

worth of a human being.⁸ De Waal and others mention that dignity is the source of a person's innate rights to freedom and to physical integrity.⁹

3.1.3 In order to give effect to these constitutional principles, it is imperative that government advance and promote women's rights to dignity. This was confirmed by the former President of the Republic of South Africa Mr Jacob Zuma in his State of the Nation Address of February 2011 where he stated as follows:

-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. II¹⁰

3.1.4 In order to preserve a woman's dignity during menstruation it is important that such woman has access to adequate sanitary products and other requirements to achieve sanitary dignity. The lack of access to such products may for example lead to absenteeism from schools and the workplace. It may also affect an indigent person's health and well-being. Their rights may be compromised in the sense that it may be difficult for them to fully participate in daily activities such as sport and cultural events, political and community activities. This may also negatively affect the person's self-esteem and confidence.¹¹

3.1.5 Menstrual products can be a financial burden for all indigent females in the country, a burden not carried by boys and men. The plight of indigent persons has been aggravated by increased unemployment levels and poverty. Indigent persons have competing needs therefore those who receive social grants would rather use these social protection instruments for other priorities than for menstrual health management.

3.1.6 Taboos and myths related to menstruation may portray women and girls as inferior to men and boys and may result in social exclusion of girls and women during menstruation. One of the reasons for this is a stigma that is associated with the occurrence (especially amongst rural communities), namely that such a girl or woman is not clean during this period and something which should be hidden. There are also social restrictions imposed on some girls and women who are menstruating, with women and girls

⁸ *S v Makwanyane* 1995 (3) SA 391 (CC) par [144].

⁹ De Waal, Currie & Erasmus *The Bill of Rights Handbook* 4th edition 2001 on page 231.

¹⁰ See www.sahistory.org.za/archive/2011.

¹¹ PATH Publication *Outlook on reproductive health* February 2016.

being excluded from cooking, washing clothes and participating in ceremonies or social activities within and outside the family. Furthermore, women and girls may be restricted in terms of diet when they are menstruating, which could result in an unbalanced diet and ill health¹².

- 3.1.7 In the case of indigent persons who cannot afford appropriate sanitary products, the impact could be more severe. In general, the self-esteem of such persons may be low and therefore it affects their dignity negatively. Achieving equitable sanitary dignity in South Africa will require that **all** women and girls – inclusive of women and girls with disabilities - can manage their menstruation with normalcy and in dignity.
- 3.1.8 It is for this reason that DWYPD endeavours to partner with government partners and other key relevant stakeholders with the aim of achieving equity in sanitary dignity in the country.

3.2 Mandate of the Department of Women, Youth and Persons with Disabilities

- 3.2.1 As stated in the 2017/18 Annual Performance Plan of the then DoW, the mandate of the DoW was to champion the advancement of women's socio-economic empowerment and the promotion of gender equality.¹³
- 3.2.2 This mandate was guided by the Constitution. The Constitution guarantees equality, including gender equality. Section 9(2) of the Constitution guarantees the full and equal enjoyment of all rights and freedoms by people of all genders. It furthermore provides that legislative and other measures designed to protect or advance persons or categories of persons disadvantaged by unfair discrimination, may be taken to promote the achievement of equality.
- 3.2.3 In order to advance the constitutional commitment to equality and address the sanitary dignity of indigent persons, it became necessary for the then DoW to make provision for effective and appropriate measures.

¹²Ramathuba, 2015

¹³ See page 8 of the 2017/18 Annual Performance Plan of the DoW.

- 3.24 Therefore the former DoW embarked on the process of developing an integrated framework on the provision of sanitary products to indigent persons in an effort to ensure that such persons are afforded the opportunity to manage menstruation in a knowledgeable, safe and dignified manner.
- 3.25 With regards to women, the new department DWYPD carries the same mandate as that of the former DoW . The department also carries the additional mandate to ensure that the rights of youth and persons with disabilities are also promoted.

3.3 This Framework is subject to—

- (a) the Constitution;
- (b) any legislation that regulates health care and education in general;
- (c) any legislation that regulates the environment;
- (d) any legislation that regulates human dignity; and
- (e) any legislation that may be applicable to the provision of sanitary products and other requirements to achieve sanitary dignity including the manufacturing, distribution and disposal thereof.

4 PROBLEM STATEMENT

- 4.1 Sanitary dignity is inequitable in the country, with poor women and girls lacking some of the key requirements of sanitary dignity such as sanitary products; available, safe and hygienic water supply; private, safe and hygienic sex-segregated sanitation; hygienic hand washing facilities and soap (hygiene) etc¹⁴.

¹⁴ Imelda Diouf (2012). Dialogues on Menstrual Hygiene Management Supporting the Sanitary Dignity Campaign for Women and Girls. Water Research Commission

- 4.2 The absence of sanitary dignity is particularly challenging for indigent persons in the rural areas and informal settlements of the country especially those without water and sanitation, resulting in numerous incidental (and perhaps unintended) consequences relating to their empowerment, education, health, employment and social activities, to name a few.¹⁵
- 4.3 There is currently no national law, policy or framework guiding the achievement of equity in access to sanitary dignity for indigent persons.¹⁶ As a result, the provision of sanitary products is inconsistent, uncoordinated and would seem to depend on provincial priorities.
- 4.4 Sanitary dignity interventions are in general not properly regulated and managed. The following are areas of concern:
- a) There are no national norms and standards for the sanitary products or for the implementation of sanitary dignity programmes in the country.
 - b) Although some provinces provide sanitary products to some indigent persons, it would seem that this is not necessarily done in terms of approved policies. Furthermore, in some instances these initiatives are not properly funded and coordinated.
 - c) The South African approach may be criticised for being too narrow since it focuses mainly on the preservation and maintenance of an indigent girl or woman's self-esteem during menstruation by means of the provision of sanitary products rather than a comprehensive package of education and water supply, sanitation and hygiene (WASH).
 - d) The target beneficiaries differ from province to province, in other words, there is no clarity on who the beneficiaries should be and thus no consistency in this regard.

¹⁵ In recent years the need for sanitary dignity has become increasingly critical for indigent persons and more specifically for as far as it relates to continued education and such persons' active participation in work and community life. The lack of national guidelines could be seen as placing a burden on indigent persons which burden could even be viewed as being discriminatory.

¹⁶ There is also no legislation in this regard. However, it should be noted that it is not the intention at this stage to convert this Framework, once approved, into legislation.

e) There is insufficient monitoring and evaluation of the impact and effectiveness of the project in provinces.

4.5 This Framework therefore seeks to address the above-mentioned challenges by proposing acceptable national norms and standards in respect of the provision of sanitary dignity to indigent persons. It furthermore intends to provide certainty on a uniform approach to the provision of such sanitary dignity. The ultimate objective is to protect and restore the dignity of indigent persons.

5 GUIDING LEGAL AND POLICY FRAMEWORKS

5.1 For the purposes of this Framework, the guiding legal and Policy Frameworks refer to South African laws, South African court judgments, relevant policy documents, international conventions and declarations.

5.2 This relationship between the National Sanitary Dignity Implementation Framework and national and international policies and strategies are shown in Figure 1. The detailed links between the SDIF and national/international policy and protocols are outlined in Appendix 1.

