

EQUAL

treatment

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Ngubani okhathalelayo?

Amagorha asemNtla Ntshona: U-Marije Versteeg unika ingxelonge-frontlines kukhathalelo lwempilo

Impilo izaekhaya: Umgaqo-nkqubo omtsha uthembisa utshintsho kwindawo ohlala kuyo

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Umbulelo okhethekileyo uya ku-Marije Versteeg no-Richard Cooke abavela kwi-Rural Health Advocacy Project, kuNolitha Tsilana we-Lizo Nobanda Centre eKhayelitsha, ku- Jack Lewis we-Community Media Trust kunye nalowo wayesakuba ngumhleli we-*Equal Treatment* u-Nathan Geffen.

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I-TAC izibophelele ekuncedeni abantu abane-HIV, iintsapho zabo kunye nabakhathaleli ngokubanika ulwazi oluchanekileyo olumalunga namayeza asindisa ubomi kunye nonyango. I-TAC kunye neenkokheli zayo abadibananga neshishini loxubomayeza ngokunjalo nakumashishini amayeza endalo kunye namayeza angamanye kwaye ayinamdla wezemali kuwo.

Olu hlelo lwe-Equal Treatment luxhaswe yi-Global Fund to Fight AIDS, Tuberculosis and Malaria kunye ne-Oxfam Australia.

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IZIQUULATHO

Uhlelo lwama-39 – Agasti 2011
IsiXhosa



amaphepha 1–11

Ingxaki kunye nomgaqo-nkqubo

Abongi abonga abantu abagulela emakhaya ababulelwa kakhulu kwaye abaxhaswa kakhulu yinkqubo yezempilo. U-Marije Versteeg utyelela iqela labongi abangamagorha emNtla Ntshona eyokuva amabali abo. Okulandelayo sicacisa imiba engundoqo yomgaqo-nkqubo omtsha wabasebenzi bezempilo eluntwini.



amaphepha 12–23

Ukhathalelo lwempilo olusebenzayo

Ikliniki yethUi e-Gert Sibande ifikelele kwezona zinga lisezantsi ngokumangalisayo labantu abangawathathi kakuhle amayeza abo. U-Simonia Mashangoane uyahamba uyokujonga imfihlo yempumelelo yabo. Size ke, sikuphathele iindaba zeprojekithi ezinomdla ze-MSF e-Khayelitsha naseMalawi yena ke u-Adam Malapa achithe usuku elandela umsebenzi wokhathalelo lwempilo we-TAC e-Mopani.



amaphepha 18–28

Oogqirha abasebenza imisebenzi emibini ngaxesha nye nezenzululwazi

Emva kokuba u-Catherine Tomlinson enze ingxelo engokuba abanye oogqirha bayisebenzisa kakubi kanjani na inkqubo yempilo, sijonga ngokusondeleyo uphuhliso lwenzululwazi olubalulekileyo olubini. Qiniseka ukuba uyayifunda ingcaciso yethu ecace gca yolingqo lwe- HPTN 052. Kwaye ukuba ubhidwa ngamalingo amaninzi e- pre-exposure prophylaxis, ungaphoswa linqaku elikwiphepha lama-27.

Inqaku loMhleli

Igama lam nguNosizwe Mbebe. Ndazalelwa kwiLali yaseMalangeni eLusikisiki, kwiphondo laseMpuma Koloni. Ndaye ndajoyina i-Treatment Action Campaign (TAC) ngo-2005 ndaze kamva ndonyulelwa ukuba ndibe nguMququzeleli wabaseTyhini wesiThili. Ngo-2006 i-TAC yaye yandiqesha njengeGosa eliFundisa ngoThintelo noNyango (Prevention and Treatment Literacy Practitioner) (PTLP). Ngelo xesha sasibathathu kuphela esasisebenza njengee-PTLPs sixhasa isithili saseLusikisiki xa sisonke. Kwaze ke ngo-2007 ndaba ngumqeqeshi ofundisa ngothintelo nonyango.

Ingxenywe yomsebenzi wam kukunika ulwazi lwezenzululwazi olumalunga ne-HIV/AIDS kumalungu oluntu asebenzisa iinkonzo zokhathalelo lwempilo kwiikliniki. Ndikwanika nemfundo emalunga nothintelo nonyango kumasebe e-TAC kummandla ukuxhobisa abo sifundisa nabo. Ngamanye amaxesha ndinika iintetho nge-HIV/AIDS ne-TB ezikolweni okanye emajele, kwiintlanganiso zoluntu kunye nakwamanye amaqela okanye imibutho enomdla – kunye nakwiintsapho ezifuna inkxaso. Ndikwanika iintetho kwisikhululo sikanomathotholo sengqingi.

Ukongeza, ndenza iinkqubo zofikelele ebantwini kwizibhedlele kunye nakwimimandla ekungekho masebe e-TAC kuyo okanye kungekho mibutho yokuxhasa abantu bengingqi. Ii-PLTPs kaninzi zitolikela ulwazi olufundisa ngonyango kwiilwimi zengingqi ukwenza ukuba lufikelele ngokungaphaya kubantu abasezilalini.

Umsebenzi wam njenge-TAC PTLP ufana kakhulu kunye nowabaniki lukhathalelo lwempilo eluntwini (community health workers) (CHWs) kummandla. Nakuba kunjalo ingathi i-TAC ibeka ugxininiso olukhulu ekuqondeni inzululwazi ye-HIV ne-TB kunye nokucacisa oko ke ebantwini.

Ii-CHWs kulindeleke ukubazenzeimimangaliso. Ngexa zibhatalwa i-R1,300 kuphela ngenyanga – uthatha njengenyano ukuba ayikho ingxaki ethintela ukuba zibhatalwe. Xa uthathela ingqalelo into yokuba ii-CHWs kaninzi zizo ezingabondli

emakhaya, intlawulo ke le incinane. Kwa ezi CHWs zinye kulindeleke ukuba zihambe imigama emide zikhangela abo bangawathathi kakuhle amayeza abo kwaye zityelele namakhaya, zingenazo iimoto okanye imali yokubhatala iimoto okanye iimoto zikarhulumente ezibasa kwezi ndawo.

Umgqaqo-nkqubo omtsha wabaniki bokhathalelo lwempilo eluntwini ujolise ekusombululeni ezininzi zezi ngxaki ngokudibanisa ngokusesikweni ii-CHWs kwinkqubo yezempilo. Urhulumente kufuneka asebenzise inkqubo yokuFundisa ngoThintelo noNyango ye-TAC njengekubonelwa kuyo ekubeni uyiphumeza njani na le nkqubo yokhathalelo lwempilo eluntwini. Inkqubo le iquka ujoliso olumandla lokuba abantu bakwazi ukuzenzela izinto, inika inkcazo ecacileyo yomsebenzi owenziwa ngumntu, ukubhatalwa kwemivuzo efanayo, kwaye engatshintshiyo kwaye enika neemeko zokusebenza ezizinzileyo.

Kubaluleke kakhulu ukuba umgqaqo-nkqubo omtsha we-CHW uxhaswe ngokupheleleyo. Ukuze inkqubo isebenze, kufuneka inyuke imivuzo kwaye ii-CHWs kufuneka zazi ukuba zizakubhatalwa kwangexesha. Konke oku kufuneka kuhambe kunyenemibutho yokujonga nokuhlola kunye nemigca ecacileyo yeemfanelo nokuthatha uxanduva.

Kukwabalulekile kwakhona ukuba yenziwe ibe sesikweni ingqesho yee-CHW ngamathuba ophuhliso lwezakhono kunye noqeqesho oluvunmiweyo. Kufuneka kwakhona kubekho ukwamkelwa kwezakhono esele zifunyenwe zii-TAC PTLPs kunye nabo bakwimisebenzi efana naleyo, ukuze aba bantu bafake elona galelo labo liphezulu kwinkqubo entsha.

Kulula: ukuba urhulumente ukhathalela ii-CHWs, ii-CHWs ziyakukhathalela isizwe.

Nosizwe Mbebe, iGosa eliFundisa ngoThintelo noNyango le-TAC



Ifoto ngu-Vuyokazi Matiso.

Amagorha asemNtla Ntshona



**Abongi abonga abantu abagulela
emakhaya basindisa ubomi
kwiindawo ezisezilalini kwiphondo
lomNtla Ntshona. U-Marije Versteeg
ovela kwi-Rural Health Advocacy
Project uhambe wayokudibana
nabanye bababantu bamangalisayo.**

U-Bertha oneminyaka engamashumi amathathu anesithandathu ubukeke ekhanya kwaye ekhululekile xa sisondele ecaleni komzi wakho azakhele wona ngezitena kwilali ekwisithili esisemNtla Ntshona. Sihambe iyure kwilanga elitshisayo kwiindlela ezinamagingxigingxi, ezinodaka, kwaye sele ndisiva ukuba kukho idyunguza kwisithende sonyawo lwam.

U-Bertha uncumela u-Rosina, umongi owonga abantu abagulela emakhaya kumbutho osekulwe ekuhlaleni wengingqi (community-based organisation (CBO). "Ukudibana kwethu ngo- 2004, isibalo sam se-CD4 yayisisi-5, ndandingasavuki ebhedini kwaye ndisifa. [Rosina] wasindisa ubomi bam. Wandisa ekliniki, wandicebisa kwaye wandixhasa. Waqinisekisa ukuba ndithatha unyango lwam," utshilo u-Bertha. Namhlanje, isibalo sakhe se-CD4 ngama-396 kwaye kancinane uyachacha. U-Rosina akasindisanga nje ubomi buka-Bertha kuphela, ukwasindise nomama wabantwana abathathu ongenamyeni.

Utshintsho olufanayo luyathenjwa kusapho lukaMpho, esinye sezigulane zika-Rosina. UMpho une-TB, nakuba efumene unyango lweenyanga ezintandathu, akaziva ebhetele. Akasavuki ebhedini kwaye uhlala ebumnyameni, kwityotyombe elinamagumbi amabini elihlala abantu abathandathu. Ngosuku lotyelelo lwethu, intombi yakhe eneminyaka emithathu kunye nomtshana wakhe oneminyaka emini babelele kwakweli gumbi linye engubeni kumgangatho wesamente. Kwakuqala imva kwemini, kodwa abantwana bengekati ukusukela ekuseni. Usapho luphila ngenkam-nkam eyamkelwa ngutata ka Mpho, kwaye kutsha nje omnye wabantwana ubhaliselwe inkxaso-mali yabantwana.

"Kuncinane esinokukwenza," utshilo u-Chelina, omnye umongi, "ngaphandle kokuba sizame ukuphekela usapho kwaye sibongoze umama ukuba abuyele ekliniki." Kodwa ayikho imali yemoto, kwaye abongi ngokwabo bayahlupheka.

U-Chelina, Rosina noSelina kaninzi bahamba iyure ezininzi betshiswa lilanga betyelela izigulane zabo. Ifoto ngu-Marije Versteeg.



Ngaphandle kokusebenza kwiimeko ezinzima, umongi owonga abantu abagulela ekhaya uSelina uyancuma emsebenzini. Ifoto ngu-Marije Versteeg.

“Ngamanye amaxesha sikhupha kwezethu iipokotho, siyikhuphela ukutya okanye iimoto, kodwa nathi siyasokola.”

Abongi abasebenzela ii-CBO, eyasekwa ngo-2002, bafumana umvuzo wenyanga we- R1,100 kwiSebe lezeMpilo. Nakuba kunjalo, ababhatalwa rhoqo ngamanye amaxesha kudlula inyanga. Ukutyelela kwethu i-CBO ekuqaleni kukaMeyi, abongi babengafumananga nayiphi na intlawulo ukusukela ngowe-4 Matshi. Umntu ofunela abantu imisebenzi ukuze kubekho intlawulo ayifumanayo wayeqeshiwe ukuba abhatala imivuzo yabo kodwa ke abongi bona abamazi loo mntu kufuneka ababhatala. Bathi bakuqhagamshelana neSebe lezeMpilo bebuza ukuba bazakuyifumana nini na imali yabo, impendulo yaba yexandileyo nje ethi “msinyane”. Kunyaka ophelileyo abathathu kubongi abalishumi elinanye abaqeshwe yi-CBO ngamnye kubo akawufumananga umvuzo weenyanga ezintathu. Ukuza kuthi ga ngoku ayikho ingcaciso yoku, kwaye akukho namvuzo ubuyiswayo obungabhatalwanga.

U-Annah, omnye waba balishumi elinanye, uchaza iimpembelelo zezi ntlawulo zingenziwa rhoqo kubomi bakhe: “Ndinabantwana abahlanu. Xesha ngalinye xa ilixesha lokuba sibhatalwe ndiba phansti koxinzelelo. Alukho usuku olusisigxina esibhatalwa ngalo. Ingaba ndizakubhatalwa kule nyanga? Abantwana bam bandibona ndisiya emsebenzini yonke imihla, kodwa xa kuphela inyanga: ayikho imali. Oku kubanga ukuba kubekho ukungakhululeki endlini. Omnye ufuna idyasi yasebusika, omnye

ufuna ibhulukhwe; Ngeke ndicebe kwangaphambili; Ngeke ndithenge nantoni na ngezavenge, kwaye ndiyasokola ukubhatala umasingcwabane. Ndihamba imigama emide yonke imihla kodwa ngamanye amaxesha andinazo nezihlangu ezifanelekileyo endinokuthi zezam”.

U-Frans, umongi waba sembuthweni ukusukela ekuqaleni kwawo, uthi amaxabiso okutya onyukile, kwaye i-R1,100 ngenyanga ayonelanga. Abongi banemvakalelo yokuba ubuncinane bama-R3,000 bungafaneleka. Abakwazi nokuba ne-medical aid kwaye baxhomekeke kwikliniki yengingqi, ehlala ingenawo amachiza. Kutsha nje xa iSebe lezeMpilo beliqhuba ukuhluzwa nokugonywa kwabasebenzi ekiniki, abongi baye bakhutshelwa ngaphandle, kuba bengathathwa njengabasebenzi beSebe lezeMpilo. Ngaphaya koko, nakuba i-TB iyinxaki engundoqo kule ndawo ihluphekileyo, abongi abazifumani iimaski ze-TB.

Enyanisweni, abongi bebesebenza bengenazo iikiti zokongiwa kwabantu abagulela emakhaya ukusukela ngoJune ka-2010. Ngaphambili, bebengakwazi ukunyanga izigulane ezineengxaki ezifana nezilonda ezibangwa kukulala ixesha elide kunye namalevu emlonyeni. Abasakwenzi oku; izinto nje abazifumanayo ziiglavu, kunye neekhondom ekufuneka bazisasaze. I-ofisi yeSebe lezeMpilo yengingqi ibaxelele ukuba bazokuzilandela iikiti zabo kwi-ofisi yesithili, ekude kangange-100 leekhilomitha. Iikliniki yengingqi, abongi abaya kuyo qho ngemiVulo ekuseni xa kuthunyelwa izigulane ezitsha, ayinayo indawo yokugcina iikiti zokonga.

