



SANAC NEWS

THE OFFICIAL NEWSLETTER OF THE SOUTH AFRICAN NATIONAL AIDS COUNCIL

This fourth edition of SANAC NEWS comes just two months before the next World AIDS Day on 1 December when countries around the world will pay respect to those infected and affected by HIV and AIDS. World AIDS Day also gives us an opportunity to reflect and take stock of our responses to the HIV epidemic. We should ask ourselves: Are we all – personally and collectively – doing enough to prevent new infections and curtail the impact on our planet? Although the focus of this edition is not on World AIDS Day, we certainly are taking stock of developments around programmes aimed at delivering on the objectives of the National Strategic Plan on HIV, STIs and TB. To begin with, we get you up to date on the Department of Basic Education's draft policy on HIV/AIDS and TB. With about 24 000 schools and many more learners, teachers and other staff, the department has a captive audience amongst which to address these epidemics. Read all about the draft document on page 3. Related to this, read how the higher education sector

receives a major cash boost for the development of HIV and AIDS curricula, also on page 3. While much of the effort to address the HIV epidemic is centred on bio-medical interventions, there is overwhelming evidence that many social factors contribute to the spread of the epidemic and these deserve as much attention. Find out what SANAC's recently established Social and Structural Drivers Technical Task Team is doing in this regard on page 4. On page 8, we are reminded that mother's milk is best for a child's growth – in spite of the presence of HIV. In these pages, we're also pleased to announce that the office of the Auditor-General has given SANAC an unqualified report in the first ever audit investigation process that we have had to undergo in our years of existence. This is no mean feat! We hope that we are as excited to read this newsletter as we are to present it to you. We look forward to bringing you more news and developments in the next issue which will have a strong focus on World AIDS Day 2013.



FEATURES:

- * **BREAST IS STILL BEST**
- * **WHY ARE OUR BOYS STILL DYING FOR TRADITION?**

NEWS:

- * **Education sector interventions**
- * **A report back on the Men's rally against the abuse of women and children**
- * **Recommendations from the recent Women's Prevention Summit**
- * **Comments from the CEO**



SANAC NEWS

UNQUALIFIED

A CLEAN BILL OF HEALTH FOR THE SANAC TRUST

by Dr Fareed Abdullah, CEO, SANAC

At the end of year one of the NSP, the Secretariat was audited by the Auditor-General and received an unqualified audit opinion. This is a remarkable achievement as the Secretariat has not previously presented financial statements to the Trustees or had them externally audited (except for the review of the dormant Trust account carried out under the aegis of the national Department of Health (DoH) audit.

An unqualified audit opinion does not mean that all systems are operating optimally, and the Secretariat still has a long road to travel to build up its full capability. It does, however, give confidence to donors and the public that the management team is able to truly reflect the financials for the institution, and show that the funds were used for their intended purpose. The financial statements and audit opinion will be published in the soon to be released Annual report and will also be available on the website before the end of October.

The main implication of setting up the Secretariat as a fully functional independent institution with its own governance structures is that this will restore the confidence of donors in the Secretariat. Already, funding from government has increased and one donor has deposited funds directly into the Trust account with two potential donors coming on stream in the next six to eight months.

Setting up the internal systems of an institution is work that is unseen and generally unreported. In this case, the institutional problems of the Secretariat were cause for concern and it is essential that we communicate this progress. The progress made has been the result of hard work done by the Trustees, corporate services staff at the Secretariat and the Audit and Risk Committee.



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All content in these pages is written and edited by SANAC Communications Manager, Khopotso Bodibe, except where otherwise stated.

If you have comments or queries regarding SANAC NEWS and activities taking place at SANAC or around the NSP, you're welcome to contact him on khopotso@sanac.org.za or call him on 012 395 9675.

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NEWS FROM THE EDUCATION SECTOR

"HIV AND TB IS NOT ONLY A HEALTH OR A PUBLIC HEALTH ISSUE ANYMORE. ALL OF US HAVE TO DO SOMETHING ..." Dr Faith Kumalo, Chief Director for Care and Support in Schools, DBE

SA UNIVERSITIES GET MONEY TO TACKLE HIV EPIDEMIC

The National Skills Fund (NSF) has made a grant of almost R25 million to the Higher Education HIV/AIDS Programme (HEAIDS) to equip academic staff at public universities and Further Education and Training (FET) colleges with the skills to integrate and address HIV and AIDS issues in their curricula.