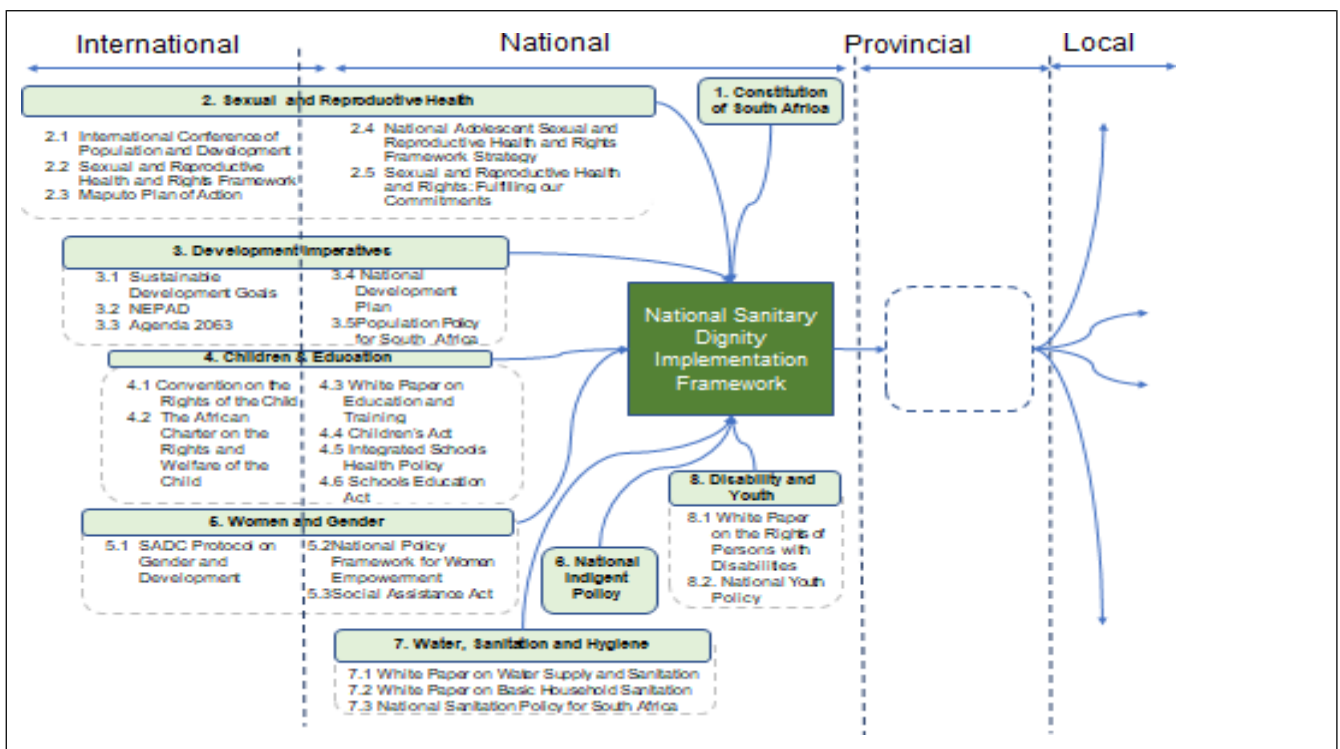


Figure 1: Sanitary Dignity Implementation Framework in the Policy Context

6 FRAMEWORK PRINCIPLES: SANITARY DIGNITY

6.1 What is sanitary dignity?

- ¶ Most international efforts to address menstrual issues in low-income groups use the term menstrual health management (MHM). In South Africa the term -sanitary dignity is deemed more appropriate.
- ¶ Sanitary dignity in South Africa means that every girl child and women in the country can manage their menstruation in a dignified manner. This means that all girls and women, irrespective of socio- economic status, would have the menstrual information and knowledge; menstrual products; safe, hygiene and private spaces to carry out their menstrual health practices and would be able to walk away from these activities feeling clean and hygienic. A clean and reliable supply of water must be available to girls and women for these purposes; the toilets where they change their menstrual products should be clean, private and safe; they should have access to materials to hygienically clean themselves, such as toilet paper, and have access to hygienically dispose of the used products¹⁷. WASH is a fundamental requirement for equity in appropriate facilities achieving in sanitary dignity in South Africa.
- ¶ The United Nations Educational, Scientific and Cultural Organization goes further and includes the following systemic factors that may facilitate sanitary dignity management:
 - (a) accurate and timely knowledge;
 - (b) available, safe and affordable materials;
 - (c) informed and comfortable professionals;¹⁸
 - (d) referral and access to health services;

¹⁷ WHO-UNICEF *Joint Monitoring Programme, Consultation on Draft Long List of Goal, Target and Indicator Options for Future Global Monitoring of Water, Sanitation and Hygiene* 2012.

¹⁸ In this context, teachers and health care workers must be at liberty to discuss menstruation with both boys and girls in an informed, accessible and comfortable manner.

- (e) sanitation and washing facilities;
- (f) positive social norms;
- (g) safe and hygienic disposal; and
- (h) advocacy and policy.¹⁹

Sanitary dignity is therefore not just about the management of the biological process of menstruation but also refers to the preservation and maintenance of a girl or woman's self-esteem during menstruation.²⁰

6.2 Why sanitary dignity?

Dignity Dreams mentions that it is -... hard to imagine that there are 2.1 million young girls, between the ages of 12 and 18 years that are living below the poverty line in South Africa, who have to resort to using old clothes, rags, newspapers, leaves, bark and grass because they cannot afford sanitary towels.²¹

The South African government supports this view and extends it to include all indigent persons as defined in this Framework. It cannot be allowed that girls for example miss school because they do not have access to sanitary products and other requirements to achieve sanitary dignity. Sanitary dignity amongst indigent persons is critical to ensure their meaningful and effective participation in society. Effective sanitary dignity is also vital to the health, education, well-being and empowerment of indigent persons.

6.3 Sanitary dignity and health

¹⁹ UNESCO *Puberty Education and Menstrual Hygiene Management* Booklet 9, 2014.

²⁰ *Ibid.* UNESCO also mentions that menstruation is often viewed as a curse.

²¹ Dignity Dreams on <http://www.ngopulse.org/organisation/dignity-dreams>.

- ¶ The World Health Organisation (WHO) defines health as -a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.²²
- ¶ People’s psychological health is strongly influenced by their physical health. In some instances poor physical health can also influence a person’s state of mind. For example, a girl child who is experiencing challenges during menstruation simply because she cannot afford sanitary products can be the victim of social rejection. This may impact on her psychological health. Therefore, social well-being may have an effect on both psychological and physical health. The dignity of such a person may be permanently scarred.²³
- ¶ It is the duty of government to take care of the health needs of its citizens including, both their physical and psychological health.²⁴
- ¶ Based on the principles contained in the Bill of Rights in the Constitution people can no longer be denied health services because of race, gender or religion. It is however acknowledged that cultural, religious and traditional beliefs lead to a range of restrictions being placed on girls and women during their menstrual period. This may be as a result of insufficient education on the matter and is one of the crucial aspects to be addressed during the implementation of this Framework.
- ¶ The risks associated with poor menstrual health are explained in Module One: Menstrual Hygiene – The Basics.²⁵ For example, the risk of infection (including sexually transmitted infection) is higher than normal during menstruation because the plug of mucus normally found at the opening of the cervix is dislodged and the cervix opens to allow blood to pass out of the body. In theory this creates a pathway for bacteria to travel back into the uterus and pelvic cavity.

²² See <http://www.pitt.edu/~super1/globalhealth/What%20is%20Health.htm>.

²³ Living with dignity, with the right to make choices and the ability to control your own body, can have a major impact on a person’s health. Health is also influenced by the choices people make about how to live their lives. These choices are often influenced by factors such as whether people have access to health care, resources, education and relevant information.

²⁴ In the *Universal Declaration of Human Rights* which was adopted by the United Nations in 1948, it is stated that everyone has the right to a standard of living adequate for the health and well-being of such person and his or her family, including food, clothing, housing and medical care and necessary social services.

²⁵ See http://www.wateraid.org/~media/Files/Global/MHM%20files/Module1_HR.pdf on page 33.

It is especially true that certain practices such as using dirty rags during menstruation may increase the risk of infection²⁶. Inserting dirty rags into the vagina can stimulate the growth of unwanted bacteria that could lead to infection. The same applies in cases where there is a prolonged use of the same sanitary product. The researchers warn that the risk of passing on or contracting blood-borne diseases such as HIV or Hepatitis B through unprotected sex is also increased during menstruation²⁷. These risks emphasise the fact that effective hygiene during menstruation is of utmost importance.

6.4 Sanitary dignity and education

The provision of sanitary products and other requirements to achieve sanitary dignity for indigent persons will not only contribute towards the improvement of general health standards but should also ensure that girls and young women concentrate during learning without thinking about the possibility of leakage during menstruation. It is assumed that if this problem of sanitary dignity is removed / taken care of, indigent girls and young women will be given an equal and equitable chance to progress in education. This is one link in a chain that could ultimately result in the completion of basic education which could lead to further education and employment (thus a reduction in unemployment) and therefore a reduction in poverty. Sibanda summarises it as follows:

-Education is of particular importance for women, as it provides them with the necessary means and capacity to take leadership positions and enhances their scope for more equitable participation in decision-making processes. In short, education is a multiplier which enhances life chances. It enables women to make more strategic choices around employment, sexual and reproductive aspects. Therefore, the provision of universal education of women and gender empowerment are interrelated and should be seen as inalienable rights.²⁸

²⁶ House, S., Mahon, T. And Cavill, S., 2012. Menstrual Hygiene Matters. A resource for improving menstrual hygiene around the world. WaterAid.

²⁷ Seth C Kalchman and Leickness C Simbaq (2004). Sexual Exposure to Blood and Increased Risks for Heterosexual HIV Transmission in Cape Town, South Africa. African Journal of Reproductive Health, Vol. 8, No. 2 (Aug., 2004), pp. 55-58

²⁸ Sehlaphi „Dawu“ Sibanda *South Africa: Menstrual hygiene – comfort, dignity and a health issue concern* October 2015 – see <http://genderlinks.org.za/news/south-africa-menstrual-hygiene-comfort-dignity-and-a-health-issue-concern-2015-10-06/>.

- ¶ There is thus a strong relationship between education, health and dignity, all of which could be influenced positively or negatively by the provision or absence of sanitary dignity.
- ¶ For the purposes of this Framework, the relationship between sanitary dignity and education goes beyond schooling. It also includes education on the concept of sanitary dignity. Such education on sanitary dignity and related aspects cannot be limited to indigent persons. Education on sanitary dignity must be extended to include educators, men and boys, families, communities and community leaders and civil society in general. There are numerous myths and unsubstantiated taboos that have to be addressed. It would also be important to concentrate educational efforts in rural areas and amongst traditional communities. Traditional leaders could play a significant role in this regard.
- ¶ The recommended method outside the designated education curriculum includes but is not limited to education and awareness campaigns. Such campaigns should provide information on menstruation, sanitary dignity, sanitary products and health aspects especially SRHR, to name a few.²⁹ It should also address myths and explain the ripple effect that the absence of appropriate sanitary dignity could have on a person's future.
- ¶ Of utmost importance, is that every girl who is approaching puberty, be prepared for menarche. As such a young girl needs to be educated on proper menstrual health management before they experience menstruation for the first time. This is necessary to ensure that such persons are able to manage and cope with challenges of menstruation effectively and in a dignified manner. The teachings must include the following:
 - (a) Understanding physical and emotional changes during puberty;
 - (b) knowing the biology around menstruation;
 - (c) acceptable hygienic practices;
 - (d) choice and use of sanitary products;

²⁹ It is advised that the awareness campaigns should include aspects of hygiene education as contained in Position 14 of the National Sanitation Policy 2016.

(e) importance of safety of storage and disposal of sanitary products;

(f) demystifying cultural taboos, myths and practices; and

(g) accurate information on dealing with pain, nutrition and other health aspects.³⁰

(h) empowerment on making choices that will enable girls / women to access opportunities that will lead to a better life (SRHR).

¶ The Care and Support for Teaching and Learning Programme (CSTL) for South Africa, which provides an *overarching conceptual framework within which to initiate, coordinate and expand care and support activities*³¹ to advance the rights of all children and youth to quality education, indicates that some of the key vulnerabilities contributing to low enrolment, high dropout and poor performance of children and youth in schools are³²:

- lack of enabling school environment (i.e. water and sanitation infrastructure);
- poverty;
- gender stereotypes;
- customary practices;

Period poverty, defined as the inability to be able to afford sanitary products due to poverty, is a result of but also contributes to poverty. Girls and women experiencing period poverty may find themselves having to choose between whether to purchase food or a sanitary pad. The CSLT introduces 10 priority Action Areas to deliver care and support activities to all South Africa schools to address, amongst others, the above learner vulnerabilities in the country. Ensuring sanitary dignity to girls and young women in schools, which includes the availability of water supply and sanitation infrastructure (CSLT priority area), menstrual products (CSLT priority of providing materials) and menstrual education and awareness (CSLT priority area of health promotion), fall within or would support the DBE package of non-negotiable minimum services that should be provided to South African schools.