Esi simo ngelishwa asisodwa: hayi kwesi thili, hayi kweli phondo, okanye ilizwe lonke liphelele. Kwisizwe xa sisonke, abongi abaninzi ababhatalwa, abaxhaswa kakhulu kwaye abaxatyiswanga.



Ukuzinikela kunye nenkxaso ka-Rosina zincede u-Bertha ukuba aphilile ubomi bolonwabo nobunempilo. Ifoto ngu-Marije Versteeg.



IPhotofoto ngu-Marjie Versteeg.

Imbonakalo mhlaba eTshintshayo

Njengexenye yoKhathalelo lwempilo oluSisiseko (Primary Health Care) (PHC) iphulo lokuvuselela leSebe lezeMpilo, udidi olutsha lomsebenzi wempilo lizakuyilwa, 'umsebenzi ngempilo woluntu'. Abasebenzi ngempilo boluntu bayakuqeshwa ngurhulumente kwaye kulindeleke ukuba bafumane umvuzo ophucukileyo kwaye bawufumane rhoqo. Bazakudlala indima ebalulekileyo ekuphakamiseni impilo kwinqanaba loluntu, kwaye bazakuthatha eminye yemisebenzi yabongi abonga abantu abagulela emakhaya, njengokuhlola nokuthumela.

Kodwa indima yabongi abonga abantu abagulela emakhaya iyakuhlala ingundoqo kwimpumelelo yokuqhutywa kwe-PHC. Izigulane ezongiwayo ezinokubuyela kwimo yazo yangaphambuli yesiqhelo ezikhutshiweyo esibhedlele ziyakuqhuba zibonelewa ngabongi abonga abantu abagulela emakhaya. Okuyimfuneko, yinxaso engathathi xesha yezinto zasendlini ezona zifuna ukujongwa kakhulu, ezifana nokuhlamba abazali babantwana abancinane abangasakwaziyo ukuvuka ezibhedini, ukucoca izilonda ezibangwa kukulala, ukupheka kwaye nokucebisa nako kuyakuhlala kuyinxenye yemisebenzi yabongi abonga babantu abagulela emakhaya. Ngaphandle kwabongi abonga abantu abagulela emakhaya, oogqirha ngeke bakwazi ukukhulula izigulane, kuba ezo zingafumani ukongiwa okufanelekileyo

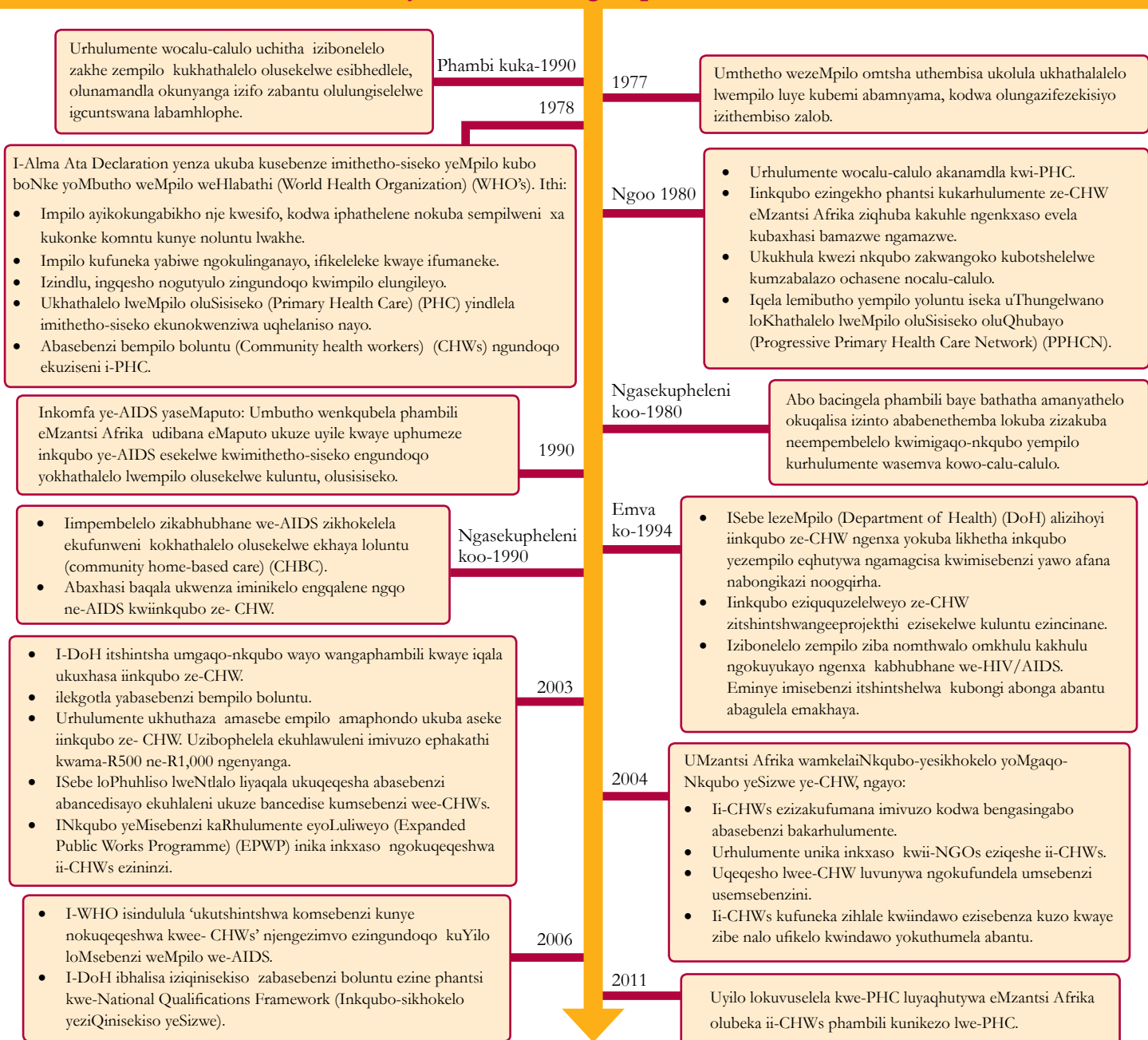
ekhaya ziyakubuyela esibhedlele. Ukonga umntu osele ezakusweleka nakongumsebenzi ochukumisayowomongi.

Ngeke samkele ukuba abongi abaninzi abonga abantu abagulela emakhaya bayakuqhuba bebhatalwa kancinane, bangaxhawa kwaye bangajongwa. Ukongiwa kwabantu abagulela ekhaya licandelo elingundoqo lwendlela ye-PHC. Ayingabo abongi kuphela abayakuncedeka kodwa nenkqubo yempilo ngokwayo iyakuncedeka ukuba abongi bayo banikwa izixhobo kunye nenkxaso eyimfuneko ekwenzeni kwabo imisebenzi yabo. Abongi kufuneka bamkelwe ngokusesikweni kwinkqubo yezempilo, ngamnye kubo abe lilungu leqela lezonyango njengogqirha, umongikazi okanye umsebenzi wempilo woluntu.

Ngexa uMzantsi Afrika ufuna ujoliso oluqinileyo kuthintelo kunye nasekuphakanyisweni kwempilo, oku akurhoxisi amalungelo ezigulane zokuba zikhathalelelwe, unyango ekhaya okanye ukhathalelo lokuphela kobomi okunesidima olunikwa ngumongi oxhaswa ngokufanelekileyo owonga abantu abagulela ekhaya. Izigulane zasezilalini ingakumbi zixhomekeke kukhathalelo olunjalo, ngenxa yamanqanaba aphezulu okuhlupheka, iingxaki zeemoto kunye nemigama emide eya kwisibonelelo sempilo esikufutshane.

Ukhathalelo lwempilo luza EKHAYA

Imbali emfutshane yabasebenzi ngempilo boluntu eMzantsi Afrika



UMGAQO-NKQUBO OMTSHA WE-HCW

Emva kweminyaka yenkxaso engekho kanye nokuqondwa okuncinane kwabasebenzi bempilo, izinto kusenokwenzeka ukuba zizakutshintsha. Loluphi uphuhliso olutsha lomgaqo-nkqubo kwaye lunokulutshintsha njani ukhathalelo lwempilo kuMzantsi Afrika wonke?

Abenzi bemigaqo-nkqubo kudala bethetha ngokwandisa indima yabasebenzi bempilo boluntu (community health workers) (CHWs). Kodwa, nange-Alma Ata declaration ka-1978 kunye neNkomfa ye-AIDS eMaputo ka-1990 (jonga ixesha lokuhamba kwezehlo ekhohlo), kuncinane okwenziwe ngurhulumente ukwenza oku ukuba kuqale ukusebenza. Nangoku, incinane imali ebhatalwa ii-CHWs kwaye ayifani, kwaye abaninzi imisebenzi yabo ayikhuselekanga.

Abasebenzi bempilo boluntu banegalelo elikhulu kumzabalazo wemihla ngemihla ngenxa ye-HIV/AIDS ngenxa yenkxaso yabo kunye nokusebenza kwabo. Ixabiso lezi nzame kaninzi lithathelwa phantsi. Ukusuka ekufundiseni ngolwazi ukuya ekufuneni abantu abangawathathiyo amayeza abo, ukusuka kwinkxaso yengqondo ukuya kweyasekuhlaleni ii-CHWs zinika iinkonzo ezingeke zininzi nguye nawuphi na omnye umntu. Umsebenzi omninzi we-Treatment Action Campaign's (TAC's) kule minyaka yangoku imalunga nokubonisa ngqo ukuba abasebenzi bempilo boluntu banganceda njani na kumlo ochasene ne-HIV.

Ngoku, umgaqo-nkqubo omtsha karhulumente we-CHW ekugqibeleni uyayiqonda indima ebalulekileyo yee-CHWs kumlo ochasene nesifo. Iinzame zeSebe lezeMpilo (Department of Health) (DoH's) zokutshintsha inkqubo yezempilo zijonge kakhulu

ukhathalelo lwempilo olusisiseko (primary health care) (PHC) kunye nokuza nenkqubo ye-Inshurensi yeMpilo yeSizwe. Ii-CHWs zingakwazi ukubaphambili kolu tshintsho, olujolise kufikelelo lwahlabathi kukhathalelo lwempilo esemgangathweni.

Ii-CHWs zinganceda ukulungisa inkqubo yempilo enobu lungisa, efikelekayo ngokungaphaya, kodwa ke ukuze kwenzeka oku, basafuna inkxaso kunye nezibonelelo. Amawaka ee-CHWs asaphila ngemivuzo emincinane. Amaxesha amaninzi basafuna ukhathalelo kunye nenkxaso eninzi njengeeklayenti zabo. Abaninzi abanazo izakhono, uqeqesho kunye nezibonelelo zokumelana neemfuno zomsebenzi wabo. Kuba ii-CHWs zifunwa kuluntu olunomthwalo ogqithisileyo wokuhlupheka kunye nokugula, kufuneka sizixhase ukuze umsebenzi wempilo kuluntu ingabi ngumthwalo ongaphaya.

Okubaluleke kakhulu, kufuneka siqinisekise ukuba umgaqo-nkqubo omtsha we-CHW uphucula ukunikwa kokhathalelo lwempilo kumntu wonke eMzantsi Afrika. Ngokwelona nqanaba lawo lisisiseko, umgaqo-nkqubo inokuba yindlela yokudala imisebenzi emininzi, kodwa ukuba uyakuwenza njani umahluko wokwenene kwimpilo yabantu kuxhomekeka kwiinkcukacha zomgaqo-nkqubo. Xa lilonke eli nqaku liphonononga iimpawu ezingundoqo zomgaqo-nkqubo we-CHW.



UBuziwe Phendu usebenza njengomongi owonga abantu abagulela ekhaya kwaye unayo nenkulisa ekhathalela abantwana abakhubazekileyo kwikhaya lakhe. Ifoto ngu-Kali van der Merwe.

Yintoni abasebenzi bempilo boluntu?

NgokoMbutho weMpilo weHlabathi (World Health Organization) (WHO), **“Abasebenzi bempilo boluntu kufuneka babe ngamalungu oluntu abasebenza kulo, kufuneka bakhethwe kwaye [...and] bakwazi ukuphendula kuluntu ngemisebenzi yabo, kufuneka baxhaswe yinkqubo yezempilo kodwa ke kungekho mfuneko yokubba bade babe yinxenye yombutho wayo, kwaye uqeqesho lwabo lufutshane kunokwabasebenzi abayifundeleyo imisebenzi”**. Aba basebenzi bempilo basebenza eluntwini bangundoqo ekuziseni uKhathalelo lweMpilo oluSisiseko (Primary Health Care) (PHC).

EMzantsi Afrika, igama elithi ‘umsebenzi wempilo woluntu (community health worker) (CHW) kaninzi belisetyenziswa

njengegama elidibanisa bonke abasebenzi abangawufundelanga umsebenzi wabo kwicandelo lezempilo. Ii-CHWs ziquka ukuba ngabahlobo nabo bathatha unyango lwe-ART, oonontlalontle abangenalwazi lungako, abacebisi kwi-HIV nokuvavanya abasebenzi, abasebenzi abafundisa ngonyango kuqukwa abasebenzi abafundisa ngonyango be-Treatment Action Campaign’s (TAC’s) oomama abangasebenzi ngempilo kunye nokunye okuninzi.

Umgaqo-nkqubo omtsha uyakudibanisa ezininzi kwezi ndima zibe yindima enye efanayo ye-CHW. Umahluko othile phakathi kwezindima uyakuhlala ukhona wona, kodwa uqeqesho olufanayo luyakuchaza iimfanelo ze-CHWs ngokucace kakhulu.

Zohluke njani ii-CHWs kubongi abakhathalela abantu abagulela emakhaya (home-based carers) (HBCs)?