The funding was announced on 29 August by Deputy Minister of Higher Education and Training, Mduzuzi Comfort Manana, at a strategy summit of HIV programme managers from public higher education institutions. The summit was convened by HEAIDS to discuss institutional programme priorities and available support facilities.

"Our universities and colleges, like all other institutions of society, cannot escape the social responsibility to engage with the challenges of South Africa," said Deputy Minister Manana in announcing the grant. "The HIV epidemic raises the role and responsibility of our teachers in the pressing matters of our society and in the lives of our students. Through this intervention, our graduating students will also be equipped to make a difference in the productive sectors of our economy and society as a whole in relation to HIV and AIDS."

The National Skills Fund grant will be used specifically to help university lecturers to incorporate relevant modules of HIV and AIDS into their teaching programmes, bringing HIV into the mainstream of various academic courses.

"It might seem obvious to use our teaching and learning platforms to deal with a national priority like the HIV epidemic, but it's not that simple. Academics who are experts in their fields do not always find it easy to incorporate perspectives on HIV and AIDS into their teaching programmes," explained HEAIDS director, Dr Ramneek Ahluwalia. "HEAIDS will create a pool of experts in the area of HIV curriculum development and be in a position to train other academics in integrating HIV content into the curriculum across different disciplines."

In addition to the NSF grant, the strategy summit addressed a partnership with the Networking HIV/AIDS Community of South Africa (Nacosa) to develop programmes to address the needs of lesbian, gay, bisexual, transgender and inter-sexed (LGBTI) students and staff at higher education institutions. LGBTI individuals are identified in the NSP as a target population for HIV mitigation programmes.

Content supplied by HEAIDS

DEVELOPING AN HIV AND TB POLICY FOR SCHOOLS

With more than 12 million learners in 24 000 schools, more than 400 000 teachers, and thousands of other personnel nationwide, the Department of Basic Education (DBE) has an immense responsibility – to curb the spread of HIV infection and address its impact amongst its constituencies. The department has developed a draft document setting out the proposed policy direction for HIV and TB.

"It is crucial to have a specific policy focusing on prevention, treatment and care and support for HIV and TB in the school system," says Dr Faith Kumalo, Chief Director for Care and Support in Schools at the Department of Basic Education. "Our approach to HIV and TB is from a management perspective. These infections affect the efficiency of the sector by temporarily or permanently depleting learning and teaching staff, as morbidity often causes some to be absent from school for extended periods of time and others die as a result of illness. We do realise that HIV and TB is not only a health or a public health issue anymore. All of us have to do something."

According to the department's 2011 Annual National School Survey, just over two million (2 000 675) children in schools had lost a parent, in most cases to HIV. These children are likely to have additional care and support needs that must be catered for in the schooling system. The document thus proposes means to deal with orphaned and vulnerable children, as well as those with special education needs.

The draft also proposes that access to male and female condoms be introduced in schools. To date, this has been a hotly debated issue.

Kumalo says: "The goal of the policy is to increase the knowledge and skills of learners, educators, school support staff and officials in dealing with infection and to improve access to services through improved coordination and mainstreaming. In this way, we hope to retain learners and staff in the system. Our guiding principle is that no learner shall be denied their right to education due to their HIV or TB status, whether true or perceived.

"The policy seeks to cater for access to counselling, treatment and support; access to information; the guarantee of equity and protection from stigma and discrimination; fair labour practices; gender sensitivity and responsiveness; and a reasonable approach to address issues such as absence because of ill health or the need to go to a health facility to access services."

A legislative process, including a call for public comment, will unfold in 2014 before the draft can be made policy. Once formulated into policy it will apply not only to government schools, but to independent schools as well.

ADDRESSING SOCIAL AND STRUCTURAL DRIVERS

“Gender-based violence, poverty and alcohol are the three main drivers of HIV infection that we need to address,” said Lebo Ramafoko, chairperson of the newly formed Social and Structural Drivers Technical Task Team of SANAC, in an address at SANAC’s last Programme Review Committee (PRC). The National Strategic Plan is clear that unless we address these social problems and unless our plan is comprehensive and employs both the biomedical and social responses, our efforts to address AIDS will be incomplete.

