16 October 2018

draft report: Public hearings on the customary initiation Bill, 13 August – 20 Septemeber 2018

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| Introduction |
| From 13 August to 19 September 2018, the Portfolio Committee on Cooperative Governance and Traditional Affairs (PC on COGTA) undertook public hearings on the Customary Initiation Bill [B-7 2018]. The Bill seeks to provide for:   * The effective regulation of customary initiation practices; * The establishment of a National Initiation Oversight Committee and Provincial Initiating Coordinating Committees and their functions; * The responsibilities, roles and functions of the various role-players involved in initiation practices as such or in the governance aspects thereof; * Effective regulation of initiation schools; * Regulatory powers of the Ministers and Premiers; * Monitoring of the implementation of the Bill when it becomes law; and * Provincial peculiarities.   The Committee visited all the nine provinces as follows:   * Eastern Cape: Port Elizabeth (Nongoza Jebe Hall), Mthatha (Mthatha Town Hall), and Flagstaff (Methodist Church) * KwaZulu-Natal: Kokstad (Kokstad Town Hall) * Free State: Puthaditjhaba (Community Multi-purpose centre) * Northern Cape: Kuruman (Eldorado Hotel) * Northwest: Rustenburg (Rustenburg Town Hall) * Limpopo: Fetakgomo (Moses Mabotha Civic Hall) * Mpumalanga: KwaMhlanga (Kwaggafontein Town Hall) * Gauteng: Vereeniging (Sedibeng Town Hall). * Western Cape (Old Assembly Chamber, Parliament).   From 04 September, the Committee also invited and heard presentations in Parliament from the following stakeholders:   * National House of Traditional Leaders * Department of Basic Education * Department of Arts and Culture * South African Police Service * National Department of Health * National Prosecution Authority * Department of Women |
| eastern cape |
| Port Elizabeth (Nongoza Jebe Hall), 13 August 2018 |
| In the public hearing held on 13 August 2018, at the Nongoza Jebe Hall in Port Elizabeth, members of the community made the following inputs: |
| * Nelson Mandela Bay area was an example of good practice in terms of ensuring the safety of initiates. Consequently, the Bill should be specific to problem areas, and not be a one-size-fits-all. Parliament could even consider tailoring the legislation to the peculiarities of each ethnic group. * Because some initiation traditions count the age of the person involved in the initiation process from the period in which his or her initiation took place, section 2(4) was problematic. (This section requires those involved in initiation practices to be at least 40 years old). Thus, for example, a person who undergoes initiation at the age of forty can be less suitable than someone who had undergone initiate at age 30. * Section 21(11)*(b)*, which provides that the initiation school’s principal is responsible for the payment of municipal services, which a municipality provides at an initiation school, was also problematic. * Section 28(6)(*d)*(ii), which states that a registered traditional surgeon can perform male circumcision only if he is a registered medical practitioner, or works under the supervision of a registered medical practitioner, was problematic for the following reasons:   (a) Many medical practitioners did not understand the ways of the initiation school, and professional nurses were better candidates than medical doctors - as the latter usually attends to the initiate more closely.  (b)The Bill did not specify the period in which the law expects the medical practitioner to remain with the initiate. The process is time-consuming and could easily take up the whole day. Ethically, there was no justification as to why the medical practitioner should prioritise attending to initiates in the bush than attending to critically ill patients at his office.  (c) It would be neither practically feasible nor affordable to provide a sufficient number of medical doctors for the hundreds of boys that undergo initiation, particularly during the December school holidays. Government should rather allow registered and experienced traditional surgeons to continue performing circumcision and accredit them to train new traditional surgeons. Many traditional surgeons have successfully performed male circumcision for millennia, in the absence of registered medical practitioners.   * Section 26(2) needed review. This section provides for registration of initiation schools at least three months prior to the commencement of an initiation season, while emphasising that such registration is valid only for a specific initiation season, indicated on the registration certificate. This provision was impractical and registration could easily become heavily bureaucratic. Rather, the registration certificate should be due for renewal every five years. * Section 27(1), which provides that initiation seasons must take place during the relevant provincial school holidays and may not interfere or overlap with official school terms, could benefit from two proposals. Firstly, male circumcision should only take place in the month June, as was customary among the amaXhosa. Secondly, government could consider the possibility of reducing school holidays and increasing initiation season days. * Section 41(1), which requires a traditional surgeon to apply to the relevant PICC for registration, should also extend to traditional nurses. Unqualified or inexperienced traditional nurses were a significant part of the problem, which the Bill sought to address. * The relationship between the current Provincial Act relating to male initiation, and the proposed Bill, needed clarification. * Government should assist with the provision of land for initiation purposes, as well as crime prevention. The available land was inadequate and criminal activity was rampant in some initiation schools. * During each initiation season, government should convene a special police force and deploy it to areas where initiates were dying. This will ensure that government deals with the problem proactively, as opposed to the current approach, which is largely reactive. * The Bill should impose restrictions in respect of who may enter the initiation school area. This would facilitate police monitoring of criminal activity in the initiation school. |
