



Ezenzekayo

Treatment Action Campaign Chris Hani District Newsletter

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JUSTICE DELAYED IS JUSTICE DENIED– TAC takes a stand against rape



TAC comrades marched outside the court to demand that rape survivors be protected by the justice system
Pic: Khayelethu Bobelo

For the past 12 months, TAC Queenstown has been following up a rape case involving a 10 year girl, Gufi [not her real name] and a 20 year old male from Ezibeleni, just outside Queenstown.

This school girl was repeatedly raped in February 2007. A school teacher noticed that something was wrong with her. She had 'love bites' around her neck and signs of penetration into her vagina. As always the alleged rapist's tricks were not different from others; he knew his target very well as they are living in the same street just a few houses from each other and the families knew each other. He would provide her with chocolates and sweets to keep her close and to shut her mouth. He even helped the little one with her school work as an element of building trust between them. As a result it was not easy for the child to tell her family about the rape and who the perpetrator is.

It has been almost a year now since the case was reported but until today the verdict has not yet been reached— leading to another trauma for the family and the child above all. This has most likely affected her school progress and also disturbed her psychologically. However TAC has succeeded in ensuring that the rapist does not get bail. This was achieved through organising a number of demonstrations outside the courts, engaging schools, South African Democratic Teachers Union (SADTU), school governing bodies, community policing forums, Faith Based Organizations and community members.

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With thanks to all at the Queenstown office and Lesley Odendal

The justice system has failed the family and community at large, yet again, as the case has been postponed for more than nine times now. The reasons given to TAC for the postponement were:

- The case should have been referred to the high court much earlier but instead the case was postponed more than twice in the magistrate court which did not have jurisdiction over the case.
- When it was taken to the regional court in Lady Frere, necessary dockets were not processed through to this court, again leading to unnecessary delays.
- Once the dockets had been processed, the DNA results were not yet returned from the lab.
- Now that the results are returned, there are other cases to be dealt with before this one.
- This case has been postponed again for 12 May 2008

If this is how the system operates, how many more people will report their cases of rape knowing that justice will be delayed and denied in this manner? However TAC is going strong saying "justice must be served" and intends to hold another demonstration to the regional court on the 12th of May.

TAC will be having a march, on 12 May, against the delays of this case and in support of the survivor and her family. We demand justice be served and that rape survivors are protected by the law. The march will start in front of the Masibambane Support Group offices at 8:30 am, to the regional court. From 12–14 May, we will be picketing outside the court and also attending the case.

Join TAC in the fight against gender based violence.

NDINGENZA NTONI XA NDINOKUDLWENGULWA

Sukuma, thetha phandle ngodlwengulo!

Ukuthatha izithomalalisi zikangawulayo zingawuthomalalisa umngcipheko wokosulelwa yintsholongwane kagawulayo emva kokudlwengulwa.



Ndwendwela isibhedlele ngokukhawuleza zingaphelanga intsuku ezintathu, ufumane amachiza okukukhusela kwintsholongwane kagawulayo nezifo ezasulela ngokwabelana ngesondo.

Ukuba udlwengulwe dibana nogqirha esibhedlele ngokukawuleza. Buza ugqirha okanye unesi ngalamachiza athomalalisa umngcipheko wokosulelwa yintsholongwane kagawulayo. La machiza abizwa ngokuba yi-**PEP**, ufanele uwathathe zingaphelanga iintsuku ezintandathu.

Ugqirha okanye unesi uyakunika ingcebiso ngokwenza uhloko lwentsholongwane kagawulayo. Phambi kokuba uhlolwe kufanele ufundiswe, ufumane ulwazi oluthe gabalala ngokuthethwa luhlolo lwentsholongwane kagawulayo. Ngoku usalindele iziphumo zohlolo unganikwa ezi zithomalalisi usele kwangoko.

Xa ufunyaniswe ungenayo intsholongwane kagawulayo, qhubeka uthatha lamachiza kude kuphele intsuku ezingama-28 ukukhusela ulosuleleko kwintsholongwane kagawulayo. Xa uthatha lamachiza ungenayo intsholongwane kagawulayo kufanele uphinde uhlole kabini emva kweveki ezintandathu (6), nasemva kwenyanga ezintathu.

Xa uthetha wafunyaniswa unayo intsholongwane kagawulayo, kufanele uyeke ukutya la machiza athomalalisa intsholongwane waziswe ngugqirha malunga nolunye unyango onokuthi ulufumane, wamkelekile ukutsalela umxeba kwa- TAC xa uthetha wafunyaniswa unentsholongwane.