“There is evidence of the impact of the drivers of HIV incidence. Similarly, there are studies on existing interventions to address these problems. Various government departments also have strategies and policies to address these. Our work is to pull these together to make a concerted effort to prevent new HIV infections amongst key populations. Our work is to use these to devise programmes for provinces, districts, and so on.”

Ramafoko also pointed out that gender-based violence manifests itself in three different forms – intimate partner violence, sexual abuse of children and sexual abuse of

adults – and added that interventions must include a focus on the prevention of gender-based violence and child abuse, strengthening women’s resilience and law and policy implementation. “We must do everything in our power to ensure that young girls remain in school. There is sufficient evidence to show that being in school has a protective effect from HIV infection for young girls.

“Key points of entry for gender-based violence prevention must look at building gender equity at all levels, critically changing constructions of masculinity, reducing childhood exposure to gender-based and sexual, physical and emotional abuse at home as well as improving relationship skills to manage communication and conflict and reducing substance abuse.

“South Africans are the heaviest drinkers in the world, with adult per capita consumption of 15 to 20 litres a year, according to a 2009 report by the Medical Research Council (MRC). There is a clear link between drunkenness and unsafe sexual behaviour and because of this we recommend policy that will ban advertising of alcohol. We recommend that a levy be imposed on the sale of alcohol to set up a health promotion foundation.”

In the chair

LEBO RAMAFOKO, chair of SANAC’s Social and Structural Drivers Technical Task Team



SANAC’s newly-formed Social and Structural Drivers Technical Task Team (TTT) is chaired by leading social and behaviour change expert, Lebogang Ramafoko. Ramafoko, who has 19 years of experience in the field, is the chief executive officer (CEO) of the Soul City Institute for Health and Development, which is responsible for the creation of some of the country’s foremost social and behavior change communication programmes. Before becoming CEO at Soul City Ramafoko worked in various capacities in the organisation, and acquired practical skills and experience in the actual development of social and behavior-change tools, including television dramas, print booklets designed specifically for low-literacy end-users, radio dramas and talk shows.

Lebogang has a passion for working with communities. She believes that they should be empowered with skills to harness their own strength to communicate the complex development issues that they face and to find solutions for their challenges.

Her illustrious career in developing communication programmes for communities resulted in her being awarded a Clinton democracy Fellowship in 2002 for her leadership abilities. Lebogang is known for managing relationships with donors, various tiers of government, the private sector and the NGO community.

Lebogang is a Rhodes/Mandela Fellow and completed a Masters in Public Administration at Harvard University. She also holds a post-graduate diploma in Ethics and a Bachelors Degree in Education from Wits University.

THE RIGHTS WAY

Why NSP implementation programmes must respect and uphold legal and human rights

by Rentia Agenbag

To a great extent, the successful implementation of the National Strategic Plan (NSP) to address HIV and AIDS, TB & STIs, requires an environment that respects and upholds legal and human rights. Such an environment is crucial for the provision of and access to prevention and treatment services, disclosure, open dialogue, discrimination and stigma eradication. It is for this reason that Strategic Objective 4 of the current NSP is expressly aimed at developing an enabling and accessible legal framework that protects and promotes human rights, improves access to justice and reduces self-reported stigma related to HIV and TB by at least 50%. South Africa has the enabling policy environment required to eliminate stigma and discrimination and the NSP recognises the centrality of Constitutional values and human rights of people living with HIV and/or TB – or those who are at risk of infection - and recognises that their rights should be respected, protected and promoted.

South Africa has come a long way in addressing human rights in the context of HIV and AIDS. SANAC recognises however, that an *ideal* human rights environment will only thrive when there is a visible and concerted effort by the country to address the stigma that has for many years dogged those who are infected with HIV. To this end, SANAC’s Legal and Human Rights Technical Task Team (TTT) and the People Living with HIV and AIDS (PLHIV) sector are working on devising a South African Stigma Index that will provide indicators for monitoring stigma, with an overall aim of intensifying programmes to mitigate its manifestation and

effects. The TTT has been carefully selected to appropriately advise on the characteristics of stigma and discrimination and the key population groups that are most affected or most at risk, for example, sex workers, men who have sex with other men and mobile and migrant workers.