| Mthatha (Mthatha Town Hall), 14 August 2018 |
| In the public hearing held on 14 August 2018, at the Mthatha Town Hall in Mthatha, members of the community contributed as follows: |
| * The problems experienced around the initiation process predominantly took place during after-care. The Bill preoccupied itself with the circumcision part, rather than after-care. Government should also appreciate the difference between circumcision and initiation. * The definition of ‘abduction’, in the definitions contemplated in Chapter 1 of the Bill, does not address the fact that people over the age of eighteen can also experience abduction. * Section 2(4) should consider calculating age based on the number of years since initiation. For traditional nurses, this should be at least ten years after initiation. Therefore, replace the age requirement with the requirement for a minimum experience of ten years. There are many instances of caregivers who have extensive experience but younger than 40 years. Experience should take precedence over age. * In establishing the National Initiation Oversight Committee (NIOC), as contemplated in clause 4(1), the Minister must consult with the National House of Traditional Leaders, as it is the key custodian of culture, tradition and custom. Chairpersons and Secretaries of Provincial Houses should be part of the NIOC because initiation takes place in the provinces. Regulations should deal with how the NIOC should operate. * The initiation role-players described in Chapter 3 of the Bill do not include the District Initiations Forums, Local Initiation Forums, and Initiation Working Committees that already exist in some areas. * Section 21(11)*(b) –* payment of municipal services rendered to the initiation school – needed further explanation. * Section 28(6)(*d)*(ii) should not apply to registered traditional surgeons who had an excellent record of performing male circumcision. Government should rather clamp down on illegal initiation schools, which were the real culprit. Government should mete out the most severe punishment to those who operate these schools. The Bill should also address the problem of initiates who run away to these illegal initiation schools without parental consent. * In some instances, traditional surgeons have inherited the ability to perform male circumcision as a gift that runs through the family bloodline. Government should respect this and not impose formal qualifications on traditional surgeons. Custom should determine who qualifies as a traditional surgeon. * While appreciating government’s intervention in cultural initiation processes, there is a danger that the intervention may ultimately displace the custom. * The Bill should address the prevalence of drugs in initiation schools, and the resultant cases of drug addiction. * Government should consider the prohibition of cell phones and fast food in initiation schools. * Access to the initiation school should be restricted. * The Bill should take into account the ineffectiveness of the South African Police Service in respect of the initiation malpractice cases reported to them. |
| Flagstaff (Methodist Church), 15 August 2018 |
| In the public hearing held at the Methodist Church in Flagstaff, members of the community made the following inputs: |
| * The Bill must not interfere with the Eastern Cape Act. Let us appreciate cultural diversity. Address transgressions in terms of the Provincial Act. * Primary focus should be on the *iingcibi* (traditional surgeons) and *amakhankhatha* (traditional nurses), as the lives and deaths of initiates rest primarily in the hands of these. Some traditional surgeons and traditional nurses are there primarily there to make money. * Some traditional surgeons, traditional nurses and parents fraudulently register underage children, and when there are challenges, they run away. * Eighteen (18) years should be the minimum legal age for admission of initiates to initiation schools. * Traditional surgeons, traditional nurses and others who break the law should be liable to a fifteen-year prison sentence. * There must also be penalties for initiates who break the law. * There is a serious challenge of boys initiated in terms of Mpondo culture whom the Xhosas often do not recognise as “proper men”. This is causing some kind of conflict among the cultures. Every cultural group must practice its initiation according to its culture, instead of adopting other people’s cultures. * The *amaboma* (shelters*)* should not be located in hidden and inaccessible areas, for ease of monitoring. The challenge is some areas is that the *amaboma* are hidden in mountainous areas and other hard to reach areas, and when monitoring teams do the monitoring, principals, surgeons and initiates often run away, a sign that something illegal is taking place. * No beer and drugs should be permissible in the initiation schools. * The initiation season should coincide with school holidays; in order to avoid denying initiates the necessary education. * Family members should assess the readiness of boys to go to initiation school, not others, e.g. other boys. * Some amaMpondo parents have not undergone initiation and this poses a serious problem to their sons who want to undergo it, and are often pressurised by other boys. * Give serious attention to the issue of curriculum in initiation schools, as