EZINYE IZIGABA ONOKUTHI UZITHATHE UKUKHUSELA ISISAKHO XA UTHE WADLWENGULWA

Buza ugqirha okanye unesi ngamachiza okukhusela izifo ezasulela ngokwabelana ngezesondo (STIs)
Ipilisi ekhusela umitho (pregnancy)

UDLWENGULWE KODWA WOYIKA UKUCHAZA EMAPOLISENI

Amakhoba amaninzi aye akhethe ukungachazi emapoliseni yaye zininzi izizathu ezingunobangela woko. Kumaxesha amanzi amakhoba abanoloyiko lokuba isidlwengu siza-kuziphindezela kwaye sijongwe kabubi ekuhlaleni. Kubalulekile ukuba kwindawo esihlala kuzo izidlwengu sizise kwisebe lezophuli mthetho. Amapolisa anoxanduva lokukhusela wena kucalulo okanye woyikisela ukhuseleko lwakho yazisa amapolisa ngalomba. Kukhona nendawo ezikhuselekileyo apho ungahlala khona kwaye ukhuthazwa ngokuchaza emapoliseni ngodlwengulo.



Musa ukutshintsha okanye ulahle impahla ubuyinxhobile ngexesha lesiganeko. Kukwabalulekile ukuba ungalambi. Konke oku kungasetyenziswa njengobungqina .

NABANI NA ANGADLWENGULWA, KHUMBULA AYILOTYALA LAKHO

Nabani na angadlwengulwa kodwa omama nabantwana bangawona' maxhoba okudlwengulwa. Ukudlwengulwa kubangumtswalo onzima yaye amakhoba awahlukumezeki nje emzimbeni kuphela kodwa nasemphefumleni. Yilonto kubalulekile ukuba ubenomntu onokuthetha kuye akuxhase emva kokuhlukumezeka. Nasekuhlaleni kangela imibutho enokuthi ikuncede ngecebiso xa uthetha wadlwengulwa okanye wahlukunyezwa ngokwesini.

Cases of Reported Rape in Queenstown in 2007

JANUARY	43
FEBRUARY	27
MARCH	68
APRIL	51
MAY	54
JUNE	18
JULY	52
AUGUST	48
SEPTEMBER	42
OCTOBER	63
NOVEMBER	45
DECEMBER	59
TOTAL	570

Rape has become a crisis in our society

On the statistics provided by Ethembeni Rape Crisis Center (left), it is evident that rape has actually become a crisis in the Queenstown area. This is occurring around the country as a whole with South Africa having the highest incidence of rape in the world. Among others, women and children are most vulnerable and men are said to be perpetrators of this victimisation. This also plays a role in spreading HIV. Thus communities need to stand against such conduct and do something.

On that report there were 570 reported rape cases only in Queenstown /Mlungisi area for 2007. The reality is that there were more than those cases as most victims do not report rape incidents for a number of reasons which include a fear of being failed by the justice system. On average there were about 47.5 cases per month. The question is, how many of those were actually taken to the court of law and how long did it take to reach a decision? What was done to avoid secondary victimisation of rape survivors, including better investigation systems? Are there safety (homes) sites in our communities for survivors?

For contact details of Rape Centers, and other contact details, turn to page 4

Something needs to be done. The question is, how many cases did the justice system serve?



My life, my HIV

I am Ntombozuko Ndyamara, 27 year old mother of a 6 year old son, Iviwe, from Machibini village in Queenstown. I am living openly with my HIV. I was diagnosed HIV positive in 2003. When I went for testing there was nothing wrong with me, I was not sick or suspecting anything. It was during the Voluntary Testing and Counselling (VCT) campaign organised by TAC and I went along as I believe it is a test that everyone should take.

Having HIV was a turning point for me. I thought of my child— what would happen to him if I die or become seriously ill? Could he have HIV as well? I became more furious when he was diagnosed with TB. Later I tested him for HIV and the results were negative and that gave me peace of mind.

When I was diagnosed with HIV, I had a fear of being rejected by my family, friends and the community. All those fears faded as my family became more supportive. The community is more welcoming and relies on me to help and educate others about this disease.

TAC has empowered me to become strong and has given me information to share with others. Since then I started disclosing to my community, aiming at fighting stigma and discrimination against

those with HIV. As a result people from my village come to me to disclose and seek help.

The community, particularly in the rural areas, must understand and see HIV as a disease that is here to stay. Therefore we need to work collectively and find ways to deal with it, such as:

- Opening and strengthening Support Groups to give courage and support to those living with HIV and their caregivers.
- Ensuring that public health services (primary health facilities) are improved to provide ongoing counselling to those in need.
- Ensuring that access to treatment is made feasible for everyone, whether from urban or rural settlements.
- Information and continuous education is made possible for every member of the community.