Led by the national director of the Legal Resources Centre (LRC) and commissioner of the South African Human Rights Commission, Janet Love, the TTT comprises of some of the country’s leading legal and human rights experts. The team is mandated to:

- ✘ Provide expertise and leadership in setting priorities and strategic direction on the Legal and Human rights agenda of the NSP;
- ✘ Inform decision-making through clear and practical policy and programmatic recommendations that address HIV-related stigma and discrimination; and
- ✘ Advise on the monitoring and tracking of country-led legal and human rights strategies and inform further programming.

The Legal and Human Rights TTT is committed to providing leadership and direction to ensure equity and equality, promoting an accessible justice and legal system and ensuring that the rights of people living with HIV and TB, especially key populations at higher risk of HIV exposure, such as men who have sex with men and sex workers, are safeguarded.



A CALL TO END THE VIOLENCE

The first ever national Men's Rally against violence

Addressing the rally at the Johannesburg Stadium on August 24, Deputy President Kgalema Motlanthe who led the rally, called on South African men to take a stand against any form of prejudice or violence directed towards women. "We are here today to encourage men to take a stand against gender-based violence. We do this well aware that the majority of victims of domestic violence are girl children, women and even our grannies."

Organised by Brothers for Life and the SANAC Men's Sector, under the theme "Not in My Name", the event was the culmination of weeks spent in 34 community dialogues educating communities, particularly men, about the adverse effects of gender-based violence.

The dialogues were a partnership of various organisations including the Men's Sector, Sonke Gender Justice Network, the National Association of People Living with HIV and AIDS (NAPWA), the SA Men's Action Group, and Johns Hopkins

Health and Education South Africa (JHHESA).

The rally drew various high profile individuals, including the Minister for Women, Children and People with Disabilities, Lulu Xingwana, who encouraged the "Not in My Name" campaign to continue encouraging men to raise their voices against women and child abuse. "Women have always participated in awareness campaigns and have led marches against gender-based violence as victims, survivors and supporters of the affected. So it is humbling to see men taking a stand against this scourge," said Xingwana.

Actor and Brothers for Life Ambassador, Patrick Shai, also supported the rally: "No man should allow his friends to commit acts of violence on women. Let us make a collective effort to ensure that these crimes don't continue to happen. Our women and children should live happily in the streets and in their homes."

At the end of the rally participants signed a pledge committing themselves to help curb women and child abuse.



"No man should allow his friends to commit acts of violence on women. Let us make a collective effort to ensure that these crimes don't continue to happen. Our women and children should live happily in the streets and in their homes."

PATRICK SHAI
Brothers for Life Ambassador

A WOMEN-CENTRED AGENDA

Women's Prevention Summit champions female-controlled interventions

The third biennial national Women's HIV Prevention Summit, held in Johannesburg in early September, highlighted the need for a women-centred HIV prevention agenda. Under the theme "Violations against Women", the two-day summit discussed three sub-themes to address research, programmatic and structural interventions needed to reduce the rate of new HIV infections amongst South African women.

The Women's HIV Prevention Summit brings together members of the Women's Sector to provide a platform for information sharing, engagement and capacity building between the HIV social and scientific research, policy, and service sector communities in order to strengthen evidence-based, women-centred prevention strategies and advocacy responses for a prevention agenda aimed at women in South Africa.

The summit resulted in a number of priority actions to follow through moving forward:

- ✘ Establish a memorandum of understanding with the Department of Women, Children and Persons with Disabilities (DoWCPCD) to drive a women-centred HIV response and increase accountability of government departments beyond the DoH.
- ✘ Investigate the procurement, distribution and social marketing of female condoms.
- ✘ Hold provincial workshops and dialogues on termination of pregnancy and contraception. The workshops should address and emphasise the need to integrate sexual and reproductive health rights and HIV and rather than looking at issues in silos, develop a holistic approach in addressing women's health.
- ✘ Scale up responses and interventions that address the epidemic of violence against women in the country as a national HIV Prevention priority.