Umahluko phakathi kwabongi abonga abantu abagulela ekhaya (home-based carers) (HBCs) kunye nee-CHWs kaninzi ubungacacanga kakhulu. Ngamanye amaxesha bebesenza imisebenzi efanayo ngokuxhomekeke kubukho bezibonelelo.

| Abongi abonga abantu abagulela emakhaya (Home-Based Carers) | Abasebenzi ngeMpilo boluntu (Community Health Workers) |
|--|---|
| Ii-HBCs kakhulu zonga izigulane ezigulayo. | Ii-CHWs kakhulu zijonge uthintelo kunye nokuphakanyiswa kwempilo. |
| Ii-HBCs zinika ukhathalelo izigulane ezingakwaziyo ukuzikhathalela zona ngokwazo ngenxa yokuba zigula, zizidala okanye zikhubazekile. Kaninzi ezi zigulane azisakwazi ukuvuka ezibhedini kwaye azisakwazi nokuhamba. | Ii-CHWs zinoxanduva lokujonga impilo kunye nokuphakamisa impilo kuluntu. Ngokunjalo ne- HIV, TB kunye nezinye izigulo ezingapheliyo, ukhathalelo lukamama nomntwana nalo luzakuza kuqala kwii-CHWs. |
| UMsebenzi we-HBCs uquka ukubuyisela umntu kwisimo sangaphambili, uvelwano kunye nokhathalelo emva kotyando. Imisebenzi inokuquka ukucoca ikhaya, ukupheka ukutya, ukuhlamba isigulane, ukubopha izilonda nokunyanga izilonda ezibangwa kukulala ixesha elide ebhedini. | Ii-CHWs ziyakuqeqeshelwa ukuba zibone iimpawu zesifo, zithumele abantu kwiikliniki zengingqi kwaye zicebise uvavanyo. Ziyakwabelana ngolwazi lwezempilo, ziphakamise ukufundisa ngonyango kwaye zinike inkxaso yengqondo neyasekuhlaleni. Ii-CHWs zikwanoxanduva lokulandelela abantu ezibakhathalelayo. Zinika inkxaso yokubambelela kunyango, zityelele amakhaya kwaye zijonge iziphumo ebezingalindelekanga. |
| Ii-HBCs zinika ukhathalelo olubanzi yonke imihla, olwenza ukuba zikwazi ukuqwalasela isigulane kufutshane. Oku kwenza ukuba kubekho utshintsho olusekelwe elwazini phakathi kwekhaya kunye nesibonelelo sempilo ukuba kuyafuneka. | Ii-CHWs zinokutyelela izigulane kuphela ngeveki okanye ngenyanga. |
| Ii-HBCs ziyakudibanisa izibhedlele kunye neendawo ezigcina abantu abagula kakhulu. | Ii-CHWs ziyakudibana nzibhedlele kunye neendawo ezigcina abantu abagula kakhulu. |

Uyilo lokuvuselelwa kwe-PHC lujolise ekohlukaniseni iindima ze-HBCs neze-CHWs. Kumntu omnye ukuba agcwalise zombini iindima iyakuba ngumthwalo onzima kakhulu lowo. Ukuzohlukanisa kuthetha ukuba kuzakunikwa ixesha kuthintelo ngokunjalo nakukhathalelo.

Nakuba kunjalo, zikhona izinto ezikhathazayo ezifana nokuba ngenxa yokuba uyilo olu lusohlula iindima, lunokungayikhuseli imisebenzi okanye ukwamkelwa kwe-HBCs njengenxenye yeqela lokhathalelo lwempilo olusisiseko. Ngelishwa ii-HBCs kaninzi ziye zaphathwe njengabasebenzi bezempilo bodidi lwesibini. Oku

kubonisiwe kwimivuzo yabo, emincinane kakhulu kunaleyo yabasebenzi ngezempilo boluntu. Abongi abonga abantu abagulela ekhaya basebenza phantsi kweemeko ezinzima kakhulu kwaye kaninzi umsebenzi wabo awuxatyiswanga. Kufuneka siqinisekise ukuba ii-HBCs ziphathwa ngokufanelekileyo, kubekho ukhuselo olonyukileyo kunye nokuqondwa kwazo. Ii-HBCs kunye nee-CHWs kufuneka zisebenze kunye kumaqela afikela kwi-PHC ukuze luqhube ukhathalelo lusebenze ngokubonakalayo. Ngaphandle kokuba ii-HBCs ziqeshwe kwicandelo elisesikweni njengenxenye yamaqela e-PHC, kukho umngciphekho wokuba ziyakubandakanyeka kuphela kwibakala lokugqibela lokugula kwesigulane.

Yintoni uKhathalelo lweMpilo oluSisiseko?

Ukhathalelo lwempilo olusisiseko (Primary health care) (PHC) yindlela ejolise kwimpilo ejonge kakhulu kukhathalelo lwempilo olupheleleyo, olukhuselayo. Injongo kukuphakamisa uluntu olusempilweni kunokunyanga abantu abagulayo. I-PHC ngundoqo kwisicwangciso seSebe lezeMpilo sokulwa ne-HIV ne-TB, kunye nokuxhasa impilo kamama nomntwana. Kwimodeli ye-PHC, uluntu luba ngabanini beempilo zalo. Oku kuquka ukufunyaniswa kwesifo kusekwangoko, ukusilawula kwinqanaba loluntu, kunye nokuphakamisa ukufundisa ngonyango. Ngamanye amagama, unikezo lokhathalelo lwempilo lusuka ezibhedlele nakwiikliniki lusiya kuluntu.

EMzantsi Afrika, sijongene nomthwalo omkhulu wezifo ezingapheliyo ezingapheliyo ezifana ne- HIV, TB, isifo seswekile noxinzelelo lwegazi. Ukhathalelo lwempilo olusisiseko olusemgangathweni kunye nee-CHWs nee-HBCs ziphambili kuyakwenza ukuba sikulawule oku kwinqanaba loluntu kwaye sehlise umthwalo ezibhedlele.

Ngokuphakamisa ukhathalelo lwempilo olusisiseko, sikwakhuthaza ubutsha ntlizizyo kwimpilo yoluntu. Uluntu lungabandakanyeka kakhulu ekuqhubeleni kunye nasekunikezeni iinkonzo zempilo.

Njengoko ibonisile i-TAC, awunakude ube ngugqirha ukuze ube nolwazi lobungcali lwezonyango. Ngofikelelo kulwazi kunye noqeqesho, nabani na angayiqonda inzululwazi esisiseko yesifo esingapheliyo, ukubambelela kunyango kunye nokuphila ngokusempilweni. Ukunyusa ukufundisa ngonyango kunye nokubambelela emayezeni kuluntu lwethu kufuneka kubeyinxenye ebalulekileyo kwinkqubo ye-PHC.

U-Deborah Palm usebenza njengomongi owonga abantu abagulela emakhaya (phezulu) kunye nanjengomxhasi we-DOTS (phakathi).

Ukongeza uqhuba ikhithi lesuphu kunye negadi yemifuno, uNophelo Nogqala (ezantsi) ngumongi owonga abantu abagulela ekhaya abaphila ne-HIV okanye i-TB. Zonke iifoto ngu-Kali van der Merwe, ngoncedo lwe- projekithi "Face the People – enika imbeko abasebenzi bempilo boluntu." I-Face the People yasekwa ngu-Gabrielle Le Roux no-Rita Edwards, ngenkxaso evela kwiSebe lezeMpilo, iiNkonzo zeMpilo zesiThili se-Metro kunye ne-Cape Metropolitan Health Forum. Ngolwazi oluthe vetshe, nceda uye ku:

www.otherwise.org.za



Yintoni iqela le-PHC?



UMaria Appie, umongikazi odla umhlalaphantsi, ngusihlalo weKomiti yezeMpilo e- Mitchells Plain . Ifoto ngu-Kali van der Merwe.

Phantsi komgaqo-nkqubo omtsha iikliniki nganye iyakuba neqela onokufikelela kulo le- PHC elenziwe ngabongikazi ababini, inani labasebenzi bempilo boluntu kunye ngokufanelekileyo, abongi abonga abantu abagulela emakhaya nabo. Iqela elinceda labantu liyakohlula ixesha lalo phakathi koluntu nekliniki. Iqela ngalinye lizakuba noxanduva lwemizi eli-1,500 kummandla othile kwaye i-CHW nganye ibe noxanduva lwemizi engama- 250. Amaqela e-PHC ayakuthumela abantu ezikliniki. Inkqubo yokuthumela iyakuthi ke idibanise iikliniki kumaziko empilo oluntu, aze amaziko empilo athumele ezibhedlele ukuze kubekho ukhathalelo oluqhubayo.

Indima yee- NGOs nee-NPOs

Iminyaka emininzi, i-DoH ibithembele kwimibutho engekho phantsi korhulumente kunye nemibutho engenzi nzuzo (non-governmental and non-profit organisations) (ii-NGOs nee- NPOs) ukuba zinike iinkonzo ezisekelwe kuluntu. Oku bekusenziwa ngenkxaso-mali evela kurhulumente okanye abanikeli bamazwe ngamazwe. Ngenxa yoko, ii-NGOs nee- NPOs zifumene ubugcisa kulawulo kunye nakumsebenzi wezempilo woluntu. Ukongamela amaphulo empilo asekelwe kuluntu ngumsebenzi onzima ofuna uqeqesho oluqhubayo, uhlolo nesibonelo. Ukuze ziqhube kakuhle iinkqubo ze-CHW nee-HBC kufuneka sithathe izakhono zee-NGOs neze-NPOs, nakuba sisiya ngakwinkqubo entsha.

Indima ngqo ekufuneka idlalwe zii-NGOs kwixa elizayo kusaxoxwa ngayo, kodwa ke kukho amacala amabini kwingxoxo mpiliswano:

Icala lokuqala lokuqala lithi ii-NGOs kunye norhulumente kufuneka basebenze kunye. Ezo NGOs okwangoku ezinika iinkonzo zokhathalelo lwasekhaya olulungileyo kufuneka ziqhube ngomsebenzi wazo zifumana inkxaso yemali kurhulumente. Urhulumente unokuqesha ngqo

ezakhe ii-CHWs nee-HBCs kwimimandla apho kungekho zi-NGOs zenza lo msebenzi. Okuhle ke ngolu lungiselelo kukuba sizakuqhuba sifumana uncedo kwizakhono kunye nakumava ee-NGOs ezisebenza kakuhle.

Icala elibi ke kukuba kuyakufuneka siphathe iinkqubo ezimbini zengqesho ngexesha elinye. Ukuba namaqela e-PHC apho abanye abantu basebenzela ii-NGOs kwaye abanye basebenzela i-DoH yinto engabanga umbhodamo kulawulo kwaye yehlise ulawulo lwabaphathi. Ngaphaya koko, ingakhokelela ekuthembeni okanye kwiimbono zokungalingani kumaqela ee-PHC.

Icala lesibini lithi ii-CHWs nee-HBCs kufuneka ziqeshwe ngqo ngurhulumente. Abanye bacinga ukuba oku kufuneka kwenzekwe ngoko nangoko kwaye abanye bakholelwa ekubeni kufuneka kwenzekwe ngokuhamba kwexesha. Abo bacinga ukuba kufuneka kwenzekwe ngokuhamba kwexesha bacebisa ukuba ii-NGOs ziqhube ngeenkqubo zee-CHW nee-HBC ngexa sisalindele ukuba urhulumente afumane inkxaso engaphaya kwaye andise amandla akhe. Le nkqubo inokuthetha ukuba ekugqibeleni siyakuba nayo inkqubo enye, efanayo. Inokuthetha nokuba neke sisathatha amava nobugcisa bee-NGOs kunye nokuba iinkqubo ezisekelwe kuluntu ezincinane mhlawumbi zinokuvalwa. Ezinye ii- NPOs nakuba kunjalo ziyakuqhuba zinika uqeqesho.

Ukuba iphunyezwe ngokuchanekileyo, ukususa inkqubo apho zonke ii-CHWs nee-HBCs ziqeshwe ngqo ngurhulumente kunokuzisa impucuko enkulu ekuzisweni kokhathalelo lwempilo. Oku ekugqibeleni kunokwenza ukuba inkqubo yokufundisa ngonyango ye- TAC ingabiyomfuneko, kodwa kucingwa ukuba abo basebenza kwinkqubo bayakuthathwa yinkqubo yempilo apho ba yakuba nemisebenzi ezinzileyo kunye namathuba amakhulu okuqhubela phambili ngamakhondo emisebenzi abafuna ukuyilandela.

Ziyintoni iimeko zengqesho zee-CHWs and HBCs?

Nakuba urhulumente ebenegalelo elikhulu ekuphuhliseni nasekuxhaseni ezi zikhundla, ukuza kuthi ga ngoku akakabenzi ukuba babe ngabasebenzi benkonzo karhulumente abasesikweni. Endaweni yoko, ii-NGOs nee-NPOs ziye zabekwa kwisikhundla esiphakathi kwaye zanikwa uxanduva lokubhatala imivuzo yenyanga. Le mivuzo iphakathi kwe-R1,000 nama-R2,000. Kuba uninzi lwee-CHWs ayingobasebenzi abasisigxina, abanawo amalungelo engqesho afanayo nawabanye abasebenzi bezempilo. Kufuneka siphucule iimeko zengqesho zee-CHWs nee-HBCs.

Iindlela ezimbini ezinokukhethwa ziye zacetyiswa ukuba zingaqeshwa njani na ii-CHWs:

Ukhetho loku-1: Zonke ii-CHWs nee-HBCs kufuneka ukuba zibe ngabasebenzi bakarhulumente abaqeshwe ngekontraki.

Okuhle:

- Imivuzo yee-CHW ibe ngama-R2,500 ngenyanga – iyakonyuka kakhulu kwabaninzi.
- Abasebenzi abanamava kwaye abanerekhodi yokusebenza kakuhle banokurhola ngaphezulwana kunabanye.
- Abo bakwikontraki bayakonwabela zonke iibhenefithi ezinikwa ngumThetho weeMeko eziSisiseko zeNgqesho.

Okubi:

- Imivuzo emikhulu iyakuthetha ii-CHWs nee-HBCs ezimbalwa kunangoku. Nakuba iyakuba kokulungileyo ukususa abasebenzi abangenaziqinisekiso nabangasebenzi kakuhle, xa kukonke siyakuba nabantu abambalwa kwezo zithuba kunye namathuba ambalwa kubantu abafuna ukuba zii- CHWs okanye ii-HBCs.
- Ukusebenza ngekontraki kunokuthetha ukuba akukho lukhseleko lwexesha elide emsebenzini.

- Ii-CHWs nee-HBCs ngeke zifaneleke ukuba zifumane uncedo lwezonyango (medical aid), imihlalaphantsi okanaye izibonelelo zezindlu.

Ukhetho lwesi-2: Zonke ii-CHWs nee-HBCs kufuneka ziqeshwe isigxina ngurhulumente kwiBakala loku-1 lenkonzo karhulumente.

Okuhle:

- Abasebenzi bazakuba nokhuselo lwemisebenzi olukhulu kunye neebhenefithi zengqesho ezininzi, kuqakwa izibonelelo zezindlu, imihlalaphantsi noncedo lwezonyango (medical aid).

Okubi:

- Nangemivuzo emikhulu kunaleyo iphantsi kwendlela yekontraki iyakuthetha ukuba bayakuba mbalwa kakhulu abantu abayakuqeshwa. Ngeendleko zama-R70,000 ngonyaka ngamnye kwi-CHWs nganye kwezingama-40,000 kunye nama-20,000 ee-HBCs, iindleko ziphelele ziyakuba ngaphezulu kweebhiliyoni ezi-4 ngonyaka. Ngenxa yeendleko eziphezulu kurhulumente akubonakali ngathi olu ukhetho lungaphunyezwa.

Ngawaphi amakhondo emisebenzi ii-CHWs nee-HBCs ezinawo?