some boys behave badly when they graduate from an initiation school. There should be a positive change after the initiates come back from the mountain, they should be responsible by showing respect, and contributing positively to the family and community. * Medical Male Circumcision (MMC) introduced in schools has no age limit. MMC is causing problems in several respects, including the fact there are physical complications in certain cases, as follow ups are not done. Understand that MMC is different from traditional circumcision, and do not conflate the two. * Clearly explain the role of women on matters of initiation e.g. construction of *amaboma* in some communities. * The following processes should precede initiation: registration, medical certificates, consent forms, education about sexual health matters, e.g. no sexual intercourse for a month before admission to an initiation school. Disseminate this information in schools in order to prepare the boys to go only when it is the correct time. Schools are a common initiation recruitment platform for some underage boys. * Non-governmental Organisations are receiving millions of rand from government to do MMC, yet traditional leaders receive no money for traditional initiation schools. Government should support traditional male circumcision by providing financial support to traditional leaders because they know about the practice, including the malpractice hotspots. * The issue of virginity testing should not be in the Bill, as it has nothing to do with initiation. * There are limitations in understanding the circumstances under which the NPA and SAPS can arrest an offender. There needs to be coordinated workshops to include SAPS on the Bill. Dialogues should be ongoing throughout the year, and not only just before the initiation season. * There is a need for historians and anthropologists to document the history of initiation, including deaths and injuries, for posterity. |
| kwazulu-natal: Kokstad (Kokstad Town Hall), 15 August 2018 |
| In the public hearing held at the Kokstad Town Hall on 15 August 2018, members of the community made the following inputs: |
| * Kokstad experienced no major problems in relation to the practice of cultural initiation. * There are concerns around the age of initiates as the boys entering initiation schools are increasingly too young to be ready to take on the responsibilities of manhood. * The Bill should look into how to regulate the change of behaviour in respect of those initiates who return from initiation school worse mannered than before they had entered. The initiation school itself is becoming a bad influence. * Section 4(3), which provides that at least three members of the National Initiation Oversight Committee (NIOC) must be women, was insensitive to those cultures where the involvement of women in matters of male customary initiation was taboo. The Bill should also specify the scope of the women’s involvement. * It was not clear how the Bill protected the dignity of uncircumcised males who often suffer ridicule at the hands of some circumcised males, including the prohibition to speak on circumcision related matters. * The Bill does not pronounce on what the status of existing Initiation Working Committees and Local Forums will be, following its promulgation into law. * As a precaution against the reported problems encountered in initiation schools, the Bill sets out important pre-conditions for undergoing initiation, but ignores the most fundamental precondition: *imbeleko.* Many of the problems encountered directly related to the fact that parents had not prepared *imbeleko* for the child before he undergoes initiation. * There is not enough land available for practising initiation. * Poor parents do not have the financial means to take their children to initiation school. * Government should assist with supplying vehicles to patrol initiation areas to ensure that all goes well. |
| * Government should facilitate and broadcast on radio and television award ceremonies for participants after the initiation in order to motivate the initiates. * Initiated members of SAPS must assist in eradicating alcohol consumption, drugs and gangsterism in initiation schools. * Being a traditional surgeon is hereditary. Only those who inherit this gift from their families are fit to be traditional surgeons. * There needs to be an investigation as to why children become violent and disrespectful after attending initiation school. * A traditional surgeon needs to be older than 40 years, preferably 45 years. * Prohibit cameras and cell phones in initiation schools to minimise the circulation of inappropriate pictures on social media. * Government should support the monitoring of initiation schools by providing transport services to the relevant traditional leaders. |
| northern cape: kuruman (El Dorado hotel), 17 August 2018 |
| In the public hearing held at the El Dorado Hotel in Kuruman on 17 August 2018, members of the community made the following inputs: |
| * The minimum age of 40 years for those involved in the initiation process was still low. |
| Northwest: Rustenburg (Rustenburg Town Hall), 18 August 2018 |
| In the public hearing held at the Rustenburg Town Hall on 18 August 2018, members of the community contributed as follows: |
