

STRENGTHENING THE  
NATIONAL PARTNERSHIP  
AGAINST HIV AND AIDS

DECEMBER 2006

**SANAC KEY MESSAGES**



**KHOMANANI**



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# STRENGTHENING THE NATIONAL PARTNERSHIP AGAINST HIV AND AIDS

## KEY MESSAGES FROM THE SOUTH AFRICAN NATIONAL AIDS COUNCIL (SANAC)

### **The partnership we need to deal with HIV and AIDS is at a critical point:**

HIV and AIDS is among us; it is real and presents huge challenges for the people of our country – we can only win against HIV and AIDS if we join hands to save our people.

We will strengthen the National Partnership against AIDS and send clear messages that will assist our people to fight and manage the disease better. We owe our people that unity of purpose and action!

There has been progress in implementing the comprehensive AIDS strategy and its operational plan, but there is much more to do to expand access to prevention, treatment and care and to turn the tide. The need for political leadership and partnership is as great as ever.

Success in implementing the National HIV and AIDS Plan depends on leadership at every level of society as well as mobilisation and co-operation in all our sectors – government, labour and business; health workers and scientists; communities and schools; non-governmental organisations, faith-based organisations and community-based organisations; traditional leaders; and in our places of work and study and where we live.

Our HIV and AIDS treatment programme is comprehensive. Our HIV prevention plan is being reviewed and will be implemented with urgency and commitment. Together, we must make these plans work.

### **The comprehensive approach is clear and in line with international best practice:**

### **The management of HIV and AIDS requires both personal and public responsibility:**

What is making the impact of HIV and AIDS so severe in our region? Among other things are the socio-economic factors; unequal gender and sexual relations that put women at risk; unprotected and unsafe sex; and alcohol and drug abuse.

Comprehensive behaviour change programmes, driven by accurate public information about

HIV and support services that recognise and respond to these drivers of HIV-infection will be the cornerstone of our prevention efforts. They have added importance during the festive season when increased violence and risky behaviour make women more vulnerable.

Stigma and discrimination are barriers to HIV-prevention, treatment and care efforts – we need to deal with stigma as an integral part of all our efforts. The nation must talk openly and honestly about the pandemic in support of those infected and affected.

The promotion of the fundamental human-rights principles of dignity, equality, non-discrimination and freedom are a cornerstone of our approach to HIV and AIDS. All our efforts to prevent, treat and care for those with HIV are informed by these values, in line with our Constitution.

These programmes are supported by other key prevention measures, such as: health services to prevent mother-to-child HIV transmission during and immediately after pregnancy, access to post-exposure prophylaxis for people who have been raped and guidance and support to HIV-positive people on HIV-prevention (called ‘positive prevention’).

We are planning to rapidly scale up all these programmes.

## **PREVENTION**

Every new infection limits the right to life. It affects the quality of life of individuals and families. Since there is no cure for AIDS we must act together to stop new infection by HIV, the virus that causes AIDS.

There is a clear link between violence against women and HIV-infection. Our efforts to reduce new infections will not succeed without an adequate response to this social ill. Communities must work with the criminal justice system to protect and create justice for women through campaigns like the 16 Days of Activism for No Violence Against Women and Children.

Most HIV-infection is through sexual intercourse, and can be prevented by responsible behaviour. Teenagers should wait till they’re older to have sex. Among people who are sexually active, consistent use of condoms and commitment to a single partner can reduce HIV infection significantly.

People living with HIV also need to have safe sexual practices, in order to prevent infection of others and their own re-infection.

Every one should know their HIV-status, and make voluntary HIV-testing a regular part of their lives.

## **TREATMENT, CARE AND SUPPORT**

Though there is no known cure for AIDS, we can slow down the effects of HIV-infection. Treatment, care and support are part of the comprehensive programme – but these will only help if individuals and communities play their part.

Good nutrition, regular exercise, safer sexual practice, non-smoking and use of alcohol in moderation all help to keep people healthy and to protect the immune system.

A healthy and responsible lifestyle is necessary and complements medical treatment of opportunistic infections and anti-retroviral treatment for those who need it.

As a result of access to treatment, people with HIV can live longer, healthier and productive lives.

However, even with treatment, HIV and AIDS remain a drastic disease that demands our collective response to reduce its spread and effect on our communities.

But we all need to know that a healthy lifestyle and good nutrition are not alternatives to Antiretroviral treatment (ARV) when a person becomes sick. ARV treatment makes a person well. But it is not a cure. Therefore, managing HIV and AIDS requires a lifelong and comprehensive commitment from individuals and society.

The State provides some resources to tide people over the worst of infection – but care and support are also a community and social responsibility

The Temporary Disability Grant helps tide people over the worst of the infection – but the aim of public health interventions is to restore people living with AIDS to health so they can take up the rights and responsibilities of any other citizen.

Our communities have a special role in identifying children at risk, protecting and supporting child-headed households and others who are vulnerable. Our national AIDS response will plan interventions in this area.

The business sector must continue to extend its workplace-based wellness, treatment and prevention programmes and devise plans to prevent new infections in communities they draw their workforce from.

## **PARTNERSHIP OF HOPE**

**Now is the time to strengthen the national partnership – we must act to rapidly reverse the epidemic:**

Our efforts make a difference.

At this critical moment, we must reduce the tensions among those who want to work in turning the tide of the pandemic.

Sanac has a special responsibility. It embodies the national partnership and together we must rebuild and nurture it.

This requires us to adapt our strategy and responses to intensify our intervention methods and messages as well as tailor-make our messages for diverse and marginalised groups.

**A time of opportunity – a time for united action:**

We have an opportunity to reverse the course of the epidemic.

All of us in all our sectors share the responsibility to the nation to treat problems and challenges we can overcome together and not use sticks to beat one another.

Each one of us can be part of it.

**Together we can overcome! Let us join hands in a partnership of hope!**

## VERSTERKING VAN DIE NASIONALE VENNOOTSKAP TEEN MIV EN VIGS

**BELANGRIKE BOODSKAP VAN SANAC (South African National AIDS Council/Suid-Afrikaanse Nasionale Raad op Vigs)**

**Die vennootskap wat nodig is om MIV en vigs te hanteer, het 'n kritieke stadium bereik:**

MIV en vigs is om ons; dis 'n werklikheid wat geweldige uitdagings vir ons land se mense inhou – ons kan die stryd teen MIV en vigs slegs wen as ons hande vat in 'n gesamentlike poging om ons mense te red.

Ons sal die nasionale vennootskap teen vigs versterk, en duidelike boodskappe uitstuur wat ons mense kan help om die siekte doeltreffender te beveg en te bestuur. Ons is dit aan ons mense verskuldig om 'n gesamentlike doelwit en gesamentlike optrede te hê!

Hoewel die implementering van 'n omvattende vigsstrategie en bestuursplan gevorder het, moet baie nog gedoen word om groter toegang tot voorkoming, behandeling en versorging te verleen en 'n kentering te bewerkstellig. Daar is steeds 'n groot behoefte aan politieke leierskap en vennootskap.

Die sukses van die implementering van die nasionale plan vir MIV en vigs is afhanklik van leierskap op elke vlak van die samelewing, asook van mobilisasie en samewerking in al ons sektore – die Regering, die arbeid- en die sakesektor; gesondheidswerkers en wetenskaplikes; gemeenskappe en skole; nie-regeringsorganisasies; geloofs- en gemeenskapsgeoriënteerde organisasies; tradisionele leiers; en in die plekke waar ons werk, studeer en woon.

Ons het 'n omvattende program vir die behandeling van MIV en vigs in plek. Dié plan word tans hersien en sal met dringendheid en toewyding geïmplementeer word. Sáám moet ons hierdie plan laat werk.

**Die omvattende benadering is duidelik en ooreenkomstig die beste internasionale praktyke opgestel:**

**Die hantering van MIV en vigs verg sowel persoonlike as openbare verantwoordelikheid:**

Waarom is die impak van MIV en vigs so erg in ons omgewing? Onder andere weens sosio-ekonomiese faktore; ongelyke geslags; en seksuele verhoudings, wat veral vroue in gevaar stel; onbeskermd en onveilige seks; alkohol - en dwelmmisbruik.

Omvattende gedragsveranderingsprogramme, gedryf deur akkurate openbare inligting oor MIV en ondersteuningsdienste, wat die snellers vir MIV herken en daarop reageer, sal die hoeksteen van ons voorkomingsprogramme vorm. Hierdie programme is ekstra belangrik gedurende die feesseisoen, wanneer verhoogde vlakke van geweld en riskante optrede vroue nog kwesbaarder maak.

Stigma en diskriminasie is hindernisse in pogings om MIV te voorkom en mense wat dit opgedoen het, te behandel en te versorg – om hierdie kwessies op te los, moet deel van die kern van al ons pogings wees. Die nasie moet openlik en eerlik oor die pandemie praat, ter ondersteuning van diegene wat self MIV onder lede het, of daardeur geraak word.

Die bevordering van basiese menseregtebeginsels, soos waardigheid, gelykheid, nie-diskriminasie en vryheid, is nóg een van die grondbeginsels van ons benadering tot MIV en vigs. Al ons pogings om MIV te voorkom en dié wat reeds MIV-positief is, te behandel en te versorg, word – ooreenkomstig ons Grondwet – deur hierdie waardes onderlê.

Hierdie programme word gesteun deur ander sleutel-voorkomingsmaatreëls: gesondheidsdienste om ma-tot-baba-oordrag van MIV gedurende en onmiddellik ná swangerskap te verhoed; toegang tot na-blootstellingsprofilakse (middels wat toegedien word om die siekte te probeer voorkom) vir verkrachtingslagoffers; en leiding en ondersteuning aan MIV-positiewe mense oor hoe om die verdere verspreiding van MIV te voorkom (sogenaamde ‘positiewe voorkoming’).

Ons is van plan om al hierdie programme so gou moontlik uit te brei.

## VOORKOMING

Elke nuwe infeksie beperk die reg op lewe. Dit beïnvloed individue en gesinne se lewenskwaliteit. Aangesien daar geen geneesmiddel vir vigs is nie, moet ons saam optree om te voorkom dat nuwe mense deur die MIV-virus (die virus wat vigs veroorsaak) besmet word.

