



# women

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Department:

Women

**REPUBLIC OF SOUTH AFRICA**

*Draft*

## **SANITARY DIGNITY POLICY FRAMEWORK**

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**Version 1**

## TABLE OF CONTENTS

SUBJECT	PAGE
1. INTRODUCTION	3
2. DEFINITIONS	3
3. BACKGROUND AND MANDATE	5
3.1 Background	5
3.2 Mandate of the Department of Women	6
4. PROBLEM STATEMENT	6
5. GUIDING LEGAL AND POLICY FRAMEWORKS	7
5.1 Constitution of the Republic of South Africa, 1996	7
5.2 Children's Act, 2005	8
5.3 Case law	8
5.4 National Development Plan	10
5.5 International instruments	10
6. APPLICATION OF POLICY	12
7. OBJECTIVES OF POLICY	13
8. POLICY PRINCIPLES: SANITARY DIGNITY:	14
8.1 What is sanitary dignity?	14
8.2 Why sanitary dignity?	15
8.3 International perspective	16
8.4 South African perspective ( <i>Status quo</i> )	20
8.5 Sanitary dignity and health	22
8.6 Sanitary dignity and education	23
8.7 Access to sanitary products	25
8.8 Distribution and storage of sanitary products	26
8.9 Sanitary waste disposal	26
8.10 Procurement	27
8.11 Manufacturing	28
9. POLICY PROPOSAL: COORDINATING STRUCTURES	29
9.1 Sanitary Dignity Oversight Committee (SDOC)	30
9.2 Provincial Sanitary Dignity Committee (PSDC)	33
9.3 Indigent Sanitary Management Committee (ISMC)	34
10. ROLES AND RESPONSIBILITIES	36
10.1 Government	36
10.2 Traditional leaders	37
11. MONITORING AND REVIEW	37
12. FUNDING	38
13. CONCLUSION	39

## 1. INTRODUCTION

- 1.1 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.”<sup>1</sup>
- 1.2 Although South Africa has since made significant progress in respect of improving the plight of women, many challenges still exist.
- 1.3 The 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.”<sup>2</sup>
- 1.4 It is in this context that the Department of Women, as the custodian of the promotion and advancement of gender equality and the empowerment of women, has decided to develop a Policy Framework on Sanitary Dignity.
- 1.5 The aim of this Policy Framework is to promote sanitary dignity and to provide norms and standards in respect of the provision of sanitary products to indigent persons.

## 2. DEFINITIONS

- 2.1 In this Policy 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;

**“DoW”** means the Department of Women;

**“HOD”** means the head of a provincial department;

<sup>1</sup> Speech delivered by former President Mandela on Women’s Day (1996) – see [www.sahistory.org.za/archives/speech](http://www.sahistory.org.za/archives/speech).

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

**"indigent persons"** means the indigent girls and women as identified in paragraph 6.2 of this Policy Framework and who, due to poverty, lack necessities of life such as sanitary products;<sup>3</sup>

**"ISMC"** means an Indigent Sanitary Management Committee as proposed in paragraph 9.3 of this Policy 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 9.2 of this Policy Framework;

**"menstruation"** means the monthly cycle of changes in the ovaries and the lining of the uterus, preparation itself for fertilisation;<sup>4</sup>

**"Minister"** means the national Minister responsible for women;

**"PSDC"** means a Provincial Sanitary Dignity Committee as proposed in paragraph 9.2 of this Policy Framework;

**"quintile"** means the ranking of a school according to the poverty of the school community;<sup>5</sup>

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

**"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 that complies with the standards contemplated in this Policy Framework and that is provided to indigent persons free of charge;

**"sanitary waste"** means used sanitary products that cannot be re-used or recycled;<sup>6</sup>

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<sup>3</sup> 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>.  
<sup>4</sup> See [www.medicinenet.com](http://www.medicinenet.com).

<sup>5</sup> 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.

<sup>6</sup> 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](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](http://www.doc.govt.nz/documents/science-and-technical/sfc035.pdf).

“SDOC” means the Sanitary Dignity Oversight Committee as proposed in paragraph 9.1 of this Policy Framework.

### 3. BACKGROUND AND MANDATE

#### 3.1 Background

3.1.1 Menstruation is a natural and routine occurrence experienced by nearly all women of reproductive age.<sup>7</sup> The ability to manage menstruation with adequate dignity is essential to the human rights of a woman.

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

3.1.3 In order to give effect to these constitutional principles, it is imperative upon government to advance and promote women's rights to dignity. This was confirmed by the President of the Republic of South Africa 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.”<sup>10</sup>

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. 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. This may also negatively affect the person's self-esteem and confidence.<sup>11</sup>

<sup>7</sup> 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.

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

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

<sup>10</sup> See [www.sahistory.org.za/archive/2011](http://www.sahistory.org.za/archive/2011).

<sup>11</sup> PATH Publication *Outlook on reproductive health* February 2016.

- 3.1.5 The plight of indigent persons has been aggravated by increased unemployment levels and poverty. Indigent persons who receive social grants would rather use it for other priorities than for menstrual health management.

### **3.2 Mandate of the Department of Women**

- 3.2.1 As stated in the 2017/18 Annual Performance Plan of the DoW, the mandate of the DoW is to champion the advancement of women's socio-economic empowerment and the promotion of gender equality.<sup>12</sup>

- 3.2.2 This mandate is 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 freedom 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.<sup>13</sup>

- 3.2.3 In order to advance the constitutional commitment to equality and address the sanitary dignity of indigent persons, it has become necessary for the DoW to make provision for effective and appropriate measures.

