



Province of the
EASTERN CAPE
EDUCATION

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DEPARTMENTAL CIRCULAR NO 18 OF 2019

**TO : CLUSTER CHIEF DIRECTORS
DISTRICT DIRECTORS
CHIEF EDUCATION SPECIALISTS-ESSS
DEPUTY CHIEF EDUCATION SPECIALISTS-NSNP/HIV&AIDS
SENIOR EDUCATION SPECIALISTS-HIV&AIDS
CIRCUIT MANAGERS
SCHOOL PRINCIPALS
SCHOOL GOVERNING BODIES**

FROM : SUPERINTENDENT GENERAL

**SUBJECT : STANDARD OPERATING PROCEDURES FOR THE PROVISION OF
SEXUAL AND REPRODUCTIVE HEALTH RIGHTS AND SOCIAL
SERVICES IN SECONDARY SCHOOLS**

1. INTRODUCTION

- 1.1. The Departments of Education, Health and Social Development are providing health and social services to learners in Primary Schools through the implementation of the Integrated School Health Policy (ISHP-2012).
- 1.2. The need to extend the services to secondary schools has become imperative hence the development of the Standard Operating Procedures for the provision of Sexual Reproductive Health Rights and Services (SRHRS) to learners in Secondary Schools.



CIRCULAR 18 OF 2019- SOPs FOR THE PROVISION OF SRHRS IN SECONDARY SCHOOLS

2. PURPOSE OF CIRCULAR

This Circular:

- (i) Supports the implementation of the DBE policy on HIV, STIs and TB as well as Integrated School Health Programmes in Secondary Schools through the Sexual Reproductive Health and Rights Services (SRHRS).
- (ii) Provides guidance on how SRHRS should be provided and clarifies the mandatory conditions under which the services are to be provided.

3. TARGET AUDIENCE

The contents of this circular are applicable to

- i. Department of Education: Provincial, District and School Levels;
- ii. Department of Health: Provincial, District and Local (Health facilities) levels
- iii. Department of Social Development: Provincial and District levels
- iv. Implementing partners funded by development partners that operate at Provincial, District and Local levels;
- v. Non-governmental organizations (NGOs) providing health and social services to learners in and through schools, including those that provide SRH services; and
- vi. Any other entity providing health services in schools, or providing services that target learners.

4. KEY CONSIDERATIONS FOR HEALTH AND SOCIAL SERVICE PROVISION IN SCHOOLS

- i. The best interest of the child is supreme.
- ii. No health services should be provided unless ongoing support is guaranteed for the learners.
- iii. A comprehensive package of services as opposed to focusing only on particular interventions guaranteed.
- iv. Ensured continuity of service provision.
- v. Teaching and learning time should not be disrupted .



5. ACCESSING THE SCHOOL

- i. Partners should work through the existing ISHP system, the District Director and District Based Support Teams (DBSTs).
- ii. Services and schedule of services must be mutually agreed upon by all parties.
- iii. The DBSTs to identify the schools to avoid duplication of services.
- iv. Advocacy and community mobilisation activities for the implementation of SRHS&R in schools must be undertaken.
- v. Parent Community must be informed of ALL services to be provided.

6. THE CONSENT/ASSENT PROCESS

- i. Participation on the SRHRS is voluntary, consensual and non-coercive.
- ii. SRHRS must be based on **informed consent** (i.e. the learner and the caregiver must understand the implications including risk benefits, of the decision after being given the required information)
- iii. **Parents have the right to decline the services.**
- iv. **Assent by learners aged 12 years and older must be communicated to parents.**
- v. If a learner does not have the capacity to give independent, informed consent for an HIV test, a parent, guardian or caregiver can give informed consent on the learner's behalf
- vi. *Proxy consent must be clearly explained to the child considering his/her understanding and appreciation of the information provided as well as his/her ability to express a choice and his/her reasoning thereof.*

CIRCULAR 18 OF 2019- SOPs FOR THE PROVISION OF SRHRS IN SECONDARY SCHOOLS

7. HIV TESTING SERVICES (HTS)

- (i) The provision of HIV testing Services (HTS) must be guided by the 5 Cs (Consent, Confidentiality, Counselling, Correct test results and Connection to care.)
- (ii) **Pre and post counselling** are critical.
- (iii) Confidentiality to be guaranteed through available human and infrastructure resources.
- (iv) Ongoing psychosocial support must be made available.
- (v) Provision of correct results must be guaranteed and results to be communicated with greatest care and sensitivity.
- (vi) The results of any learner that has taken the HIV test should not be given at the school.

No person may disclose that a child is HIV-positive without consent.

7.2. Post Exposure Prophylaxis (PEP)

- (i) Education about post-exposure prophylaxis is essential to those learners exposed to HIV risk due to sexual gender-based violence.
- (ii) PEP to be provided from the nearest health facility that offers it or a Thuthuzela care Center within 72 hours of the incident.

Basic counselling and psychological support must be provided to learners in a collaborative manner and referrals must be conducted in an ongoing basis to ensure that learners receive continued emotional support.

8. CONCLUSION

Reporting, monitoring and evaluation of the provision of health services in schools should be integrated with the existing District and Provincial Health Information Systems (HIS) as well as interfacing with the Education Management Information Systems (EMIS).


TS KOJANA
SUPERINTENDENT GENERAL- ECD&E

07/10/2019
DATE