Daar is ’n duidelike verband tussen geweld teen vroue en MIV-besmetting. Ons pogings om nuwe gevalle van MIV te verhoed, sal nie slaag voordat dié sosiale euwel doeltreffend teëgewerk word nie. Gemeenskappe moet met die strafregstelsel saamwerk om vroue te beskerm en geregtigheid vir hulle te skep – byvoorbeeld deur veldtogte soos ‘16 Dae van Aktiwisme: Geen Geweld teen Vroue en Kinders’.

Seks is die oorsaak van die meeste gevalle van MIV-besmetting – iets wat deur verantwoordelike optrede verhoed kan word. Tieners behoort te wag tot hulle ouer is voor

hulle seks beoefen. Om altyd 'n kondoom te gebruik en aan een maat getrou te bly, kan die risiko van MIV-besmetting onder mense wat reeds seksueel aktief is, aansienlik verlaag.

Mense wat met MIV saamleef, moet ook veilige seks beoefen: om te voorkom dat ander mense met vigs besmet word, én om te voorkom dat hulle self herbesmet word.

Elke mens moet weet wat sy of haar MIV-status is. Gereelde, vrywillige toetsing behoort deel van elkeen se lewe te wees.

## **BEHANDELING, SORG EN ONDERSTEUNING**

Hoewel ons nog van geen geneesmiddel vir vigs weet nie, kan die uitwerking van MIV-besmetting wel vertraag word. Behandeling, sorg en ondersteuning is deel van die omvattende program – maar dit sal slegs doeltreffend wees indien individue en gemeenskappe hulle deel bydra.

Goeie voeding, gereelde oefening, veilige seks, om nie te rook nie, en matige alkoholgebruik help om mense gesond te hou en hulle immuunstelsel te beskerm.

'n Gesonde en verantwoordelike leefstyl is belangrik; ook ter aanvulling van antiretrovirale behandeling en mediese behandeling van opportunistiese infeksies vir mense wat dit nodig het.

Toegang tot behandeling beteken dat mense met MIV langer, gesonder en meer produktiewe lewens kan lei.

MIV en vigs bly nietemin, selfs onder behandeling, 'n drastiese siekte wat ons gesamentlike reaksie vereis om verspreiding en die uitwerking daarvan op ons gemeenskappe te verminder.

Ons moet almal weet dat wanneer 'n persoon siek word, 'n gesonde leefstyl en goeie voeding nie plaasvervangers vir antiretrovirale behandeling is nie. Antiretrovirale behandeling is daar om mense met MIV gesonder te laat voel – maar dit is nie 'n geneesmiddel nie. Daarom vereis die hantering van MIV en vigs lewenslange en omvattende toewyding van sowel individue as die gemeenskap.

Die Regering verskaf sekere hulpbronne om pasiënte wat MIV onder lede het, te help om deur die ergste tyd te kom – maar sorg en ondersteuning is ook 'n gemeenskaplike en sosiale verantwoordelikheid.

Die tydelike ongeskiktheidstoelaag help mense om die ergste slag van MIV-besmetting te hanteer – maar die doel met openbare gesondheidsintervensies is om mense met vigs gesond

genoeg te maak sodat hulle hul rol en verantwoordelikhede net soos enige ander gewone landsburger kan vervul.

Ons gemeenskappe se verantwoordelikheid is veral om kinders te identifiseer wat aan risiko blootgestel is, en om aan almal wat kwesbaar is beskerming en ondersteuning te bied – veral aan gesinne met kinders aan die hoof. Ons nasionale vigs-reaksie beplan intervensies op hierdie spesifieke gebied.

Die besigheidsektor moet sy gesondheids-, behandelings- en voorkomingsprogramme wat op die werksplek gebaseer is, steeds uitbrei en planne beraam om nuwe besmettings te voorkom in dié gemeenskappe waaruit hulle werkers kom.

## VENNOOTSKAP VAN HOOP

**Dit is nou tyd om die nasionale vennootskap te versterk – ons moet so vinnig moontlik optree om die epidemie in sy spore te stuit:**

Ons pogings maak wel 'n verskil.

Op hierdie kritieke stadium moet ons probeer om die spanning te verlig van diegene wat toegewyd werk om 'n kentering in die pandemie te bewerkstellig.

Sanac dra 'n besondere verantwoordelikheid. Dié raad verpersoonlik die nasionale vennootskap, en ons moet dit heropbou en koester.

Om dit te kan doen, moet ons ons strategieë en reaksies aanpas om ons intervensiemetodes en boodskappe te versterk, én om ons boodskappe op die spesifieke behoeftes van uiteenlopende en gemarginaliseerde groepe te rig.

**'n Tyd van geleentheid – 'n tyd van verenigde aksie:**

Ons het die geleentheid om die loop van die epidemie om te keer.

Almal van ons, in al ons verskillende sektore, deel 'n verantwoordelikheid teenoor die nasie om probleme en uitdagings wat ons saam kan oorkom, aan te spreek – en nié om mekaar te blameer en rusie te maak nie.

Elkeen van ons kan deel hiervan wees.

**Saam kan ons dit oorkom! Kom ons vat hande in 'n vennootskap van hoop!**

## **UKWENGEZELELA ITJHEBISWANO LELIZWE LOKE LOKULWA NOMULWANA WENTUMBANTONGA I-HIV NOBULWELE BENTUMBANTONGA I-AIDS**

### **IMILAYEZO EQAKATHEKILEKO EBUYA KU-SANAC**

**Itjhebiswano esilithogako ukuqalana nomulwana wentumbantonga i-HIV nobulwele bentumbantonga i-AIDS ligadango elibudisi:**

I-HIV ne-AIDS ihlangana nathi; ikhona begodu iletha iinselela ezikulu ebantwini benarhekhethu-singawina mayelana ne-HIV ne-AIDS kwaphela nangabe siyabambisana ukusindisa abantu bethu.

Sizakunabisa itjhebiswano lelizwe loke mayelana ne-AIDS bese sithumela imilayezo ezwakalako ezakusiza abantu bethu ukulwa nokulawula ubulwele ngconywa. Sikoloda abantu bethu umnqopho lowo weBumbano kanye nokwenza!

Kube neragelo phambili ekusetjenzisweni kweqhinga elihle le-AIDS kanye nomtamo wokusebenza kwalo, kodwana kukhona godu okunengi okumele kwenziwe ukungezelela ukungenelela kokukhanda, ukwelatjha netlhogomelo begodu nokuqinisa. Isidingo sabadosi-phambili kwezepolitiki kanye netjhebiswano singesikhulu njengakade.

Ipumelelo ekusetjenzisweni komtamo weliZwe loke we-HIV ne-AIDS iyame kibadosi-phambili kiwo woke amazinga womphakathi kanye nokubethelela netjhebiswano kizo zoke iindawo zethu- urhulumente, umsebenzi, nebhizinisi; abasebenzi bezamaphilo nabososayensi; imiphakathi neenkolo; ama-NGO, iinhlango ezezeme ekolweni neenhlango ezezeme emPhakathini; abadosiphambili bamasiko; begodu neendaweni zethu zemisebenzi, ukufunda nalapha sihlala khona

Ihlelo lethu lokwelapha i-HIV ne-AIDS lihle. Umtlamethu wokukhanda i-HIV ubuyekeziwe begodu uzakusetjenziswa msinyazana nangokuzibophelela. Sisoke kufanele senze imitlamo le isebenze.

**Indlela ehle itjhatjhalazi begodu ikhambisana nemikghwa emihle zombebele:**

**Ukuphathwa kwe-HIV ne-AIDS kutlhoga iimbopho zombili ukuzibophelela komuntu kanye nomphakathi.**

Khuyini okwenza amandla we-HIV ne-AIDS arhagale kangaka esifundeni sethu na? Hlangana nezinye izinto bujamo bomnotho; ukungalingani ngobulili nokuzwana

ngezomseme okufaka abomma engozini; ukuya emsemeni ngendlela engakavikeleki nengakaphephi; ukungasetjenziswa kuhle kotjwala neendakamizwa.

Indlela ehle yokuziphatha itjhugulula amahlelo, igcugcuzelwa lilwazi elinembako lomphakathi mayelana ne-HIV kanye nemisebenzi esekelwako, ebona neziphendulela kilokhu okukhambisa ithelelwano le-HIV kuzakuba sisekelo semizamo yokuzikhandela. Bangezelele ukuqakatheka esikhathini saboKresimusi lokha ukungezeke kokulwa neendlela eziyingozi nazenza abomma babe sibaga khulu.

Isizalo nokubandlulula kuziinliyo zokukhandela i-HIV, ukwelatjha nemizamo yokutlhogomela-kufanele siqalane nesizalo njengento eqakathekileko yayo yoke imizamethu. Isitjhaba kumele sikhulume tjhatjhalazi begodu sithembeke mayelana nobulwele ekusekeleni labo esele banethelelwano nalabo ababandakanyekako.

Ukuthuthukiswa kwemigomo eqakathekileko yamalungelo wobuntu yesithunzi, ukulingana, ukungabandlululi nokutjhaphuluka kusisekelo sendlela esiqale ngayo i-HIV ne-AIDS. Yoke imizamethu yokukhandela, ukwelapha nokutlhogomela labo abane-HIV baziswa ngalemikghwa, ngokukhambisana nomthethosisekelwethu.

Amahlelo la asekelwa ngezinye iindlela eziqakathekileko zokukhandela, zona ngilezi: imisebenzi yezamaphilo ukukhandelwa kwethelelwano likamma ukobana lidlulele emntwaneni lokha umma nakasidisi namsinyazana ngemva kokuba sidisi; ukungenelela ku-post-exposure prophylaxis kilabo Bantu abagadlhelweko nokuyelelisa nokusekela abantu abane-HIV ekukhandeleni i-HIV (elibizwa bona 'kukhandelwa okuphosesthu').

Sitlamba ukobana sihlele kuhle woke amahlelo la.

