



 CLICKS+

Helping Hand

Moms & Babies

EXECUTIVE SUMMARY

Clicks Helping Hand Trust

Primary Healthcare in South Africa

A baby's cry for help

Since the mid 1990's, life expectancy in South Africa has reduced by almost 20 years. In addition, we are one of only 12 countries in the world where infant mortality is increasing.

The government has been working hard to provide services: over 1300 clinics have been opened since 2000, but they are overcrowded. At the launch of Child Health Week in September 2009, Health Minister Aaron Motaalehi said he was fully aware of the challenges faced by young mothers, including long queues, medicine shortages and many others. "A lot of these deaths can be prevented," he said. "My call to all South Africans, in particular healthcare workers and mothers, is to stop these deaths!" We are heeding this call.

The Clicks Helping Hand Trust is Clicks' response through our "Helping Hand for Moms & Babies" project. We are dedicated to maintaining the health and wellbeing of mothers and babies through the provision of free clinical services.

We believe that through our national footprint of over 260 pharmacies across South Africa we can help to turn the tide of premature mortality by offering free clinic services to disadvantaged families across South Africa. We know we can make a difference to our future generations, but we can only achieve our goals with your help.

Clicks Helping Hand Trust

A Helping Hand for Moms & Babies

The "Helping Hand for Moms & Babies" project, managed through the Clicks Helping Hand Trust, will roll out in selected in-store Clicks clinics nationally with free mother and baby clinical and educational services every Thursday afternoon. Services provided include baby immunisations, nutrition and feeding advice, baby weighing and growth monitoring, as well as family planning advice. Although this project starts in our Clicks clinics, within a few years, or as funds can be raised, the project aims to provide a mobile mother and child clinic that will visit areas with less access to Clicks or Government facilities for primary care.

The programme will be directed to previously disadvantaged families who either do not have ready access to state facilities or who are not able to give up a day's work to queue in such facilities. Our intention is not to compete with state facilities, but to support the state's worthy efforts to address the need with the resources that we, a private corporation, have.

"At Clicks, we understand that motherhood is rewarding, but can also be challenging. We are determined to do what we can to help those mothers who are living in less than ideal circumstances, and who don't have easy access to health services and basic education. We have established a trust to assist mothers who need baby education, healthcare advice and support and, where possible, immunisations. Together we can make a difference in providing healthy, safe and loving foundations for future generations" – Mike Harvey. [Managing Director, Clicks]



CASE FOR SUPPORT

Clicks Helping Hand Trust

Why is this project important?

Millennium Development Goals, adopted by World leaders in 2000 and set to be achieved by 2015, consist of eight time-bound goals for providing concrete, numerical benchmarks for tackling extreme poverty in its many dimensions. South Africa is lagging behind the MDG goals set, and also behind many countries on the African continent.