Ngo-2003, bonke abasebenzi boluntu baye bafalwa phantsi kweNkqubo yeMisebenzi kaRhulumenye eyaNdisiweyo (Expanded Public Works Programme) (EPWP), okwangoku esinye sezicwangciso zikarhulumente zokuphelisa ubuhlwempu. I-EPWP inoqhagamshelwano neSicwangciso soPhuhliso lwezaKhono seSizwe seSebe lezeMisebenzi. Olu qhagamshelwano luquka ukwamkelwa koqeqesho olusekelwe kuluntu olwenziwa ngokufundela umsebenzi usemsebenzini okumiselweyo. Ukufundela umsebenzi usemsebenzini ziinkqubo zasemsebenzini zokufunda eziye zikhuphe iziqinisekiso. Inkqubela yenziwe ngokubhekisele ekufaniseni nasekwamkeleni uqeqesho lwee-CHW. Ngo-2006 iSebe lezeMpilo laye labhalisa iziqinisekiso ezine zomsebenzi woluntu phantsi kwemiqathango yeNkqubo-sikhokelo yeziQinisekiso yeSizwe. Oku kwenza ukuba kubekho ikhondo lomsebenzi onokulandelwa kwii-CHWs njengabasebenzi bezempilo abakwinqanaba eliphakathi. Nakuba kunjalo, ukuza kuthi ga ngoku ngabantu abakumakhulu nje ambalwa abawagqibileyo la mabakala mane oqeqesho.

Uyilo lokuvuselelwa kwee-PHC lundulula ukufaniswa kunye nokwamkelwa koqeqesho olusisiseko lwee-

CHWs ukuze babe nendawo abanokusuka kuyo baye kwamanye amakhondo emisebenzi zbanokuyilandela. Iziqinisekiso kufuneka zivumele ukungena kuqeqesho olukwibakala eliphakathi kwezobongikazi, ukubuyisela kwimo yangaphambili nasekhemisti ngaphandle kokufuna isiqinisekiso samatriki esahlukileyo. Lonke uqeqesho kufuneka lwenzeke ngexesha elibhatalwayo. Ii-CHWs kufuneka zifumane uqeqesho olongeziweyo ukuze zonyuse ulwazi kunye nezakhono zazo. Kwakhona zinokufuna ukuba kubekho umtu ezijonga kuye ngokuqhubekayo kunye nenkxaso evela kwaba zisebenza nabo kwiqela le-PHC.

Ngubani ozakuhlola ii-CHWs nee-HBCs?

Uyilo lokuvuselelwa kwe-PHC lwenza isincomo sokuba ii-CHWs zibe yinxenye yamaqela ancedayo e-PHC akwiikliniki zengingqi. Lucebisa ukuba abongikazi abakufundeleyo ukuba ngabongikazi kumaqela anjalo bahlale ii- CHWs, indima abasebenzi bempilo boluntu nabo abanokuyidlala. Nakuba kunjalo, kubalulekile imibutho yokuhlala esebenzayo kunye nekubonelwa kuyo ibe ikhona kuzo zombini ii- CHWs nee-HBCs ukuze abo basebenzi abangenamava kakhulu bakhokelwe ngokwaneleyo.



Ifoto ngoncedo lwe -Elizabeth Glaser Pediatric AIDS Foundation.

AKUKHO MNTU USHIYWE NGASEMVA

Enye ikloniki eMpumalanga iqhube kakuhle kakhulu ekuqinisekiseni ukuba izigulane aziyeki ukuthatha unyango lwazo lwe-antiretroviral. U-Simonia Mashangoane ovela kwi-ofisi ye-TAC e-Gert Sibande uphononongo izizathu zale mpumelelo.

abasebenzi bezempilo abalindeli ukubona ukuba isigulane sizakubuya na phambi kokuba bathathe amanyathelo. Ukuba ngaba isigulane asizanga ngexesha ebekulungiselelwe ukuba siza kuza ngalo, loo mntu uye atsalelwe umnxeba ngaloo mini. Kwaye ukuba isigulane asizi ekloniki ngesizathu esinye okanye esinye isizathu abasebenzi basekloniki baye bavuyiswe nje nakukubasela amayeza. Usista ophetheyo, uSista Zwane, kaninzi usebenzisa imoto yakhe esisa ii-ARVs kumakhaya abantu. Ukwaqinisekisa nokuba wazi izigulane ezininzi kangangoko ukuze kube lula ukuzilandelela xa zinokungezi zizokuthatha amayeza azo.

Inxenye yempumelelo yekloniki ivela ekuthetheni phandle kwayo nokulangazelela ukusebenza noluntu kunye nemibutho efana ne-Treatment Action Campaign (TAC). UNomasonto Hlatshwayo (iGosa eliFundisa ngoThintelo noNyango (Prevention and Treatment Literacy Practitioner), okanye i-PLTP) noDeli Gama (UmXhasi weMpilo yoluNtu (Community Health Advocate), okanye i-CHA) abavela kwi-TAC basebenza kwikloniki le.

UGama uthi kaninzi izigulane ezingakwaziyo ukuzokufika ekloniki zibatsalela umnxeba kwiiselula

I-Driefontein yilali encinane ngaphandle nje kwe-Piet Retief kwiphondo laseMpumalanga. Yikloniki enye kuphela yabantu abangaphezulu kwama-68,000. Iyunithi ye-antiretroviral (ARV) ekloniki inezigulane ezingama-926 ziphelele ezikunyangoku.

Eyona nto imangalisayo ngeyunithi ye-ARV yase-Driefontein kukuba sinye kuphela isigulane esiyekileyo ukuthatha unyango saze sayeka nokuza ekloniki. Xa isigulane siyeka ukuthatha unyango oku kuthiwa kukungaluthathi kakuhle umnyango . Siphinde sithi kwakhona isigulane silahleke kulandelelwaniso. Indlela ezifunwa ngayo izigulane xa ziyekile ukuza ekloniki yaziwa ngokuba kukufuna abo bangaluthathi kakuhle unyango lwabo.

Ukufunwa kwabo bangaluthathiyo unyango lwabo e-Driefontein kwenziwe lula yinto yokuba

zabo zize zibacele ukuba bayokuzilandela unyango. I-CHA okanye i-PTLP iye ithathe amayeza iye nawo ekhaya apho ke izigulane ziye zifike ziyokuwathatha khona. Kwiimeko ezithile izigulane zinokuba zibe zigula kakhulu ukuba zihambe. Xa kusenzeka oku i-CHA okanye i-PTLP iye ithathe iyeza ilise kwikhaya lesigulane. Utshilo uDeli, "Kaninzi oomakhulu nootatomkhulu bayalibala ukuyokuthathela abantwana abancinane abaphantsi kokhathalelo lwabo, kwimeko enjalo ke siye sibasele amayeza xa siphuma emsebenzini".

Indima yabongi abonga abantu abagulela emakhaya

Kwiikliniki ezinkulu zee-ARV ezifana nezozesiBhedlele sase-Piet Retief kunye nesibhedlele sase-Bethal, apho inani lezigulane ezikwii-ARVs lifikelela kumawaka, kunzima ukugcina abantu abangawathathi kakuhle amayeza abo ngephandle kwenkqubo yokufayila ngeletroniki. Abasebenzi ke ngoko bathembela kubudlelwane obuhle obuphakathi kweekliniki nee-HEAPS (Highveld East AIDS Support Project(iProjekithi yeNkxaso ye-AIDS yeMpuma Highvels), enika ukongiwa kwezigulane ezigulela emakhaya), abasebenzi abonga abantu abagulela ekhaya be-HEAPS bakonwabela kakhulu ukuya kumakhaya ezigulane kunye nokufumanisa ukuba kutheni zingayanga nje ekiniki.

"Ngaphandle koncedo lwabongi abonga abantu abagulela ekhaya lo msebenzi ubungeke wenzeke," utshilo uNqobile Tshabalala, i-TAC PTLP esebenza e-Bethal.

E-Amsterdam, enye ilali yengingqi, i-TAC PTLP, uMama Maria Shongwe akakuthathi lula nje ukufuna abantu abangawathathi kakuhle amayeza abo.

Ikliniki yase-Amsterdam inyanga izigulane ezivela kwiindawo ezikude ezifana neekliniki zase-Fernie nase-Diepdal, zombini ezikumgama wama-30 eekhilomitha ukuba kude. Ukuqala kweekliniki zase-Fernie nase-Diepdal ukusebenza njengeendawo ekukhutshwa kuzo ii-ARV izigulane ezivela kwezo ndawo zaye zatshintshelwa kwiikliniki zeengingqi zazo. Nakuba kunjalo, abanye babengayi kumaxesha abo ahleliweyo kwingingqi. Kwiimeko ezininzi abasebenzi basekliniki abazi ukuba isigulane sitshintshelwe kubo de isigulane size neleta esivela nayo kwikliniki yangaphambili.

UMama Maria ulichongile eli kroba waze wafunga ukuba uzakuqinisekisa ukuba izigulane ezitshintshwayo zisuka kwindawo yase-Amsterdam zisiya kwezinye iikliniki ezikummandla wakhe zizakuya kwezo kliniki. Uye waseka ubudlelwane bokusebenza namaqela awonga abantu abagulela emakhaya ukuze bamncede akwazi ukufumana izigulane ezingasaziyo ezikliniki ziyokuthatha amayeza.

Naphi na apho kukho umcimbi we-TAC nokuba kuse-Fernie okanye e-Diepdal uMama Maria uyaqiniseksia ukuba uyaya ukuze ngelixa amanye amalungu e-TAC esenza amaphulo okungena umnyango nomnyango yena uxakekile ufuna abo bantu bantu bangasaziyo ekiniki.

Ngelishwa, iikliniki ezininzi zee-ARV azinawo amalungu abasebenzi azinikeleyo okulandela afune abo bangaseziyo ekiniki. Uninzi lwabo kwakhona alunazo iifowuni ezinokusetyenziswa ngabasebenzi bempilo ukutsalela izigulane ezingazanga ekiniki kwaye bekufanele ukuba zize. Oku kuthetha ukuba abasebenzi basekliniki baye bagqibele besebenzisa ezabo izixhobo ukwenza umsebenzi onjalo.



Photo by Ryan Varga.



I-TAC CHA uDeli Gama (phezuku ekunene) ne-PTLP uNomasono Hlatswayo (ezantsi ekunene) bethathela izigulane ezigula kakhulu ukuba zingezwa ekiniki. Iifoto ngu-Simonia Mashangoane.





Uhambo luka



Maninzi amabali afana nelikaXolelwa

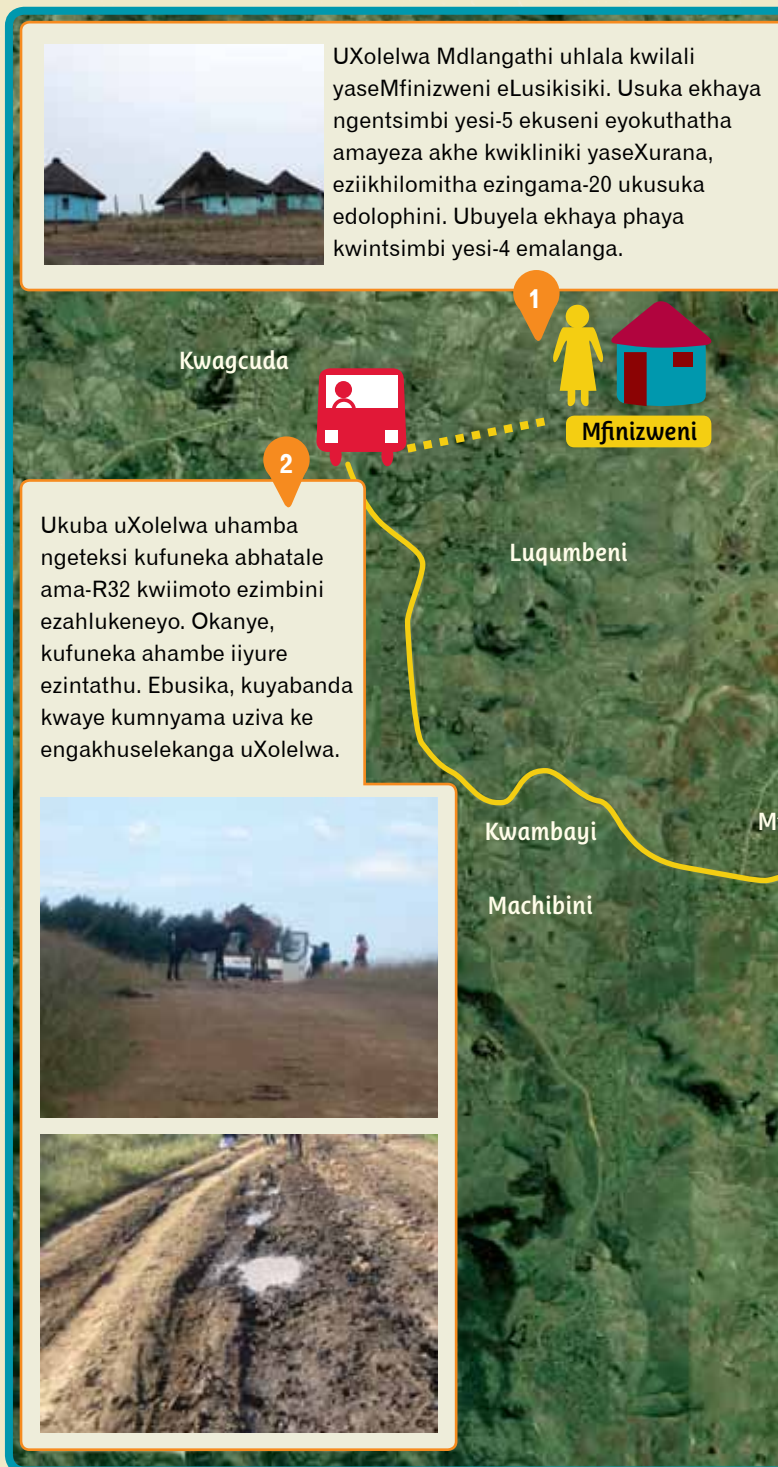
“Ngamanye amaxesha uhambo lwam luba nzima kuba kufuneka ndiboleke imali yemoto kwaye andifuni ukuphosa iintsuku zam zokuya ekliniki,” utshilo uZwelethu Mosiyane wakwilali yaseThembukazi eLusikisiki. Ngeemini ekufuneka ayokuthatha ngazo amayeza uvuka ngentsimbi yesi-5 ekuseni ayokukhwela into ekhwelwayo ngeyesi-6 ekuseni. Uhambo oluya edolophini eMbindini weDolophu yaseLusikisiki luthatha ngaphezulu kweeyure ezimbini ezinesiqingatha kwaye lumbiza ama-R40 ukuya nokubuya. Kaninzi kufuneka amele amayeza emgceni aze aphinde kwakhona alinde iimoto ezibuyela ekhaya. Uqhele ukufika ekhaya ngentsimbi yesine emva kwemini.