- 3.2.4 Therefore the DoW has embarked on the process of developing an integrated policy 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.

## **4. PROBLEM STATEMENT**

- 4.1 There is currently no national policy guiding the provision of sanitary products to indigent persons.<sup>14</sup> As a result, the provision of sanitary products is inconsistent, uncoordinated and would seem to depend on provincial priorities.
- 4.2 Indigent persons cannot afford sanitary products. In addition, such products are not always or easily accessible especially in rural areas.

<sup>12</sup> See page 8 of the 2017/18 Annual Performance Plan of the DoW.

<sup>13</sup> Also see section 9(3) of the Constitution which section states that "the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth."

<sup>14</sup> 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 Policy Framework, once approved, into legislation. Based on the nature of the challenges being addressed in this Policy Framework, it is believed that a Policy setting out government's intentions would be sufficient.

- 4.3 The absence of sanitary products for indigent persons may have numerous incidental (and perhaps unintended) consequences relating to their empowerment, education, health, employment and social activities, to name a few.<sup>15</sup>
- 4.4 The provision of sanitary products is in general not properly regulated and managed. The following are areas of concern:
- (a) There are no national norms and standards.
  - (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 target beneficiaries differs from province to province, in other words, there is no clarity on who the beneficiaries should be and thus no consistency in this regard.
  - (d) There is insufficient monitoring and evaluation.
- 4.5 This Policy Framework therefore seeks to address the above-mentioned challenges by providing acceptable national norms and standards in respect of the provision of sanitary products to indigent persons. It furthermore intends to provide certainty on the beneficiaries of such sanitary products and seeks to ensure a uniform approach to the provision of such products. The ultimate objective is to protect, and where applicable, restore the dignity of indigent persons.

## **5. GUIDING LEGAL AND POLICY FRAMEWORKS**

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

### **5.1 *Constitution of the Republic of South Africa, 1996***

In addition to section 9 of the Constitution as referred to under paragraph 3.2 above, the following provisions are of particular importance for this Policy Framework and the objectives thereof:

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<sup>15</sup> 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 a Policy Framework could be seen as placing a burden on indigent persons which burden could even be viewed as being discriminatory.

- (a) 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.
- (b) Section 10 of the Constitution determines that everyone has inherent dignity and the right to have their dignity respected and protected.<sup>16</sup>
- (c) The Constitution therefore, by implication, requires of government to put measures in place that would further promote and protect the dignity of people.
- (d) 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 Policy Framework is evident from the discussions under paragraph 8.6.

## **5.2 Children's Act, 2005:**

Although the Children's Act is not applicable to all the indigent persons contemplated in this Policy 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:

- (a) Section 6(2)(b) of the Children's Act, 2005<sup>17</sup> states that all proceedings, decisions or actions concerning a child must respect the child's inherent dignity.<sup>18</sup>
- (b) Section 6(2)(c) determines that any such proceedings, decisions or actions must ensure that a child is treated fairly and equitably.
- (c) The Children's Act, in section 2(b), confirms the constitutional rights of children and states that the best interests of a child are of paramount importance in every matter concerning the child.

## **5.3 Case Law:**

- (a) The South African Constitutional Court in *S v Makwanyane*<sup>19</sup> expressed the following view: "Recognising a right to dignity is an acknowledgement of the

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<sup>16</sup> Matters relating to health and welfare services which are related to dignity as explained in this Policy Framework are included in Schedule 4 of the Constitution as concurrent legislative competencies.

<sup>17</sup> Act No. 38 of 2005.

<sup>18</sup> Section 1 of the Children's Act defines a child as any person under the age of 18.

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]."

- (b) The Supreme Court of Appeal in *Minister of Home Affairs v Watchenuka*<sup>20</sup> 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."<sup>21</sup> The Court furthermore stated that "The freedom to study is also 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."<sup>22</sup> The Court has therefore emphasised that education is essential to a life with dignity.
- (c) In *Governing Body of the Juma Masjid Primary School v Essay*<sup>23</sup> 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 potential. Basic education also provides a foundation for a child's lifetime learning and work opportunities."<sup>24</sup>
- (d) The above-mentioned case law therefore confirm that the rights to dignity and education are supportive of each other. For the purposes of this Policy 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.
- (e) The lack of access to sanitary protection disempowers many girls, as they may have to stay at home to avoid public embarrassment and harassment. The cost of sanitary products is beyond the reach of most indigent persons. Based on the case law referred to above, it could be argued that the lack of sanitary protection does not only deprive girls of a basic education, but also discriminates unfairly against them.

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<sup>19</sup> *S v Makwanyane* 1995 (3) SA 391 (CC) par [144].

<sup>20</sup> *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).

<sup>21</sup> Par [25].

<sup>22</sup> Par [36].

<sup>23</sup> *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).

<sup>24</sup> Par [13].

#### 5.4 *National Development Plan:*

The National Development Plan<sup>25</sup> (NDP) places significant emphasis on the reduction of poverty. The NDP also contains various references to the importance of dignity. In the context of this Policy Framework, it is envisaged that the provision of sanitary products to indigent persons will contribute towards the achievement of the overall objectives of the NDP.