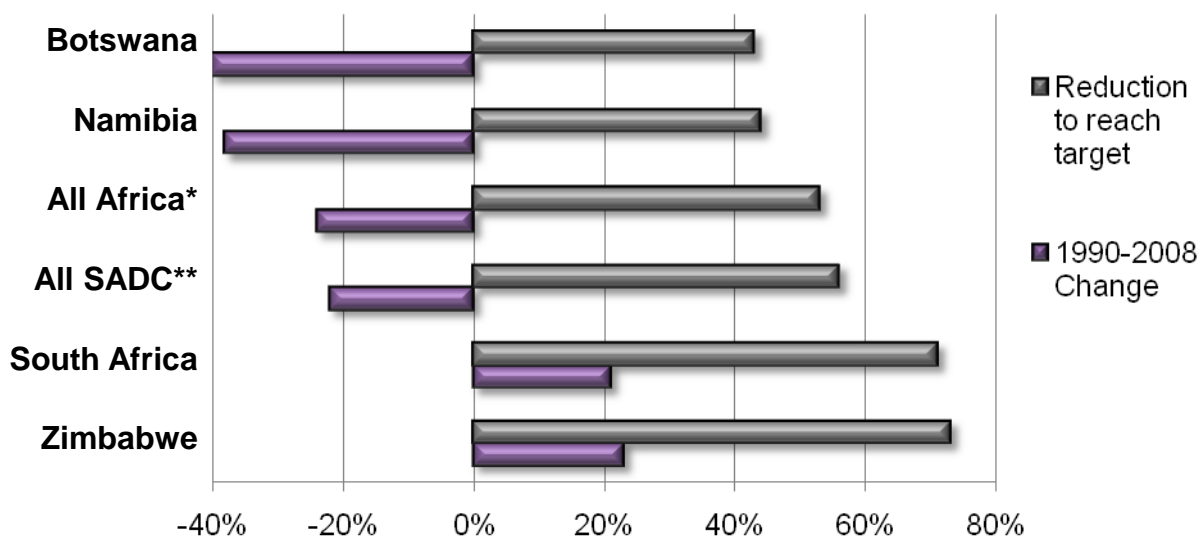
Millennium Development Goals with Indicators for Goal 4

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality**
 - 4.1 Under-five mortality rate**
 - 4.2 Infant mortality rate**
 - 4.3 Proportion of one-year-old children immunised against measles**
- Goal 5: Improve maternal health
- Goal 6: Combat HIV and AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development

MDG 4.1 – Reduce under-five mortality rate by two thirds

While good progress was made in most African countries, the under-five mortality rate in South Africa increased by 19.6% over the period. Only Congo, Kenya and Zimbabwe fared worse.

Percentage change in Under 5 child deaths - 1990 to 2008 and reduction required to reach 2015 target



* 53 African Countries
 ** 13 Southern African Development Community Countries
 Source: United Nations, 2010

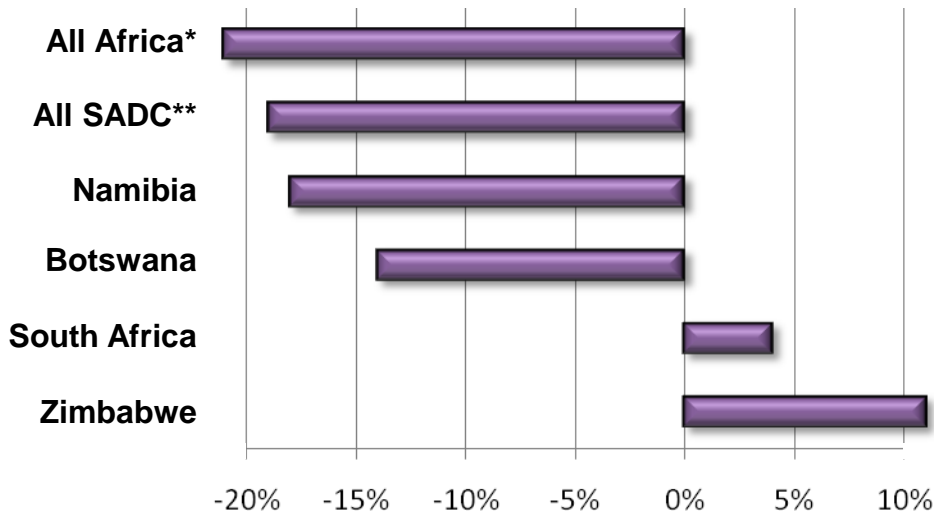


MDG 4.2 - Reduce the number of children who die before their first birthday

Unfortunately South Africa shows a 4% increase in infant mortality, whereas the rest of Africa averaged a 20% decrease. Only Kenya, Congo and Zimbabwe fared worse.