These will broaden people's minds about HIV/Aids and help them to understand that ignorance can fuel the spread of this disease. Rape and abuse against women and children can also spread HIV. Therefore, communities need to act upon these issues and stop discriminating.

It should also be clear to people that women with HIV are equal to those without it. They have the same rights including reproductive rights. I may not have plans now for another child and that is not because of my HIV. When that time comes, I know that there is a prevention of mother to child transmission (PMTCT) program which helps to prevent children born from HIV-positive mothers from contracting HIV, although it still needs to be improved and strengthened.

“Women with HIV are equal to those without it. They have the same rights, including reproductive rights.”

BEING A MAN IN SOUTH AFRICA

It is such a disgrace and shame being a man in a country where women and children are abused everyday. Where rape occurs every 26 seconds and cases of sodomy are rising at an alarming rate. Men are perpetrators of such conducts, and male organisations in our country are dysfunctional and driven by individuals with no clear plans as to how they are going to sensitize us around woman issues and enable us to stand up against women and children abuse and rape. These organisations only exist for funding purposes, and what happens after they receive money is often not known.

Initially men had a responsibility of being family watchdogs and protecting their wives and daughters. They were pillars of the society— they would not think twice to act against any animal behaviour or danger posed in their homes or families. However today we have become enemies and a danger to our families. If we are not raping woman and children, we are beating them up or even killing them. There is no doubt in my mind that not all of us are like that, but for sitting back and keeping quiet about issues affecting our community we are as guilty as those perpetrators or those with evil deeds. We are no good and we are not helping our mothers and sisters. We have lost our respect, dignity and trustworthiness.

Rape occurs every 26 seconds If we are not raping woman and children, we are beating them up or even killing them.

When we are losing mothers, sisters, children and partners to HIV, we men find culture and statistics to justify our actions, where men perceive that because the HIV prevalence is higher among women than men, it is okay for men to have multiple partners. What good does that culture do to our communities besides spreading HIV/AIDS, leaving families without breadwinners, children becoming orphans unnecessarily with unidentified fathers and other siblings for that matter? While we keep on changing partners, HIV/AIDS is still viewed as a woman's disease and the question is 'Did these women and children infect themselves? And if not, where are men? What are they doing to fight

this disease? Please do not tell me that 'they are the ones who constantly remain passive in using condoms and see no need to get tested'.

In the good old days we use to say "Umntu ongasi-phethanga kakuhle ekuhlaleni [yinja] sisilwanyana. Kodwa xaku amhlanje inokuba izilwanyana xa zihlupha zithi zingabantu kuba kaloku zona sele ziziphethe ncono nokokunathi."

Rape is spreading HIV and we remain passive. Is that the model of culture we have adopted as men in SA? Where is our voice as men against the abuse of women and children and the spread of HIV? Why are we giving the said perpetrators an upper hand to do their deeds at the expense of our name (as men)?

This is a call to say 'Ayihlome ihlasele, zemk'inkomo magwala ndini'.

Tholulwazi

For more information about HIV and AIDS or related services, **contact TAC**. Mziwethu Faku **Tel:** 045 838 1364 **Fax:** 045 838 4755
You can write to us or visit our offices: No. 28 Morum's Building, Cathcart road, Queenstown 5620 or attend a branch meeting in the area closest to you. All contributions are welcome in any language – contact us at the above or **email:** masizole@tac.org.za

CHRIS HANI DISTRICT BRANCHES – 2008

BRANCH NAME	CONTACT PERSON	CONTACT NUMBER	MEETING DAYS
1.QUEENSTOWN	MZWANDILE MRAWUZELI	0787547381	WEDNESDAY 15H00
2.EZIBELENI	SIYABONGA DYWILT	0783051958	FRIDAYS15H00
3.SADA	CHIEF MEMA	0787142073	TUESDAY 15H00
4.DONGWE	ASANDA MOFU	0768616588	FRIDAY 15H00
5.TARKASTAD	ANDISWA JOKA	0731935124	sunDAY 15H00
6.CRADOCK	NONBONGA JAMES	0785439819	MONDAY 15H00
7.GALA	NONTUTUZELO MANTSAI	0799018397	WEDNESDAY 14H00
8.BARKLEY EAST	MAGGIE THETHELWA	0799556218	WEDNESDAY 09H00
9.CATHCART	ZANELE NQUVA	0727188983	WEDNESDAY 15h00