³⁰ Ministry of Drinking Water and Sanitation: Government of India: *Menstrual Hygiene Management National Guidelines* December 2015.

³¹ MIET Africa (2015). Care and Support for Teaching and Learning: From Policy to Practice. MEIT Africa, South Africa

³² MIET Africa (2015). Care and Support for Teaching and Learning: From Policy to Practice. MEIT Africa, South Africa

7 AIM OF THE FRAMEWORK

7.1 The aim of this Framework is to promote sanitary dignity and to provide norms and standards in respect of the provision of sanitary products to indigent persons. It furthermore seeks to promote the addressing of girls and women rights including the rights of persons with disabilities; social justice and emphasises the basic human rights of indigent persons.

8 OBJECTIVES OF FRAMEWORK

8.1 The main objectives of this Framework are—

- a) to protect and preserve the sanitary dignity of indigent girls and women as a fundamental human right;
- b) to provide for an integrated and coordinated, responsive government programme aimed at the provision of sanitary products free of charge to indigent girls and women;
- c) to provide for inter-departmental and inter-governmental cooperation;
- d) to broaden economic participation in the sanitary dignity value chain to include the empowerment of women;
- e) to contribute towards the improvement of the learning capacity of indigent persons, especially indigent girl learners;
- f) to promote the empowerment of indigent persons in society and in the economy;
- g) to provide acceptable national norms and standards in respect of various aspects relating to sanitary dignity and sanitary products;

- h) to provide for awareness campaigns on sanitary dignity in general and the provisions of this Framework in particular, with a view to educate all persons involved in respect of their rights, duties, responsibilities, roles and functions, as the case may be;
- i) to ensure that the provision of sanitary products is not unduly exploited commercially. For example, resale of the free products; and
- j) to improve the level of menstrual health and hygienic practices of indigent persons with a view to improve their quality of life.

8.2 The objectives of this Framework are all inter-related and the expected positive outcomes once it is implemented, will reach beyond the provision of sanitary products to indigent persons. As envisaged in this Framework, it should also contribute towards improved education, a reduction in unemployment and ultimately, economic self-sustainability.³³

9 APPLICATION OF FRAMEWORK

9.1 Implementation model

9.1.1 This Framework—

- (a) applies to government and government accepts responsibility in its current capacity, human and financial for the provision of sanitary products to indigent persons in accordance with the provisions of this Framework;
- (b) identifies, in paragraph 9.1.5, the indigent persons who are to benefit from the implementation thereof;

³³ The implementation of this Framework may even create opportunities for women to manufacture the sanitary products. Such an initiative may also result in positive outcomes in other areas of economic activities such as packaging projects, distribution and waste management.

- (c) provides minimum norms and standards in respect of implementation, the MHM value chain and related matters; and
- (d) aims to promote and implement the sanitary dignity framework through a phased in approach, targeting indigent women and girls

9.1.2 The national implementation model that has been developed underpins the manner in which the Sanitary Dignity Implementation Framework will be implemented at a national, provincial and target group level. The SDIF is envisaged to be implemented through integration with existing programmes and existing provincial menstrual health programmes. The model comprises five categories of inputs that are crucial to assure the successful and sustainable implementation of the SDIF in future:

- (a) Enabling environment - the supporting and enabling policy, legislation, budget etc. are in place
- (b) Enabling infrastructure – the availability and accessibility of safe, hygienic and private water supply, sanitation, hand washing facilities, disposal systems, are available and accessible
- (c) A gender-responsive menstrual health management implementation value chain is in place i.e. gender-responsive procurement; manufacturing, distribution etc.
- (d) Monitoring and reporting
- (e) Evaluation and learning

9.1.3 The SDIF, while recognising the importance of providing free sanitary products to indigent girls and women, notes that other enablers are required to achieve equitable and sustainable sanitary dignity. The enabling environment must be in place to support the programme (i.e. policies, institutions, finance etc.) and these women and girls must have access to menstrual-friendly water supply, sanitation, product disposal systems and menstrual social and behavioural change communication.

9.1.4 Provision of free sanitary products needs to be supported by programmes to address and change unhealthy menstrual practices, messages and behaviours. Age-appropriate social and behavioural change communication is crucial to address inequity in sanitary dignity in the country.

9.1.5 The persons who are to benefit from the implementation of this Framework are indigent women and girls who have reached puberty, commenced menstruation and who—

- (a) attend schools ranked at quintile 1, 2 and 3 as well as special schools and farm hostels. The option of expanding to quintiles 4 and 5 will be based on the results of a needs assessment and availability of resources;
- (b) attend Post-School Education and Training institutions³⁴;
- (c) live in indigent and child-headed households;
- (d) have been admitted to any state-owned mental institutions, hospitals, orphanages, special needs schools, places of care, prisons and places of safety;
- (e) Vulnerable Indigent Women & Girls not in State Institutions.
- (f) have been identified by an Indigent Sanitary management Committee (ISMC) or Provincial Sanitary Dignity Committee (PSDC): Provided that the relevant ISMC or PSDC must submit a motivation to the SDOC for the inclusion of such persons as beneficiaries of this Framework and such persons may only be provided with sanitary products if so, approved by the SDOC.

9.1.6 This Framework will be implemented in a progressive and incremental manner as set out in the implementation plans. This approach seeks to address the needs of the most vulnerable first, namely indigent persons listed in 9.1.5. It does not prohibit any other efforts to promote and protect the sanitary dignity of girls and women not mentioned in 9.1.5. It is envisaged that the process of implementation will focus on one target group at a time. Targets groups and beneficiaries will be dependent on budget and provincial readiness to implement.

9.1.7 The Framework is also expected to be implemented with a focus on encouraging local business, women-owned business, youth and individuals with disabilities to participate in the menstrual health management value chain. There are a range of areas within the menstrual hygiene provision value change where these businesses.

³⁴ For example, Technical Vocation Education and Training Colleges as registered under the Continuing Education and Training Act, 2006 (Act No. 16 of 2006).

9.2 Access to sanitary products

- 9.2.1 It is the intention of this Framework to ensure that every indigent girl and women has reasonable and easy access to free basic sanitary products with a view to protect, restore and maintain their dignity.
- 9.2.2 Sanitary products as contemplated in this Framework are to be accessed at the places to be identified by the proposed institutional structures which places should be within reasonable distance from where such indigent persons go to school, live or work. In the case of schools (inclusive of special schools which are currently not integrated in the quintile system) and state-owned colleges, universities and other institutions, the products must be made available on the relevant premises.
- 9.2.3 It is important that the sanitary products be accessible at all times since the menstruation cycle of girls and women differs and can take place at any time of the month.
- 9.2.4 The ISMC must regularly interact with indigent persons who qualify for access to sanitary products in order to establish when such persons will need the products, as well as whether any reasonable accommodation support measures are required to ensure equitable access for women and girls with disabilities. For this purpose, the ISMC may delegate this responsibility to one of its members, preferably a female member.
- 9.2.5 An ISMC must keep records of any sanitary products that have been accessed by indigent persons.

9.3 Water Supply, Sanitation and Hygiene (WASH)

- 9.3.1 To assure the successful and sustainable implementation of the SDIF the following infrastructure enablers are needed:
- (a) Water supply – the availability and accessibility of a safe and hygienic water supply, which provides a reliable source of clean water whenever needed for activities such as washing hands and washing;

- (b) Sanitation – the availability and accessibility of a safe, hygienic and private sanitation facilities which is sex-segregated, has a door with a lock and is functional when needed;
- (c) Hand washing facility and soap – a source of water from a facility for hand washing and soap for washing of hands and other menstrual needs;
- (d) Toilet paper – available toilet paper or other cleansing materials to facilitate cleansing while using the sanitation facility;
- (e) Disposal system – the availability and accessibility of a system for safe and hygiene disposal of the sanitary products within the toilet facility and an environmentally safe hygienic system of disposal of sanitary waste once removed from the sanitation facility; and
- (f) Facilities for people with disability – the availability and accessibility of safe and hygienic sanitation facilities to address the special needs of the disabled

9.4 Procurement

- 9.4.1 The procurement of sanitary products as contemplated in this Framework must be done in accordance with the provisions of the Preferential Procurement Framework Act, 2000³⁵ and the Preferential Procurement Regulations, 2017 (Procurement Regulations).³⁶ See Appendix 1
- 9.4.2 Subject to the Procurement Regulations, sanitary products procured in terms of this Framework must be locally produced and sourced. Preference should be given to local businesses owned by black females, youth and persons with disabilities. Any business that is considered for providing the sanitary products contemplated in this Framework, must—
- (a) have at least 50% females (inclusive of women with disabilities) on its staff establishment;
 - (b) have at least 70% people from the local community or communities on its staff establishment (inclusive of at least 7% persons with disabilities); and

³⁵ Act No. 5 of 2000.

³⁶ See Government Notice R32 of 2017, published in Government Gazette No. 40553 of 20 January 2017. These Regulations came into effect on 1 April 2017.