Progress (% change) in Infant Mortality Rate 1990 to 2008



* 53 African Countries

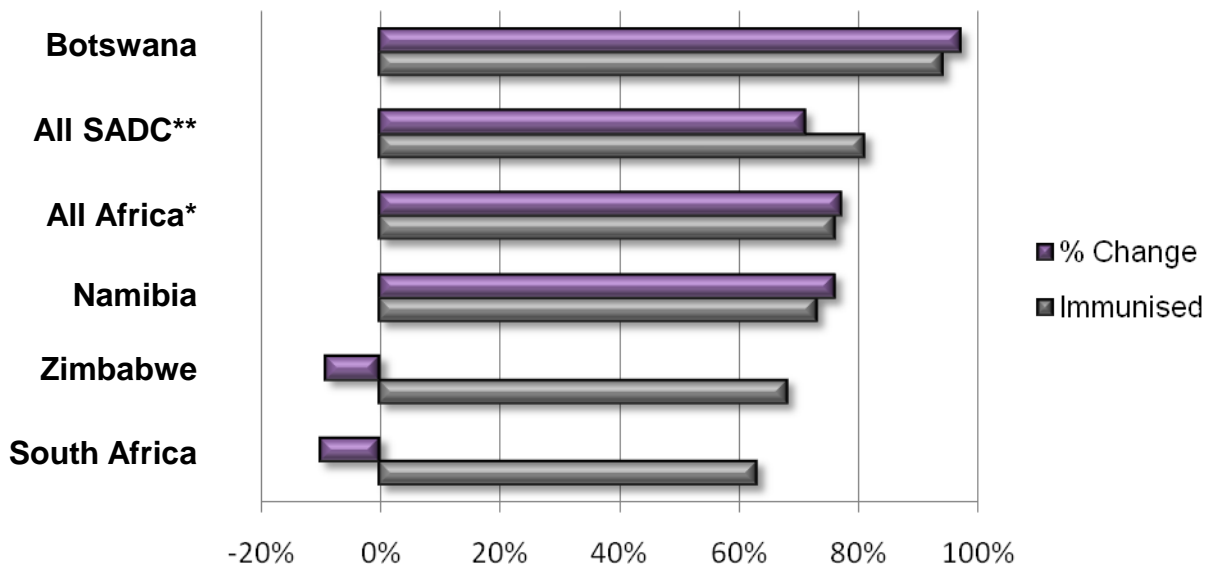
** 13 Southern African Development Community Countries

Source: United Nations, 2010

MDG 4.3 - Increase coverage of immunisations to 90%

South Africa shows a regression of -10%. This directly affects the infant mortality rate although deaths from diseases such as measles are entirely vaccine preventable.

Percentage of one year old children immunised against measles in 2008 and % change 2000 to 2008



* 53 African Countries

** 13 Southern African Development Community Countries

Source: United Nations, 2010



What has impeded progress?

The proportion of the global burden of disease borne by South Africa, with a population of 48 million, is disproportionately high. In addition to HIV and TB epidemics, we carry a high burden of mortality due to chronic diseases, and maternal, neo-natal and child mortality, amongst others. This imposes a massive strain on an already overburdened public healthcare system, struggling to overcome poor administrative management, lack of funding, and a shortage of skills.

One of the main causes of South Africa's poor health record is a lack of education and easily accessible and convenient primary healthcare facilities. It is the country's primary national objectives, in relation to child immunisation, to:

- Attain 90% full immunisation coverage amongst children at 1 year of age by 2005
- Vaccinate 90% of children against measles
- Achieve a less than 10% drop out rate between measles 1 and 2 doses
- Eradicate polio

We believe that Clicks and its partners have a role to play in reversing this trend and the expertise to provide a helping hand. In so doing, we will also assist in the achievement of Millennium Development Goals for South Africa.

"Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has".

Margaret Mead

What difference will this project make?

Bring hope to new mothers

Every child has a right to a vaccination and every mother should have access to advice and help on how to care for her child.