## **UKUKHANDELWA**

Elinye nelinye ithelelwano elitjha lehlisa ilungelo lepilo. Lithinta ikhwalithi yepilo yomuntu ngamunye kanye nemindeni. Njengombana akunasihlahla esilapha i-AIDS kufanele sibambisaneni ukujamisa ithelelwano elitjha le-HIV, nomulwana obanga i-AIDS:

Kukhona ukukhambisana okubonakalo okuphakathi kwezipi kibomma nethlelwano le-HIV. Imizamethu yokwehlisa amathlelwano amatjha angeze yaphumelela ngaphandle kokuzibophelela ngokuzeleko kilobu bulwele obuphetha abantu. Imiphakathi kufanele isebenzisane nekambiso yezobulungiswa ukuvikela nokwakha ubulungiswa kibomma-ngokwamajima afana namalanga ali-16 wokuTjhagalela ukungabikhona kokuBethwa kwaboMma nabaNtwana.

Inengi lethelelwano le-HIV lingena ngokomseme, begodu lingakhandelwa ngokuziphatha kuhle. Abantu abatjha kufanele bajame baze babe badala ukobana bangayi emsemeni.

Hlangana nabantu abamajadu kwezomseme, ukusebenzisa ikhondomu ngaso soke isikhathi begodu nokubambelela emntwini munye okuyiwa naye emsemeni kungalirhobhisa tle ithelelwano lomulwana wentumbantonga i-HIV.

Abantu abaphila nomulwana wentonga i-HIV batlhoga godu ukobana bazejayeze ukuya emsemeni ngendlela ephiphileko, ukuze bakhandele ukuthelelwa ngabanye nokobana bona bathele abanye.

Omunye nomunye umuntu kufanele azi ubujamo bakhe be-HIV, begodu akhambe ayozihlolisa ngokwakhe ngokuzinikela enze bona lokhu kube yingcenyeye yepilwakhe.

## **UKWELATJHWA, ITLHOGOMELO NOKUSEKELA**

Nalokha kunganasihlahla esaziwako eselapha ubulwele bentumbantonga i-AIDS, singehlisa abonobangela bethelwano le-HIV. Ukwelatjhwa, itlhogomelo nokusekela kuyingcenyeye yehlelo elihle- kodwana lokhu kizakusiza kwaphela nangabe abantu kanye nomphakathi nabo badlala yabo indima.

Ukudla okunepilo, ukunande uthabulula umzimba, ukuzejayeze ukuya emsemeni ngendlela ephiphileko, ukungabhemi nokuselwa kuhle kotjwala ukwenza bona abantu babe nepilo begodu bavikele ihlelo lokuvikela umzimba eemalweleni.

Indlela ehle enepilo nokuzibophelela iyafuneka kanye neenhlahla ezingezelela ukwelatjhwa kwamathelelwano akhokhobelako begodu neenhlahla zama-anthirithrovayirali kilabo abazifunako.

Ngesimanga sokuthola iinhlahla ze-HIV ne-AIDS abantu abaphila nomulwana wentumbantonga i-HIV bangaphila isikhathi eside, babe nepilo begodu babe nomdlandla.

Yeke, nangeenhlahla, umulwana wentumbantonga i-HIV nobulwele bentumbantonga i-AIDS zihlala zibulwele obunamandla obufuna ukuziphendulela kwethu soke ukwehlisa ukurhatjheka kanye nomphumela wabo emiphakathinethu.

Kodwana soke sitlhoga ukwazi bona ipilo ehle nokudla ngendlela efanekileko akusiyo into engajamiselela iinhlahla zama-ARV lokha umuntu nakagulako. Iinhlahla zama-anthirithrovayirali zenza bona umuntu aphile. Kodwana azelaphi. Yeke ukulawula i-HIV ne-AIDS kufuna ukobana umuntu ngamunye nomphakathi wokana uzibophelele ipilwayo yoke.

**Umbuso unikela ngemithombo ethileko yokusiza abantu lokha ithelelwano nasele lirhagele khulu- kodwana itlhogomelo nesekelo kusibopho godu somphakathi nezehlalakuhle.**

Imali yesondlo yesikhatjhana yabarholopheleko isiza abantu lokha ithelelwano nasele lirhagele khulu- kodwana umnqopho wokungenelela epilweni yesitjhaba kubuyisela abantu abaphila nobulwele bentumbantonga i-AIDS epilweni ehle ukuze bakghone ukuthatha amalungelo kanye neembopho zomunye nomunye umuntu osisakhamuzi.

Imiphakathethu inendima ekhethekileko yokuqala abantwana abasengozini, ukuvikela nokusekela abantwana bamakhaya abandakanyekako nabanye abasengozini. Isibopho sethu se-AIDS enarheni yokana sizakutlama indlela yokungena phakathi kilendawo.

Ihlangothi lebhizinisi kufanele liragele phambili nokungezelela isisekelo esihle sendawo yokusebenzela, amahlelo wokwelapha kanye nawokukhandela begodu ize namaplani wokukhandela amathelelwano amatjha emiphakathini leyo abathola imisebenzabo kiyo.

## **ITJHEBISWANO LETHEMBA**

**Njenganje sekusikhathi sokungezelela itjhebiswano emazweni woke- kufanele senze bona sitjhugulule msinyazana ubulwelobu:**

Imizamethu yenza umahluko.

Esikhathini esimbesi kufanele sehlise ukungezwani hlangana nalabo abafuna ukusebenza ngendlela engatjhugulula ukusiza kilobulwele.

I-SANAC inesibophelelo esikhethekileko. Imumethe itjhebiswano lamazwe woke begodu sisoke kufanele silakhe ngobutjha silikhulise.

Lokhu kutlhoga bona sizijayeze amaqhinga neembopho ukwenza bona iindlela zethu zokungenelela nemilayezo ibe nomfutho begodu nokwenza imilayezwethu ifake phakathi ukuhlukana kwabantu neenqhema egade zidinywe amathuba phambilini.

**isikhathi sethuba-isikhathi segadango lokubumbana:**

Sinethuba lokutjhugulula ikhosi yobulwelobu.

Soke kiwo woke amahlangothethu sabelana isibopho esinaso esitjhabeni sokutjheja imirarwethu neenselela esingazihlula sisoke ingasi amaswazi wokobana sibethane sisodwa.

Omunye nomunye wethu angaba yingcenywe yalokho.

**Sisoke singehlula! Asibambaneni ngezandla etjhebiswaneni lethemba!**

## UKOMELEZA IPHULO LOBAMBISWANO LESIZWE ELIJOLISWE EKULWENI NENTSHOLONGWANE KAGAWULAYO NOGAWULAYO

### IMIYALEZO ENGUNDOQO ESUKA KWI-SANAC

**Ubambiswano esiludingayo ukujongana neNtsholongwane kaGawulayo noGawulayo lukwinqanaba elibaluleke kakhulu:**

iNtsholongwane kaGawulayo noGawulayo ikhona phakathi kwethu; iyinyani, asiyontsomi, kwaye ize nemiceli-mngeni emininzi kubantu belizwe lethu – singayoyisa iNtsholongwane kaGawulayo noGawulayo kuphela ukuba sithi sibambane ngezandla ukuze sisindise abantu bethu.

Siya kulomeleza iphulo loBambiswano leSizwe elijoliswe ekulweni uGawulayo ze sithumele imiyalezo ecacileyo eya kunceda abantu bethu ukuba basilwe kwaye basilawule ngcono esi sifo. Abantu bethu sibatyala olo Manyano ngokweenjongo nangezozo!

Kuye kwakho inkqubela-phambili ekumiliseleni iqhinga elinabileyo lokulwa uGawulayo kwanesicwangciso sokuqhuba lo msebenzi, kodwa kuse kuninzi ekusafanele kwenziwe ukwandisa ukufumaneka kothintelo, unyango nonophelo, kwanokuguqula isimo esigqubayo. Imfuno emandla yobunkokeli bezopolitiko kwanobambiswano isenkulu kwanje kwangaphambili.

Impumelelo ekumiliseleni isicwangciso seSizwe seNtsholongwane kaGawulayo noGawulayo ixhomekeke kubunkokeli kumanqanaba onke asekuhlaleni nakuhlanganiswano nentsebenziswano kumacandelo onke – elaseburhulumenteni, elezemisebenzi nelezoshishino; phakathi kwabasebenzi bezempilo noosonzululwazi; uluntu nezikolo; imibutho engekho phantsi kukarhulumente, imibutho yezenkolo kwanaleyo izinze phakathi koluntu; iinkokeli zemveli; kwiindawo zethu zengqesho, zokufunda nalapho sihlala khona.

Inkqubo yethu yonyango ejoliswe kwiNtsholongwane kaGawulayo noGawulayo inabile. Isicwangciso sethu sokuthintela iNtsholongwane kaGawulayo siyaqwalaselwa kwakhona siya kumiliselwa ngaphandle kwenkcitha-xesha nangokuzinikela. Sisonke kufuneka senze ezi zicwangciso zisebenze.

**Isicwangciso esinabileyo sicacile kwaye sihambisana neendlela ezisetyenziswa kwinqanaba lamazwe ngamazwe:**

**Ulawulo lweNtsholongwane kaGawulayo noGawulayo lufuna ukuthwalwa koxanduva ngumntu ngamnye naluluntu ngokubanzi:**

Yintoni eyenza ifuthe leNtsholongwane kaGawulayo noGawulayo libe mandundu kangaka kummandla wethu? Phakathi kwezinye izinto yimiba yezentlalo neyezoqoqosho; ukungalingani ngokwesini nakubudlelwane obunxulumene nezesondo, nto ezo ezibeka amakhosikazi emngciphekweni; ukwabelana ngesondo ngaphandle kokusebenzisa ikhondom nangokwenza oko ngendlela engakhuselekanga; ukusetyenziswa kotywala neziyobisi ngokugqithisileyo.

Iinkqubo ezinabileyo zokutshintsha indlela yokuziphatha, ezikhatshwa lulwazi oluchanekileyo olujoliswe kuwonke-wonke olungeNtsholongwane kaGawulayo neenkonzozenkxaso, eziqaphela ze ziphendule kwimiba ekhwezela ukosulelwa yiNtsholongwane kaGawulayo ziya kuba ngundoqo kwiinzame zethu zothintelo. Ziye zabaluleka nangakumbi ngexesha lemigcobo lokuphela konyaka nalapho udushe olwandileyo kwanendlela yokuziphatha enobungozi ithi yenze amakhosikazi abe semngciphekweni nangakumbi.