#### 5.5 *International instruments:*

- (a) The United Nations Sustainable Development Summit (held in September 2015) adopted the *2030 Agenda for Sustainable Development*. Two of the important goals of the Agenda relate to ending poverty in all its forms and to ensure healthy lives for all people at all ages. Another goal focuses on the empowerment of all women and girls.
- (b) 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 ...". For this purpose the development of policies and programmes to address the psychological, sexual and reproductive health needs of women and men were 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.<sup>26</sup>
- (c) In terms of the *United Nations Millennium Declaration*,<sup>27</sup> States have a collective responsibility to uphold the principles of human dignity, equality and equity at global level. There are seventeen Sustainable Development

<sup>25</sup> National Development Plan 2030: Our Future – Make it work (issued by the National Planning Commission).

<sup>26</sup> 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.

<sup>27</sup> Adopted by the UN General Assembly on 8 September 2000.

Goals which include the achievement of gender equality and the empowerment of women and girls.<sup>28</sup>

- (d) The *Convention on the Rights of the Child*<sup>29</sup> (CRC) reaffirms the fact that children, because of their vulnerability, require special attention. Article 28 of the Convention emphasises the responsibility of governments to protect a child's right to education at all levels. The *African Charter on the Rights and Welfare of the Child* 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 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.<sup>30</sup>

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.<sup>31</sup>

- (e) The *New Partnership for Africa's Development* (NEPAD) is basically 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:
- (i) 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

<sup>28</sup> United Nations Department of Public Information (2002). See [http://www.za.undp.org/content/south\\_africa/en/home/sustainable-development-goals.html](http://www.za.undp.org/content/south_africa/en/home/sustainable-development-goals.html)

<sup>29</sup> This Convention was signed by South Africa in 1993 and ratified in 1995. See <http://www.crin.org/docs/resources/treaties/uncrc.asp>.

<sup>30</sup> This Charter was adopted by the Organisation of African Unity (OAU) on 11 July 1990.

<sup>31</sup> In 1995, the United Nations strengthened its commitment to the youth of the world by adopting the *World Programme of Action for Youth to the Year 2000 and Beyond*. This Programme of Action has similar goals in respect of education as those contained in the African Charter on the Rights and Welfare of the Child – see article 13 of the Programme of Action. The Programme of Action emphasises the fact that State Parties must take steps to encourage regular school attendance and reduce drop-out rates.

- (ii) revitalising and extend the provision of education, technical training and health services as a high priority.<sup>32</sup>

## 6. APPLICATION OF POLICY

### 6.1 This Policy Framework—

- (a) applies to government and government accepts responsibility for the provision of sanitary products to indigent persons in accordance with the provisions of this Policy Framework;
- (b) addresses the governance aspects relating to the provision of such sanitary products;
- (c) identifies, in paragraph 6.2, the indigent persons who are to benefit from the implementation thereof; and
- (d) provides minimum norms and standards in respect of sanitary products and related matters.

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

- (a) attend schools ranked at quintile 1, 2 or 3;
- (b) attend state-owned colleges and universities<sup>33</sup>;
- (c) have been admitted to any state owned mental institutions, hospitals, orphanages, places of care and places of safety;
- (d) have been imprisoned; and
- (e) have been identified by an ISMC or 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 Policy Framework and such persons may only be provided with sanitary products if so approved by the SDOC.

<sup>32</sup> The New Partnership for Africa's Development (NEPAD) 2001 paragraph 49.

<sup>33</sup> For example, Technical Vocation Education and Training Colleges as registered under the Continuing Education and Training Act, 2006 (Act No. 16 of 2006).

6.3 This Policy 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 including the manufacturing, distribution and disposal thereof.

## 7. OBJECTIVES OF POLICY

7.1 The main objectives of this Policy Framework are—

- (a) to provide for an integrated and coordinated responsive government programme aimed at the provision of sanitary products free of charge to indigent persons;
- (b) to protect and preserve the sanitary dignity of indigent persons as a fundamental human right;
- (c) to promote the empowerment of indigent persons in society and in the economy;
- (d) to provide acceptable national norms and standards in respect of various aspects relating to sanitary dignity and sanitary products;
- (e) to provide for inter-departmental and inter-governmental cooperation;
- (f) to provide for awareness campaigns on sanitary dignity in general and the provisions of this Policy 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;
- (g) to ensure that the provision of sanitary products are not exploited commercially;

- (h) to improve the level of menstrual health and hygienic practices of indigent persons with a view to improve their quality of life; and
- (i) to contribute towards the improvement of the learning capacity of indigent persons, especially indigent girl students.

7.2 The objectives of this Policy Framework are all inter-related and the expected positive outcomes once the Policy Framework is implemented, will reach beyond the provision of sanitary products to indigent persons. As envisaged in this Policy Framework, it should also contribute towards improved education, a reduction in unemployment and ultimately, economic self-sustainability.<sup>34</sup>

## **8. POLICY PRINCIPLES: SANITARY DIGNITY**

### **8.1 What is sanitary dignity?**

- 8.1.1 Menstruation is a normal and regular occurrence of the female reproductive cycle. It affects girls and women differently and in many instances it has a negative impact on their psychological state of health. 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. 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 is low and therefore it affects their dignity negatively.
- 8.1.2 Most international efforts to address menstrual issues in low-income groups use the term menstrual hygiene management (MHM). In South Africa the term "sanitary dignity" is deemed more appropriate.
- 8.1.3 In the South African context, sanitary dignity refers to girls and women using a clean menstrual management product to absorb or collect blood, which product has to be changed in privacy as often as necessary for the duration of the menstruation period. According to UNICEF this should include having access to soap and water and private facilities for washing and changing, and facilities for the disposal of used sanitary products.<sup>35</sup>

<sup>34</sup> The implementation of this Policy 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.