- ✘ Advocate for greater investment into new prevention technologies such as microbicides and vaccines and increase citizen involvement and buy-in for this research. The Women's Sector needs to engage researchers in an agenda for new technologies, including hormonal contraceptions, microbicides and new generations of female condoms.
- ✘ Step up an advocacy campaign around ARV stock-outs, which is critical to HIV prevention. There is a need for an action plan on raising awareness on new prevention technologies.
- ✘ Include women with disabilities in our responses.
- ✘ Our responses should have a focus on young women and young people in order to ensure that we have future leaders. We need to localise the ZAZI campaign to address key issues for young women.
- ✘ Make visible information on post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP), including rights about how and where to access them.
- ✘ There is an urgent need to host inter-generational dialogues amongst younger and older women.

Moving forward, the game changer lies in our ability to establish mechanisms that are safe, practical and led by the next generation in order to address the vulnerability of young women and girls.

Since the Summit the DoWCPCD has met with the Women's Sector to start discussions on how to address the effects of HIV on young women and identify current needs. The Women's Sector also joined key regional women and civil society organisations at a Wits Reproductive Health and HIV Institute (WRHI) meeting in Hillbrow, Johannesburg, to inform the proposed ECHO Randomised Controlled Trial (RCT) study on hormonal contraception.

BREAST STILL BEST

How breastfeeding reduces the risk of mother-to-child transmission of HIV

by Prof Muthuhadini Mawela and Dr Kgomotso Sanyane

Breastfeeding is universally accepted as the food of choice for all young infants. It provides all the nutritional requirements for infants up to six months of age – breastfed babies don't need additional food or water – and non-nutritive benefits for optimal growth and brain development. The global recommendation for optimal nutrition of infants by the World Health Organisation (WHO) and the United Nations Children's and Education Fund (UNICEF) is that infants be exclusively breastfed for the first six months of life. The guidelines further recommend the introduction of nutritionally adequate and safe complementary feeding beginning at six months of age, with continued breastfeeding for up to two years of age. The benefits of breastfeeding, both short and long term, are multiple and varied:

Benefits for the baby

- ✂ Readily available.
- ✂ Strengthens the baby's immune system because breast milk contains unique antibodies. Infections like pneumonia and ear infections are more common and more severe in infants who are not breastfed.
- ✂ Has a protective effect against necrotizing enterocolitis (inflammation of the bowels) in premature infants.
- ✂ Reduces the risk of allergy-mediated diseases such as Type 1 diabetes and asthma later in life.
- ✂ Is associated with greater intelligence in older childhood and adulthood.
- ✂ Protects against obesity and childhood leukaemia.

The use of formula milk in developing countries may increase the risk of mortality in young children by causing diarrhoeal diseases. Formula feeding is also associated with poor growth and development.

Benefits for the mother

- ✂ Faster contraction of the womb after delivery
- ✂ Minimises the risk of post-partum bleeding.
- ✂ Promotes mother-child bonding and protects against the post-delivery depression or "blues" experienced by some mothers.
- ✂ Can also act as a form of contraception by delaying the return of the menstrual cycle (although it is advisable to use contraception).
- ✂ A decreased risk of breast and ovarian cancer compared with those who do not breastfeed.

Mixed messaging

Unfortunately, because of the HIV pandemic there are conflicting messages about breastfeeding that overshadow its benefits. Breastfeeding is also threatened by the competitive – often unethical – promotion of formula milk by corporate producers.

Also, research has shown that the HI virus may be transmitted through breast milk from an HIV-positive mother to her infant – a risk present for as long as the infant is breastfed. Public health experts estimate that there is a 10 to 15 percent chance of HIV-infected mothers passing the virus on to their newborns through their breast milk.

Developed vs developing countries

Policies that encourage avoidance of breastfeeding are based on studies from developed countries and are inappropriate for developing countries. In developed countries, HIV-infected women are encouraged to avoid breastfeeding, but in developing countries, largely because of lack of access to clean water and good quality formula and the means to sterilise feeding bottles, avoidance of breastfeeding is associated with increased risk of death and poor growth and development due to diarrhoeal and respiratory infections and malnutrition. HIV-infected women in developing countries are faced with a dilemma – transmit the virus to their infants through breastfeeding, or risk malnutrition and disease by not breastfeeding.