Ukubekwa ibala nokucalulwa yimiqobo kwiinzame zothintelo, unyango nononophelo – sidinga ukuba sijongane nale ngxaki yokubekwa ibala njengenxalenye engundoqo yeenzame zethu. Isizwe kufanele sithethe phandle nangokuthembekileyo ngalo bhubhane ukuxhasa abo basulelekileyo kwanabo bachatshazelwayo nguye.

Ukukhuthazwa kweentsika zamalungelo oluntu ezibandakanya isidima, ulingano, ukungacalucalulwa kwanenkululeko kungundoqo kwinkqubo esiyilandelayo ngokubhekisele kwiNtsholongwane kaGawulayo noGawulayo. Zonke iinzame zethu zokuthintela, ukunyanga nokunonophela abo baneNtsholongwane kaGawulayo zayame kwezi nqobo neentsika, ngokoMgaqo-siseko wethu.

Ezi nkqubo zixhaswa ngamanye amanyathelo othintelo angundoqo, angala: iinkonzozezempilo zokuthintela ukosulelwa kosana ngunina ngeNtsholongwane kaGawulayo ngexesha namsinyane emva kokukhulelwa; ukufumaneka konyango lothintelo emva kokugaxeleka kwiimeko ezingabangela ukosuleleka kwabantu abathe badlwengulwa, kwanesikhokelo nenkxaso kubantu abaphila neNtsholongwane kaGawulayo malunga nokuthintela iNtsholongwane kaGawulayo (okubizwa njenge'positive prevention')

Senza izicwangciso zokuqinisa zonke ezi nkqubo ngokukhawuleza.

## **UTHINTELO**

Usuleleko olutsha ngalunye lucutha ilungelo lokuphila. Luchaphazela umgangatho wobomi babantu ngabanye kwanobeentsapho. Njengoko kungekho yeza lokunyanga uGawulayo, kufuneka sisebenze kunye ukunqanda usuleleko yiNtsholongwane kaGawulayo, ebangela uGawulayo, kwabangekasuleleki:

Kukho ityathanga elicacileyo phakathi kodushe olujoliswe kwabasetyhini nokosuleleka yiNtsholongwane kaGawulayo. Iinzame zethu zokunciphisa ukosuleleka kwabangekosuleleki aziyi kuphumelela ngaphandle kwempendulo evakalayo kwesi siphene kwimeko yezentlalo. Uluntu kufuneka lusebenzisane nenkqubo yezobulungisa ukukhusela nokudalela amakhosikazi ubulungisa – lusebenzisa amaphulo afana neeNtsuku ezili-16 zeMigushuzo eChasene noDushe olujoliswe kuMakhosikazi.

Uninzi losuleleko yiNtsholongwane kaGawulayo lwenzeka ngokwabelana ngesondo, kwaye lungathintelwa ngendlela yokuziphatha enenkathalo. Ulutsha olusafikisayo kufanele lulinde de lukhule noko phambi kokwabelana ngesondo. Kubantu abasele besabelana ngesondo, ukusebenzisa ikhondom rhoqo nokuzinikela kwiqabane elinye kunganciphisa ngokubonakalayo usuleleko yiNtsholongwane kaGawulayo.

Abantu abaphila neNtsholongwane kaGawulayo nabo kuyimfuneko ukuba babe nendlela yokwabelana ngesondo ekhuselekileyo, ukuthintela ukosuleleka kwabanye nokuphinda bosuleleke.

Wonke ubani kufanele asazi isimo sakhe ngokubhekisele kwiNtsholongwane kaGawulayo, kwaye enze ukuvavanyelwa iNtsholongwane kaGawulayo ngokuzithandela kube yinxalenye yobomi bakhe.

## **UNYANGO, UNONOPHELO NENKXASO**

Nangona kungekho yeza laziwayo lokunyanga uGawulayo, singazidodobalisa iimpawu zokosulelwa yiNtsholongwane kaGawulayo. Unyango, unonophelo nenkxaso ziyinxalenye yenkqubo enabileyo – kodwa ezi zinto ziya kunceda kuphela ukuba abantu ngabanye kwanoluntu ekuhlaleni luyayidlala indima yalo.

Ukudla okuya egazini, ukuvocavoca umzimba rhoqo, ukwabelana ngesondo ngendlela ekhuseleke ngcono, ukungatshayi nokusebenzisa utywala ngomyinge ofanelekileyo, zonke ezi zinto zinceda ukugcina abantu besempilweni kwanokukhusela amajoni abo omzimba.

Ukunonophela impilo yakho nokuphila ngenkathalo kuyimfuneko kwaye buncedisana nonyango lwamayeza kwizifo ezingoozungul’ ichele kwanamachiza adodobalisa ulwamvila lukaGawulayo kwabo bawadingayo.

Ngenxa yokuba nakho ukufikelela kunyango, abantu abaphila neNtsholongwane kaGawulayo bangaphila ubomi obudana, obusempilweni nobunentsebenzo.

Kambe, nkqu sekusetyenziswa unyango, iNtsholongwane kaGawulayo noGawulayo ihleli isisifo esimandundu esifuna ukuba sitsale ngaxhatha linye ukunciphisa ukwanda kwaso nefuthe laso phakathi kwethu ekuhlaleni.

Kodwa sonke sidinga ukuba sazi ukuba ubomi obusempilweni nokudla okuya egazini asizinto ezingasetyenziswa endaweni yonyango lwamachiza adodobalisa ulwamvila lukaGawulayo xa athi agule umntu. Unyango lwamachiza adodobalisa ulwamvila lukaGawulayo lwenza umntu azive engumqabaqaba. Kodwa alusinyangi esi sifo. Ngoko ukulawula iNtsholongwane kaGawulayo noGawulayo kudinga ukuzinikela ngokupheleleyo ubomi babo bonke, kwabantu ngabanye kwanoluntu ngokubanzi.

**Umbuso ubonelela ngemithombo yoncedo ethile ukunceda abantu baphumele kwezona ngxingongo zinzulu zosuleleko – kodwa unonophelo nenkxaso zikwaluxanduva loluntu nolwezintlalo**

Isibonelelo sokukhubazeka sethutyana sineda abantu ukuba baphumele kwezona ngxingongo zinzulu zosuleleko - kodwa injongo yezibonelelo zoluntu zezempilo kukubuyisela empilweni abantu abaphila neNtsholongwane kaGawulayo ukuze babe nokuxhamla amalungelo kwanoxanduva oluthwele nguye namphi na omnye ummi weli.

Uluntu lwethu lunendima ekhethekileyo ekuphawuleni abantwana abasemngciphekweni, ekukhuseleni nasekuxhaseni imizi esele nabantwana kuphela nabanye abakwiimeko zobunzima. Impendulo yethu yeSizwe kuGawulayo iya kucwangcisa ungenelelo kulo mbandela.

Icandelo lezoshishino kufuneka liqhube lisandisa iinkqubo zalo eziqhutywa kwindawo yengqesho, zezempilo, unyango nothintelo, ze liqulunqe izicwangciso zokuthintela usuleleko kwabangekasuleleki kuluntu olulibonelela ngabasebenzi.

**UBAMBISWANO LWETHEMBA**

**Ngoku lithuba lokomeleza iphulo lesizwe lobambiswano– kufuneka sisukume sikhawuleze ukunqumla iimpondo lo bhuhhane:**

Iinzame zethu zenza umahluko.

Ngeli xesha lingundoqo kufuneka sinciphise ukujongana ngezikhondo zamehlo okukhoyo phakathi kwabo bafuna ukusebenzela ukunqanda ukwanda kwalo bhubhane.

I-SANAC inoxanduva olukhethekileyo. Imi njengophawu lwephulo lesizwe lobambiswano kwaye sisonke kufuneka siyakhe ngokutsha yaye siyinonophele.

Oku kufuna ukuba sihlengahlengise iqhinga neependulo zethu ukuze siqinise iindlela zethu zokungenelela kweli dabi kwanemiyalezo yethu, ze silunga-lungise imiyalezo yethu ukuze ilungele amaqela awohlukeneyo nangahoywanga.

**Ixesha lokusebenzisa ithuba – ixesha lokutsala ngaxhatha linye:**

sinethuba lokwenza ibuyambo kwindlela chanjwa ngulo bhubhane.

Sonke kumacandelo onke esikuwo sabelana ngoxanduva ngokubhekisele kwisizwe sethu, lokujongana neengxaki kwanemiceli-mngeni esingayoyisa sibambene, hayi iintonga zokuba sigqebhane iinduma.

Elowo kuthi angayinxalenye yalo.

**Sisonke singasithwala isithsaba soloyiso! Masibambaneni ngezandla kubambiswano lwethemba!**

## UKUQINISA UKUBAMBISANA KUKAZWELONKE AKULWENI NE HIV NE AIDS

### IMIYAYEZO EBALULEKILE EPHUMA KWI SANAC

**Ukubambisana esikudingayo ukubhekana ne HIV ne AIDS kusezingeni elibaluleke kakhulu:**

i-HIV ne AIDS ikhona phakathi kwethu, ikhona ngempela futhi iletha izinselelo ezinkulu kubantu bezwe lethu- Impi singayinqoba kuphela yengculaza uma sibambisana ukuze sisindise abantu bethu

Sizoqinisa ukubambisanana kukazwelonke ekulweni ne AIDS futhi sithumele imiyalezo ecacile eyosiza abantu bethu kuthi balwe futhi baphathe isifo kangcono. Sikwelela abantu bethu lolo bumbano lwenhloso kanye nezinyathelo!

Kube nenqubekela phambili ekuqaliseni iqhinga lengculaza eliqondakalayo kanye nesu lokusebenza kwalo, kodwa kusekuningi okufanele kwenziwe ukwandisa ukufinyelela ekuvimbeni, ekwelashweni kanye nasekunakekelweni kanye nasekuvimbeni ukubhehtheka. Isidingo sobuholi bezepolitiki kanye nokubambisana kubaluleke kakhulu.