<sup>35</sup> 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.

8.1.4 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;<sup>36</sup>
- (d) referral and access to health services;
- (e) sanitation and washing facilities;
- (f) positive social norms;
- (g) safe and hygienic disposal; and
- (h) advocacy and policy.<sup>37</sup>

8.1.5 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.<sup>38</sup>

8.1.6 The South African approach may be criticised for being too narrow since it focusses 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. However, this approach, as contained in this Policy Framework, seeks to address the needs of the most vulnerable first, namely indigent persons. It does not prohibit any other efforts to promote and protect the sanitary dignity of girls and women.

## 8.2 Why sanitary dignity?

8.2.1 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

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<sup>36</sup> 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.

<sup>37</sup> UNESCO *Puberty Education and Menstrual Hygiene Management* Booklet 9, 2014.

<sup>38</sup> *Ibid.* UNESCO also mentions that menstruation is often viewed as a curse.

line in South Africa, who have to resort to using old clothes, rags, newspapers, leaves, bark and grass because they cannot afford sanitary towels."<sup>39</sup>

- 8.2.2 The South African government supports this view and extends it to include all indigent persons as defined in this Policy Framework. It cannot be allowed that girls for example miss school because they do not have access to sanitary products. 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.

### 8.3 International perspective

- 8.3.1 Research has shown that in developing countries approximately 52% of the female population is of reproductive age and most of them are menstruating every month. The majority of them have no access to clean and safe sanitary products, or to a clean and private space in which to change and to wash. Many of these females are restricted from participating in daily activities simply because they are menstruating.<sup>40</sup>

- 8.3.2 Countries in the developing world have sanitary dignity initiatives, albeit, in different forms, with the aim to improve menstrual health practices amongst females thus positively impacting on the quality of lives of woman. The following are cited as examples:

(a) *Uganda:*

Uganda's Ministry of Education and Sport (Ministry) developed the National Strategy for Girls' Education to serve as a guiding framework for all stakeholders to accelerate girls' education and to support districts in the implementation and monitoring of education policies.

This was necessitated as a result of research conducted by UNICEF and The Netherlands Development Organisation and International Water and Sanitation Centre. The research indicated that there is a need for comprehensive menstrual health management and education in Uganda. To address menstrual management, the Ministry developed the Menstrual Hygiene Reader (MHR) for dissemination to all primary school girls. The MHR aims to address the documented lack of knowledge about menstruation and safe menstrual health management among adolescent

<sup>39</sup> Dignity Dreams on <http://www.ngopulse.org/organisation/dignity-dreams>.

<sup>40</sup> Stefanie Kaiser SSWM Menstrual Health Management: [www.sswm.info/content/menstrual-hygiene-management](http://www.sswm.info/content/menstrual-hygiene-management).

girls and includes information on the basics of menstruation and menstrual hygiene management. Teachers will be trained to assist girls to read and use the reader as a day-to-day guide. Apart from the MHR, the following interventions were introduced:

- (i) The creation of Girls' Education Movement clubs. The clubs include boys and empower them to better understand and support their female peers in respect of menstrual hygiene.
- (ii) The distribution of sanitary pads for disadvantaged girls by the Ugandan Forum for African Women Educationalist and the Makerere University.
- (iii) The development of guidelines in respect of the construction of girl friendly sanitation facilities in schools.
- (iv) The development and dissemination of guidelines by the Guidance and Counselling Department of the Ministry on required menstrual health management support materials (this includes soap, clean uniforms and sanitary pads).
- (v) Training of male and female teachers on how to support girls during puberty to ensure their continued education, including specific content contained in the MHR.
- (vi) The development of a handbook to support teachers in creating a safe school environment for girls.
- (vii) Support for NGOs that are training girls on how to produce their own sanitary pads, using local materials that are easily available.
- (viii) Advocacy for girls' education through the "Go Back to School, Stay in School, and Complete School" campaign.<sup>41</sup>

(b) *Rwanda:*

In Rwanda approximately 18% of girls and women missed out on school or work during 2016 because of a lack of access to sanitary pads.

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<sup>41</sup> UNICEF WASH in schools empowers girls' education: *Proceedings of the menstrual hygiene management in schools virtual conference 2014*. Water, Sanitation and Hygiene (WASH) is an international non-profit organisation that aims to meet the basic needs of people in respect of safe water, sanitation and hygiene.

Sustainable Health Enterprises (SHE), a social enterprise in Rwanda, assists women to manufacture local, affordable and eco-friendly menstrual pads. Banana fibres are used as the absorbent core of the pad without using any harmful chemicals. SHE partnered with the Rwanda government to advocate for expanded budgets and to push for the elimination of VAT on menstrual health management products, thus making it more affordable. They also support media efforts that address taboos on menstruation and promote menstrual hygiene.<sup>42</sup>

(c) *Ghana:*

In Ghana, girls miss approximately five days a month of school due to a lack of sanitary products and inadequate sanitation facilities as well as due to pain and discomfort being experienced during menstruation. A study was conducted in Ghana to assess the role that sanitary pads (or the absence thereof) play in the education of girls. A sample of 120 girls between the ages of 12 and 18 from villages in Ghana were participants in this exercise. The trial comprised of three levels: provision of pads with puberty education, puberty education alone and a control group (in the case of the latter, there was no focus on education or the provision of sanitary products). The study revealed that after five months of providing pads together with puberty education, there was a significant increase of 9% in the attendance of schools by the participants.<sup>43</sup>

In an effort to address sanitary dignity, the government procured a World Bank Loan, part of which will be used to provide free sanitary pads for school girls.<sup>44</sup>

(d) *Kenya:*

In Kenya, there is limited access to safe, affordable, convenient and culturally acceptable ways to deal with menstrual health. It is acknowledged in Kenya that these challenges impacts on the sexual and reproductive health and well-being of women. It also restricts access to education<sup>45</sup>

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<sup>42</sup> [www.sheinnovates.com](http://www.sheinnovates.com).