(c) must have skills development and transfer programmes in place.³⁷

9.4.3 The procurement of locally produced sanitary products is subject to regulation 8 of the Procurement Regulations which regulation reads as follows:

Local production and content

- (1) The Department of Trade and Industry may, in consultation with the National Treasury—
 - (a) designate a sector, subsector or industry or product in accordance with national development and industrial policies for local production and content, where only locally produced services or goods or locally manufactured goods meet the stipulated minimum threshold for local production and content, taking into account economic and other relevant factors; and
 - (b) stipulate a minimum threshold for local production and content.
- (2) An organ of state must, in the case of a designated sector, advertise the invitation to tender with a specific condition that only locally produced goods or locally manufactured goods, meeting the stipulated minimum threshold for local production and content, will be considered.
- (3) The National Treasury must inform organs of state of any designation made in terms of regulation 8(1) through a circular.
- (4)
 - (a) If there is no designated sector, an organ of state may include, as a specific condition of the tender, that only locally produced services or goods or locally manufactured goods with a stipulated minimum threshold for local production and content, will be considered.
 - (b) The threshold referred to in paragraph (a) must be in accordance with the standards determined by the Department of Trade and Industry in consultation with the National Treasury.
- (5) A tender that fails to meet the minimum stipulated threshold for local production and content is an unacceptable tender. ll

³⁷ Preferably, such skills programmes should comply with section 20 of the Skills Development Act, 1998 (Act No. 97 of 1998).

9.4.4 The procurement procedures may allow for more than one supplier or manufacturer to be appointed. The appointment of a manufacturer or manufacturers per province is encouraged.

9.4.5 All sanitary products that are procured for the purposes of the implementation of this Framework, must comply with the standards for such products as determined and approved by the SABS. The SDOC, PSDCs and ISMCs must ensure that no counterfeit products are procured or distributed. If evidence is found of any such counterfeit products, it must be reported to the inspector as contemplated in the Counterfeit Goods Act, 1997 (Act No. 37 of 1997).

9.5 Manufacturing

9.5.1 Subject to paragraph 9.4, the manufacturing of sanitary products as contemplated in this Framework should focus on South African owned companies or entrepreneurs.

9.5.2 Any sanitary products manufactured in accordance with this Framework must comply with standards approved by the SABS.³⁸ The SDOC must assess the SABS standards to ascertain whether the following aspects are included:

(a) Absorption;³⁹

(b) comfort;⁴⁰

(c) durability;

(d) materials/fabrics to be used; and

³⁸ SABS issued standards in respect of the manufacturing of sanitary towels in 2010. The reference number is SANS 1043.

³⁹ Anika Gupta *Design of an absorbent and comfortable sanitary napkin for applications in developing countries* Bachelor of Science Thesis at the Massachusetts Institute of Technology June 2014, on page 10, mentions that absorption "...is characterized in both the speed of uptake and the amount of liquid that the material can hold, and is dependent on both material properties and organizational structure."

⁴⁰ This is not only about how comfortable it is to wear the product, but also whether the product fits in such a manner that it is not visible through clothes.

(e) thermal resistance:

If, in the opinion of the SDOC, any of these aspects are not included in such standards or are not adequately addressed, the SDOC must request the SABS to review such standards.

9.5.3 At no stage may low-cost technology compromise the standards set for sanitary products.

9.6 Distribution and storage of sanitary products

9.6.1 Sanitary products must be distributed by the person or persons designated by the relevant programme implementation department. Municipal councils, schools and clinics may be used as distribution centres of sanitary products to indigent persons and for this purpose. An ISMC may enter into a partnership or agreement as contemplated in paragraph 11.1.2 with any such municipal council, school or clinic.

9.6.2 When such products are distributed, the indigent persons should also be educated in accessible format in accordance with the provisions of paragraph 6.4.5 on how to use such products and how to dispose of used products.

9.6.3 The storage of sanitary products must adhere to minimum requirements for storage as determined by the PSDC. It should be kept in a safe, dry and cool lockable place that is controlled by the person or persons designated to distribute such products.

9.7 Sanitary waste disposal

9.7.1 The framework takes cognisance of the importance of prevention of environmental health hazards while considering the dignity and the need for empowerment of girls and women. The following are to be taken into account:

9.7.2 Indigent persons must be educated on safe options for the disposal of sanitary products, especially those used for menstrual hygienic purposes.

9.7.3 Sanitary products must be disposed of in a manner that avoids direct human contact and with minimum environmental pollution.

- 9.7.4 Municipalities, as the primary service provider in respect of waste collection in their respective municipal areas, have a responsibility to their communities to progressively ensure efficient, affordable, economical and sustainable access to waste management services.
- 9.7.5 In areas where municipal waste collection services are limited or unavailable, it is proposed that the relevant ISMC, together with the relevant school or state-owned institution, contact the relevant municipality for guidance on more feasible alternative ways of waste handling, such as onsite disposal that is regularly supervised by local waste management officer.
- 9.7.6 If the disposal of sanitary waste is not dealt with in accordance with the provisions of paragraphs 9.7.4 or 9.7.5, such disposal must be done by procured services obtained in accordance with procurement procedures and subject to paragraph 9.4.2.
- 9.7.7 It is proposed that state institutions and other relevant institutions be equipped with proper toilets that are sex segregated and private for individual use (lockable from the inside).⁴¹ Sanitary disposal bins must be placed within the toilet cubicle itself (ideal situation) or within the room where the toilets are located. The sanitary disposal bins must be washable and must have close fitting lids to minimise seepage of odour or waste before mass disposal.
- 9.7.8 Each such school or other relevant institution must prepare a schedule for the emptying, cleaning and sanitisation of the sanitary waste disposal bins, as well as for the transport thereof to the designated disposal site.
- 9.7.9 The relevant ISMC should conduct regular inspections at schools and other relevant institutions to ensure that effective sanitary waste disposal measures are in place.

10 PROPOSED INSTITUTIONAL ARRANGEMENTS

⁴¹ Note should also be taken of the appropriate sanitation technologies outlined in Position 24 of the National Sanitation Policy 2016.

10.1 To address the challenges being experienced with sanitary dignity and the provision of sanitary products, including the apparent lack of sufficient and effective management and coordination of sanitary dignity programmes, it has become necessary for government to introduce specific measures and structures at national and provincial level. It is also necessary to make provision for structures that will accept responsibility for sanitary dignity at the schools or other institutions as contemplated in paragraph 9.1.5. For this purpose, it is proposed that the following structures be established:

10.1 Inter-Ministerial Committee

10.1.1 Menstrual health management is multi-sectoral in nature. However, policies and programmes are not aligned nor applied consistently even if implemented by different department. As such it is important that an Inter-Ministerial committee is formed to improve the coordination among ministries and harmonization of the various policies and implementation strategies.

10.2 National Sanitary Dignity Oversight Committee

102.1 The Director-General of DWYPD must establish a Sanitary Dignity Oversight Committee (SDOC) consisting of—

- (a) three senior officials from the DWYPD designated by the Director-General;
- (b) one senior official from each of the following national departments, designated by the Directors-General of such departments—
 - (i) Basic Education;
 - (ii) Health;
 - (iii) Higher Education;
 - (iv) National Treasury;
 - (v) Public Works;
 - (vi) Small Business Development;

- (vii) Social Development;
- (viii) Trade and Industry;
- (ix) Water and Sanitation;
- (x) Environmental Affairs; and
- (xi) Cooperative Governance and Traditional Affairs.

(c) one senior official from Statistics South Africa designated by the Statistician-General.

1022 The Director-General may, after consultation with the SDOC and the relevant Director-General, co-opt any senior official from another national department designated by the Director-General of such department.

1023 No person may be designated as a member of the SDOC if such person—

- (a) has been convicted of an offence in respect of which he or she was sentenced to imprisonment for more than 12 months without the option of a fine;
- (b) is an unrehabilitated insolvent or has entered into a compromise with his or her creditors;
- (c) is of unsound mind and has been so declared by a competent court; or
- (d) if that person's name is listed—
 - (i) in Part B of the National Child Protection Register as contemplated in section 111 of the Children's Act, read with section 118 thereof; or
 - (ii) in the National Register for Sex Offenders as contemplated in section 42 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007).

1024 (a) For each member designated in terms of paragraph 10.2.1 or 10.2.2, an alternate member must be designated by the relevant Director-General or by the Statistician-General.

(b) A member or alternate member may at any time be replaced by another senior official designated by the relevant Director-General or by the Statistician-General.

- 1025 (a) The SDOC to be chaired by DWYPD, must, at its first meeting after it has been established, elect a chairperson and deputy chairperson from amongst its members.
- (b) The chairperson presides over meetings of the SDOC. If the chairperson is absent or for any reason unable to exercise or perform the powers or functions contemplated in this Framework, or when the office of the chairperson is vacant, the deputy chairperson must act as chairperson during the chairperson's absence or inability or until a chairperson is elected.

- 1026 (a) The SDOC must meet at least four times per annum.
- (b) Meetings of the SDOC must be held in Pretoria on a date and at a time to be determined by the chairperson. The chairperson must give notice of any such meeting to the members of the SDOC at least seven calendar days prior to the meeting. The chairperson may, on request of the Minister or the Director-General, convene a special meeting of which notice must be given to the members of the SDOC at least two calendar days prior to such meeting.
- (c) Five members of the SDOC constitute a quorum.
- (d) Minutes of the meetings of the SDOC must be kept and filed by the secretariat. The secretariat consists of non-senior management officials of the social empowerment and participation chief directorate in DWYPD.

1027 The SDOC must—

- (a) assist the DWYPD with the monitoring of the implementation of this Framework as contemplated in paragraph 12 to the extent determined by the Director-General;
- (b) promote compliance with the provisions of this Framework amongst all role-players;
- (c) develop guidelines for the manufacturing and production of local sanitary products: Provided that such guidelines may not be in conflict with any standards determined and approved by the SABS;
- (d) guide and make recommendations to all role-players on the implementation of this Framework and sanitary dignity in general;

- (e) conduct sanitary dignity awareness campaigns; and
- (f) perform any other related duty, role or function assigned to it by this Framework, the Minister or the Director-General.

102.8 The SDOC may—

- (a) investigate any alleged contravention of this Framework and submit reports in this regard to the Minister or any other relevant Minister, Premier, MEC or Director-General;
- (b) operate a hotline where advice on sanitary dignity may be provided to indigent persons or where any alleged contravention of this Framework may be reported.

102.9 The SDOC must annually prepare a report on the implementation of this Framework for inclusion in the Annual Report of the DWYPD.

102.10 (a) Any travel and subsistence expenditure relating to the work of the SDOC must be budgeted for in respect of each member and alternate member by the department or institution which such member or alternate member represents.