Ukuphumelela kokuqaliswa kwesu likazwelonke le HIV ne AIDS kuncike ebuholini bawo onke amazanga omphakathi kanjalo nasekuvukuzweni kanye nokubambisana kwazo zonke izinhlaka- uhulumeni, abasebenzi namabhizinisi; abasebenzi bezempilo kanye nososayensi; imiphakathi kanye nezikole; izinhlangano ezingekho ngaphansi kukahulumeni, izinhlangano zezenkolo kanye nezinhlangano zomphakathi; abahloli bendabuko kanye nasezindaweni zethu zemisebenzi, zokufunda kanye nalapho esihlala khona.

Uhlelo lwethu lokwelashwa kwe HIV ne AIDS lufaka konke. Uhlelo lwethu lokuvikela i-HIV luyabuyekezwa futhi luzoqaliswa ngokushesha nangokuzimisela. Ngokubambisana sonke kufanele senze leli qhinga lisebenze

**Indlela yethu yokwenza icacile futhi ihambisana nendlela yokwenza yomhlaba:**

**Ukuphathwa kwe HIV ne AIDS kudinga kokubili ukuzinikela komuntu ngabunye kanye nokomphakathi**

Yini eyenza ukuhlaselela kwe-HIV ne-AIDS kube kukhulu kangaka kwsifunda sethu? Phakathi kwezinye izinto kukhona isimo sezomnontho emphakathini, ukungalingani

ngokobulili kanye nobudlelwano bezocansi obubeka abesimame engozini, ucansi olungaphephile futhi olungavikelekile; ukuhlukunyezwa kophuzo oludakayo kanye nezidakamizwa.

Uzinhlelo ozifaka konke zokushintsha indlela yokuziphatha, oluholwa ulwazi lomphakathi oluneqiniso nge-HIV kanye nosizo lokusekelwa, ezibona futhi zibe impendulo kulabahambisi bokuthelelana nge-HIV kuyoba isisekelo semizamo yethu yokuvimbela ukubhehetheka. Yongeze ukubaluleka ngesikhathi samaholidi lapho ukukhula kodlame kanye nokuziphatha okubekana engozini kwenza abantu besifazane babe sengozini kakhulu.

Inkolelo kanye nokucwasa kuyizithiyo ekuvinjelweni kwe-HIV, ukwelashwa kanye nemizamo yokunakekelwa. Sidinga ukubhekana nenkolelo njengenxenye yayo yonke imizamo yethu. Isizwe kufanele sikhulume ngokukhululeka kanye nangokuthembeka ngesifo ngokuxhasa labo abasuleleke ngesifo nalabo abathintekayo.

Ukugququzelwa kwamalungelo abantu ayisisekelo emithetho yesithunzi, ukulingana, ukungacwaswa kanye nenkululeko kuyisisekelo sendlela yethu yokubhekana ne HIV ne AIDS. Yonke imizamo yethu yokuvimbela, ukwelashwa kanye nokunakekelwa kwalabo abane-HIV kwakhiwa yilezi zinkolelo, ngokuhambisana noMthethosisekelo wethu.

Lezi zinhlelo zilekelelwa ngezinye izinyathelo zokuvimbelwa, lokhu usizo lwezempilo lokuvimbela ukudlulisela igciwane kumntwana lisuka kumama ngesikhathi noma enva kokukhulelwa, ukufinyelela kwi post-eposure prophylaxis kubantu abandlwenguliwe kanye nokwelulekwa kanye nokuxhaswa kabantu abane-HIV kanye nokuvinjelwa kwayo (Okubizwa ngokuthi i ‘positive prevention’).

Sihlela ukwandisa ngokushesha zonke lezi zinhlelo.

## **UKUVINJELWA**

Konke ukusuleleka okusha kukunqumela ilungelo lempilo. Kuphazamisa ubuqotho bempilo yabantu kanye nemindeni. Njengoba lingekho ikhambi lengculaza, kufanele sisebenzisane ukuze sivimbe ukusuleleka okusha yi-HIV, igciwane elibangela i-AIDS:

Kunokuxhumana okusobala phakathi kodlame olubhekiswe kubantu besifazane kanye nokusuleleka nge-HIV. Imizamo yethu yokunciphisa ukusuleleka okusha ngeke iphumelele ngaphandle kwempendulo eyanele kulombulalazwe. Imiphakathi kufanele isebenze nohlaka lwasezinkantolo zamacala ukuvikela futhi bakhele abesifazane ubulungiswa-ngemikhanka-

so enjengezinsuku eziyi 16 zokulwa nokuhlukunyezwa kwabesifazane.

Ukusuleleka nge-HIV okuningi kwenzeka ngokuya ocansini, futhi kungavikeleka ngokuziphatha okuyikho. Intsha kunanele ilinde ukuthi ibe ndala kuyima iya ucansini. Phakathi kwabantu abenza ucansi njalo, ukusebenzisa njalo amajazi kanye nokuzibophezela kohlekisana naye oyedwa kunganciphisa kakhulu ikusuleleka nge-HIV.

Abantu abaphila ne-HIV kufanele nabo benze ucansi oluphephile ukuze bavikele ukusuleleka kwabanye kanye nokusuleleka futhi kwabo uqobo.

Wonke umuntu kufanele asazi isimo sakhe mayelana ne-HIV, futhi enze ingxenye yempilo yakhe ukuhlolilela i-HIV ngokuzithandela.

## UKWELASHWA, UKUNAKEKELWA KANYE NOKUXHASWA

Yize lingekho ikhambi elaziwayo le-AIDS, singawehlisa umthelela wokusuleleka nge-HIV. Ukwelashwa, ukunakekelwa kanye nokuxhaswa kuyigxenye yohlelo olufaka konke- kodwa lokhu kuyosiza kuphela abantu kanye nemiphakathi edlala indima yayo.

Ukudla ukunempilo, ukuzivocavoca njalo, ucanci oluphephile, ukungabhemi kanye nokuphuza utshwala ngokuzikalela konke kugcina abantu bephile kahle futhi kuvikela amasotsha omzimba.

Indlela yokuphila enokuzinakekela ibalulekile ekulekeleleni ukwelashwa ngemithi kwezifo ezingosomathuba kanye nokwelashwa ngemishanguzo engama-ARVs kulabo abayidingayo.

Ngenxa yokukwazi ukufinyelela ekwelashweni, abantu abane-HIV bangaphila isikhathi eside, benempilo futhi bephile impilo enomkhiqizo.

Kodwa-ke, ngisho nangokwelashwa, i-HIV kanye ne-AIDS iseyisifo esinzima kakhulu esifuna ukubambisana kwethu ukunciphisa ukwanda kwaso kanye nomthelela waso emiphakathini yethu.

Kodwa sonke kufanele sazi ukuthi indlela yokuphila enokuzinakekela kanye nokudla ukunempilo akuthathi indawo yokwelashwa ngama-ARV uma umuntu ehlaselwa ukugula. Ukwelashwa ngemishanguzo kwenza umuntu abe ngecono. Kodwa ayilona ikhambi. Ngakho-ke ukuphathwa kwe-HIV kanye ne-AIDS kudinga ukuzinikela kwesikhathi eside futhi okufaka konke okuqhamuka emuntwini ngamunye nasemphekathini.

**Umbuso unikeza izinsiza ukusiza abantu ekusulelekeni okunzima- kodwa ukwelapha kanye nokuxhaswa kungumthwalo wokuzinikela emphakathini**

Imali yokukhubazeka kwesikhashana isiza abantu ngesikhathi esinzima sokusuleleka kodwa inhloso yokungenelela ngokwezempilo emphakathini ukubuyisela abantu abaphila ne-AIDS empilweni ukuthi bathathe amalungelo kanye nemisebenzi yanoma isiphi esinye isakhamuzi.

Imiphakathi yethu inendima ekhethekile yokukhomba abantwana abasengozini, babavikele futhi baxhase lawo makhaya aphelele abantwana kanye nalabo abantekenteke. Impendulo yethu kazwelonke ye-AIDS iyohlela ukungenelela kulezi zindazo.

Umkhakha wezambahizini kufanele uqhubeke nokwandisa ukuqwashisa kwabo kwasemsebenzini kanye nezinhlelo zokuvimbela futhi baqhamuke namasu okuvimbela ukusuleleka okusha emphakathini lapho bethola khona abasebenzi babo.

**UBAMBISWANO LWETHEMBA**

**Manje isikhathi sokuqinisa ukubambisana kukazwelonke-Kufanele sithathe izinyathelo ukuze singobe isifo ngokushesha.**

Imizamo yethu yenza umehluko.

Kulesi sikhathi esibalulekile, kufanele sinciphise ukubhekana ngeziqu zamehlo phakathi kwalabo abafuna ukuvimba ukubebhetheka kwesifo.

I-SANAC inomsebenzi okhethekile. Imele ukubambisana kukazwelonke futhi kufanele siphinde sibakhe futhi sibunakekele.

Lokhu kudinga ukuthi sishintshe amaqhinga kanye nezimpendulo zethu zokuqinisa izindlela zokungenelela kanye nemiyalezo kanye nokushintsha imiyalezo yethu siyenzele abantu abahlukahlukene kanye nabantu ababekade bencishwe amathuba.

**Isikhathi sethuba - Isikhathi sokusebenza ngokubambisana**

Sinesikhathi sokuhlula indlela isifo esiza ngayo.

Sonke emikhakheni yethu sinomsebenzi esizweni wokubhekana nezinkinga nezinsalelo. Singanqoba ndawonye hhayi silibale, izinduku sishayane sodwa.

Noma ubani engaba igxenywe yakho.

**Simunye singanqoba! Asisebenzisane kubambiswano lwethemba!**

## GO MAATLAFATŠA TŠHOMIŠANO YA BOSETŠHABA TWANTŠHONG YA HIV LE AIDS

### MELAETŠA E BOHLOKWA GO TŠWA GO SANAC

#### **Tšhomišano ye re e hlokago twantšhong ya HIV le AIDS e maemong a bohlokwa:**

HIV le AIDS e phela mo gareng ga rena; e gona ebile ke tlhohlo e kgolo go batho ba naga ya gabo rena. Re ka kgona go fenywa HIV le AIDS ge feela re ka ipopa ngatana go phološa batho ba gabo rena.