Le maphu ikhutshwe kwiMaphu ze-Google. Ikhutshelwe apha ukuze isetyenziswe ngokufanelekileyo.

Iifoto nguTandeka Vinjwa.



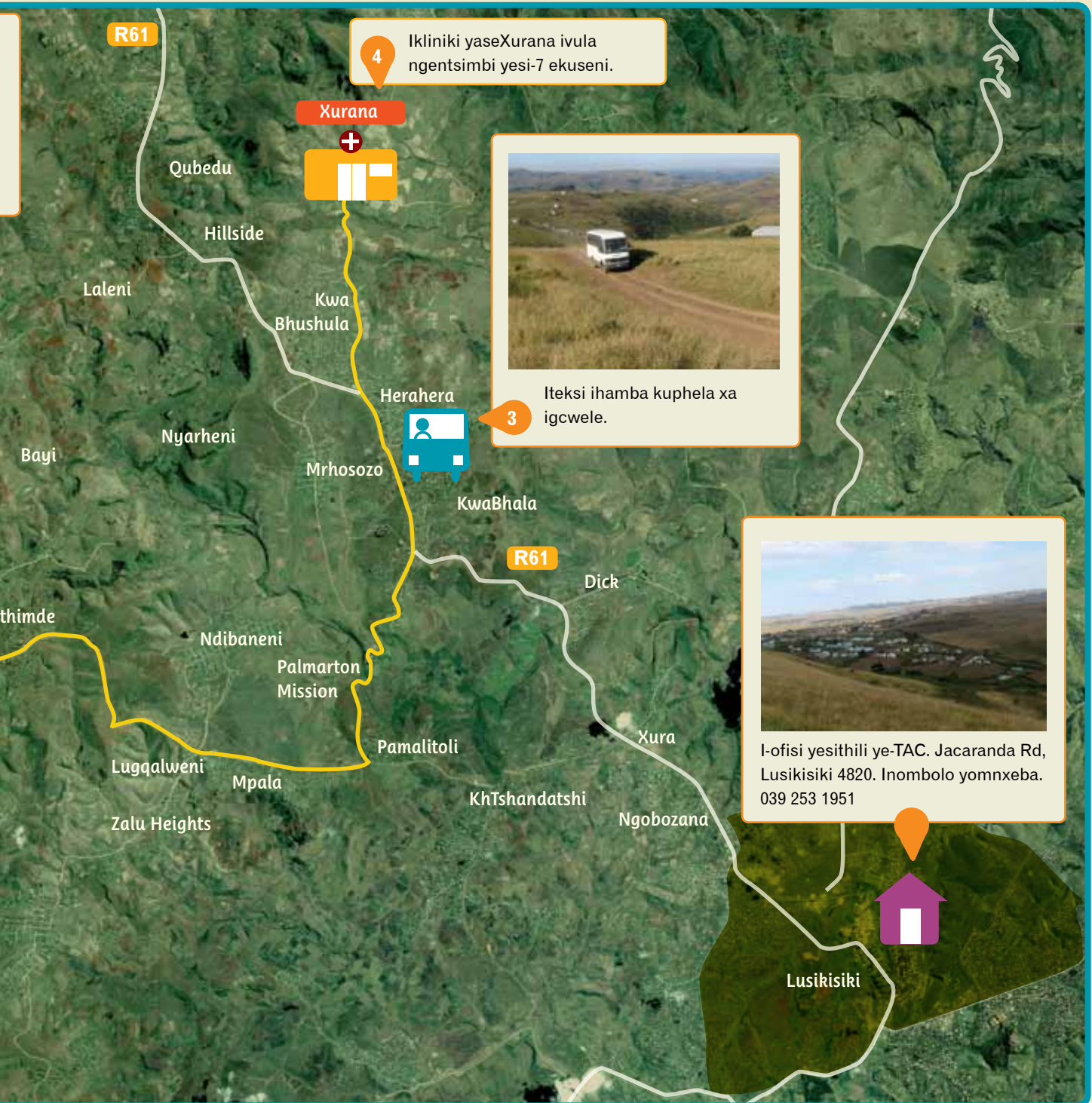
UXolelwa Mlangathi uhlala kwilali yaseMfinizweni eLusikisiki. Usuka ekhaya ngentsimbi yesi-5 ekuseni eyokuthatha amayeza akhe kwikliniki yaseXurana, eziikhilomitha ezingama-20 ukusuka edolophini. Ubuyela ekhaya phaya kwintsimbi yesi-4 emalanga.



Ukuba uXolelwa uhamba ngeteksi kufuneka abhatale ama-R32 kwiimoto ezimbini ezahlukeneyo. Okanye, kufuneka ahambe iiyure ezintathu. Ebusika, kuyabanda kwaye kumnyama uziva ke engakhuselekanga uXolelwa.



raXolelwa lokuya ekliniki





Ifoto ngu-John Freedman, ngoncedo lwe-Médecins Sans Frontières.

Ukusa unyango lwe-DR-TB ebantwini

Ekhayelitsha unyango lweTB enganyangekiyo ngamachiza luyathathwa ezibhedlele lusiwe kuluntu. UMary-Jane Matsolo uyile wayokuphanda.

Yimvakwemini ebandayo nenethayo yangolwesiHlanu eKhayelitsha. UGqirha Jennifer Hughes, umququzeleli we-TB engaNyangekiyo ngamaChiza (Drug-Resistant TB) kumbutho oncedayo i-Médecins Sans Frontières (MSF), ubambe iintlanganiso zakhe zeveki nabongikazi zase-Ilizo Nobanda, isibonelelo sezigulane ezilalisiweyo saselokishini esihamba phambili ekunyangeni isifo sephepha esinganyangekiyo

ngamachiza (drug-resistant tuberculosis) (DR-TB). Emva kwentlanganiso ukhangela izigulane zakhe. “Uyagoduka namhlanje,” uxelela isigulane esineminyaka engama-21 u-Ayanda Mshekexi. U-Ayanda ususa imaski ebeyinxibile ebinyogqume umlomo, ebonisa uncumo oluhle. UGqirha Hughes uyakhuba ukuhlola inkqubela yakhe kwaye ayalele u-Ayanda ukuba eze kwikliniki yengingqi yonke imihla de agqibe unyango lwakhe.

U-Ayanda ngomye wabantu abaqikelelwa kuma-400 ngonyaka abane-DR-TB kwiKhayelitsha nje iyodwa. Okwangoku ngama-200 abantu abafumana unyango. INTshona Koloni inezibhedlele ezibini eziznikeleyo ze-TB kwaye phakathi kwazo ngeke bathathe zonke izigulane ezine-DR-TB ezifuna iibhedi.

Ngaphambili izigulane bezilaliswa kwiiwadi ezigcweleyo kwizibhedlele ezingundoqo. Bezisuswa kwiiintsapho zazo kunye nabo zibathandayo amathuba amade – nantoni na ephakathi kweenyanga ezintandathu kunye neminyaka emibini. Ezinye izigulane bezingakwazi ukungena kwezi zibonelelo zize ke ngexa zikuluhlu lwabalindele ibhedi yasesibhedlele zosulele amalungu eentsapho zawo nge-DR-TB. Ezinye izigulane ze-DR-TB zisweleke ngexa zisalindele ukulaliswa esibhedlele.

Ngenxa yoko kuye kwacaca ukuba utshintsho lwesicwangciso luyafuneka. Kwaze ke, ngo-2007 i-MSF kunye namaqabane amaninzi, kuqukwa ne-Treatment Action Campaign (TAC), baqalisa inkqubo yolingo enokuvelisa izinto ezintsha ejolise ekubekeni unyango lwe-DR-TB kwinqanaba lokhathalelo olusisiseko kunye nokususa uxinzelelo kwizibhedlele.

Xa isigulane saseklini sivavanyelwa i-DR-TB zize iziphumo zibuye zisithi sinayo, zibonwa ngugqirha oye azicacisele iziphumo zovavanyo. Isigulane ke siye sithunyelwe kumcebisi. Abekho abacebisi abakhethekileyo be-DR-TB kwikliniki nganye – abacebisi abathathu be-DR-TB basebenza kwiKhayelitsha yonke. Umcebisi ucacisele isigulane ukuba kufunyaniswe ukuba sine-DR-TB, ukuba kuthetha ukuthini oku kunye nokuba inyangwa njani. Kwiiweeki ezimbi emva koko umcebisi uye atyelele ikhaya lesigulane eyokuhlola ukuthatha kwaso amayeza kunye nokwenza isigqibo sokuba umntu lowo na uyingozi ekusuleleni i-DR-TB kwamanye amalungu osapho.

Indima ye-TAC kwinkqubo elingwayo kukufundisa izigulane ezihleli kwiindawo zokulinda esibhedlele ngokuba zingakuphepha njani na ukusulela i-TB kwaye bangaluphepha njani na usulelo. AmaGosa aFundisa ngoThintelo kunye noNyango e-TAC (TAC Prevention and Treatment Literacy Practitioners) (PTLPs) ayazinika ezi seshoni zokufundisa yonke imihla kuzo zoli-12 iikliniki ezijikeleze iKhayelitsha. AbaXhasi beMpilo yoluNtu be-TAC (TAC Community Health Advocates) (CHAs) nabo badlala indima yabo ngokusasaza ulwazi olumalunga ne-TB bengena umnyango nomnyango. Ukongeza, ii-CHAs zityecelele imizi ukuze zifundise iintsapho malunga ne-TB kunye nokuphendula imibuzo abantu abanokuba nayo ngesifo.

Ilizo Nobanda inika imo engqongileyo efudumeleyo kwizigulane ezilalisiweyo ukuze zifumane unyango lwexesha elide nolungemmandanga. Ifoto ngu-Chelsea Maclachlan



Inkqubo ye-MSF imiselwe ukuba yenze olu kulandelayo:

- **Ukuqeqesha abongikazi** ukuba banike amayeza e-DR-TB ezikliniki.
- **Ukuphucula ukubonwa** kweemeko ze-DR-TB.
- **Ukuphucula iirejimeni zonyango.**
- **Ukunika unyango ekuhanjwa nalo (kwisigulane esingalalanga esibhedlele):** ngo-2010 ama-71% ezigulane aqala unyango kwikliniki zawo zengingqi, i-15% kwizibonelelo zezigulane ezingahlaselwanga kakhulu kukugula ezileleyo ezisekelwe kuluntu eKhayelitsha. Kuphela li-14% elelaliswa kwizibhedlele ezingundoqo ze-DR-TB.
- **Ukolula ulawulo losulelo lwe-TB** ngokuthatha amanyathelo okwehlisa umngcipheko wokusasazeka kwe-TB efumaneka ngenxa yonyango (xa umntu esosulelwa yi-TB esibhedlele).
- **Ukuphucula inkxaso yesigulane:** Izigulane ngoku zifumana ukucetyiswa ngqo kunye nenkxaso yokubambelela kunyango eqhubayo.
- **Ukonyusa amazinga okuphila:** Kuye kwabakho ukusweleka okuncinane okubangwa yi-DR-TB ukusekela ekubeni kuqale ungenelo.

Kule mihla ilizwe le-DR-TB alikho mfiliba njengendlela ebeliyiyo ngaphambili. Namhlanje, enkosi kunyango lwakhe oluqhubayo kunye nakumayeza othintelo kwintombi yakhe, u-Ayanda angalala ebhedini enye nomntwana wakhe ngaphandle kokukhathazwa kukuba angamosulela nge-DR-TB. Ungenelo olufana nenkqubo ejoliswe kwisigulane oluncede u-Ayanda lutshinstha ubomi babaninzi. Ukongeza, njengoko kwakuxeliwe ngaphambili kwi-Equal Treatment, ukwaziswa kovavanyo lokufumanisa isifo olukhawulezileyo (Gene Xpert) kunye nokuphuhliswa kwamachiza amatsha aluncedo anjenge-TMC207 zinokuphakamisa ngokungaphaya umlo ochasene nesi sifo singahoywanga.



Umfuziselo waseMalawi

Ukwenza ukuba abantu abaninzi bafumane unyango ngaphandle kweentlekele zemiba yabasebenzi

Inqaku lihlelelwe i-*Equal Treatment* ngoncedo lwe-Médecins Sans Frontières

IMalawi, ilizwe elincinane kumazantsi e-Afrika elinabemi abali-13 lezigidi, lelinye lamazwe ahlupekayo ehlabathini, nge-GDP engama-\$596 ngomntu ngonyaka, xa kuthelekiswa noMzantsi Afrika ongama-\$5,756 ngomntu ngonyaka.

Njengoko kuyinyani kumazwe amaninzi ahlupekayo ase-Afrika, bambalwa kakhulu abasebenzi bempilo ebanntwini. Ngogqirha omnye kuphela kuma-500,000 ezigulane, iMalawi yenye enecrashiyi ezisezantsi zikagqirha-kwisigulane ehlabathini. Ukusukela ekuqaleni kukabhubhane we-HIV/AIDS, oku sele kufake uxinzelelo kubasebenzi bezempilo kuye kwagqithisa ke. Nge-12% yabantu abadala abosulelekileyo, ayiyonto yokuba kukho izigulane ezininzi ezigulayo ezifuna ukhathalelo kuphela, kodwa abasebenzi bempilo nabo bayasweleka ngenxa yezifo ezinxulumene ne-HIV. Ukusukela ku-2008, umButho weSizwe waboNgikazi (National Association of Nurses) eMalawi uqikelela ukuba abongikazi abane basweleka ngenxa yeengxaki ze-HIV ne-AIDS nyanga nganye.

Ukuqinisekisa ukuba abantu abaninzi bafumana unyango lwe-antiretroviral (antiretroviral therapy) (ART), olufuna ixesha

kunye nobucule babasebenzi bempilo, kubonakala kungeke kwenzekwe ngabasebenzi bokhathalelo lwempilo abancinane kangako. Ukumelana nalo mceli mngeni, iMalawi iye yathatha indlela yokuelisa okutsha kwimpilo yoluntu iye yalungisa ufikelelo kwi-ART ngokutshintshwa komsebenzi kunye nokususwa kweenkonzo ze-HIV kwinkonzo engundoqo.

Ukususwa komsebenzi bekungundoqo kwinkqubo yempilo yelizwe. Ukuze kwehliswe umthwalo kubasebenzi bezonyango abasebenza kakhulu, imisebenzi efana nokuqaliswa kwi-ART ngoku luxanduva lwabasebenzi bezonyango abangasingabo oogqirha

(abasebenzi bezonyango abaqeqesho lwabo lulele phakathi kolwabo bangabongikazi abaqeqeshiweyo kunye nogqirha, kodwa abo bathatha eminye imisebenzi yezonyango kagqirha). Oku kuthetha ukuba abanye abasebenzi bezempilo bayakhululwa ukuba benze imisebenzi eyahlukileyo, kunye nokuba kufumanekwe abaninzi ukuba baqalise izigulane kwi-ART. Ngenxa yoko, izigulane ezininzi zinokubonwa yonke imihla. Iinkonzo zokuvavanya nokucebisa, kuqala ebezixhomekeke kubongikazi abanomsebenzi omninzi,

ngoku zingumsebenzi wabancedisi abajonga impilo (health surveillance assistants) (HSAs) abaqeqeshiweyo, ngenye indlela abaziwa njengokuba ngabasebenzi bempilo boluntu.