(b) Any cost relating to the proposed hotline must be budgeted for by the DWYPD.

(c) Any other administrative support which may be required by the SDOC must be provided by the DWYPD.

10.3 Provincial Sanitary Dignity Committees

10.3.1 Each provincial government must designate an MEC and HOD to take responsibility for sanitary dignity in the province.

10.3.2 The HOD so designated must establish a Provincial Sanitary Dignity Committee (PSDC) consisting of at least—

- (a) two senior officials from the department for which such HOD is responsible, designated by such HOD;

(b) one senior official from each of the following provincial departments designated by the relevant HODs:

- (i) Education;
- (ii) Health;
- (iii) Provincial Treasury;
- (iv) Public Works;
- (v) Small Business Development or Department responsible for Economic Development
- (vi) Social Development;
- (vii) Trade and Industry;
- (viii) Water and Sanitation;
- (ix) Environmental Affairs; and
- (x) Cooperative Governance and Traditional Affairs.

if the department referred to in paragraph (a) is not the department responsible for women in the province, one senior official designated by the HOD of the latter department.

10.3.3 The provisions of paragraphs 10.2.2 to 10.2.5 and 10.2.7 to 10.2.9 apply with the necessary changes to a PSDC.

10.3.4 The main functions of a PSDC will be to oversee the implementation of this Framework within the particular province. This includes the following:

- (a) Receive and consider applications from the implementing department for assistance in respect of the provision of sanitary products and other requirements to achieve sanitary dignity to schools and other institutions as contemplated in paragraph 9.1.5, and approve such applications if it complies with all requirements;
- (b) develop criteria and requirements with which such schools and institutions must comply for the purposes of the storage and safekeeping of sanitary products, the distribution thereof and the disposal of used products: Provided that no such criteria or requirements may be in conflict with a provision of this Framework;
- (c) subject to paragraph 12.4, monitor the implementation of and compliance with this Framework within the province;

- (d) advise National Treasury and the relevant Provincial Treasury on matters concerning the procurement of sanitary products;
- (e) advise the SDOC on any matter relating to the implementation of this Framework;
- (f) conduct sanitary dignity awareness campaigns within the province;
- (g) develop educational and communication/awareness materials on the use and disposal of sanitary products and other requirements to achieve sanitary dignity;
- (h) develop and maintain a complete database which must include—
 - (i) information on the number of indigent persons in need of and receiving sanitary products and other requirements to achieve sanitary dignity; and
 - (j) information on the infringement of any rights of indigent persons as contemplated in this Framework; and
- (k) perform any other duty, role or function assigned to it by this Framework or the SDOC.

10.4 Indigent Sanitary Management Committees

- 10.4.1 Each school or other institution as contemplated in paragraph 9.1.5 that is attended by indigent persons who may benefit from this Framework, must establish an Indigent Sanitary Management Committee (ISMC).
- 10.4.2 An ISMC should consist of not more than five persons.
- 10.4.3 An ISMC—
 - (a) is responsible for the overall management of sanitary dignity within such school or institution;

- (b) must apply to the relevant PSDC for the provision of sanitary products as contemplated in this Framework and for this purpose, submit to the PSDC a copy of the list contemplated in paragraph (c);
- (c) must keep a list of all indigent persons who qualify to receive sanitary products in accordance with this Framework: Provided that the ISMC must update such list on a monthly basis to ensure that the names of indigent persons who have left the school or institution have been removed and the names of new qualifying persons have been added;
- (d) must, for the purposes of paragraph (b), provide the PSDC with information on the quantity, type and size of sanitary products required, taking into account the age of the relevant indigent persons;
- (e) is responsible for the storage of the sanitary products in accordance with the provisions of paragraph 9.6 of this Framework;
- (f) is responsible for the distribution of the sanitary products to the indigent persons;
- (g) must keep an inventory of all sanitary products received and a register relating to the distribution of such products;
- (h) must arrange for indigent persons of such school or institution to be educated in accordance with the provisions of paragraph 6.4.5
- (i) must regularly inspect the toilets at the school or institution to ensure that such areas are clean and hygienic;
- (j) must ensure that sanitary products are disposed of in accordance with the provisions of paragraph 9.7 of this Framework, which responsibility only applies for disposal within the premises of the school or institution; and
- (k) perform any other duty, role or function assigned to it by this Framework, the PSDC or SDOC.

11 ROLES AND RESPONSIBILITIES

11.1 Government

- 11.1.1 (a) In addition to the duties, roles, responsibilities and functions contained in this Framework, national and provincial government is responsible for the funding of the sanitary products contemplated in this Framework. For the purposes of such funding, national and provincial departments may, with the approval of National Treasury or the relevant Provincial Treasury, as the case may be, enter into a partnership with any company, business or body.
- (b) For the purposes of manufacturing, distribution, storage and disposal of sanitary products and other requirements to achieve sanitary dignity, national, provincial and local government may enter into partnerships and agreements with any company, business or body.
- 11.1.2 (a) National and provincial departments and where applicable, municipal councils, that are responsible for the implementation of this Framework or any part thereof, may, for the purposes of such implementation, enter into partnerships with each other with a view to clarify roles and responsibilities and to improve such implementation.
- (b) Any partnership contemplated in paragraph (a) must be in writing and—
- (i) must include provisions on the termination of such partnership;
 - (ii) may not bind any person, body or institution who is not a party to such partnership; and
 - (iii) may not include or result into any additional financial implications for government unless such implications have been approved by either the National Treasury or the relevant Provincial Treasury, as the case may be.
- (c) Copies of any partnership as contemplated in paragraph (b) must be submitted to the SDOC.

11.3 The DWYPD may, in consultation with any other national or provincial department, or any other relevant stakeholder,⁴² develop a manual or manuals relating to the responsibilities, duties, roles and functions of any stakeholder or beneficiary contemplated in this Framework. Such manual or manuals may include provisions relating to educational and health aspects.

11.2 Other partners

11.2.1 Traditional leaders⁴³—

- (a) must promote the principles contained in this Framework amongst their respective communities, with specific reference to the importance and benefits of sanitary dignity as opposed to certain cultural practices, denials and taboos which may negatively impact the health of indigent persons within that community;
- (b) may, in liaison with the SDOC, develop educational material relating to this Framework and sanitary dignity in general, for purposes of educating their respective communities;

11.2.2 Partnerships with Civil Society Organisations (CSOs):

CSOs could play a key role in the implementation of the Framework. They have the ability and capacity to relate to civil society as they have a lived experience of effective interface with communities. They would play a significant role in ensuring that sanitary products and other requirements to achieve sanitary dignity are distributed appropriately and reach the intended recipients. They would also be able to provide a general prognosis when certain problems arise in the value chain of storage, distribution and waste management. CSOs are more astute in understanding local conditions and dynamics, i.e. religious, cultural and social factors because of the relationships that would have been developed with communities.

11.2.3 Partnering with the private sector

⁴² This is not limited to the stakeholders referred to in paragraph 11.1.3 of this Framework.

⁴³ For this purpose, traditional leaders will be expected to function through their structures namely the National House of Traditional Leaders as established in accordance with the provisions of the National House of Traditional Leaders Act, 2009 (Act No. 22 of 2009), the provincial and local houses of traditional leaders as established in terms of relevant provincial legislation, as well as kingship or queenship councils, principal traditional councils and traditional councils as established in terms of the Traditional Leadership and Governance Framework Act, 2003 (Act No. 41 of 2003) or similar provincial legislation.

Partnering with the private sector offers a number of opportunities. Firstly, government does not possess infinite resources to deal with a project of such huge proportions. The concept of public-private partnerships (PPP) is important because such partnerships create shared responsibilities. Government does not wish to compete with the private sector, nor marginalise them from conducting business in the sector but it is critical to ensure that the costs are mitigated and access is broadened to the indigent. Another aspect of government and private sector collaboration is that such cooperation ensures that there are no unhealthy overlaps, i.e. in the distribution process so that there is coordination. Such coordination will avoid duplication of efforts and initiatives hence complementarily should be the overriding principle.

11.2.4 Development Partners/Donor engagement

Development partners/donors may provide key support in the area of resource mobilisation, research and data sharing. This will also bring in a global approach to issues of Menstrual Health Management (MHM). That may help ensure universal best practice. Development partners would be central in creating appropriate global platforms for innovative discourse and discussion forums so that various trends in the sanitary dignity space can be analysed and scrutinised and that would assist the monitoring and evaluation process.

12 MONITORING AND REVIEW

121 In line with this Framework, the DWYPD must develop a Monitoring and Evaluation (M&E) Framework. The M&E Framework will form the basis for monitoring, reporting and evaluation of the implemented programme to enable government to track and measure progress on the achievement of identified outputs, outcomes and impact on the lives of indigent women and girls (disaggregated by disability) against the baseline and targets set.

122 The DWYPD must continuously monitor the implementation and impact of this Framework and submit reports in this regard and make recommendations in respect thereof to the Minister, Director-General and Cabinet.