<sup>43</sup> Paul Montgomery, Caitlin R Ryus, Catherine S Dolan, Sue Dopson, Linda Scott *Sanitary Pad Interventions for Girls' Education in Ghana: A Pilot Study* October 2012.

<sup>44</sup> Enoch Darfah Frimpong <http://www.graphic.com.gh/news/education/free-sanitary-pad-is-to-prevent-school-dropout-among-girls-education-minister.html>. The funds will also be used to support the construction of senior high schools in the country and for scholarships for more than 10 000 students who wish to pursue senior higher education.

<sup>45</sup> African Policy and Health Research Charter *Experiences and Problems with menstruation among Poor Women and Schoolgirls in Nairobi*, Kenya Policy Brief No. 20 of 2010.

Huru studies have shown that 30 to 40% of girls are reported as missing school days due to an inconsistent supply or lack of sanitary pads.<sup>46</sup>

The Kenyan Ministry of Health (Ministry) is leading a collaborative process to draft national menstrual health management guidelines. These guidelines will make provision for minimum standards for menstrual health management programmes and re-usable products.

In 2011, 240 million Kenyan shillings were allocated in terms of government policy towards the provision of free sanitary pads to girls in public governmental schools. This is known as the National Sanitary Towel Programme. This amount has been increased to 400 million Kenyan shillings in 2015. The Kenyan government removed import duties and value-added sales tax on menstrual hygiene products and solutions in 2011, thus making these products more affordable.

(e) *India:*

There are approximately 355 million menstruating women and girls in India, yet millions of women across the country face barriers to a comfortable and dignified experience with menstrual health.<sup>47</sup> In general, girls do not have access to menstrual health products. Studies show that almost 88% of girls and women in India use homemade alternatives, mostly because commercial products are unaffordable or not consistently accessible especially in low-income communities.

In 2015, the Indian government introduced National Guidelines for Menstrual Health Management. The aim of these guidelines is to support girls in providing factual information about menstruation, its hygienic management and to clarify myths and taboos. Leading organisations such as WASH and UNICEF are working with the Indian government, schools and communities to provide gender-separate toilets, water and in some cases, incinerators for the disposal of menstrual waste. These organisations are also complementing their own efforts by creating awareness amongst all persons and institutions.

Furthermore, these organisations together with local NGOs have commenced working with communities (including boys and men) and infrastructure service providers to change perceptions about menstruation so

<sup>46</sup> [www.huruinternational.org](http://www.huruinternational.org).

<sup>47</sup> FSG *Menstrual Health in India: Country Landscape Analysis* May 2016.

that it results in improved sanitation infrastructure and the appropriate use thereof. Few environmental NGOs have advocacy programmes to improve awareness amongst policy makers and users about the environmental concerns related to the inappropriate disposal of sanitary products.<sup>48</sup>

- 8.3.3 There are numerous lessons to be learned from the international experience. It would seem that the governments of the countries referred to above have a broad vision with regard to sanitary dignity and menstrual health management. They also partner with international and local NGOs to assist their governments with menstrual health management. To contribute towards the effective implementation of this Policy Framework, South Africa should learn from the practical experiences of countries where sanitary dignity programmes are implemented.

#### **8.4 South African perspective (*Status quo*)**

- 8.4.1 Presently, in the absence of a national policy, the provinces determine how to implement a sanitary dignity programme and the provincial department through which the programme is to be coordinated and budgeted for, as well as the stakeholders involved. In 2016, the DoW sent a request to all provinces and relevant departments to determine what is in place and how each province and department is implementing the programme. Information was also sought on the budgets made available for this purpose. The provincial reports received can be summarised as follows:

*(a) Eastern Cape:*

Through the Special Programmes Unit a budget has been set aside in the Office of Rights of Children to plan and drive the Sanitary Dignity Programme of the Eastern Cape. The Office of the Premier has entered into partnerships with a number of stakeholders in order to provide sanitary packs through social investment initiatives throughout the year.<sup>49</sup>

*(b) Free State:*

The Free State province has established and continues to implement the Teenage Health Programme in partnership with the Transnet Foundation since the President's announcement in 2011. The programme has a

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<sup>48</sup> Menstrual Health in India | Country Landscape Analysis – see [www.fsg.org](http://www.fsg.org).

<sup>49</sup> These stakeholders are the Board-Walk Casino EC, the Eastern Cape Gambling and Betting Board, and the Small Projects Foundation.

dedicated facilitator to present programmes on health and hygiene, menstrual cycles, taboos and assertiveness. The programme targeted and reached out to 6 000 rural schools in all municipal areas in the province. The programme has a dedicated budget within the provincial Department of Education. Hygiene packs with menstrual cups and sanitary dignity packs with toiletries and sanitary pads are provided in terms of the programme. There is a provincial monitoring and reporting system.