Ngenxa yoko, kwisithili saseThyolo apho i-Médecins Sans Frontières (MSF) isebenza neSebe lezeMpilo, uvavanyo lwenyuswa ukuqala kwi-15,000 yeemvavanyo ngonyaka kwiindawo ezili-14 ngo-2003, ukuya kuma-85,000 eemvavanyo kwiindawo ezingama-42 ngo-2010. Ngokusekelwe kwi-avareji yexesha eliyimizuzu engama-25 ngovavanyo lwe-HIV kunye neseshoni yokucetyiswa, ukutshintshwa komsebenzi okumalunga nama- 7,000 eemvavanyo zenyanga kulondolozwe phantse ama-3,000 eeyure zokonga – ixesha elifuneka kakhulu kwezinye iinkonzo, ezifana nokubelekisa kunye nokhathalelo lwabantwana.

Ukusondeza, okanye ukuzisa iinkonzo kufutshane neendawo ezihlala kuzo izigulane, nako kungumba ongundoqo womfuziselo waseMalawi. Kunokuba ufune ukuba izigulane ziyokufumana ii-ART zazo kwizibhedlele zezithili, izigulane eThyolo ngoku zinokufumana ii-ART ezikliniki (amaziko okhathalelo lwempilo kunye nakwiindawo zempilo). Akusekho mfuneko yokuba zihambe ziye kude ziyokufuna ezi nkonzo. Phakathi ku-2010, abahlali baseThyolo bebefumana i-ART kuyo nayiphina indawo kwezilishumi baze bafumane iinkonzo zokulandelisa ezifana nokuthatha ummiselo olandelayo we-ART kwiindawo ezingama-26, ukuya kuma kuma-60 eekhilomitha kude nezibhedlele zesithili. Kukho iindawo zonyango ezingama-26 eziquka neendawo zempilo apho izigulane zifumana ukucetyiswa kwii-HSAs esele zizinzile kunye nakubacebisi boontanga. Kwelo nqanaba, abongikazi boluntu bongamela ukunikwa kwemimiselo elandelayo ye-ART.

Ngenxa yoko oku kutshintshwa kwemisebenzi kunye nokusondeza iinkonzo, inani lezigulane eziqalwa kwi-ART



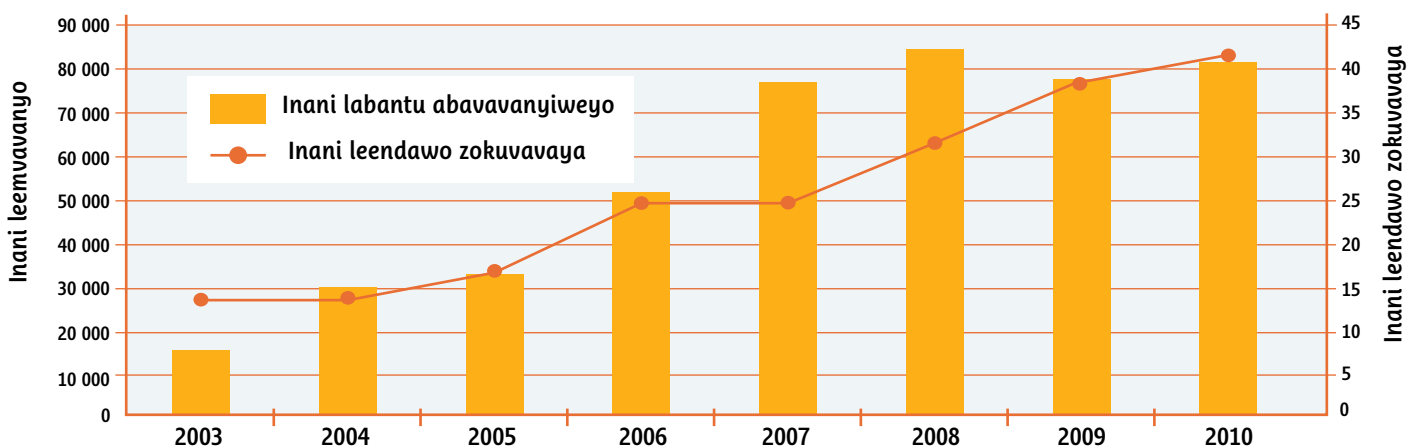
Ifoto ngoncedo lwe-Médecins Sans Frontières.

kwisithili saseThyolo liphundeke kathathu ukusuka kwi- 103 ngenyanga ngo-2004 ukuya kuma-433 ngenyanga ngo-2010.

Ngokuphucula indlela esebenzisa ngayo izibonelelo eziqabileyo zempilo, iMalawi ibe libali lempumelelo. Ekupheleni kuka-2010, ilizwe laliselifake ama-345,598 abantu kunyango lwe-ART, ngaphezulu kwesiqingatha sabo bazifunayo. UMzantsi Afrika, ngokuchaseneyo, nge-GDP ngomntu ngamnye ngaphezulu kali-16 kunoko kwaseMalawi kunye neyona rashiyo iphezulu kagqirha-kwisigulane e-Afrika, ubonelele ngonyango isinye esithathwini sabo bantu balufunayo.

Nakuba kunjalo, inani elikhulayo labantu abakwi-ART lisengumceli mngeni ongenakoyiswa ngalamanyathelo kuphela. Abameli abavela kumaqela e-PLWHA, iSebe lezeMpilo laseMalawi, kunye ne-MSF okwangoku baphonononga imiba emitsha ngemifuziselo enokusondeza isigulane kunye nonikezo lwee-ART olusekelwe kuluntu.

Ufikelelo ekucetyisweni nasekuvavanyelweni ik-HIV kwisithili saseThyolo





KUTHENI UNINZI LWABONGI INGABASETYHINI?

“Ngubani okhathalele abongi, kwaye kutheni kucingelwa ukuba abasetyhini bayakubonelela, kwaye bayakuqhuba bebonelela, bekhathalela kwaye bexhasa amalungu osapho kunye nabo babathandayo, kungajongwanga ziindleko kunye nexabiso lalo msebenzi ekuhlaleni kunye noqoqosho jikelele?” (Berman, 2002)

Ngu-Elizabeth Mills

Baninzi kakhulu abasetyhini abangabasebenzi bempilo boluntu (community health workers) (CHWs) okanye abangabongi babantu abagulela emakhaya kunamadoda. Izitatistika ezithembekileyo azifumaneki, kodwa kukhombisa ukuba ngaphezulu kwama- 90% ee-CHWs ngabasetyhini.

Kumazwe kwihlabathi lonke, kuqukwa noMzantsi Afrika, uluntu lukhuthaza abasetyhini besebencinane ukuba bakhathalele iintsapho kunye noluntu lwabo, kaninzi ngaphandle kokubhatalwa. Iingcali zezoQoqosho zithi lomsebenzi 'luqoqosho lokukhathalela'.

“Abasetyhini bakuqhelile ukukhathalela [...] Bakuqhelile ukuba sekhaya, ukunika ukufudumala kumntu wonke amadoda [... Men] aya emsebenzini, kwaye xa efika ekhaya ahlala phantsi afunde amaphephandaba; awakukhathalelanga kwaphela ukuhlamba abantu kunye nokunye. Kodwa kufuneka izinto zitshintshe,” utshilo uNosipho, i-CHW esebenza eNyanga, eKapa.

Utshintsho lwakutsha nje kumgaqo-nkqubo karhulumente kwii-CHWs lubonisa ukuqondwa okukhulayo eli xabiso lo 'qoqosho lokukhathalela' elilizisa eMzantsi Afrika, kunye nokubaluleka kokubhatala ii-CHWs ngomsebenzi eziwenzayo wokuzisa ukhathalelo lwempilo kwiindawo zazo.

ZIYINTONI IIMPEPELELO ZOKU KUNGALINGANI NGOKWESINI?

- Ukhuseleko lwesiqu lee-CHWs zabasetyhini kaninzi lufakwa engozini: UMzantsi Afrika unamanqanaba aphezulu obundlobongela obusekelwe kwisini, okuthetha ukuba ukhuseleko lobuqu lowasetyhini lunokufakwa engozini ngexa benika ukhathalelo okanye besiya emsebenzini.
- Abasetyhini abaninzi abangabakhathaleli abakhuselekanga kwiingozi zempilo: Ukuchaza ezinye zeengozi abasetyhini abajongene nazo kumsebenzi wabo eNyanga, UNosipho uthi, “Abakhuselekanga kusulelo xa besenza umsebenzi wabo, ingakumbi kwi-MDR- ne-XDR-TB”. Umngcipheko wosulelo, ingakumbi kwisifo sephepha, ubhaliwe kuphando ngee-CHWs eMzantsi Afrika. Ngokucacileyo umngcipheko ukhona nakwii-CHWs ezingamadoda, ngokunjalo.
- Izigulane ezimbalwa zinofikelelo kwii-CHWs ezingamadoda: Amadoda anokongena ukufumana iintlobo ezithile zokhathalelo kwabasetyhini. “Sinamadoda agulayo asele elele ezibhedini. Akumnandanga kowasetyhini ukuphatha amalungu angasese esigulane esiyindoda [male patient]. Ayiyonto ilungileyo leyo,” utshilo uNosipho.

YINTONI ENGENZIWA NGAMADODA?

- Mawazibandakanye! Thetha nee-CHWs kwindawo ohlala kuyo kwaye uzibuze ngomsebenzi wazo. Qhagamshelana nemibutho yengingqi exhasa ii-CHWs ukufumanisa ngokungaphaya ukuba babandakanyeka njani. Kwixa elizayo imali ebhatalwa le misebenzi kulindeleke ukuba iphucuke, okuthetha ukuba kukho isizathu esibonakalayo ke samanani amaninzi amadoda nabasetyhini sokuba bathathe lo msebenzi.
- Nika inkxaso yakho! Thetha nabantu abakwikhaya lakho kunye nakwindawo ohlala kuyo abanika ukhathalelo njengee-CHWs kwaye ubakhuthaze kwiinzame zabo.



UFrancinah Chauke uhlala kwilali yaseMariveni, ngaphandle kwase-Tzaneen kwiphondo laseLimpopo. Usebenzela i-Treatment Action Campaign (TAC) njengeGosa eliFundisa ngoNyango (Treatment Literacy Practitioner) (PTLP) kwikliniki yaseMariveni. I-PTLP nabanye abasebenzi abangabongi, umahluko kukuba i-PLTPs ijolise kakhulu ekufundiseni abantu ngesifo kunye nonyango lwabo.

Usuku kubomi bomongi we-TAC

Ngu-Adam Malapa

Ukuyokudibana kwam no-Francinah lalinethile ngorhatya lwangaphambili kwaye izitalato ezinohuli zaseMariveni zazijike zaludaka. Kuba kubi kakhulu ke kwiindawo ezinje kuba unokuxinga.

Ngaphandle kweendlela ezinodaka, u-Francinah nesebe le-TAC laseMariveni lilungiselele utyelelo lokungena umnyango nomnyango ngosuku olo, ngenjongo yokufundisa uluntu ngobundlobongela obusekelwe kwisini.

Ukufika kwam kwikliniki yaseMariveni u-Francinah wayesele exakekile esebenza. Iphulo alithethi ukuba imisebenzi yakhe yesiqhelo kufuneka ibekelwe ecaleni.

Emva kwexeshana iqela lethu liyahamba lisuka kwikliniki yaseTibananeni, ekwayindawo yelali yaseMariveni kwiindlela eneefama ezininzi zebhanana. Apha naphaya besondela elucingweni siphepha iindawo ezigcwele udaka kakhulu. U-Francinah uyema ebulisa inenekazi esele likhulile esitalatweni, kwaye ngendlela abancokola kwaye behleka ngayo kucacile ukuba u-Francinah ngumntu wabantu.

ETibananeni, wonke umntu uqokelelene ukuba azokuva ngomsebenzi wosuku. Amavolontye abekwe ngokwamaqela azakutyelela imizi, kunye nokuba banokutsalela umnxeba i-PTLP efana no-Francinah ukuba bahlangabezana nayo nayiphi na imibuzo enzima abangeke bakwazi ukuyiphendula.

Ngokunjalo nokuxhasa imisebenzi yesebe efana nale, i-PTLP efana no-Francinah ichitha ixesha layo elininzi kwizibonelelo

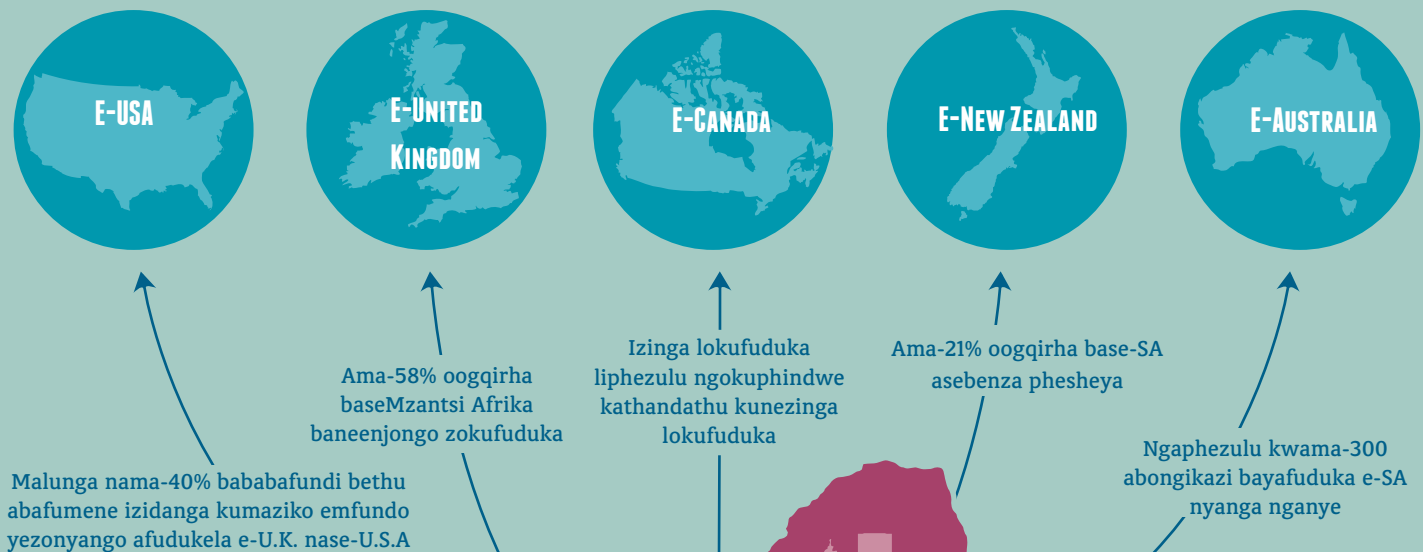
zempilo. Umsebenzi wakhe wemihla ngemihla ekliniki uquka:

- Ukuqhuba iiseshoni zokufundisa ngempilo. Izihloko ziquka i-HIV/AIDS, TB, Uthintelo loSulelo oluSuka kuMama luSiya emNtwaneni (Prevention of Mother-To-Child Transmission) (PMTCT) lwe-HIV, ukuCetyiselwa nokuVavanyelwa i-HIV, kunye nokuba umelana njani neziphumo zovavanyo lwe-HIV.
- Ukunika ucebiso lomntu ngamnye kwizigulane ukukhuthaza ubambelelo olufanelekileyo kunyango.
- Ukufuna abo bangaseziyo ekliniki bazokufumana unyango kwaye ebakhuthaza ukuba baqalise unyango kwakhona.
- Ukuqeqesha nokuxhasa amalungu engingqi e-TAC kunye neminye imibutho ekufundiseni ngonyango.