Decreased risk

We now know that exclusive breastfeeding actually lowers the risk of mother-to-child transmission of HIV and antiretroviral treatment (ART) given to the mother and baby further decreases the risk. ART for the prevention of mother-to-child transmission (PMTCT) has evolved from the administration of a single drug (Nevirapine) during labour, to fixed dose combination (FDC) antiretroviral drugs. The FDC drug Atrioza combines Tenofovir, Emtricitabine and Efavirenz and is taken once a day by all pregnant women who test HIV-positive during their antenatal care. This treatment is continued throughout the pregnancy and during breastfeeding.

The HIV-exposed newborn is also started on a daily dose of Nevirapine syrup for six weeks. The provision of combination antiretroviral drugs to both mother and baby, and exclusive breastfeeding for six months with continued breastfeeding up to one year as recommended in the current South African PMTCT policy of April 2013 has made breastfeeding much safer for HIV-positive women.

Exclusive breastfeeding

Many breastfeeding mothers do *not* practice exclusive breastfeeding and give their babies water, formula and other foods before six months of age. This so-called mixed feeding increases the risk of the HI virus being transmitted to the baby because the infant's delicate bowels may be damaged by the foods resulting in microscopic fissures through which the virus can enter the baby's system.

The challenge for health care professionals is to educate and support mothers in exclusive breastfeeding for the first six months. There is a need to expel myths and change mindsets towards exclusive breastfeeding by continuous education and support. This, together with the provision of antiretroviral drugs as per national policy, will ensure that babies receive the full benefits of breastfeeding and remain free of HIV infection.

In conclusion

Exclusive breastfeeding, even in HIV-positive women is an important strategy for child survival. If antiretroviral drugs are given to both mother and baby and an HIV-positive woman is fully adherent with the treatment throughout the duration of breastfeeding, the actual risk of transmitting HIV through breast milk is exceedingly low.

The best food for all babies is still breast milk whether or not a mother is HIV infected.

Prof Muthuhadini Mawela is head of Neonatology, University of Limpopo (Medunsa campus).

Dr Kgomotso Sanyane is a Neonatology fellow, University of Limpopo (Medunsa Campus).



DYING FOR TRADITION

Following the deaths of 30 boys and young men in Mpumalanga and 30 more in the Eastern Cape this past initiation season, the Yezingane Network, SANAC's Children's Sector, has called on president Zuma to institute a Commission of Enquiry into the deaths of boys from traditional male circumcision.

Deaths of boys in initiation schools regularly make headlines but there has been inadequate action from authorities. Community members in affected communities with a strong circumcision culture underplay the problem, referring to deaths as "unfortunate but avoidable". Even mothers whose children died refused to speak out, saying that it was taboo. Traditional leaders adopted the same position. The silence is deafening. The general population calls for arrests and convictions, but nothing happens.

Those responsible for the deaths walk free. A report in the *Times* newspaper dated July 8, 2013 stated: "Culture is being used to cloak the murder of boy children."

Aside from the deaths, during this year's winter initiation season more than 300 boys were badly injured from botched circumcisions. Some were admitted to hospital in critical condition; others are scarred and maimed for life. Torturous conditions in the initiation camps may also lead to mortality.

According to Health Minister Dr Aaron Motsoaledi, death or injury in initiates may be caused by: massive bleeding leading to hypovolemic shock, infection, dehydration from being denied safe drinking water, septic shock, hypothermia from exposure to extreme cold weather, or low blood sugar from extreme food restriction. There have also been reports of initiates being routinely beaten and assaulted, some to death. Some initiates reported being denied food and water. These claims have been corroborated by the statement from the Minister of Health.

In 2007 *Irin* news (irinnews.org) reported the deaths of a group of 12 initiates in the Eastern Cape, despite the arrests of more than 20 illegal traditional surgeons in the preceding month. The Eastern Cape Provincial Department of Health reported that nearly 100 youths had been hospitalised, and 350 were rescued from "fly-by-night" [initiation] schools. Health department officials later spent two months driving through the rough, hilly terrain of the province, swooping on dodgy initiation schools to rescue young boys from the risk of infection, penile amputation and death. Although health authorities report and treat serious complications from botched circumcisions by traditional surgeons, a disconnect within government operations *vis-a-vis* initiation school fatalities and operations exists. While much effort is put into rescuing boys from illegal initiation schools and treating them, law enforcement and regulation seem to be non-existent. To date, there have been few convictions of traditional surgeons.