Useful Numbers for Rape Survivors

- **One Stop Centre** (Ezibeleni)
Ms. Poswa (manager) 047 873 5010
- **Ethembeni Crisis Centre** (Queenstown)
Ms Oliphants 045 8588400
- **Iilitha Community Project Services** (Ezibeleni)
Jeanette Ngxeketho Kopesha 082 723 6025
- **Tshwaranang Resourse Centre** (Queenstown)
Ms. Zoleka Stemela 045 838 3261
- **Child Protection Unit** (Queenstown)
045 838 1971
- **South African Police Service** (Queenstown)
045 808 1000 / 10111

PMTCT Sites

- **Nomzamo Community Health Centre**
Winnie Jordan 047 8731974
- **Ezibeleni Clinic**
Sr Msuthu 047 873 1036
- **Philani Clinic (Mlungisi location)**
Sr Shaneick 045 8072760
- **Gardens Clinic**
Ms Martha 045 8072769
- **Ilinge Clinic**
Sr Baninzi or Sr Siko 047 872 9053
- **Sada Clinic**
Sr. Filita or Sr. Paul 040 8410133

Prevention of Mother to Child Transmission (PMTCT)

Isebe lezempilo luzenomgaqo omtsha wokukhusela ulosuleleko labantwana abazalwa ngomama abaphila nentsholongwane kagawulayo. Oku kulindeleke ukuba kuqalise ukwenzeka ngo-July apha eMpuma-Koloni. Lomgaqo uthi:

- Ikliniki yakho kumele ukuba ikucebise nge-HIV nangokukuhlola. Kumele nokuba ikubonelele ngononophelo lwamayeza eniwadingayo wena nosana lwakho.
- Ukuba unentsholongwane kagawulayo, Umele ukuba unikwe iyeza elibizwa i-AZT ukususela kwiiveki ezingama-28 zokukhulelwa kwakho ude ubeleke. Umele ukuba unikwe nelinye iyeza elibizwa i-nevirapine. Usana lwakho oluzelweyo lumele ukuba lunikwe umxube weyeza i-nevirapine xa ulunywa kwakunye neAZT intsuku ezisixhenxe. Oku kuza kucutha umngcipheko wokuba umosulele umntwana wakho nge-HIV.
- Ikliniki kumele ukuba iluhlole usana lwakho ukuba lunayo kusini na intsholongwane kaGawulayo, i-HIV, lwakuba lluneveki ezintandathu. Ikliniki kumele ukuba isebenzise uhlobo lokuhlola olwaziwa njenge -PCR test. Olu hlobo lukhangela ukuba ingaba ikhona na i-HIV egazini losana. Ikliniki kumele ukuba iluhlolele i-HIV kwakhona usana lwakho xa luneenyanga ezili-18.
- Ikliniki yakho kumele ukuba ikunike ulwazi oluchanekileyo malunga nokuba umele ulutyise kanjani na usana lwakho. Kukuwe ukukhetha ukuba ulunike ubisi olungumgubo lwabantwana kuphela usana lwakho okanye uluncancise ngebele kuphela. Akumelanga ukuba ulutyise ngazo zombini ezi ntlobo zikhankanyiweyo usana kuba ukukwenza oku kwandisa amathuba okuba usana lwakho lufumane i-HIV.
- Ubusi lwebele lunesondlo elusaneni lwakho ngaphezu kwebisi olungumgubo, kodwa kukho ngozi yokuba ubisi lwebele lusenkulosulela nge-HIV usana lwakho. Umele ukuba uluncancise ubisi lwebele kuphela usana lwakho ungaluphi okanye ukutya okanye ezinye izinto eziselwayo ude uyeke ukuluncancisa lwakuba luneenyanga ezintandathu.
- Ukuba ngaba ukhetha ukuluselisa ubisi olungumgubo usana, ikliniki kumele ukuba ikunike imiyalelo yokuba ulusebenzisa njani na ubisi olungumgubo xa uncancisa ngalo. Umele ukuba uncancise ngobisi olungumgubo kuphela ukuba ngaba unako ukuluthenga kwaye unako ukulusebenzisa ngokukhuselekileyo. Ikliniki yakho kumele ukuba ikunike ubisi olungumgubo si-mahla kangangexesha eliziinyanga ezintandathu.
- Ukuba ngaba umntwana wakho une-HIV, ikliniki yakho imele ukuba imnike unyango lwamachiza i-antiretrovirals. Oku kungalunceda ukuba luphile ixesha elide nokuba liphile ubomi obunempilo engcono usana lwakho.

Ukuba ukhulelwe, ungamkhulela umntwana wakho kwi-HIV.