“Isihloko sam endisithandayo yi-PMTCT,” utshilo u-Francinah, “[...] kuba ndiyinxulumanisa nawam amava obuqu. Ukufumanisa kwam ngesimo sam se-HIV, wonke umntu kuqukwa nam ndandicinga ukuba ndizakusweleka kodwa umongikazi kwikliniki yaseMariveni wanikela ixesha lakhe kum endifundisa[teaching] nge-HIV kwaye ngoku ndisindile.”

“Ukuqeqesha kwam njenge-PTLP ibe lithuba [...] lokba ndifikelele ebantwini abaninzi”, utshilo. “Ngeentetho zempilo esizinika kwisibonelelo, abantu abaninzi bavavanyelwe i- HIV kwaye bafumansile ngesimo sabo. Ngoku bathatha amayeza kwaye basempilweni. Into endiyithanda kakhulu ngalo msebenzi wam kukuba usindisa ubomi babantu.”

UKUHAMBA KWABASEBENZI BEMPILO BENGENA, BEPHUMA KUNYE NABANGAPHAKATHI EMZANTSI AFRIKA



ABASEBENZI BEMPILO BOMZANTSI AFRIKA

Amazwe abafumanayo aba basebenzi afumana ipesenti enkulu yabasebenzi bethu bezempilo, kodwa ukongeza kwabo kwenza inxenye encinane yabasebenzi abangababo bezempilo. Ngenxa yoko, izithuba ezininzi kwinkqubo yokhathalelo lwempilo karhulumente eMzantsi Afrika zihlala zingagcwaliswanga. Iinkqubo zonyango ziyavala ngenxa yokungabikho kwabasebenzi abafunekayo ukuba bazigcine ziqhuba. Oku kubeka uxinzelelo olukhulu kakhulu kwinkqubo yokhathalelo lwempilo, ingakumbi kwabo basebenzi basalayo elizweni.

Yi-2% yoogqirha base-SA eceba ukuhlala e-Afrika

Oogqirha abaninzi abeza eMzantsi Afrika bavela kwilizwekazi lase-Afrika bavela eLesotho okanye eZimbabwe, omabini lamazwe anokunqongophala okukhulu kwabasebenzi

Ikota yoogqirha abaseMzantsi Afrika ayingobemi baseMzantsi Afrika



Iziko elijonga kwakhona ukufuduka kwabasebenzi beMpilo eMzantsi kunye nakumazantsi e-Afrika (2007).

E-UNITED KINGDOM:

Inani labasebenzi ngempilo

Umthwalo wesifo

Inani labasebenzi ngempilo

EMZANTSI AFRIKA:

Umthwalo wesifo

Ixabiso

LOKWENZA UMSEBENZI WESIBINI USONGEZA KOWAKHO WESIGXINA

Ngu-Catherine Tomlinson

Xa isigulane sithunyelwa kwingcali kunokufuneka ukuba sihambe imigama emide ukuze siyokubona loo gqirha kwisibhedlele sikarhulumente. Abantu abaninzi bakufumanisa kunzima ukungayi emsebenzini okanye ukufumana imali eyoneleyo yokuhlawulela iindleko zohambo olunjalo. Kwaye kaninzi, izigulane zifika kumaxesha ezinikwe wona ukuba zifike ngawo zijikiswe okanye zinyanzeleke ukuba zime iiyure ezinde kuba ingcali ayikho.

Kwabanye abantu, ufikelelo kwingcali eqinisekisiweyo kuthetha umahluko phakathi kobomi nokufa. Uphononongo olupapashwe kwijenali yezonyango yi-Lancet ngo-2009 lukhombise ukuba i-8% yabantwana ababekwa sele beswelekile kunye nokusweleka kwabantwana abasanda kubelekwa kunye nama-22% okusweleka kwabantwana kunxulumene neengxaki zolawulo, ingakumbi ukungabikho koogqirha nabongikazi abaqinisekisiweyo kunye nokungabikho kwezibonelelo.

Ukungabikho emsebenzini okuphakathi kwabasebenzi kunxulunyaniswa nokunqongophala okukhulu kwabasebenzi bempilo kwicandelo likarhulumente lempilo eMzantsi Afrika. Izithuba ezininzi azigcwaliswanga okanye zimisiwe. Oku kunqongophala kwabasebenzi kuchasene kakhulu necandelo labucala.

Kuphela ngama-30% oogqirha abasebenza kwicandelo likarhulumente. Ama-70% aseleyo akhona ukuba ancede i-16% yabemi boMzantsi Afrika abane-inshurensi yonyango yabucala kunye ne-16% engaphaya ehlawula ikheshi xa iyokubona ugqirha. Xa kuthelekiswa, ngo-2010, ama-42.5% ezithuba zabasebenzi bezempilo kwicandelo likarhulumente asahleli engenabantu baqeshiweyo.

Oku kuthetha ukuba bambalwa kakhulu oogqirha ukuba bancede izigulane kwicandelo likarhulumente. Ngaphandle koku, abanye oogqirha baye bathathe ixesha kwimisebenzi yabo abayihlawulelwayo, beshiya izigulane zingenamntu bayokwenza imisebenzi yesibini kwicandelo labucala.

“Kwamanye amaziko bangaphezulu kwama-70% oonjingalwazi kunye noogqirha abaphezulu abenza umsebenzi obhatalelwayo ngaphandle kwecandelo likarhulumente,” utshilo uGqirha Siva Pillay, iNtloko

yeCandelo leMpilo laseMpuma Koloni. NgokukaGqirha Pillay, abanye oogqirha bachitha kuphela ama-20 ukuya kuma-30% eeyure zabo eziqhelekileyo zokusebenza kwiindima zabo zecandelo likarhulumente.

Oogqirha, njengabanye abasebenzi becandelo likarhulumente, bavumelekile ukuba basebenze iiyure ezithile kwicandelo likarhulumente phantsi komgaqo-nkqubo we- RWOPS weSebe lezeMpilo. Lo mgaqo-nkqubo ujlolise ekugcineni izakhono kwicandelo likarhulumente ngokuvumela ukuba abasebenzi bongeze ingeniso yabo kwicandelo labucala.

Umgqo-nkqubo we-RWOPS umisela izikhokelo zokuthintela ukuba umsebenzi wecandelo labucala uphazamisane neemfuneko zemisebenzi yecandelo likarhulumente. Abo basebenzisanayo kuqokwa iSebe lezeMpilo (Department of Health) (DoH), uMbutho wezoNyango woMzantsi Afrika (South African Medical Association) (SAMA) kunye noMbutho woGqirha baseziLalini (Rural Doctors Association) (RUDASA) bayavuma ukuba uksuetyenziswa kakubi kwe-RWOPS kungenxa yokungabikho kweenkqubo zokuhlola.

“Nakuphi na ukusetyenziswa kakubi kwe-RWOPs okanye ukubanjwa kwemisebenzi emibini ngoogqirha bakarhulumente [...] abasebenza ixesha elisisigxina akwamkelekanga kwaphela kwaye kuchasene nomthetho. Izenzo ezinjalo – ngaphandle kweempembelelo ezimbi ezinazo kwimpilo yabantu basezilalini – [...] kujongela phantsi umsebenzi onzima woogqirha basezilalini abazibopheleleyo,” utshilo uGqirha Karl Le Roux, uSihlalo we-RUDASA.

“Kukho imithetho engqongqo esebenzayo ekubeni ziiyure ezingaphi na ekufuneka uzisebenze ngaphandle kwecandelo likarhulumente kodwa ke ngokwenene ayilawulwa kwaye iphathwe kakuhle yiilo nto ke, njengazo zonke izinto ebomini, kukho ama-apile ambalwa abolileyo [who] mhlawumbi ayisebenzisa kakubi inkqubo[...],” ucacisile uGqirha Mark Sonderup, uSekela Sihlalo we-SAMA. “Ukuba oogqirha bafunyaniswa ukuba basebenzisa kakubi i-RWOPS abaphathi babo kufuneka basebenze ngabo ngokwenkqubo elindelekileyo.”

Ngenxa yobunzima bokujonga i-RWOPS, uSekela Mlawuli Jikelele we-DoH, uGqirha Percy Mahlathi

I-RWOPS imele i-‘Remunerated Work Outside the Public Sector’.

I-DoH, SAMA ne-RUDASA zigxeka ukusetyenziswa kakubi kwe-RWOPS.



Ifoto ngu-Samantha Reinders.

waye ngoMatshi 2011 wacela ukuba umgaqo-nkqubo ovumela ii- RWOPS upheliswe. UGqirha Mahlathi uthe, ngokuphunyezwa kolawulo olucingelayo olungqalene nomsibenzi ngqo (occupation-specific dispensation) (OSD – jonga itheyibhule engasezantsi), akusekho mfuneko yokuba oogqirha bongeze imivuzo yabo ngomsebenzi wecandelo labucala.

Nakuba kunjalo, kwezinye iimeko oogqirha abacinga ukuba ababhatalwa ngokufanelekileyo banokuzishiya izikhundla zabo ezikwicandelo likarhulumente ukuba ngaba abasakwazi ukubambelela kwi-RWOPS.

Unceli mngeni wokubamba ‘umsebenzi wesibini’ luphawu loyilo nolawulo olungahambi kakuhle lwe-DoH. Inkqubo yangoku imbi kakhulu; izibonelelo zempilo zikarhulumente zanceda umdla wecandelo labucala

lempilo oorhwebo kwaye ishiya izigulane zecandelo likarhulumente zisokola.

“Iimpembelelo zokusetyenziswa kakubi kwee-RWOPs ziingcali ziviwa kakhulu [...] zizigulane zasezilalini [...] Xa ugqirha wasezilalini ethumela isigulane, iba licebo lokugqibela ngenxa yeendleko, imigama ehanjwayo kunye nexesha elifunwayo kwisigulane. Xa iingcali zikwimisebenzi yazo yabucala endaweni yokuba zibe kwiikliniki zezigulane ezingalalanga zeengcali [...] izigulane endaweni yokuba zibonwe zizo zibonwa ngoogqirha abaphantsi. Ngokuqhelekileyo, abagqirha abanawo amava afunekayo okunceda, kwaye [...] baye bacele isigulane ukuba sibuye emva kwenyanga enye okanye ezimbini, ngethemba lokuba ingcali leyo izakube ikhona ekliniki ngelo xesha,” utshilo uGqirha le Roux.

Umvuzo ophakathi ngonyanga ekwenziwa uthetha-thwano ngawo phantsi kwe- OSD



Ugqirha osafundela umsebenzi esemsebenzini

R270,000



UGqirha oseZantsi

R360,000



UGqirha oPhezulu

R650,000



INGcali

R600,000–850,000



INTloko yeSebe

R1.2–1.3 million

Unyango lwakwangoko luthintela usulelo

Siyazi ukuba umthamo wentsholongwane osezantsi wehlisa ithuba lokosulelwa yi-HIV. Ngoku ulingo olukhulu olungathathi cala olulawulwayo ekuthiwa yi-HPTN 052 luthathe olulwazi lwalusa kwinyathelo elingaphaya kwaye lwaqinisekisa ukuba ukunyanga abantu abane-HIV kwibakala lakwangoko lehlisa usulelo olutsha.

Omabini amanqaku ngu-Marcus Low. Ajongwe kwakhona ngu-Nathan Geffen.

Isebenza njani i-HPTN 052?

Ephelele ngamaqabane ali-1,763 elinye eline-HIV lize elinye lingabinayo (serodiscordant) athabathe inxaxheba kwi-HPTN 052.

Amaqabane a-serodiscordant kuxa elinye iqabane line-HIV lize elinye lingabinayo. Kuphela kuxa iqabane eline-HIV linesibalo seseeli ze-CD4 esiphakathi kwama-350 nama-550 amaqabane ayevumelekile ukuba athabathe inxaxheba kulingo.

Amaqabane ohlulwa ngowamaqela amabini. Kwiqela lokuqala, iqabane eline-HIV lafumana unyango lwe-antiretroviral ngoko nangoko. Kwiqela lesibini, iqabane eline-HIV lanikwa ii-antiretrovirals (ARVs) sakube isibalo salo seeseli ze-CD4 sehle saba ngaphantsi kwama-250 okanye lakube livele isigulo esinxulumene ne-AIDS. Iqela lokuqala kwathiwa liqela langoko nangoko laze elesibini lona iqela kwathiwa liqela elityazisiweyo.

Omabini amaqela acetyiselwa izenzo zokwabelana ngesondo okukhuselekileyo, iikhondom zasimahla, uvavanyo lwarhoqo lwe-HIV, kunye nokuhlolwa rhoqo nonyango lwazo naziphi na iingxaki ezinxulumene nosulelo lwe-HIV.

Zintoni ezafunyaniswayo kwi-HPTN 052?

Kwiqela elityazisiweyo lwamaqabane angama-877 kwabakhona usulelo olutsha lwe-HIV luphelele olungama-27. Ngokuchaseneyo, kwiqela langoko nangoko, kwabakho usulelo olunye kuphela olutsha. Oku kwenza ama-96% osulelo olutsha olumbalwa kwiqela elanikwa unyango ngoko nangoko.

Kusetyenzisa ucazululo lwezofuzo abaphandi baqinisekisa ukuba ezi zehlo zingama-28 zosulelo lwe-HIV zivela kumaqabane okuqala hayi kumaqabane okwabelana ngesondo angaphandle kwamaqabane.

Uphononongo kwakhona lwafumanisa ukuba ukunika umntu unyango lwe-antiretroviral kwibakala lakwangoko kwehlisa umngcipheko wokuba nesifo sephepha semiphunga esivela ngaphandle kwemiphunga (apho usulelo lwe-TB lwenzeka ngaphandle kwemiphunga). Kuphela ngabantu abathathu kuphela kwiqela langoko nangoko elaba nesifo sephepha esenzeka ngaphandle kwemiphunga – ngokuchaseneyo ne-17 kwiqela elityazisiweyo.