Victims of botched circumcisions continue to experience the following ongoing effects:

- ✂ **Chronic physical pain and other medical complications** on account of disfigurement and amputations: The *Mail* and *Guardian* reports that in the Eastern Cape, where statistics were available, the death toll for the five years between 2008 and 2012 was 323. During that time, a further 126 boys suffered genital amputations.
- ✂ **Psychological trauma:** Nightmares from their terrifying ordeals, not to mention the lifelong psychological and emotional trauma that these children will likely endure.
- ✂ **Poor school attendance:** Some former initiates will not go back to school on account of fear of ridicule. One boy lost his penis in the winter circumcision season of 2006. Now 23 he has managed to hide the fact from neighbours, friends and teammates. He is one of 154 young men who lost their penises because of botched circumcisions in the Eastern Cape in the five years up to July last year. His father says his son has since led a life of seclusion. "I pleaded with him to return to school after the amputation," said his father at the family's modest homestead at a village outside Mthatha, Eastern Cape. Because of extreme anxiety he dropped out of Grade 8 at the local school. The young man, an ace striker in the local soccer team, said he had stopped going to school for fear of being taunted by his peers.

The Yezingane Network is however encouraged by the position taken by the Presidency and parliamentarians who have called for the arrest and prosecution of the operators of illegal initiation schools, including legal schools operating outside guidelines. President Zuma echoed the national outrage at the unnecessary loss of lives, saying: "It cannot be acceptable that every time young men reach this crucial time in their development, their lives are culled in the most painful of ways in the care of circumcision schools."

In a recent statement the ANC called on government to act immediately: "Authorities can no longer pay lip service to dealing with this disaster that afflicts our nation during the traditional initiation season."

Content supplied by the Yezingane Network

THE LAST WORD

SANAC CEO
Dr Fareed Abdullah



One of the key ingredients for successful implementation of the NSP is the strengthening of the SANAC Secretariat. This is recognised in Chapter 5 of the NSP, which states, "... the SANAC Secretariat (will be) suitably strengthened to support coordination and oversight of the implementation of the NSP 2012 – 2016 and to meet the enhanced governance protocol expected of it." In this issue of SANAC NEWS I can confidently report that the Secretariat has now been established as a fully independent institution with good governance structures and management systems in place, including a new, fully registered Trust Deed and new Board of Trustees. We are now registered with SARS as a PBO with tax exemption status retrospectively approved from 2002. We have also received additional funding from government and from external donors.

At the end of year one of the NSP, the Secretariat was audited by the Auditor-General and received an unqualified audit opinion. This is a remarkable achievement as the Secretariat has not previously presented financial statements to the Trustees nor had them externally audited.

An unqualified audit opinion does not mean that all

systems are operating optimally and the Secretariat still has a long road to travel to build up its full capability. It does, however, give confidence to donors and the public that the management team is able to truly reflect the financials for the institution and that the funds have been used for the intended purposes. The financial statements and audit opinion have been published in the Annual Report and will be available on the website before the end of October.

The next two months will be taken up by a flurry of activity related to preparations for World AIDS Day. This year, WAD 2013 will be held in the Gert Sibande District of Mpumalanga chosen for the event because it has the unfortunate distinction of being the district with the highest HIV prevalence in the country. World AIDS Day will see the revitalisation of the HCT campaign in response to the clarion call from the Minister of Health for every South African to test for HIV and TB, at least once per year. This is a call to arms and the entire SANAC family must respond with verve and enthusiasm. Let every provincial, district and local council of SANAC implement a vigorous programme to achieve this ambitious goal!

A luta continua!

SIGN THE PETITION!



Help protect the future of our boy children

SANAC's childrens sector, the Yezingane Network has launched an online petition calling on President Zuma to set up a Commission of Enquiry into the deaths. It can be accessed at <http://chn.ge/17DZvh3>. Please visit the site and sign the petition!



www.sanac.org.za