This project will focus on key health services:

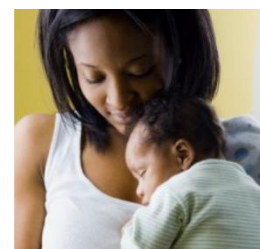
- **Feeding and nutrition advice** including guidance on breast feeding and healthy eating habits for children. Healthy eating habits help prevent childhood illness and contribute to children's overall wellbeing enabling them to grow to their full potential.
- **Baby growth monitoring and weighing** which can enable early diagnosis and treatment of disease or serious health issues such as malnutrition.
- **Family planning advice** which will allow women to plan their desired number of births and the spacing and timing of these births. This in turn will reduce the trauma of unwanted pregnancies and the tragedy of child mortality.
- **Immunisations** which prevent the spread of disease, offer effective protection against serious diseases, and save lives. The government has put together a revised and expanded programme on immunisation (EPI) schedule for South Africa. The schedule for the first 12 years of a Child's life can be seen on the Expanded Immunisation Programme – EPI [SA]



Expanded Programme on Immunisation – EPI (SA)

Revised Childhood Immunisation Schedule from 2009

Age of Child	Vaccines Needed
At Birth	<ul style="list-style-type: none"> • BCG Bacilles Calmette Guerin • OPV (0) Oral Polio Vaccine
6 weeks	<ul style="list-style-type: none"> • OPV (1) Oral Polio Vaccine • RV (1) Rotavirus Vaccine • DTap-IPV/Hib (1) Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine and Haemophilus influenzae type b Combined • Hep B (2) Hepatitis B Vaccine • PCV7 (1) pneumococcal Conjugated Vaccine
10 Weeks	<ul style="list-style-type: none"> • DTap-IPV/Hib (2) Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine and Haemophilus influenzae type b Combined • Hep B (2) Hepatitis B Vaccine
14 Weeks	<ul style="list-style-type: none"> • RV (2) Rotavirus Vaccine • DTap-IPV/Hib (3) Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine and Haemophilus influenzae type b Combined • Hep B (3) Hepatitis B Vaccine • PCV7 (2) pneumococcal Conjugated Vaccine
9 Months	<ul style="list-style-type: none"> • Measles Vaccine (1) • PCV7 (3) pneumococcal Conjugated Vaccine
18 Months	<ul style="list-style-type: none"> • DTap-IPV/Hib (4) Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine and Haemophilus influenzae type b Combined • Measles Vaccine (2)
6 Years (Boys & girls)	<ul style="list-style-type: none"> • Td Vaccine Tetanus and reduced strength of diphtheria Vaccine
12 Years (Boys & girls)	<ul style="list-style-type: none"> • Td Vaccine Tetanus and reduced strength of diphtheria Vaccine



How can Clicks and partners help?

Donations can accelerate the number of access points

There is a need to provide immunisation, health and health education services to disadvantaged individuals who may not have convenient access to state facilities, or the ability to wait in day-long queues before receiving attention.

With a network of over 260 pharmacies across the country that provides convenient access to primary healthcare, we believe Clicks can help alleviate the burden on state institutions by donating professional nurse time, managerial experience, clinical space, and where possible medicines for babies. However, it can cost over R3500 to vaccinate one baby for the first 18 months of his or her life after leaving the hospital. The Helping Hand Trust is soliciting donations in the form of cash from other NPOs and private funders, as well as from Government in the form of state immunisation and family planning stock.



A HELPING HAND FOR MOMS AND BABIES

Project Specifics

A phased approach

Providing a helping hand, one step at a time

As this is a new project, and in order to ensure we properly implement all of our stated goals, it will be rolled out in phases. Through all phases, services will be provided free to all disadvantaged mothers who we have defined as those whose children were born at a state facility. Proof of birth location must be provided to the Clicks nursing practitioner in order to qualify. The speed in roll-out of access points provided by the project will depend on the project sponsors: Clicks, Government and other cash donors.