| * There were only three instances of initiation related deaths in the Bojanala District since 1999. The more problematic areas are Dr Ruth Mompati and Ngaka Modiri Molema Districts. * Among the role-players described in Chapter 3, the Bill should consider the role of a Health Inspector to ensure that initiates have access to clean water, adequate food, sanitation, proper shelter and adequate clothing. * The Bill should be cognisant of the fact that being a traditional surgeon is a heredity, or a gift bestowed only to a certain family.      * Section 2(4) should emphasise a minimum initiation-related experience of ten years as more important than the stipulated minimum of 40 years of age. * The holding of initiation seasons during schools holidays, as contemplated in section 27 of the Bill, reduces the duration of initiation to two or three weeks. This time-period is too short, as proper initiation requires at least two months, for example June to July. * Section 28(2), which provides that no person under the age of 16 may attend an initiation school for the purposes of initiation, will be problematic for cultures such as the Xitsonga who practice initiation starting from eight years, and others who start at 14 years. The Bill should therefore allow minors in order to prevent prejudice against other tribes. |
| Limpopo: fetakgomo (Moses mabotha civic hall), 20 August 2018 |
| In the public hearing held at the Moses Mabotha Civic Hall on 20 August 2018, members of the community made the following inputs: |
| * In Sekhukhuneland there had been had over 30 000 men and women who underwent initiation during the 2018 Winter season - there has not been a single death; * The primary reason why Limpopo does not have any deaths is that boys attend initiation schools while they are still young, at around the age of twelve years. The provisions of the Children Act which set the age of admission to an initiation school at 16 is not in line with the actual practice in Limpopo, and enforcing it would be to invite deaths, as it is happening in some provinces; * However, nevertheless, it is unacceptable for children in Limpopo as young as four to attend initiation schools, as reported in the *Sowetan* recently*.* It was also shocking to read that in another province a man underwent initiation at over 50 years old. Government must regulate the age for admission to an initiation school, taking into account provincial peculiarities and variations. * *Koma* (initiation) is an agreement between the traditional leaders and communities. In fact, *koma* belongs to the traditional leaders and their communities, and traditional leaders are the only ones who issue permits. Initiation belongs to traditional leaders and their communities, and not to government. Where traditional leaders are not in charge of initiation (e.g. Johannesburg), there are serious challenges. * *Koma* (for both women and women) is a secret; hence, those who did not undergo initiation cannot know everything about it. As a result, traditional leaders are concerned about whether those consulting on the Bill have undergone initiation; * *Koma* is traditional and not Western, it should not be regulated in terms of government Acts. * The provision of water to initiates should be the responsibility of municipalities, as some areas experience water shortages; * As far as initiation fees are concerned, these should remain a secret of initiation schools. Traditional leaders and communities have their own fees for *koma.* Making fees public is likely to create challenges. * Regarding initiation taking place only during the school holidays, this is not always practical. The Bill should provide an allowance of a week before the schools close or after the schools have reopened. There should be a close working relationship with the Department of Basic Education. * Why does government allow six weeks for Medical Male Circumcision (MMC) and only four weeks for traditional initiation? * The 40 years set for traditional surgeons is not practical as some are very good at a younger age. * Government should subsidize initiation and get all the relevant Departments, e.g. Arts and Culture, Sports and Recreation, to provide financial and other support. Culture should enjoy equality in the law. * Government acknowledges that Limpopo is the best Province when it comes to managing initiation, yet there is not even a single form of reward accorded to the Province; * Initiation is a process that needs preparation and performance of ritual practices such as *ukuzila* by men, women and the initiates themselves. Traditional leaders have a role to play in ensuring that the initiates get prepared for the season by, for instance, camping at the *moshate*, to acquaint them to the practice before it takes place; * Traditional healers also have a role to play, and their role include that the parents follow the required rituals and deprivations / sacrifices before initiates are enrolled, e.g. no sexual intercourse; * The issue of open curriculum in the initiation schools is not appropriate to be in the Bill as initiation is secret; * A section in the Bill prohibits selling beer to children under 18. It is very strange to make reference to beer being sold in initiation schools in the first place, as the selling of beer does not happen in initiation schools; * Section 34(1), (this section provides for any aggrieved persons, in relation to the decisions of a traditional council or PICC, to lodge an appeal to the relevant Premier) should make it incumbent upon provincial officials to assist aggrieved persons with lodging appeals to the Premier. The aggrieved are often uneducated and are not familiar with the workings of provincial government. |
| Mpumalanga: KwaMhlanga (Kwaggafontien Town Hall), 21 August 2018 |
| Traditional leaders representing the Amandebele halted the public hearing from proceeding citing the following: |
| * The presence of women in the public hearing. In the culture of the Amandebele women were not allowed to know or participate in matters concerning the cultural practice of initiation. * The King of the Amandebele is a custodian of all customary practices in the kingdom, and as such, should take the lead in all matters concerning custom, including initiation. Therefore, Parliament was not the appropriate institution to take the lead on the matter, but the King’s Office. |