Re tla maatlafatša Tšhomišano ya Bosetšhaba twantšhong ya AIDS le go romela melaetša ye e hlakilego ye e tla thušago batho ba gabo rena go lwantšha le go laola bolwetši bjo bokaone. Setšhaba se beile tshepo go rena go tla ka dikgato tše tla tlišang botee!

Go bile kgatelopele tirišong ya leanokgoparara la go lwantšha AIDS le lenaneotshepedišo la lona, eupša mošomo esale o montši go katološa phihlelo ya thibelo, kalafo le tlhokomelo le go thibela go keka ga leuba le. Nyakego ya boetapele le tšhomišano ya sepolotiki e bohlokwa le go feta pele.

Katlego ya go tsenya tirišong leano la Bosetšhaba la HIV le AIDS e ithekgile boetapele maemong a mangwe le a mangwe a setšhaba gammogo le go hwetša tšhomišano ya makala a rena ka moka – mmušo, bašomi le dikgwebo; bahlankedi ba lefapha la maphelo le borasaense; ditšhaba le dikolo; Mekgatlo ye esego ya mmušo (NGO), Mekgato ya Bodumedi le ya Setšhaba (Faith-based and Community Based Organisations); baetapele ba setšo; le mafelong ka moka a mošomo, thuto le moo re dulago.

Leano la rena la kalafo ya HIV le AIDS le a akaretša. Leano la rena la go thibela HIV le a sekasekwa gomme le tla tsenywa tirišong ka bjako le ka maikemišetšo. Mmogo re swanetše go netefatša gore maano a atlega.

#### **Mokgwa wo re o šomišago wo o akaretšago o hlakile ebile o gata ka mošito o tee le ditlwaedi tše botse tša boditšhabatšhaba:**

#### **Toalo ya HIV le AIDS e hloka maikarabelo a motho ka noši le a setšhaba:**

Ke eng se se dirago gore khuetšo ya HIV le AIDS e tsenelele ga kaaka mo seleteng sa gabo renaš Gareng ga tše dingwe ke mabaka a leago le ikonomi; go se lekalekane ga bong le kamano ya thobalano yeo e beagi basadi kotsing; thobalano ye e sa šireletšegago gape e sa bolokegago; tšhomišo mpe ya alkhoholo le diokobatši.

Mananeo a akaretšago a go fetola maitshwara a batho, ao a šušumetšwago ke tshedimošo ya setšhaba ye e nepagetšego mabapi le HIV le ditirelo tša thekgo, tšeo di lemogago le go arabela ditlhohleletši tša phetetšo ya HIV e tla ba dikokwane tša matsapa a rena a thibelo. Di na le bohlokwa bjo okeditšwego ka nako ya ya sehla sa meletlo moo dikgaruru le maitshwara a kotsi di beago basadi kotsing le go feta.

Seriti se se mpe (stigma) le kgethollo ke mapheko a matsapa a thibelo, kalafo le tlhokomelelo ya HIV – re swanetše go šomašomana le seriti se se mpe (stigma) bja'ka karolo e bohlokwa ya matsapa a rena. Setšhaba se swanetše go bolela ka tokologo le botshepegi go thekga bao ba tsenwego le ba amilwego ke leuba le.

Tlhohleletšo ya dikokwane tša motheo tša ditokelo tša botho elego seriti, tekatekano, go se kgetholle le tokologo ke motheo wa lesolo la rena la go lwantšha HIV le AIDS. Matsapa a rena ka moka a go thibela, go alafa le go hlokomela bao ba nang le HIV a ithekgile ka dikokwane tše, go gata ka mošito o tee le molaotheo.

Mananeo a a thekgwa ke dikgato tše dingwe tše bohlokwa tša thibelo, elego: ditirelo tša maphelo go phetetšo ya HIV go tšwa go mma go ya go lesea ge a ntše a le imile le ka moragonyana ga pele; phihelelo ya dihlang tša go thibela phetetšo go batho ba katilwego gammogo le tlhahlo le thekgo go batho ba nang le twatši ya HIV mabapi le thibelo ya HIV (e bitšwa 'positive prevention').

Re rulaganya go phagamiša mananeo a ka bjako.

## THIBELO

Phetetšo ye enngwe le ye nngwe e mpsha e fokotša tokelo ya go phela. E ama khwalithi ya bophelo bja motho ka noši le malapa. Ka ge go se na sehlare sa AIDS re swanetše go šomišana go thibela diphetetšo tše diswa tša HIV, virase yeo e bakago AIDS:

Go na le kamano ye e hlakilego gareng ga dikgaruru kgahlanong le basadi le phetetšo ya HIV. Matsapa a rena a go thibela diphetetšo tše diswa a ka se atlege ntle le ge re ka itebanya ka tshwanelo le bothata bjo elego dihlong setšhabeng. Ditšhaba di swanetše go šomišana le lenaneo la toka go šireletša le go tliša toka go basadi – ka masolo a go swana le Matšatši a 16 a go Lwantšha Dikgaruru Kgahlanong le Basadi.

Bontši bja diphetetšo tša HIV di direga ka thobalano gomme di ka thibelwa ka go ba le maitshwara a maikarabelo. Baswa ba swanetše go leta go fihlela ba godile pele ba ka thoma ka tša thobalano. Go batho ba šetšego ba tbomile ka tša thobalano, tšhomišo ya condom

kgafetša le go botegela molekane o tee go ka fokotša phetetšo ya HIV kudu.

Batho ba phelago ka HIV le bona ba swanetse go prakthisa thobalano ye e bolokegilego, go phema gore ba se fetetše batho ba bangwe le gore le bona ka noši ba se fetetswe gape.

Batho ka moka ba swanetše go tseba maemo a bona a HIV, le go dira gore teko ya HIV ka go ithaopa kgafetše e be karolo ya maphelo a bona.

## **KALAFO, TLHOKOMELO LE THEKGO**

Le ge go se na sehlare se se tsebegago sa AIDS, re ka fokotša khuetšo ya phetetšo ya HIV. Kalafo, tlhokomelo le thekgo ke karolo ya lenaneo le le akaretšago – eupša tše ka moka di tla šoma feela ge batho ka noši le setšhaba ba kgatha tema ya bona.

Dilo tša go swana le dijo tša phepo, go itšhidulla kgafetša, go prakthisa thobalano ye e bolokegilego, go se kgoe le go se ipolaiše alkhoholo tšohle di thuša go boloka batho ba phetše le go šireletša masole a mabele ya bona.

Go phela bophelo bjo bo botse bja maikarabelo go bohlokwa ebile go thuša kalafong ya malwetši a 'bomabinagosolwa' (opportunistic infections) le tšhomišo ya dihlare tša go fokotša kelo ya go keka ga HIV go bao ba di hlokago.

Ka lebaka la phihlelelo ya kalafo, batho ba nang le HIV ba kgona go dula ba phela gabotse nako e telele ba le mohola setšhabeng.

Go le bjalo, le ge go le kalafo, HIV le AIDS e dula e le bolwetši bja go šiiša bjo bo nyaka-gore re ipope ngatana go fokotša go phatlalala le khuetšo ya yona ditšhabeng tša gabo rena.

Eupša ka moka re swanetše go tseba gore bophelo bjo bobotse le dijo tša phepo ga di tšee legato la dihlare tša di ARV ge motho a thomile go lwala. Dihlare tša di-Antiretroviral di dira gore motho a be kaone. Eupša ga di fodiše. Kafao go phela ka HIV le AIDS go hloka boitlamo bja bophelo ka moka go tšwa go batho na noši le setšhaba.

**Mmušo o fana ka ye mengwe ya methopo go imolla batho kgahlanong le phetetšo e šorošoro – eupša tlhokomelo le thekgo le tšona ka maikarabelo a setšhaba le leago**

Grant ya bogole ya nakwana e thuša imolla batho kgahlanong le phetetšo e šorošoro – eupša maikemitšo a mananeo a lefapha la maphelo ke go bušetša batho ba phelago ka AIDS sekeng gore ba kgone go šomiša ditokelo le maikarabelo a modudi yo mongwe le yo mongwe.

Ditšhaba tša gabo rena di na le tema e kgethegilego go šupa bana ba leng kotsing, go šireletša le go thekga malapa ao dihlogo tša wona elego bana le ba bangwe bao ba leng kotsing. Lenaneo la rena la Bosetšhaba la AIDS le tla rulaganya mananeo a go šomašomana le ntlha.

Lekala la kgwebo le swanetše go tšwela pele ka mananeo a lona a bophelo bjo bo botse, kalafo le thibelo mošomong le go loga maano a go thibela diphetetšo tše diswa ditšhabeng tšeo bašomi ba tšwang go tšona.

## **TŠHOMIŠANO YA TSHEPO**

**Bjale ke nako ya go maatlafatša tšhomišano ya bosetšhaba – re swanetše go tšea dikgato ka bjako go thibela go ata ga leuba le:**

Matsapa a rena a dira phapang.

Mo nakong ye e bohlokwa re swanetše fokotša ngangego gareng ga bao ba nyakago go tsenya letsogo morerong wa go thibela go ata ga leuba le.

SANAC e na le maikarabelo a kgethegilego. A emetše tšhomišano ya bosetšhaba gomme mmogo re swanetše go a aga leswa le go a hlokomela.

Se se nyaka gore re rulaganye leswa maano a rena le go maatlafatša masolo le melaetša ya rena ya go lwantšha leuba le gammogo le go nolofatša melaetša ya rena gore e kgone go fihlelela batho ka moka le bao ba dikilego ba sa fiwe šedi.

**Nako go šomiša dikgoba – nako ya go tšea dikgato mmogo:**

Re na le sebaka sa go thibela go keka ga leuba le.

Ka moka ga rena go tšwa makaleng a go fapafapana re abelana maikarabelo a go fenya mathata le ditlhohlo tša setšhaba mmogo, eseng go lwantšhana.

Yo mongwe le yo mongwe a ka tsenya letsogo.