- 123 The Minister may, after having received a report and recommendations contemplated in paragraph 12.1, make recommendations on the implementation of this Framework to any other relevant Minister or any relevant Premier, MEC and national or provincial department.
- 124 Any national or provincial department responsible for the implementation of this Framework or any part thereof must continuously monitor such implementation and impact and submit reports in this regard and make recommendations in respect thereof to the relevant Minister, Premier and MEC. The key monitoring indicators and targets should be part of gender responsive planning, budgeting and reporting and should be linked to the implementation of national policies and strategies, e.g. NDP, MTSF and the implementation of the international obligations that SA has signed and ratified, such as the SDGs, the CEDAW, the protocol to the African Charter on human rights on the rights of women in Africa and the SADC Protocol on Gender and development amongst others. Copies of such reports must be submitted to the DWYPD. A provincial department may request the relevant PSDC to perform the monitoring functions or any part thereof as may be determined by such department. Such provincial department however remains responsible for the submission of reports as contemplated in this paragraph.
- 125 The DWYPD must analyse any reports received in terms of paragraph 12.3 with a view to determine whether this Framework should be amended to improve the implementation and impact thereof.
- 126 Notwithstanding paragraph 12.4, the DWYPD must review this Framework at least once every three years.
- 127 The DWYPD must keep comprehensive statistics relating to the implementation and impact of this Framework and must, for this purpose, develop and maintain a database. The database must at least include copies of all reports as contemplated in this Framework and information relating to—
- (a) the schools and other institutions where sanitary products and other requirements to achieve sanitary dignity are provided;
 - (b) the number of indigent persons per province (disaggregated by disability) receiving sanitary products and other requirements to achieve sanitary dignity;
 - (c) the distribution of sanitary products and other requirements to achieve sanitary dignity;

- (d) the disposal of used sanitary product and other disposal requirements to achieve sanitary dignity;
- (e) the manufacturers of the sanitary products and other requirements to achieve sanitary dignity;
- (f) the storage of sanitary products;
- (g) the availability and condition of WASH facilities (in schools, tertiary and state-owned institutions and communities);
- (h) supporting institutional environment e.g. teaching of MHM in schools
- (i) the annual cost of implementing this Framework; and
- (j) any other information as may be deemed necessary by the Minister or the Director-General.

128 For the purposes of paragraph 12.6, the DWYPD may request any PSDC to provide it with the information contemplated in the said paragraph.

129 DWYPD may engage with and collaboratively agree on further roles and responsibilities to the SDOC.

13 FUNDING

13.1 As stated in paragraph 11.1.1, government is responsible for the funding of sanitary dignity to be provided in terms of this Framework.

13.2 National and provincial departments that are responsible for the implementation of this Framework will have to provide the necessary funding through the reprioritisation of budget allocations.

13.3 It could also be considered to fund such products through a conditional grant that is transferred to provinces [in such instances the allocation of funds to provinces must be based on the number of

indigent persons in the province, taking into account the poverty profile of the province as determined by Statistics South Africa, and the needs of such indigent persons in respect of sanitary products].

14 CONCLUSION

- 14.1 Government reaffirms its commitment to the provision of sanitary dignity to indigent persons with a view to protect, maintain and, where applicable, restore the sanitary dignity of such persons. Government furthermore re-affirms that it will fund the provision of sanitary products.
- 14.2 It is evident from this Framework that the non-provision of adequate sanitary dignity may have a negative impact on indigent persons in terms of health, education and meaningful participation in society.
- 14.3 The lack of sanitary products and other requirements to achieve sanitary dignity during menstruation is regarded as one of the major obstacles faced by indigent persons in South Africa. Government must act with greater urgency and determination to reduce the inequalities that exist as a result of this. It is therefore imperative that government set norms and standards in respect of implementation of sanitary dignity programmes and the provision of sanitary products to indigent persons.
- 14.4 This Framework therefore provides the broad principles and approaches that will guide government in dealing with sanitary dignity in a coordinated, effective and efficient manner.

15 APPENDIX 1

Table 1: The SDIF within the national/international policy and protocols context

Guiding Policy	Acts& Specific content for Sanitary Dignity
5.1 Rights	
5.1.1 Constitution of the Republic of South Africa, (1996)	<ul style="list-style-type: none"> • Section 1(a) of the Constitution states that one of the founding values of South Africa is human dignity, the achievement of equality and the achievement of human rights and freedoms. • Section 10 of the Constitution determines that everyone has inherent dignity and the right to have their dignity respected and protected⁴⁴, The Constitution therefore, by implication, requires of government to put measures in place that would further promote and protect the dignity of people. • Section 29 of the Constitution determines that everyone has the right to basic and further education. The importance of this right in the context of this Framework is evident from the discussions under paragraph 8.4.
5.1.2 Case Law	<ul style="list-style-type: none"> • The South African Constitutional Court in <i>S v Makwanyane</i>⁴⁵ expressed the following view: -Recognising a right to dignity is an acknowledgement of the intrinsic worth of human beings: human beings are entitled to be treated as worthy of respect and concern. This right therefore is the foundation of many of the other rights that are specifically entrenched in ... [the Bill of Rights].⁴⁶ • The Supreme Court of Appeal in <i>Minister of Home Affairs v Watchenuka</i>⁴⁶ connected the right to an education with the right to human dignity in the Constitution. The Court expressed the view that -Human dignity has no nationality. It is inherent in all people – citizens and non-citizens alike – simply because they are human.⁴⁷ The Court furthermore stated that -The freedom to study is an inherent in human dignity for without it a person is deprived of the potential for human fulfilment. Furthermore, it is expressly protected by s 29(1) of the Bill of Rights, which guarantees everyone the right to a basic education, including adult basic education, and to further education.⁴⁸ The Court has therefore emphasised that education is essential to a life with dignity. • In <i>Governing Body of the Juma Masjid Primary School v Essay</i>⁴⁹ the Court stated that basic education is -... an important socio-economic right directed, among other things, at promoting and developing a child's personality, talents and mental and physical abilities to his or her fullest

⁴⁴ Matters relating to health and welfare services which are related to dignity as explained in this Framework are included in Schedule 4 of the Constitution as concurrent legislative competencies.

⁴⁵ *S v Makwanyane* 1995 (3) SA 391 (CC) par [144].

⁴⁶ *Minister of Home Affairs and Others v Watchenuka and Others* (010/2003) [2003] ZASCA 142; [2004] 1 All SA 21 (SCA) (28 November 2003) 2004 (1) All SA 21 (SCA).

⁴⁷ Par [25].

⁴⁸ Par [36].

⁴⁹ *Governing Body of the Juma Masjid Primary School & Others v Essay N.O. and Others* (CCT 29/10) [2011] ZACC 13; 2011 (8) BCLR 761 (CC) (11 April 2011).

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	<p>potential. Basic education also provides a foundation for a child_s lifetime learning and work opportunities.¹⁶⁰</p> <ul style="list-style-type: none"> • The above-mentioned case law therefore confirms that the rights to dignity and education are supportive of each other. For the purposes of this Framework, as guided by the courts, it would be vital to identify the purpose which education on sanitary dignity should serve (both for individuals and the larger society) and to identify the material and resources that would be required for such education.
5.2. Sexual and Reproductive Health	
<p>5.2.1 National Adolescent Sexual And Reproductive Health And Rights (ASRH&R) Framework Strategy 2014-2019 (2015)</p>	<ul style="list-style-type: none"> • National ASRH&R Framework Strategy is an action guide towards addressing the gaps and challenges that adolescents are faced with to fully realize their sexual and reproductive health and rights. • Sexual and reproductive health and rights (SRHR's) are considered to be a basic human right for everyone and are fundamental to development conditions of any population. • It has five priorities as follows: • Priority 1 – Increased coordination, collaboration, information and knowledge sharing on ASRH&R activities amongst stakeholders; • Priority 2 – Developing innovative approaches to comprehensive SRHR information, education and counselling for adolescents; • Priority 3 - Strengthening ASRH&R service delivery and support on various health concerns; • Priority 4 – Creating effective community supportive networks for adolescents; and • Priority 5 – Formulating evidence-based revisions of legislation, policies, strategies and guidelines on ASRH&R. • Sanitary Dignity programmes in the country could contribute to achieving all the objectives and outcomes of the Framework Strategy, particularly from the perspective of women and girls.
<p>5.2.2 Sexual and Reproductive Health and rights: Fulfilling our commitments 2011-2021 and beyond (2011)</p>	<ul style="list-style-type: none"> • <i>Sexual and Reproductive Health and Rights (SRHR): Fulfilling our Commitments</i> 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 Millennium Development Goals. • <i>SRHR: Fulfilling our Commitments</i> 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. • <i>Fulfilling our Commitments</i> brings together the existing laws, policies and guidelines affecting sexual and reproductive health and rights services.

⁵⁰ Par [13].

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<p>5.2.3 International Conference on Population and Development (1994)</p>	<ul style="list-style-type: none"> The 1994 International Conference on Population and Development (ICPD) articulated a vision regarding the links between population, development and individual well-being. It affirmed sexual and reproductive health as a fundamental human right and emphasized that empowering women and girls is key to ensuring the well-being of individuals, families, nations and our world⁵¹. At the ICPD in Cairo 179 countries adopted a forward-looking, 20-year Programme of Action (PoA). The PoA is based on the principles of: Principle 2: Human beings are at the centre of concerns for sustainable development...they have the right to an adequate standard of living for themselves and their families, including adequate food, clothing, housing, water and sanitation. <p>The POA recommends the following actions for countries:</p> <p>Gender Equality, Equity and Empowerment Of Women:</p> <ul style="list-style-type: none"> the value of girl children to both their family and society must be expanded the achievement of the goal of universal primary education in all countries before the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training. schools, the media and other social institutions should seek to eliminate stereotypes in all types of communication and educational materials countries must recognize that teachers' attitudes and practices, school curricula and facilities must also change to reflect a commitment to eliminate all gender bias countries should develop an integrated approach to the special nutritional, general and reproductive health, education and social needs of girls and young women <p>Health, Morbidity and Mortality: - countries should give priority to measures that improve the quality of life and health by ensuring a safe and sanitary living environment for all population groups</p> <p>Population Distribution, Urbanization And Internal Migration:</p> <ul style="list-style-type: none"> governments wishing to create alternatives to out-migration from rural areas should establish the preconditions for development in rural areas, actively support access to ownership or use of land and <i>access to water resources</i>, especially for family units. governments should promote the development and implementation of effective environmental management strategies for urban agglomerations
<p>5.2.4 Sexual and Reproductive Health and Rights Continental Policy Framework</p>	<p>Sexual and Reproductive Health and Rights Continental Policy Framework was developed in response to the call for the reduction of maternal and infant morbidity and mortality in the African continent.</p> <p>Developed by the African Union Commission, the SRHR Framework provides overall guidance and a cohesive-fund-wide response for implementing the Reproductive Health and Rights elements of the UNFPA Strategic plan 2008-2011 (now 2018-2021).</p> <p>Through the framework, the UNFPA has invested in four priority areas:</p> <p>support for the provision of a basic package of SRH services including family planning; pregnancy-related</p>