(c) *Gauteng:*

The provincial Department of Social Development in consultation with the provincial Department of Education has been distributing sanitary towels to identified quintile 1 secondary schools across 15 education districts. A total of R48 million was set aside in the 2016/17 financial year for this purpose.<sup>50</sup>

(d) *KwaZulu-Natal:*

It was reported that 40 000 learners benefited from the sanitary towels programme managed by the Office of the Premier. However, there is no specific budget set aside for the programme. Social workers identify needy learners. Distribution points include schools, orphanages, rural areas and community centres.

(e) *Limpopo:*

The sanitary dignity programme is known as "Restoring the Dignity and Pride of the Girl Child".

This programme is coordinated by the Office of the Premier, championed by the First Lady of the Province. The purpose of the programme is to distribute sanitary towels to school learners with educational needs on a quarterly basis; this is done to limit absenteeism.<sup>51</sup>

(f) *Mpumalanga:*

The programme on sanitary dignity for indigent girls and women is managed by the Department of Education and is called "Always Keeping a Girl Child in

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<sup>50</sup> The province has entered into several partnerships for this purpose, including with the Nelson Mandela Foundation and Dischem.

<sup>51</sup> This is done in partnership with Standard Bank of South Africa.

School Campaign". The programme was launched by the Mpumalanga Department of Education in 2011 and is sponsored by partners.<sup>52</sup>

The programme started with 12 schools in 2011 and was later increased to 16. Almost 900 girl learners were reached in 2011. The figures vary every year because of the need of newly identified learners and the fact that learners leave school or enrol at other schools. There is no specific budget set aside for this programme.

(g) *Northern Cape:*

A programme has been in place for the past five years and is focusing on a teenage health programme, a sanitary towel campaign, social relief of distress, victim empowerment and child protection. Quarterly distribution of sanitary products is done through 30 identified schools and Thuthuzela Care Centres. Close to 11 000 children benefit from this programme. There is however no specific budget set aside for the sanitary dignity programme; it is sustained through partnerships.<sup>53</sup>

(h) *North West:*

For the past five years, sanitary dignity packs have been distributed to learners who are identified as needy under the Social Relief of Distress Programme. This programme includes the distribution of school uniforms to needy learners, as well as food parcels and blankets to destitute people. Approximately 40 000 identified learners in various schools were supported. The programme is budgeted for as part of the Social Relief of Distress budget. The monthly distribution is managed by social workers who, together with teachers, identify needy learners; these social workers hand out sanitary packs to such learners at the schools.

(i) *Western Cape:*

The Department of Health in the Western Cape is at present not involved in a sanitary dignity programme. The province is exploring the possibility of entering into partnerships with NGOs for this purpose.

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<sup>52</sup> One of the partners is Procter and Gamble.

<sup>53</sup> These partners are privately-owned businesses, De Beers Consolidated Mines (2 year commitment), Black Lawyers Association and Game Stores.

## 8.5 Sanitary dignity and health

- 8.5.1 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."<sup>54</sup>
- 8.5.2 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.<sup>55</sup>
- 8.5.3 It is the duty of government to take care of the health needs of its citizens, both their physical and psychological health.<sup>56</sup>
- 8.5.4 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 Policy Framework.
- 8.5.5 The risks associated with poor menstrual hygiene are explained in Module One: Menstrual Hygiene – The Basics.<sup>57</sup> 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.
- 8.5.6 It is especially certain practices such as using dirty rags during menstruation that may increase the risk of infection. 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

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<sup>54</sup> See <http://www.pitt.edu/~super1/globalhealth/What%20is%20Health.htm>.

<sup>55</sup> 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.

<sup>56</sup> 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.

<sup>57</sup> See [http://www.wateraid.org/~media/Files/Global/MHM%20files/Module1\\_HR.pdf](http://www.wateraid.org/~media/Files/Global/MHM%20files/Module1_HR.pdf) on page 33.

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 menstruation. These risks emphasises the fact that effective hygiene during menstruation is of utmost importance.

## **8.6 Sanitary dignity and education**

- 8.6.1 The provision of sanitary products to indigent persons will not only contribute towards the improvement of general health standards, but should also ensure that girls remain and progress in school. This is one link in a chain that could ultimately lead to the completion of basic education which could lead to further education which could lead to employment (thus a reduction in unemployment) and therefore a reduction in poverty.
- 8.6.2 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."<sup>58</sup>
- 8.6.3 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 products.
- 8.6.4 For the purposes of this Policy 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 at least include educators, men and boys, community leaders and civil society. 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.
- 8.6.5 The recommended method of education is awareness campaigns. Such campaigns should provide information on menstruation, sanitary dignity, sanitary products and

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<sup>58</sup> Sehlaphe '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/>.

health aspects, to name a few. It should also address myths and explain the ripple effect that the absence of appropriate sanitary dignity could have on a person's future.

8.6.6 Of utmost importance, is that indigent persons who experience menstruation for the first time, be educated on proper menstrual hygiene management. This is necessary to ensure that such persons are able to manage 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;
- (e) storage and disposal of sanitary products;
- (f) demystifying cultural taboos, myths and practices; and
- (g) dealing with pain, nutrition and other health aspects.<sup>59</sup>

## **8.7 Access to sanitary products**

8.7.1 It is the intention of this Policy Framework to ensure that every indigent person as defined in paragraph 1, will have reasonable and easy access to free basic sanitary products with a view to protect, restore and maintain their dignity.