| Gauteng: Vereeniging (Sedibeng Town Hall), 21 August 2018 |
| In the public hearing held at the Sedibeng Town Hall on 21 August 2018, members of the community made the following inputs: |
| * It is important for every role player to stick to the requirements, especially the principals, traditional surgeons, parents, and of course the initiates themselves. * Ukuzila by parents is an important preparation ritual for initiates. * Government officials who deal with initiation matters should be those who have been initiated themselves, as many of those who have not tend to sell out the practitioner to the police; * The issue of government providing water in jojo tanks needs to be relooked, it poses a serious risk of that water being poisoned by evil doers; * There is a serious concern about Parliament and Government not protecting the culture of initiation, the case in point is that the CRL Rights Commission has suspended initiation schools in Gauteng, without adequate consultation. The suspension of the schools has deprived the communities of the right to practice their culture. Government should lift the suspension. * There is also a challenge of underage boys attending initiation schools; * Initiation should not interfere with the school Calendar; * Government must invest adequate resources such as cars (for monitoring) on initiation matters. * The issue of teaching the initiates good behaviour is important, in order to ensure that they behave well after the initiation school; * Government nurses and police, who did not attend initiation schools should not be allowed to enter initiation schools; * Government should be clear regarding which government department or structure should be engaged on matters of initiation, including challenges. * Due to the way the police conduct themselves on matters of initiation, communities do not have faith in them; * The clause dealing with the supervision of traditional surgeons by medical practitioners must be deleted altogether; * Let the Municipalities have areas demarcated for initiation, in their respective areas, and the police must protect these places. This will make it easy for the municipalities to keep a record of the number of registered initiates and make it easy for monitoring; * Let Municipalities have updated databases of traditional surgeons; * People who did not undergo initiation must not speak; * People who should run initiation should be initiated men and women. * Initiation should be in the hands of adults, not children under 16 years of age. * Initiation belongs to communities not government. Government must not tell the communities when it should take place. * Traditional surgeons who started young, are known and experienced but have not reached the age of 40, must be accommodated; * Parental consent forms must have police stamps; * CONTRALESA is working well with the Initiation Monitoring Team in Gauteng. Members of the Monitoring Team receive attacks simply because they are stopping many illegalities. Government must not take the practice away from the people. There should be punishment (10 years) to principals who accept children without consent. Culture should not be commercialised. * Male Medical Circumcision – some wanted this to happen first if initiates wanted it to happen, while others were opposed to it. |
| Parliament: 04 -20 September 2018 |
| On 04 September 2018, the Committee heard inputs from the National House of Traditional Leaders, the Department of Basic Education, and the Departments of Arts and Culture. On 12 September 2018, the Committee also heard from the South African Police Service, the National Department of Health, the National Prosecuting Authority and the Department of Women. On 20 September, the Committee held its final public hearing on the Bill for the Western Cape Province. |
| National House of Traditional Leaders |
| The National House submitted detailed proposals that feature in a separate consolidated summary Report, which captures inputs relating to specific clauses. |
| Department of Basic Education |
| The Department proposed that the Bill should: |
| * Include, as important stakeholders and role-players, the communities in which initiation takes place. * Regulate the period for wearing garments (different from school uniforms) that signify initiation graduation. * Prohibit deviant behaviour of male learners who return from traditional initiation schools convening ‘mens imbizo’s/gatherings’ during school hours. |
| Department of Arts and Culture |
| The Department noted the following: |
| * The Bill leaves out the matter of indigenous knowledge in land use management, particularly in urban and peri-urban municipalities when viewed against the national policy on living heritage. * Some medical practitioners are younger than 40 years and are able to perform circumcision, through their training in surgery, without having gone for initiation. * The keeping of financial reports detailing income and expenditure is a tall order in the context of the initiation custom. |
| South African Police Service |
| Representatives from the South African Police Service (SAPS) presented specific proposals that feature in a separate consolidated summary Report, which captures inputs relating to specific clauses. |
| National Department of Health |
| A large part of the presentation from the National Department of Health did not relate directly to the Bill due to late receipt of invitation to present to the Committee. However, there were a few relevant questions posed, namely:   * Use of medical practitioners to perform circumcision is most welcome but who will pay the medical practitioner? * What is the rationale for the age (40 years) of the medical practitioner? * Whose responsibility is it to provide initiates with health care services? Is it possible to delineate responsibilities for the traditional surgeons versus the medical practitioner? * Provide clarity on the kind/type of training for traditional surgeons. |