Phase 1: Clicks in-store Clinics

The beginning phase of this project will be a proof of concept at the new Clicks Gugulethu pharmacy, in one of the largest townships in Cape Town. After a short proof of concept phase, the project will be rolled out to 3 more Western Cape clinics to demonstrate the operational concept and scalability.

Throughout the first phase of the project all services will be provided in Clicks in-store Clinics by Clicks nursing practitioners. These services:

- Will be available by appointment and walk-in every Thursday afternoon
- May include medicines like immunisations and family planning injections, which will be administered by nursing practitioners, when available from sponsor donations
- Will be tracked through Clicks in-house IT system, to keep accurate records of all appointments and services delivered.

The project intends to demonstrate the concept in every province within the first year of the programme. Dependent on sponsorship, it is our hope that we will be able to offer these services in every Clicks in-store clinic as a convenient access point. However the high cost of immunisations and other medicines may be a limiting factor.

Phases 2 & 3: Extending the reach beyond Clicks pharmacies

The second and third phases of the project seek to reach further into the community to provide the aforementioned services. As funding allows, we will extend the project reach to assist Government clinics in areas where we do not have a Clicks in-store clinic by placing Clicks nursing practitioners in state facilities to conduct immunisations. Ultimately, the project aims to establish a mobile clinic to provide these services where there is not a Government or Clicks in-store clinic. It is estimated that the cost to purchase, outfit and run a mobile clinic may be in excess of R5m.



Project Sponsors

Extending a Helping Hand

Clicks has identified multiple ways to contribute to this project. Internally, Clicks will:

- Contribute 5% of profits from sales of Clicks branded Baby products sold through all Clicks stores
- Request funding from The Clicks Foundation, a Clicks Group trust, to contribute a portion of its annual funds to this healthcare initiative in line with its trust deed objectives
- Rally staff to make donations through the Employee Giving programme
- Request donations from customers in stores by donating cash or Clicks ClubCard loyalty points

In addition, Clicks is entering into discussions with National and Provincial Departments of Health to provide sponsorship for baby immunisations and family planning medicine. This is a crucial part of the project as it's the single largest cost of the operating budget. As Government is able to procure medicines at lower than market prices, a medicine donation from Government, nationally or provincially, can mean a much faster roll-out of service access points.

Lastly, the Clicks Helping Hand trust will seek funds from corporate and NPO donors. Funding is urgently required to purchase medicines required at participating clinics where there is no government stock available. In addition to using funds to purchase of medicines during the first phase of the project, the Clicks Helping Hand Trust will also seek to keep a reserve of funds for future activities as described in phases two and three of this project.



Benefits for sponsorship

- Donations are tax deductible
- Impact is clearly measurable (We have systems in place that will accurately track the number of mothers and children we support / immunise)
- Regular mention in our Club Card magazine which reaches up to 2 million customers a year (500k - 600K customers with each issue 5 times a year) and free advertising on our website where the project is mentioned and described
- Exposure in Clicks print advertising vehicles which include catalogues and tabloids with a reach of up to 3 million customers a month. Space in catalogues will be allocated according to level of donations :
 - **Bronze Glove** level of recognition for cash donations over R250,000 which entails a mention, with logo, in two catalogues or tabloids a year.
 - **Silver Glove** level of recognition for cash donations over R500,000 which entails a mention, with logo, in 4 catalogues or tabloids a year.
 - **Gold Glove** level of recognition for cash donations over R1,000,000 which entails a mention, with logo, in 8 catalogues or tabloids a year, as well as on in-store POS.
- Exposure in all communication channels at our disposal including in-store leaflets
- In-house radio and in-house Clique magazine.

Contact Details

Organisation and address:

Clicks Group Limited
Clicks building
Corner Searle & Pontac Streets
Woodstock
Cape Town
8000

Craig Small
Commercial Executive: Pharmacy
Telephone: +27 21 460 1821
Fax: +27 21 467 3821
Cell: +27 71 941 6633
Email: cs5@clicks.co.za