⁵¹ ICPD, 2014

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	, (2008)	<p>services, including skilled attendance at delivery and emergency obstetric care; HIV prevention and diagnosis and treatment of STIs; prevention and early diagnosis of breast and cervical cancers; adolescent sexual and reproductive health (ASRH); and care for survivors of gender-based violence, with reproductive health commodity security (RHCS) for each component of the package – emphasizing the key outcomes under the Reproductive Health and Rights Goal in the Strategic Plan 2008-2011;</p> <p>the integration of HIV prevention, management and care in SRH services; gender sensitive life-skills based SRH education for adolescents and youth; and SRH services in emergencies and humanitarian crises.</p>
5.2.5	Maputo Plan of Action, 2016-2030 (2015)	<p>The revised Maputo Plan of Action 2016-2030 for the operationalization of the Continental Policy Framework on Sexual and Reproductive Health and Rights and seeks to take the continent forward towards the goal of universal access to comprehensive sexual and reproductive health services in Africa beyond 2015. It is a long term plan for the period up to 2030, built on ten action areas: political commitment, leadership and governance; health legislation; gender equality, empowerment of girls and women and respect for human rights; strategic communication; investing in SRH needs of adolescents, youth and other vulnerable populations; optimizing the functioning of the health systems; human resource development; partnerships and collaborations; monitoring; reporting and accountability; increasing investments in health.</p> <p>The plan enshrines sexual reproductive health and reproductive rights (SRH&RR) of women and men as a human right, taking into account the life cycle approach.</p> <p>The revised Plan learns from best practices and high impact interventions and responds to vulnerability in all its forms (as defined within national content and policies) from gender inequality, to rural residents and the youth, to specific vulnerable groups including displaced persons, migrants and refugees' policies to ensure nobody is left behind. It recognizes the importance of creating an enabling environment and of community and women's empowerment and the role of men in access to SRH&RR services.</p> <p>The revised Maputo Plan of Action 2016-2030 remains consistent with Africa's Agenda 2063 which calls for a Prosperous Africa based on inclusive growth and sustainable development, an Integrated</p>
5.3. Development Imperatives		
5.3.1.	Population Policy for South Africa, (1998)	<p>This policy articulates the Governments position on population and development. The vision is to contribute towards the establishment of a society that provides a high and equitable quality of life for all South Africans in which population trends are commensurate with sustainable socio-economic and environmental development. It has a number of gender, promotion, education and awareness imperatives which relate to sanitary dignity in the country namely</p> <p>Promoting responsible and healthy reproductive and sexual behaviour among adolescents and the youth to reduce the incidence of high-risk teenage pregnancies, abortion and sexually transmitted diseases, including HIV/AIDS, through the provision of life skills, sexuality and gender-sensitivity education, user-friendly health</p>

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	<p>services and opportunities for engaging in social and community life.</p> <p>Advocating and facilitating measures taken in order to enable women and girls to achieve their full potential through –</p> <ul style="list-style-type: none"> (a) eliminating all forms of discrimination and disparities based on gender; (b) more effective implementation of laws that protect women's rights and privileges; and (c) increasing women's representation in decision-making bodies through affirmative action. <p>Promoting the equal participation of men and women in all areas of family and household responsibilities, including responsible parenthood, reproductive health, child-rearing and household work.</p> <p>Education: improving the quality, accessibility, availability and affordability of education from early childhood through to adult education, with the emphasis on gender-sensitive and vocational education and the promotion of women's educational opportunities at the tertiary level.</p> <p>Employment: creating employment-generating growth with a focus on economic opportunities for young people and women.</p>
<p>5.3.2 National Development Plan, (2012)</p>	<p>The National Development Plan⁵² (NDP) places significant emphasis on the reduction of poverty and inequality. Chapters 9, 10 and 11 talk to the prioritisation of education, health and social protection of people and provide actions and goals to achieve these.</p> <p>The importance of the National Development Plan to a Sanitary Dignity Programme is that working towards eliminating poverty, we need to give women the necessary resources to be able to empower themselves. In the context of this Framework, it is envisaged that the provision of sanitary products to indigent persons will contribute towards the achievement of the overall goals of the NDP. The NDP acknowledges that many persons with disabilities are not able to develop to their full potential due to a range of barriers, namely physical, information, communication and attitudinal barriers and states that <i>-Disability must be integrated into all facets of planning, recognising that there is no one-size-fits-all approach</i></p>
<p>5.3.3 Sustainable Development Goals (2015)</p>	<p>One of the main outcomes of the Rio+20 Conference (United Nations Conference on Sustainable Development) was the agreement by member states to launch a process to develop a set of Sustainable Development Goals (SDGs). In adopting the 2030 Agenda for Sustainable Development (2030 Agenda) world leaders, including South Africa, resolved to free humanity from poverty, secure a healthy planet for future generations, and build peaceful, inclusive societies as a foundation for ensuring lives of dignity for all.</p> <p>The human right to menstrual hygiene for women and girls is important in the context of the 17 SDGs. Realising the right to Sanitary Dignity is impacted by a number of the SDGs, including the ones below:</p> <p>Goal 1: Target 1.4. By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance</p> <p>SDG 3: Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services,</p>

⁵² National Development Plan 2030: Our Future – Make it work (issued by the National Planning Commission).

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	<p>including for family planning, information and education, and the integration of reproductive health into national strategies and programmes</p> <p>SDG 4: Target 4.a: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.</p> <p>SDG 5:</p> <p>Target 5.1. Ending all forms of discrimination against all women and girls everywhere;</p> <p>Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation;</p> <p>Target 5.3 Eliminate all harmful practices against women and children</p> <p>Target 5.5.Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life</p> <p>Target 5.6. Ensure universal access to sexual and reproductive health and reproductive rights.</p> <p>Target 5a:Undertake reforms to give women equal rights to economic resources, as well as to ownership and control over land and other forms of property, financial services, inheritance and natural resources in accordance with national laws</p> <p>Target 5c adopt and strengthen sound policies and enforceable legislations for the promotion of gender equality and the empowerment of all women and girls at all levels</p> <p>SDG 6</p> <p>Target 6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all</p> <p>Target 6.2. By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations</p> <p>Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all;</p>
<p>5.3.4</p> <p>New Partnership for Africa's Development (NEPAD), (2001)</p>	<p>The <i>New Partnership for Africa's Development (NEPAD)</i> is a pledge by African leaders, based on a common vision and a firm and shared belief. African leaders have agreed to take joint responsibility for a range of issues that will aid development on the continent of which the following have a direct bearing on children: Promoting and protecting democracy and human rights (thus including dignity) in their respective countries and regions, by developing clear standards of accountability, transparency and participatory governance at the national and other levels; and Revitalising and extend the provision of education, technical training and health services as a high priority.⁵³</p>
<p>5.3.5</p> <p>Agenda 2063, (2015)</p>	<p>The Heads of State and Governments of the African Union (AU) adopted Agenda 2063 in January 2015. Agenda 2063 is both a Vision and an Action Plan. It is a call for action to all segments of African society to work together to build a prosperous and united Africa based on shared values and a common</p>

⁵³ The New Partnership for Africa's Development (NEPAD) 2001 paragraph 49.

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	<p>destiny.</p> <p>The Agenda is strategic framework for the socio-economic transformation of the continent over the next 50 years. It builds on, and seeks to accelerate the implementation of past and existing continental initiatives for growth and sustainable development.</p> <p>The seven African Aspirations were derived through a consultative process with the African Citizenry. These are:</p> <p>A Prosperous Africa, based on inclusive growth and sustainable development</p> <p>An integrated continent, politically united, based on the ideals of Pan Africanism and the vision of Africa's Renaissance</p> <p>An Africa of good governance, democracy, respect for human rights, justice and the rule of law</p> <p>A Peaceful and Secure Africa</p> <p>Africa with a strong cultural identity, common heritage, values and ethics</p> <p>An Africa whose development is people driven, relying on the potential offered by people, especially its women and youth and caring for children</p> <p>An Africa as a strong, united, resilient and influential global player and partner</p>
5.4. Children & Education	
<p>5.4.1 White Paper on Education and Training, (1995)</p>	<p>The Education and Training White Paper does not contain policy positions directly related to menstrual hygiene but does provide positions related to school infrastructure and gender, both of which relate to menstrual hygiene in the country.</p> <p>The White Paper indicates that physical facilities of schools must provide a decent environment for learning, to address the challenges of many schools lacking electricity, a safe water supply and toilets. To address this challenge the policy has the positions that the state, noting resource constraints, has an obligation to provide the basic physical facilities and equipment to all state schools. The provision of these physical facilities to state schools will include provision of basic services and infrastructure such as water, toilets and electricity. The state is thus responsible to ensure that the physical infrastructure required for menstrual hygiene management is available at all state schools.</p>
<p>5.4.2 Children's Act, (2005)</p>	<p>Although the Children's Act is not applicable to all the indigent persons contemplated in this Framework, it does apply to a large percentage of such persons namely children who could be regarded as the most vulnerable. The following provisions of the Children's Act are of importance:</p> <p>Section 6(2) (b) of the Children's Act, 2005⁵⁴ states that all proceedings, decisions or actions concerning a child must respect the child's inherent dignity.⁵⁵</p> <p>Section 6(2) (c) determines that any such proceedings, decisions or actions must ensure that a child is treated fairly and equitably.</p> <p>The Children's Act, in section 2(b), confirms the constitutional rights of children and states that the best</p>

⁵⁴ Act No. 38 of 2005.

⁵⁵ Section 1 of the Children's Act defines a child as any person under the age of 18.