**Mmogo re ka fenya! A re ipopeng ngatana tšhomišanong ya go fihlelela tshepo!**

## HO MATLAFATSA TSHEBEDISANO KGAHLANONG LE KOKWANA HLOKO YA HIV LE AIDS

### MOLAETSA WA BOHLOKWA WA SANAC

**Tshebedisano eo re e hlokang bakeng sa ho lwantsha HIV le AIDS e hlokolosi haholo:**

HIV le AIDS di teng kahara rona; ke nnete mme sena ke phephetso e kgolo setjhabeng sa rona – re ka hlola ntwala kgahlanong le HIV le AIDS ha feela re ka kopana bakeng sa ho boloka maphele a batho ba rona.

Re tla matlafatsa Tshebedisano kgahlanong le AIDS mme re phatlalatsa melaetsa e hlakileng e tla thusa batho ba rona ho lwantsha le ho sebetsana le lefu lena ka mokgwa o ntlafetseng. Re tlamehile ho nehelana ka Boitlamo boo setjhabeng sa rona!

Ho entswe kgatelopele mabapi le ho Kenya tshebetsong leano le leholo la AIDS, empa ho sa na le mosebetsi o moholo wa ho atolosa lenaneo la thibelo, phekolo le tlhokomelo ka sepheo sa ho thiba koduwa ena. Ho hlokeha boetapele ba sepolotiki le tshebedisano ho feta.

Katleho bakeng sa ho kenya tshebetsong moralo wa HIV le AIDS wa Setjhaba e itshetlehile hodima boetapele mafapheng ohle a setjhaba, ekasitana le ho kgothaletsa setjhaba ho sebedisana mafapheng ohle – mmuso, mekgatlo ya basebetsi, dikgwebo; basebetsi ba bophelo le boramahlale; setjhaba le dikolo; mekgatlo eo e seng ya mmuso; mekgatlo ya bodumedi le ya baahi; baetapele ba setso, mesebetsing ya rona; moo re ithutang teng le moo re dulang teng.

Lenaneo la rona la thibelo ya HIV le AIDS le leholo. Moralo wa rona wa HIV o lekolwa botjha mme o tliilo kenngwa tshebetsong ka potlako le maikemisetso. Mmoho re lokela ho netefatsa hore moralo ona o ya sebetsa.

**Moralo ona o moholo o hlakile mme o dumellana le tshebetso tsa matjhaba:**

**Taolo ya HIV le AIDS e hloka boikarabelo ba motho le ba setjhaba:**

Ke eng se etsang hore HIV le AIDS di ame tikoloho ya rona haholo? Hara tse ding ke maemo a moruo le kahisano; ho se lekane ho teng ka maemo ha bong le dikamano tsa motabo tse behang basadi kotsing; thobalano e sa sireletswang e sa bolokehang; tshebedisano e mpe ya tahi le dithethefatsi.

Mananeo a matla a phetolo ya boitshwaro, a tsamaisana le lesedi le hlakileng ka HIV le ditshebeletso tsa tshehetso, tse ananelang le ho tobana le tsohle tse bakang tshwaetso ya HIV e tla ba tsona ditshiya tsa diteko tsa rona tsa thibelo. Di boetse tsa eketsa bohlokwa nakong ya diphomolo nakong eo tlikefetso le boitshwaro bo sa bolokehang bo ileng ba etsa hore basadi ba se bolokehe.

Sekgobo le kgethollo ke tsona ditshita mabapi le ho thibelwa ha HIV, phekolo le tlhokome-lo – re lokela ho sebetsa le sekgobo jwaleka karolo ya bohlokwa boiteko ba rona. Setjhaba se lokela ho buwa se sa tshabe letho ka koduwa ena mme se tshehetse ba tshwaeditsweng le ba anngweng ke kokwana ena.

Kgothaletso ya ditokelo tsa botho le seriti, tekano, ho hloka kgethollo le tokoloho ke yona metheo ya tshebetso ya rona mabapi le HIV le AIDS. Diteko tsohle tsa rona tsa ho thibela, ho phekola le ho hlokomela ba nang le HIV di etswa ho latela maemo ana, ho ya kamoo molao wa metheo o hlalolang kateng.

Mananeo ana a tshehetswa ke mehato e meng ya thibelo ya bohlokwa, yona ke: ditshebeletso tsa bophelo bakeng sa ho thibela hore ngwana a se tshwaetswe kokwana hloko ya HIV ke mmae nakong eo a immeng le kamora hoba a belehe, ho nehelana ka thuso tsa meriana ho batho ba betilweng, le ho fana ka lesedi le tshehetso la ho itshireletsa kgahlanong le HIV ho batho ba nang le tshwaetso ya HIV ( e leng se bitswang itshireletse leha o tshwaeditswe ).

Re rerile ho kenya tshebetsong manao ana kapele.

## **THIBELO**

Tshwaetso e nngwe le e nngwe e ntjha e kgutsufatsa bophelo ba motho. E ama boleng ba bophelo ba batho le malapa. Kaha ha ho pheko bakeng sa AIDS re lokela ho sebetsa mmoho bakeng sa ho thibela tshwaetso ya HIV, e leng kokwana hloko e bakang AIDS:

Ho na le kamano e totobetseng pakeng tsa tlikefetso ya basedi le tshwaetso ya HIV. Diteko tsa rona tsa ho fokotsa tshwaetso ya batho ba bang ba batjha di ke ke tsa atleha ntle le hore re tobane le tlikefetso eo e leng sekgopi kahara setjhaba. Setjhaba se lokela ho sebetsa le lefapha la toka bakeng sa ho sireletsa ho netefatsa toka ho basadi – ka matsholo akang Letsholo la Matsatsi a 16 la Twantsho ya Tshwaro e mpe ya Basadi.

Haholo tshwaetso ya HIV e etsahala nakong ya motabo, mme e ka thibelwa ka boitshwaro bo bontshang boikaravelo. Batjha ba lokela ho ema ho fihlela ba se ba hodile pele ba ka etsa diketso tsa motabo. Hara batho ba seng ba etsa diketso tsa motabo, tshebediso ya khondomo ka nako tsohle le ho ba le molekane a le mong di ka thusa ho fokotsa tshwaetso ya HIV

haholo.

Batho ba seng ba tshwaeditswe le bona ba lokela ho itshireletsa ha ba etsa diketso tsa motabo, e le ho sireletsa batho ba bang mmoho le ho itshireletsa hore ba se ke ba tshwaetswa hape.

Bohle re lokela ho tseba maemo a rona ka HIV, mme kgafetsa kgafetsa re etse diteko bakeng sa ho bona hore na ha re ya tshwaetswa na.

## **PHEKOLO, TLHOKOMELO LE TSHEHETSO**

Leha ho se pheko bakeng sa AIDS, re ka kgona ho kgina tshwaetso ya HIV. Phekolo, Tlhokomelo le Tshehetso ke karolo ya lenaneo le akaretsang - empa sena se tla thusa ha feela batho le setjhaba ba nka karolo.

Dijo tse matlafatsang, boikwetliso kgafetsa, ho etsa motabo o bolokehile, ho se tsube le ho nwa tahi ka mokgwa o lekaneng, tsena tsohle di thusa batho ba dule ba phetse hantle le ho sireletsa masole a mmele.

Bophelo bo bottle bo nang le boikarabelo ke ba bohlokwa mme bo thusa ho tshehetsa meriana e sebediswang bakeng sa ho lwantsha mafu a mang a tshwarang batho ba tshwaeditsweng mmoho le meriana e thethefatsang bohale ba tshwaetso ho bao ba e hlokanng.

Ka lebaka la ho fumana phekolo, batho ba nang le tshwaetso ba ka phela nako e telele, mme ba phela hantle ba kgona ho phetha mesebetsi ya bona.

Empa leha ho le jwalo, leka phekolo, HIV le AIDS ke lefu le hlokanng hore re kopanye matsoho re thibele ho ata le seabo sa lona ditjhabeng tsa rona.

Empa bohle re lokela ho tseba hore bophelo bo bottle le dijo tse matlafatsang ha se hore di nkela meriana e thethefatsang tshwaetso (ARV) sebaka ha motho a kula. Meriana e thethefatsang tshwaetso (ARV) e etsa hore motho a hlaphohelwe. Empa ha se pheko. Ka hona ho laola HIV le AIDS ke mosebetsi wa bophelo bohle le maikemisto ho tswa ho batho le setjhaba.

**Mmuso o fana ka dithuso bakeng sa ho netefatsa hore batho ba hlola tshwaetso e mpe - empa tlhokomelo le tshehetso ke boikarabelo ba baahi le setjhaba.**

Tjhelete ya tshehetso ya batho ba hlolehang ho itshebeletsa e thusa batho ho iphedisa nakong

eo ba tshwaeditsweng – empa maikemisetso a diphallelo tsa lefapha la bophelo ke ho etsa hore batho ba phelang ka tshwaetso ya AIDS ba phele bophelo bo tlwaelehileng e le hore ba tsebe ho phetha ditokelo le boikarabelo ba motho ofe kapa ofe.

Setjhaba sa rona se na le seabo sa bohlokwa sa ho hlwaya bana ba hlokotsing, ho sireletsa le ho tshhetsa malapa a laolwang ke bana mmoho le ba bang ba fokolang. Letsholo la rona la AIDS le tla rala diphallelo mabapi le sena.

Dikgwebo di lokela ho tswelapele ho atolosa letsholo la tsona la bophelo bo bottle mesebetsing, mananeo a phokolo le thibelo le ho rala maano a tla thusa ho thibela tshwaetso e ntjha ditjhabeng tseo basebetsi ba tsona ba tswang ho tsona.

## **TSHEBEDISANOMMOHO YA TSHEPO**

**Jwale ke nako ya ho matlafatsa tshebedisanommoho ya setjhaba – re lokela ho sebetsa ka potlako ho fokotsa koduwa ena:**

Boitseko ba rona bo tlisa phapang.

Ka nako ena e hlokolosi re lokela ho fokotsa kgohlano pakeng tsa ba ratang ho sebeletsa ho fokotsa koduwa ena.

SANAC ena le boikarabelo bo ikgethang. E tsitlallela tshebedisanommoho ya setjhaba mme mmoho re lokela ho e aha le ho e matlafatsa.