8.7.2 Sanitary products as contemplated in this Policy Framework are to be accessed at the places to be identified by the proposed ISMCs which places should be within reasonable distance from where such indigent persons go to school, live or work. In the case of schools and state owned colleges, universities and other institutions, the products must be made available on the relevant premises.

8.7.3 It is important that the sanitary products be accessible at any time of the month since the menstruation cycle of girls and women differs and can take place at any time of the month.

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<sup>59</sup> Ministry of Drinking Water and Sanitation: Government of India: *Menstrual Hygiene Management National Guidelines* December 2015.

8.7.4 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. For this purpose, the ISMC may delegate this responsibility to one of its members, preferably a female member.

8.7.5 An ISMC must keep record of any sanitary products that have been accessed by indigent persons.

## **8.8 Distribution and storage of sanitary products**

8.8.1 Sanitary products must be distributed by the person or persons designated by the relevant ISMC. 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 10.1.2 with any such municipal council, school or clinic.

8.8.2 When such products are distributed, the indigent persons should also be educated in accordance with the provisions of paragraph 8.6.6 on how to use such products and how to dispose of used products.

8.8.3 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.

## **8.9 Sanitary waste disposal**

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

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

8.9.3 Municipalities, as the primary service provider in respect of waste disposal in their respective municipal areas, have a responsibility to their communities to progressively ensure efficient, affordable, economical and sustainable access to waste management services. Sanitary waste may be disposed of as part of the municipal waste management strategy. The ISMCs should liaise with municipalities in this regard.

8.9.4 In areas where municipal waste disposal services are limited or unavailable, it is proposed that the relevant ISMC, together with the relevant school or state owned institution, obtain the written permission of the municipality to dispose of the relevant sanitary waste at a municipal dump site. It is further proposed that such disposal must be done by means of deep burial, composting, pit burning or incineration.

8.9.5 It is proposed that schools and other relevant institutions be equipped with proper toilets that are gender-separated and private for individual use (lockable from the inside). 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.

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.

8.9.6 The relevant ISMC should conduct regular inspections at schools and other relevant institutions to ensure that effective sanitary waste disposal measures are in place.

## **8.10 Procurement**

8.10.1 The procurement of sanitary products as contemplated in this Policy Framework must be done in accordance with the provisions of the Preferential Procurement Policy Framework Act, 2000<sup>60</sup> and the Preferential Procurement Regulations, 2017 (Procurement Regulations).<sup>61</sup>

8.10.2 Subject to the Procurement Regulations, sanitary products procured in terms of this Policy Framework must be locally produced and sourced. Preference should be given to local businesses owned by black females. Any business that is considered for providing the sanitary products contemplated in this Policy Framework, must—

- (a) have at least 50% females on its staff establishment;
- (b) have at least 70% people from the local community or communities on its staff establishment; and

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<sup>60</sup> Act No. 5 of 2000.

<sup>61</sup> 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.<sup>62</sup>

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

**"8. 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."

8.10.4 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.

8.10.5 All sanitary products that are procured for the purposes of the implementation of this Policy Framework, must comply with the standards for such products as determined and approved by the SABS.

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<sup>62</sup> Preferably, such skills programmes should comply with section 20 of the Skills Development Act, 1998 (Act No. 97 of 1998).

## 8.11 Manufacturing

8.11.1 Subject to paragraph 8.10, the manufacturing of sanitary products as contemplated in this Policy Framework must be done by South African owned companies or entrepreneurs.

8.11.2 Any sanitary products manufactured in accordance with this Policy Framework must comply with standards approved by the SABS.<sup>63</sup> The SDOC must assess the SABS standards to ascertain whether the following aspects are included:

- (a) Absorption;<sup>64</sup>
- (b) comfort;<sup>65</sup>
- (c) durability;
- (d) materials/fabrics to be used; and
- (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.

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

## 9. POLICY PROPOSALS: COORDINATING STRUCTURES

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 6.2. For this purpose, it is proposed that the following structures be established:

<sup>63</sup> SABS issued standards in respect of the manufacturing of sanitary towels in 2010. The reference number is SANS 1043. These standards are attached as Annexure A to this Policy Framework (*to be included once received*).

<sup>64</sup> 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."

<sup>65</sup> 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.

## **9.1 Sanitary Dignity Oversight Committee**

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

- (a) three senior officials from the DoW 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; and
- (c) one senior official from Statistics South Africa designated by the Statistician-General.

9.1.2 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.

9.1.3 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).

9.1.4 (a) For each member designated in terms of paragraph 9.1.1 or 9.1.2, 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.

9.1.5 (a) The SDOC 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 Policy 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.

9.1.6 (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 appointed for this purpose by the Director-General.

9.1.7 The SDOC must—

- (a) assist the DoW with the monitoring of the implementation of this Policy Framework as contemplated in paragraph 11 to the extent determined by the Director-General;
- (b) promote compliance with the provisions of this Policy 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 Policy 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 Policy Framework, the Minister or the Director-General.

9.1.8 The SDOC may—

- (a) investigate any alleged contravention of this Policy 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 Policy Framework may be reported.

9.1.9 The SDOC must annually prepare a report on the implementation of this Policy Framework for inclusion in the Annual Report of the DoW.