| National Prosecuting Authority |
| The NPA’s presentation was a generic document prepared for training new Prosecutors on enforcing the Children’s Act. The Act, among other things, sets norms and standards relating to the circumcision of male children. The presentation did not engage any specific sections on the Bill. |
| Department of Women |
| The Department of Women’s presentation focused on the broader context in which the Bill unfolds, particularly the tension between constitutional values and traditional cultural customs and practices, the disempowerment of women and patriarchal considerations. There were no concrete proposal on how the Committee could improve the Bill to safeguard the interests of girls and women. |
| Western Cape: Parliament (Old Assembly Chamber), 20 September 2018 |
| In the public hearing held at the Old Assembly Chamber in Parliament on 20 September 2018, members of the community made the following inputs: |
| * Put emphasis on changing the child’s behaviour both before and after the initiation. * The boy child is not supposed to drink alcohol, take drugs or have sexual intercourse during the initiation process. AbeNguni call this *ukuzila.* * Elders must teach these children about adulthood for a few months after they return from the mountain or bush. * Training in practical skills is also necessary to equip the initiates for the job market, and this will prevent them from getting involved in crime. The EPWP can assist in this regard. * Government’s Male Medical Circumcision programme is a challenge because it prioritises the hospital over custom. * The Western Cape has a serious problem regarding access to sites to practice initiation in secret, away from public view. The Khoi-San for example need access to rivers to perform their initiation customs. * The traditional nurses tend to be very young; therefore, the minimum age of 40 years is welcome. * There are challenges relating to traditional surgeons who do not have certificates and do not monitor the initiates after the operation. * The main problem is underage initiation and underage traditional surgeons whose qualifications are in doubt. * Parental carelessness is another problem, including failure to disclose initiates illnesses. * There is also the problem of the parents who are too poor to afford the initiate’s food. Community members have raised this point in the previous years, but the status remains unclear. * The different ethnic groups practise initiation differently. Some practise it in the mountains, while others do it in the bush. Land provision is always the key issue, as these practices often encroach on private land. There is a need for adequate land to plant vegetables and traditional medicine. * The requirement for an initiation school principal to pay for municipal services is shocking and very problematic. Government does not even offer these services in the first place. Only the Langa Township has access to water. Government should provide basic services in the initiation school free. * Government should provide vehicles to assist monitor initiates in initiation schools. This is already happening in other provinces and the Western Cape should not be an exception. * Government should recognise and respect the custodianship of traditional leaders on matters of custom. * Government should consider taking over the responsibility to remunerate traditional surgeons. * Where there is a need for police intervention in an initiation school, ensure that female police officers are not involved. * Provide a mobile unit to attend to sick and dying initiates in the initiation school. It is embarrassing having to take these boys to hospital. Even better, build solid bricks and mortar structures with different rooms to accommodate initiates. Fence the structure and appoint security personnel. Also, provide catering from within the structures, as opposed to bringing food from outside. * Establish a school to provide certificate to traditional surgeons. * The community and civic organisations should take the lead in matters of initiation, not government. This should reflect in both the NIOC and the PICCs. * Ensure that caregivers or traditional nurses in the initiation school are not in the same age group as the initiates, but older men with their own households and a vast experience on initiation matters. Do not make ex-convicts care givers. * The Bill should be mindful of provincial peculiarities such as in the Western Cape where parents choose the traditional surgeons and traditional nurses. * The Western Cape is handling the initiation process much better than the Eastern Cape and Government should ask what the former is doing differently. It would also assist to source the surgeons from the provinces that experience no initiation related deaths and deploy them to problematic areas to teach and impart their skill. * The City of Cape Town is not initiation friendly, and the National Initiation Oversight Committee proposed in the Bill should probe this further. * Relook the provision for the registration of initiation schools at least three months prior to the commencement of the initiation season. Also, fast track the registration of traditional surgeons. * The Bill should address the training of initiation school principals. * The Bill should include churches as important role players, as 99 percent of people are religious. The envisaged initiation oversight and provincial coordination committees should include representatives from the religious sector. * Women should comprise 60% percent of the envisaged initiation oversight and provincial coordination committees. * Do not involve councillor or politicians in initiation matters. |