(Uphononongo lwenziwe kwiindawo zophononongo ezili-13 kwi-Afrika yonke, e-Asiya naseMelika, lwaqala ngo-2005. I-HPTN imele i-HIV Prevention Trials Network. I-052 linani nje elinikwa ulingo.)

Yintoni esinokuyifunda kolu lingo?

Okufunyanisiweyo kubonisa ukuba ukunika abantu abane-HIV ii-ARVs kwibakala lakwangoko kuyakunceda ukuthintela usulelo olutsha. Ngaphandle kwabasetyhini abakhulelweyo kunye nabantu abane-TB, ne-HIV eMzantsi Afrika abantu bafumana ii-ARVs kwicandelo likarhulumente xa isibalo sabo se-CD4 sisehla sibe ngaphantsi kwama-200. Oku kuba kusemva kwexesha. I-TAC izakuqhuba ukukhankasela ukuba abantu

abane-HIV banikwe ii-ARVs xa isibalo sabo se-CD4 singama-350.

Okunye ingaba kukuba abantu abane-HIV bonke banikwe unyango nokuba sithini na isibalo sabo seseli ye-CD4. Amalingo amabini awuthathela ingqalelo lombuzo. Olunye, kuthiwa lulingo lwe-START, lunendawo kwi-Desmond Tutu HIV Centre ekwiYunivesiti yaseKapa. Ukuba uhlala eKapa kwaye une-HIV unesibalo se-CD4 esiphezulu kuma-500, nceda ucinge ngokubhalisa kolu lingo.

Kubalulekile ukukhumbula ukuba amaqabane kwi-HPTN 052 aye acetyiswa ukuba asebenzise iikhondom kwaye azinikwa iikhondom ezo. Ngaphandle kweekhondom, izinga losulelo lwe-HIV kuwo omabini amaqela ebenokuba phezulu. Unyango lwakwangoko kufuneka luhambe kunye nezinye iintlobo zothintela ezifana nokwaziswa kweekhondom kunye nokoluka esibhedlele ngokuzithandela kwamadoda.

Bonke abantu abane-HIV eMzantsi Afrika kufuneka banikwe ii-ARVs xa benesibalo seeseli ze-CD4 esingama-350

I-HPTN 052 ibonise ukuba ii-ARVs zithintela usulelo oluninzi lwe-HIV.

I-FEM-PRP ibonise ukuba ii-ARVs aziluthinteli usulelo lwe-HIV.

Umbuzo: Kwenzeka njani oku?

Ukubuyiselwa emva yipilisi yokuthintela

Uphononongo oluvavanya ukuba ingaba idosi yemihla ngemihla yee-ARVs ingaluthintela na usulelo lwe-HIV kwabasetyhini luye lwayekwa kwangoko kuba khange lukwazi ukubonisa naluphi na uncedo olukhuselayo. Nantsi into ekufuneka uyazi ngolu lingo kunye nokuba lungena njani na kwamanye, amaphononongo afanayo.

Imvelaphi

Amalingo amabini abalulekileyo axelwe kunyaka ophelileyo acebise ukuba inokuba yinto entle ukunyanga abantu abangenayo i-HIV ngee-antiretrovirals (ARVs) ukuze kuthintelwe usulelo lwe-HIV. Olu hlobo lonnyango kuthiwa yi-pre-exposure prophylaxis (PrEP) kuba lubandakanya unnyango ngaphambi kosulelo.

Okokuqala, ulingo ekuthiwa yi-Caprisa 004 lwafumanisa ukuba abasetyhini abanikwe ijeli yelungu lobufazi equlethe ichiza le-ARV i-tenofovir babe nama-39% ngaphantsi okuba bangosulelwa yi-HIV kunabasetyhini abasebenzisa ijeli engenalo iyeza elisebenzayo. Kwaze, ngasekupheleni konyaka, ulingo lwe-iPrEx lwafumanisa ukuba ukunika amadoda awabelana ngesondo namanye amadoda idosi yemihla ngemihla ye-antiretrovirals i-enofovir ne-emtricitabine (FTC) zenze ukuba babe nama-44% ngaphantsi okuba bangosulelwa yi-HIV kunamadoda anikwe ipilisi yeswekile.

Ngenxa yezi sinto zifunyanisiweyo, abantu abaninzi babenamathemba amakhulu zezinye iingxilongo zamalingo zokuba ingaba ii-ARVs zingaluthintela na usulelo. Nakuba kunjalo, inzululwazi ayisoloko isinika into esiyifunayo. Olunye lwala malingo amatsha ekuthiwa yi-FEM-PrEP kuye kwafuneka ukuba luyekiswe kwangoko kuba ibingekho into ekhombayo ukuba unnyango luthintela usulelo olutsha.

Beluyintoni ulingo lwe-FEM-PrEP?

Ulingo lwe-FEM-PrEP lwaqhutyelwa ukubona ukuba ukunika abasetyhini abangenayo i-HIV idosi yemihla ngemihla ye-tenofovir ne-FTC

kungawehlisa na umgcipeko wokuba osulelwe yi-HIV.

Bephelele ngabasetyhini abali-1,951 ababhalisa kulingo ngoFebuwari 2011. Bohlulwa baba ngamaqela amabini. Elinye iqela lafumana idosi yemihla ngemihla yee-antiretrovirals, ngexa elinye iqela lafumana ipilisi ye-placebo efanayo neepilisi ze-antiretroviral. Uphononongo lwaqhutywa kwiindawo ezine zophononongo, kuqukwa iPitoli ne-Bloemfontein.

Ziintoni ezafunyaniswayo kwi-FEM-PrEP?

Ulingo lwe-FEM-PrEP zange lugqitywe. Ngo-Aprili walo nyaka iKomiti eHlola iData eziMeleyo (Independent Data Monitoring Committee) yolinga yagqiba ekubeni ulingo maluyekwe kuba iziphumo ukuza kuthi ga ngoku bezingalunganga ngokwaneleyo. Bafumanisa ukuba nokuba luyagqitywa uphononongo, ngeke lubonise ukuba i-tenofovir ne-FTC zilwehlile usulelo kwabasetyhini abathabathe inxaxheba kulingo.

NgoFebuwari ka-2011 kwakukho usulelo olungama-56 luphelele kulingo. Ama-28 olu sulelo ayekwiqela le-antiretroviral aze ama-28 aba kwiqela le-placebo. Yiloo nto ke kungakhombisiyo ukuba i-tenofovir ne-FTC zinganika naluphi na uncedo.

Yintoni esiyifundayo kwi-FEM-PrEP?

I-FEM-PrEP yabuyisela umva kakhulu. Nakuba kunjalo, akuthethi ukuba i-PrEP ngeke isebenze. Inokuba i-tenofovir ne-FTC zithintela usulelo olutsha emadodeni awabelana ngesondo namanye amadoda (njengoko sibonile kulingo

lwe-iPrEx), kodwa hayi kwabasetyhini.

Inokuba kukho isizathu esilula sebhayoloji salo mahluko. Inokuba ukubambelela kunyango bekukuncinane kulingo lwe-FEM-PrEP. Asazi ngokwenene okwangoku.

Inokuba mhlawumbi kunokunika ipilisi kunokusebenza kakhulu ukunika owasetyhini ongenayo i-HIV ijeli yelungu lobufazi ye-ARVs – njengoko kwenziwe ngalo kulingo lwe-Caprisa 004. Olo lingo lwabonisa ukuba ijeli ye-tenofovir yanika abanye basetyhini ukhuselo lwexeshana kusulelo lwe-HIV.

Okubaluleke kakhulu, ulingo lwe-FEM-PrEP, lusikhumbuza ukuba kusekuninzi esingakwaziyo nge-PrEP. Amalingo amaninzi aqhuba okwangoku kuyathenjwa ukuba aza kucacisa izinto. La malingo alandelayo ayakubaluleka nangakumbi:

1. Ulingo ekuthiywa yi **VOICE** (i-Vaginal and Oral Interventions to Control the Epidemic) luvavanya kwaye luthlekisa iindlela ezintathu ezinokusetyenziswa ze-PrEP kwabasetyhini. Luthlekisa ijeli ye-tenofovir kunye nepilisi ye-tenofovir kunye nepilisi ye-tenofovir/FTC. Iziphumo ze-VOICE zilindeleke ngo-2012.
2. Ulingo ekuthiwa yi **Partners PrEP** luvavanya ukuba ingaba idosi yemihla ngemihla ye-tenofovir okanye ye-tenofovir/FTC enikwa amaqabane angenayo i-HIV ingakwehlisa na ukosulela kwe-HIV kumaqabane apho elinye iqabane linayo i-HIV libe elinye lingenayo. Iziphumo ze-Partners PrEP zilindeleke ekupheleni kuka-2012 okanye ekuqaleni kuka-2013.

Impendulo: Kwi-HPTN 052, kuphela ngabantu abane-HIV abanikwa ii-ARVs. Injongo yayikukubona ukuba amaqabane angenayo i-HIV awanakufane osulelwe. Ulingo lwabonisa ukuba kuyinyani oku. Eneneni, abantu abane-HIV ababekunyango abanakufane bosulele amaqabane abo kunabantu abane-HIV abangekho kulo unnyango.

Kwi-FEM-PrEP kuphela ngabantu abangenayo i-HIV abanikwa ii-ARVs. Injongo yayikukubona ukuba angaba mancinane na amathuba abo okosulelwa kunabantu abangenayo i-HIV abangazithathiyo ii-ARVs. Ngelishwa ulingo lwabonisa ukuba kule meko ii-ARVs azincedi.

Thetha phandle nolwaphulo-mthetho oluchasene nenzondo

Ngu-Luckyboy Mkhondwane

I-TAC iyakuqhuba ifuna ubulungisa kumakhoba olwaphulo-mthetho lwenzondo

Ngokwazi ngokudlwengulwa kunye nokubulawa kwentombazana ethandana namanye eneminyaka engama-24 uNoxolo Nogwaza, uluntu lwaKwa-Thema kunye ne-Treatment Action Campaign (TAC) kunye neminye imibutho eyahlukeneyo baye bathabatha inxaxheba kwimatshi kunye nomthandazo ochasene nolwaphulo-mthetho oluchasene nenzondo noMeyi 11.

Umzimba kaNogwaza wafunyanwa kwipaseji eKwa-Thema ngentseni yomhla wama-24 ka-Aprili. Olu lwaphulo-mthetho lwenziwe xa kusondele phantse iminyaka emithathu ukusukela ekufunyanweni komzimba womdlali weBanyana Banyana u-Eudy Simelane owafunyanwa kwindawo exineneyo kwakulo mmandla mnye.



Iifoto ngu-Luckyboy Mkhondwane.

Izithethi kulo mcimbi zakhombisa ukuba amantombazana athandana namanye amantombazana kunye namadoda athandana namanye amadoda awasaziva ekhuselekile kwiindawo zawo kunye nakumakhaya awo. Kwakukho imvakalelo yokuba nabaniki bokhathalelo lwempilo namapolisa ayabagweba kwaye ayabacalula abo bantu kuye kwenzeka ukuba bangathandi isini esingafaniyo nesabo.

"Kufuneka bavakalelwe abantu ebekumele ukuba bakhusele uluntu kwaye belunika iinkonzo zempilo kuba asifani sonke, kodwa ke sikufanele ukuba sonke siphathwe ngesidima njengabantu," utshilo umfana osemncinane othandana nabesini esifana nesakhe.

UNokhwezi Hoboyi owayemele i-TAC kumcimbi lowo wacenga, "Sinikeni indawo yethu kwaye nihloniphe amalungelo ethu njengabantu."

Umthamdazo lo kwakuze kuwo noMondli Gungubele, owayesakuba nguSodolophu kuMasipala oMbhaxa wase- Ekurhuleni. "Asizanga apha ukuba sizokukhalela ubomi obulahlekileyo kuphela, kodwa sizokubhiyozela ubomi bamadoda athandana namanye kunye namantombazana athandana namanye aye akhalipha ngokwaneleyo ukuba amele into ayiyo nakuba ejongene notshutshiso," uxelele indibano. Uthe izenzo ekuthiwa 'ludlwengulo lokulungisa' azamkelekanga kwaye azingqinelani nomgaqo-nkqubo welizwe lethu. Uthemise ukuba ezi zehlo ziyakulandelelwa kwaye abantu abenza ulwaphulo-mthetho olunjalo bazakutshutshiswa.

Umcimbi lo yabalinyathelo elihle elivela eluntwini, imibutho yabahlali kunye nakurhulumente, kodwa ke njengoko sitshilo esinye isithethi, "Oko sekwenziwe emva kwexesha kuba abantu abaninzi sele bebulewe kakubi nagokungalindelekanga, kwaye isono ekukuphela kwaso samakhoba kukuphila nokuthanda ngokwahlukileyo."

Funda ngokungaphaya ngamabali avela kwii-ofisi zezithili ze-TAC ngokucofa "District Blogs" eyakudibansia newebhusayithi ye-TAC (www.tac.org.za).

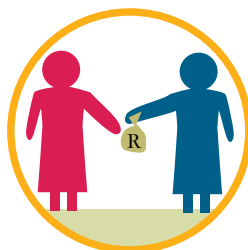
SEARCHING FOR A SOLUTION

Equal Treatment 39

CHWs face many different obstacles in delivering care. Six different problems they might experience are hidden in the word box below. Use the clues to help you find them. Circle each word. Words can appear horizontally, vertically and back-to-front.



| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| O | E | I | D | R | I | O | R | Z | R | G | T | F | B | Z |
| Y | X | E | T | U | Y | F | B | O | B | G | W | R | T | W |
| E | L | X | B | A | T | T | I | C | V | R | C | X | P | H |
| S | S | E | R | T | S | Q | P | A | Y | M | E | N | T | U |
| Z | Q | Z | W | A | P | F | S | U | P | P | L | I | E | S |
| F | W | P | X | Y | D | S | V | L | S | X | Y | Q | P | G |
| S | O | H | Y | Z | N | J | W | F | Y | L | M | L | F | G |
| R | R | R | Y | B | R | B | P | F | J | M | W | O | X | V |
| D | K | P | Q | T | R | O | P | S | N | A | R | T | E | N |
| V | L | N | X | P | T | R | A | I | N | I | N | G | O | A |
| A | O | M | C | I | C | U | D | Q | R | J | I | O | W | U |
| T | A | B | O | T | M | L | V | U | R | I | V | V | Y | E |
| Y | D | D | B | E | P | Z | K | K | Y | P | K | J | K | L |
| E | S | M | A | V | A | T | V | J | K | J | Z | W | Y | L |
| W | Y | H | Z | H | C | N | A | M | T | W | Z | D | W | U |



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***“People are talking,
especially the parents of
the younger patients. I
visit patients sometimes
more than three
times a week, which
brings people to the
realisation, we care.”***



Ms Mandisa Ntondo, Community Health Worker and
Patient Advocate – Mzamomhle clinic, Phillipi