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

## **9.2 Provincial Sanitary Dignity Committees**

- 9.2.1 Each provincial government must designate an MEC and HOD to take responsibility for sanitary dignity in the province.
- 9.2.2 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; and
- (v) Social Development.
- 9.2.3 The provisions of paragraphs 9.1.2 to 9.1.5 and 9.1.7 to 9.1.9 apply with the necessary changes to a PSDC.
- 9.2.4 The main functions of a PSDC will be to oversee the implementation of this Policy Framework within the particular province. This includes the following:

- (a) Receive and consider applications from ISMCs as contemplated in paragraph 9.3 for assistance in respect of the provision of sanitary products to schools and other institutions as contemplated in paragraph 6.2, 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 Policy Framework;
- (c) subject to paragraph 11.3, monitor the implementation of and compliance with this Policy 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 Policy Framework;
- (f) conduct sanitary dignity awareness campaigns within the province;
- (g) develop educational material on the use and disposal of sanitary products;
- (h) keep a complete database which must include—
  - (i) information on the number of indigent persons in need of sanitary products; and
  - (ii) information on the infringement of any rights of indigent persons as contemplated in this Policy Framework; and
- (i) perform any other duty, role or function assigned to it by this Policy Framework or the SDOC.

### **9.3 Indigent Sanitary Management Committees**

- 9.3.1 Each school or other institution as contemplated in paragraph 6.2 that is attended by indigent persons who may benefit from this Policy Framework, must establish an Indigent Sanitary Management Committee (ISMC).

9.3.2 An ISMC should consist of not more than five persons.

9.3.3 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 Policy 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 Policy 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 8.8 of this Policy 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 8.6.6;
- (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 8.9 of this Policy 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 Policy Framework, the PSDC or SDOC.

## 10. ROLES AND RESPONSIBILITIES

### 10.1 Government

- 10.1.1 (a) In addition to the duties, roles, responsibilities and functions contained in this Policy Framework, national and provincial government is responsible for the funding of the sanitary products contemplated in this Policy 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, national, provincial and local government may enter into partnerships and agreements with any company, business or body.
- 10.1.2 (a) National and provincial departments and where applicable, municipal councils, that are responsible for the implementation of this Policy 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.

- 10.1.3 The DoW may, in consultation with any other national or provincial department, or any other relevant stakeholder,<sup>66</sup> develop a manual or manuals relating to the responsibilities, duties, roles and functions of any stakeholder or beneficiary contemplated in this Policy Framework. Such manual or manuals may include provisions relating to educational and health aspects.

## 10.2 Traditional leaders

### 10.2.1 Traditional leaders<sup>67</sup>—

- (a) must promote the principles contained in this Policy 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 Policy Framework and sanitary dignity in general, for purposes of educating their respective communities;

## 11. MONITORING AND REVIEW

- 11.1 The DoW must continuously monitor the implementation of this Policy Framework and submit reports in this regard and make recommendations on such implementation to the Minister and Director-General.
- 11.2 The Minister may, after having received a report and recommendations contemplated in paragraph 11.1, make recommendations on the implementation of this Policy Framework to any other relevant Minister or any relevant Premier, MEC and national or provincial department.
- 11.3 Any national or provincial department responsible for the implementation of this Policy Framework or any part thereof must continuously monitor such implementation and submit reports in this regard and make recommendations on such implementation to the relevant Minister, Premier and MEC. Copies of such reports must be submitted to the DoW. A provincial department may request the

<sup>66</sup> This is not limited to the stakeholders referred to in paragraph 10 of this Policy Framework.

<sup>67</sup> 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.

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.

- 11.4 The DoW must analyse any reports received in terms of paragraph 11.3 with a view to determine whether this Policy Framework should be amended to improve the implementation thereof.
- 11.5 Notwithstanding paragraph 11.4, the DoW must review this Policy Framework at least once every five years.
- 11.6 The DoW must keep comprehensive statistics relating to the implementation of this Policy 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 Policy Framework and information relating to—
- (a) the schools and other institutions where sanitary products are provided;
  - (b) the number of indigent persons per province receiving sanitary products;
  - (c) the distribution of sanitary products;
  - (d) the disposal of used sanitary products;
  - (e) the manufacturers of the sanitary products;
  - (f) the annual cost of implementing this Policy Framework; and
  - (g) any other information as may be deemed necessary by the Minister or the Director-General.
- 11.7 For the purposes of paragraph 11.6, the DoW may request any PSDC or ISMC to provide it with the information contemplated in the said paragraph.
- 11.8 The DoW may delegate, in writing, any of its monitoring responsibilities to the SDOC.

## **12. FUNDING**

- 12.1 As stated in paragraph 10.1, government is responsible for the funding of sanitary products to be provided in terms of this Policy Framework.
- 12.2 National and provincial departments that are responsible for the implementation of this policy framework will have to provide the necessary funding through the reprioritisation of budget allocations.
- 12.3 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].

## **13. CONCLUSION**

- 13.1 Government confirms its commitment to the provision of sanitary products 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 such sanitary products.
- 13.2 It is evident from this Policy Framework that aspects such as the health, education and meaningful participation in society of indigent persons may be negatively impacted upon if adequate sanitary products are not available to them.
- 13.3 The lack of sanitary products 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 the provision of sanitary products to indigent persons.
- 13.4 This Policy Framework therefore provides the broad principles and approaches that will guide government in dealing with sanitary dignity in a coordinated, effective and efficient manner.