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		interests of a child are of paramount importance in every matter concerning the child.
5.4.3	South African Schools Act (SASA), (1996)	<p>The 1996 brought into law the policies, and legislative and monitoring responsibilities of the Minister of Education. The legislation mandates the Minister of Education to prescribe minimum uniform norms and standards for—</p> <p>school infrastructure including</p> <p>electricity;</p> <p>(iii) water and</p> <p>(iv) sanitation.</p> <p>The Act thus makes legislative provision for realising the water supply and sanitation provision outlined in the White Paper on Education and Training of 1995. Effectively these norms and standards should include the norms and standards for MHM in state schools in the country.</p>
5.4.4	Integrated Schools Health Policy (2012)	<p>The goal of this policy is to contribute to the improvement of the general health of school-going children as well as the environmental conditions in schools and address health barriers to learning in order to improve education outcomes of access to school, retention within school and achievement at school⁵⁶. The goals will be achieved through the objective of providing a comprehensive, integrated school health programme which is provided as part of the Primary Health Care package within the Care and Support for Teaching and Learning (CSTL) framework. In addition to this, in all schools health education and promotion is provided within school curriculum through the Life Orientation learning areas.</p>
5.4.5	The Convention on the Rights of the Child⁵⁷ (CRC), (1989)	<p>The UN Convention on the Rights of the Child was adopted by the United Nations General Assembly in 1989, and is a comprehensive, internationally binding agreement on the rights of children. A child is defined in the UN Convention as a person under the age of 18 years.</p> <p>The UN Convention on the Rights of the Child has adopted an integrated and holistic approach to the rights of children.</p> <p>The general principles of the UN Convention are that:</p> <p>all the rights guaranteed by the Convention must be available to all children without discrimination of any kind (Article 2)</p> <p>the best interest of the child must be a primary consideration in all actions concerning children (Article 3)</p> <p>every child has the right to life, survival and development (Article 6); and</p> <p>the child's views must be considered and taken into account in all matters affecting him or her (Article 12).</p>
5.4.6	The African	<p>The <i>African Charter on the Rights and Welfare of the Child</i> was drafted to give the CRC specific application in the African context since the representation by African countries at the time of the drafting of the CRC</p>

⁵⁶ Department of Basic Education (DoBE), 2012

⁵⁷ This Convention was signed by South Africa in 1993 and ratified in 1995. See <http://www.crin.org/docs/resources/treaties/unrcr.asp>.

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Charter on the Rights and Welfare of the Child (1990)		<p>was deemed inadequate. The African Charter was the first regional treaty that focussed on the human rights of children and also seeks to promote gender equality and the empowerment of women.⁵⁸</p> <p>Article 11 of the African Charter deals with education and includes the direction of such education towards the promotion of a child's understanding of primary health care. The article also refers to the preservation and strengthening of positive African morals, traditional values and cultures. Although the promotion and protection of traditional and cultural values are in general supported, it could prove to be a challenge in the context of this Policy Framework since discussions around the topic at hand is not encouraged in some communities. There are also communities where the challenges faced by especially girl children in respect of sanitary dignity are not acknowledged. Therefore the educational aspect relating to sanitary dignity must have a broader scope than only indigent persons.</p>
5.5. Women and Gender		
5.5.1 National Policy Framework for Women's Empowerment and Gender Equality (2002)		<p>This policy outlines a vision for gender equality in South Africa and outlines how the country intends to realise this ideal in which women and men are able to realise their full potential and to participate as equal partners in creating a just and prosperous society for all. This talks to giving equal opportunity for both girl and boy child to have equal number of days at school so that they stand equal chances as a society without girl child being affected or being concern leaving or being absent at school due to lack ofMHM</p>
5.5.2 Social Assistance Act (2004)		<p>This Act regulates the administration and the payment of social grants. It says who is eligible for grants and ensures that there are minimum standards for the delivery of social assistance. It also provides for the establishment of a body to monitor the quality of delivery: the Inspectorate for Social Assistance.</p> <p>According to the Act, the State must make money available for the following grants: a child support grant; a care dependency grant; a foster child grant; a disability grant; an older person's grant; a war veteran's grant; and a grant in aid. Chapter 2 (13) makes provision for the Minister of Social Development to provide social relief of distress to a person who qualifies for such relief as may be prescribed</p>
5.5.3 SADC Protocol on Gender and Development		<p>In August 2008, South Africa signed and ratified the SADC Protocol on Gender and Development. In Article 26 of the Protocol it is stated that -State Parties shall, by 2015, in line with the SADC Protocol on Health and other regional and international commitments by Member States on issues relating to health, adopt and implement legislative frameworks, policies, programmes and services to enhance gender sensitive, appropriate and affordable quality health care ...ll For this purpose the development of policies and programmes to address the psychological, sexual and reproductive health needs of women and men were</p>

⁵⁸ This Charter was adopted by the Organisation of African Unity (OAU) on 11 July 1990.

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(2008)	<p>recommended. It was also recommended that the provision of hygiene and sanitary facilities and the nutritional needs of women, including women in prison, be attended to.⁵⁹</p> <p>SADC has identified key priority areas for Gender and Development with a view to accelerate progress in the achievement of gender equality and women's empowerment that include the following among others:</p> <p>Gender Mainstreaming: Integrating gender into all sectors of regional integration.</p> <p>Women in Politics and Decision Making: Promoting women's representation and participation in all political and decision making positions in SADC.</p> <p>Gender Based Violence: Integrating gender into all sectors of regional integration</p> <p>Women Economic Empowerment Programme: Eradication of Poverty and Promotion of Women's Economic Empowerment in SADC</p>
5.6 Indigent and Free Basic Services	
Indigent policy	<p>In order to provide free basic water sanitation electricity and refuse removal services a household must fall below an affordable threshold. According Dora 2016, the affordability threshold for the household is based on two state old age pensions</p>
<p>5.7 Water supply, Sanitation and Hygiene (WASH)</p> <p>South Africa has developed and implemented a number of policies which provide the vision and intent for each sector of the country, including the water and sanitation sector, the education sector, adolescence reproductive health sector and overarching policies such as population policies.</p> <p>It could be argued that Menstrual Hygiene Management falls under the ambit of the sanitation of the country and would thus be</p>	

⁵⁹ Note should also be taken of the following:

- (a) In 1995, South Africa participated in the 4th World Conference for Women and signed the *Beijing Declaration and Platform for Action*. In terms of this Declaration certain strategic objectives were agreed upon relating to the girl child. These strategic objectives state amongst others that any form of discrimination against a girl child in respect of health, education and nutrition must be eliminated.
- (b) South Africa is a State Party to the *Convention on the Elimination of All forms of Discrimination against Women* (CEDAW). CEDAW determines that State Parties must take all appropriate measures to eliminate discrimination against women in order to ensure they have equal rights with men in the field of education through, among others, the reduction of the female student drop-out rates and the same opportunities to participate actively in sports and physical education.
- (c) In July 2004, member states of the African Union adopted the *Solemn Declaration on Gender Equality in Africa*. This Declaration also requires that human rights in respect of girls and women be promoted and protected. Article 8 of the Declaration states that governments should take all steps necessary to ensure the education of girls and women, especially in rural areas.

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governed by these. South Africa, in 2016, reviewed the sanitation-related policies of the country, namely the White Paper on Water Supply and Sanitation (1994) and White Paper on Basic Household Sanitation (2001) and provided amendments or additions to these policies to address the gaps, challenges and additions required from sanitation policy in the country (DWAf, 1994; DWAf, 2001). The Minister of Water and Sanitation gazetted a new National Sanitation Policy for South Africa in December of 2016 (DWS, 2016).

Other water supply and sanitation policies that impact on menstrual hygiene management in the country include: the Water Service Act (1997); Basic Household Sanitation Policy (2001); Strategic Framework for Water Services (2003); National Water Policy of South Africa (2013) and the National Health and Hygiene Strategy Related to Water Supply and Sanitation Services (2006).

These policies give recognition to the Constitutional right of South Africans to a healthy environment and that of basic services. Similarly, the human right to a basic service recognises the Constitutional Bill of Rights right of access to sufficient water. This was interpreted in the country as every individual in the country having the right to a tap within 200 metres from their household. The above policies thus address, as a basic human right, two of the infrastructure requirements for a MHM programme, namely access to water supply and sanitation infrastructure.

5.8 White Paper on the Rights of Persons with Disabilities (WPRPD) (2015)

The WPRPD, approved by Cabinet in 2015, is the first government-wide step towards full domestication of the UN Convention on the Rights of Persons with Disabilities, ratified by South Africa in 2007. The policy provides for the embedding of measures that ensure equitable access to services and opportunities for persons with disabilities, regardless of age, race, gender, sexual orientation, type and severity of impairment, geographical location or socio-economic status. It furthermore requires disability disaggregation for all statistical and administrative data reporting.

5.9 Youth

African Youth Charter (2006)

National Youth Policy 2015-2020

The NYP 2020 focuses on the challenges that affect young people in particular. The priorities identified in the policy include Economic participation and transformation, Education, skills and second chances, Health care and combating substance abuse, Promote sexual and reproductive health and right, Nation-building and social cohesion and Effective and responsive youth development institutions.

National Youth Development Agency Act (2008)

5.10 Procurement and tender policy

New Preferential Procurement Regulations 2017 for tender

The revised regulations are also aligned to President Jacob Zuma's pronouncement in his 2015 State of the Nation Address, wherein he said, that government will set-aside 30% of appropriate categories of State procurement for purchasing from SMMEs or co-operatives as well as township and rural enterprises. Also, giving impetus/ incentive to the NGP. The highlights of the revision are:

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Introducing the prequalification criteria, which allows the advancement of these selected categories of people, by limiting competition to only amongst themselves. This restricts the inclusion of well established companies, unless they meet further requirements of subcontracting to these groups, should they (established company) be successful. (Refer to regulation 4).

Acknowledging that in the main, that high value tenders in the region of R30 million and above have a tendency to be awarded to established companies, due to economies of scale and affordability, leaving out categories of aspiring businesses. The revised regulations require all those, with the ability to deliver the required service, to demonstrate the element of subcontracting to the categorized groups at a tendering stage. (Refer to regulation 9).

Addressing the outcry of the categorised groups, who felt that the threshold of R1 million is too insignificant for them to grow to a level of established companies. Current regulations have increased to R50 million. This now gives smaller companies a greater chance to compete in the economy, in a meaningful way. (Refer to 6 & 7)