Sena se re qosa hore re kenye tshebetsong maano le boiteko ba rona le melaetsa mme melaetsa ya rona e be ka mokgwa oo e tla utluwa ke batho ba fapaneng le dihlopha tse qheletsweng ka thoko.

**Ke nako ya monyetla – nako ya tshebedisanommoho:**

Re na le monyetla wa ho kgina koduwa ena motjheng wa yona.

Kaofela ha rona mafapheng a rona re na le boikarabelo setjhabeng ba ho tobana le mathata le diphephetso mmoho ho ena le ho phahamisetsana melamu.

E mong le e mong wa rona e ka ba karolo ya yona.

**Mmoho re ka hlola! Ha re kopanyeng matsoho tshebdisanong mmoho ya tshepo**

# MATLAFATSO YA TIRISANO MMOGO YA BOSETŠHABA KGATLHANONG LE MOGARE WA HIV LE AIDS

## MOLAETSA MOGOLO GO TSWA GO SANAC

**Tirisano mmogo ya go dira ka mogare wa HIV le AIDS e mo kemong e masisi:**

Mogare wa HIV le AIDS di mo gare ga rona; Ke nnete ebile o fa batho ba naga ya rona kgwetlho-Re ka feny a mogare wa HIV le AIDS fa fela re ka kopanya mabogo go baballa batho ba rona.

Re tla matlafatsa tirisano ya Bosetšhaba kgatlanong le AIDS mme ra romela molaetsa o tlhamaletseng go re re tla thusa batho ba rona go lwantsa le go laola bolwetse botoka. Re tshwanetse tgo neelana ka maikaelelo le tiragatso mo bathong ba rona!

Go nnile le tswelopele mo tiragatsong e popota ya togamaano le lenaane la tiro, fela go satse go na le go le ntsi go godisa phitlhelelo ya thibelo, kalafo le tlhokomelo le go fetola dilo. Tlhokego ya boeteledipele ba sepolotiki le tirisanommo go di tlhokega thata.

Katlego ya go diragatsa leano la Bosetšhaba la HIV le AIDS e ikaegile mo boeteledipeleng ba seemo sengwe le sengwe sa setšhaba thotloetso mmogo le tirisanommo go ya makala otlhe-mmuso, bodiri, le kgwebo; badiri ba tsa maphelo, boramatlhale; ba selegae le dikolo; NGOs, Mekgatlho ya Sedumedi le Mekgatlho ya selegae; Baeteledipele ba Setso; kwa mafelong a tiro, a thuto le fa re nnang teng.

Lenaneo la rona la thibero ya HIV le AIDS le tsetsepetse. Leano la rona le thibelo ya HIV le sekasikilwe le tla diragadiwa ka bonako le boineelo. Botlhe re tshwanetse go dira gore maano a, a dire.

**Tiragatso e tsetsepetseng e totobetse e tsamaisana le mekgwa e kwa godimo ya boditšhabatšhaba**

**Taolo ya HIV le AIDS e tlhoka maikarabelo a botho le a setšhaba ka kakaretso:**

Ke eng se se dirang kgatelelo e kanakana ya HIV le AIDS mo karolong ya rona. Mo gare ga tse dingwe ke mabaka a bosetšhaba a akaretsang moruo, go se lekalekane ga bong le botsalano ba thobalano tse di tsenyang-basadi mo kotsing; thobalano e sa sirelediwang e sa bolokegang, nnotagi le tiriso e botlhaswa ya diretebatsi.

Manaane a tsetsepetseng a phetolo ya mekgwa, a eteletswepele ke tshedimosetso ya botlhe mabapi le HIV le ditirelo tsa tshegetso, tse di tsibogelang ba tshwaetso ya HIV e tla nna motheo wa rona wa maiteko a thibelo. Di okeditse bothokwa ka nako ya boikhutso fa - dintwa tse di oketsegileng le mekgwa e kotsi ya maitsholo e dira gore basadi ba se sireletse.

Sekgobo (stigma) le kgethollo ke dikgoreletsi tsa thibelo, phokolo le matsapa a tlhokomelo ya HIV. Re tshwanetse go itebaganya le sekgobo jaaka karolo e bothokwa ya matsapa a rona otlhe. Setšhaba se bue ka phuthologo le ka nnete ka bathloko e le go tshegetsa ba e ba tshwereng le ba e ba amileng.

Kgodiso ya ditshwanelo tsa botho, tekatekano, go se farologanye ka bosemorafe le kgololosego ke motheo wa tiragatso ya rona go HIV le AIDS. Matsapa a rona otlhe a go thibela, go alafa le go tlhokomela ba ba nang le HIV ba fiwa lesedi ke mekgwa e, e tsamaelanang le molatheo wa rona.

Mananeo a, a tshegetswa ke dikgato kgolo tsa thibelo e leng: ditirelo tsa pholo tsa go sireletsa tshwaetso go tswa go mme go ya kwa ngwaneng ka nako ya go ima le moragonyana ga pelegi; phitlhelelo ya kalafo e thibelang kgonagalo ya tshwaetso mo bathong ba ba robetsweng ka dikgoka le tsamaiso e maleba le tshegetso go batho ba ba nang le HIV mo go se se bediwang itshireletse leta o tshwaeditswe (Positive prevention).

Re loga maano a go diragatsa manaane a ka bonako.

## **THIBELO**

Tshwaetso nngwe le nngwe e fokotsa bophelo. E ama boleng ba bophelo ba motho le mala- pa Jaaka go se na kalafi ya AIDS re tshwanetse go dira mmogo go thibela ditshwaetso tse dintšha tsa HIV, mogare o tholang AIDS.

Go na le kamano fa gare ga ntwaga katlanong le basadi le tshwaetso ya HIV. Matsapa a rona go fokotsa ditshwaetso tse dintšha a ka se atlege kwa ntle ga tsibogelo ya bothata bo. Baagi ba tshwanetse go dirisana le mafapha a bosiamisi le kgozololo go sireletsa le go dira tshiamo kwa basading-ka dikgoeletso jaaka Malatsi a 16 a go lwela ntwaga katlanong le Tshwara e makgwakgwa ya basadi.

Bontsi ba tshwaetso ya HIV ke ka thobalano. sSe se ka thibelwa ka go itshwara sentle. Baša ba ka ema go fitlha ba nna bagolwane pele ba robalana. Mo bathong ba ba robalanang go dirisa di khondomo ka dinako tsotlhe le go nna le molekane a le mongwe di ka fokotsa tshwaetso thata.

Batho ba ba nang le HIV ba tshwanetse go dirisa mekgwa e sireletsegileng ya thobalano, se se ka thibela go tshwaetsa ba bangwe le go tshwaetsega gape.

Mongwe le mongwe o tshwanetse go itse boemo ba gagwe mabapi le HIV a dire diteko tsa boithaopo tsa HIV ka gale go netefatsa go re ga a tshwaetsesa.

## **KALAFO, TLHOKOMELO LE TSHEGETSO**

Le fa go se na kalafi e itsegeng ya AIDS, re ka fokotsa mabaka a tshwaetso ya HIV. Kalafi, tlhokomelo le tshegetso ke karolo e botlhokwa ya lenaane le le tsepameng-fela se se ka thusa fela fa batho le baagi ba ka tsaa karolo.

Phepo e siameng, ikatiso ya ka gale, thobalano e bolokegileng, go se tsube le go dirisa nnotagi ka tekano, di ka thusa batho go nna ba fodile le go sireletsa masole a mmele.

Go phela sentle le ka boikarabelo go botlhokwa ebile go thusa kalafo ya ditshwaetso tsa nako le ditlhare tsa kalafo go ba ba di tlhokang.

Kantlha ya phitlhelo ya kalafi, batho ba ba nang le HIV ba ka phela sebaka, ba sa lwale, ebile ba nonofile.

Fela le fa tlhokomelo ya kalafi e le teng HIV le AIDS ke bolwetse bo bo masisi bo bo tlhokang tsibogelo ya botlhe go fokotsa kelelo mo baaging ba rona.

Fela re a itse rotlhe gore pholo e siameng le phepo e siameng ga di emele phodiso ya ARV fa motho a lwala. Di ARV di dira motho botoka mme ga di fodise. Ka jalo go laola HIV le AIDS go batlega boineelo bo bo tsepameng go tswa mo mothong le mo setšhabeng.

**Puso e neelana ka metswedi e thusang batho nakwana mo tshwaetsong e feteletseng-fela tlhokomelo le tshegetso ke boikarabelo ba baagi botlhe.**

Mphiwafela wa nakwana o thusa mo tshwaetsong e feteletseng-fela maikaelelo a go tsereganya a tsa pholo ya botlhe ke go dira gore batho ba ba tshelang ka mogare wa HIV ba tshele botoka ba tsee ditshiamelo tsa bona le maikarabelo a moagi mongwe le mongwe. Baagi ba tshwanetse go tsaa karolo e bolhokwa go supa bana ba baleng mo kotsing, ba sireletse le go tshegetsa malapa a eteletseng ke bana pele le ba ba mo kotsing. Tsibogo ya rona ya Bosetšhaba e tla loga leano mabapi le se.

Lekala la kgwebo le tshwanetse go tswela go godisa mananeo a leng kwa tirong a botshe-

lo bo bo siameng, kalafi le thibelo le dire maano a thibelo ya ditshwaetso tse dintšhwa kwa badiri ba bona ba tswang teng.

## **TIRISANO MMOGO KA TSHOLOFELO**

**Jaanong ke nako ya go tiisa tirisanommogo ya rona ya bosetšhaba-Re dire ka bonako go fokotsa bothloko bo.**

Matsapa a rona a dira pharologano.

Nako e tshwanelago fokotse tsitsibano fa gare ga ba ba batlang go fedisa bothloko bo.

SANAC e na le maikarabelo a rileng, E akaretsa tirisanommogo ya bosetšhaba mme mmogo re tshwanetse go e aga sešha, re e godise.

Se se tlhoka gore re dirise togamaano ya rona le tsibogo go totobatsa mekgwa le melaetsa ya tsereganyo le go dira gore melaetsa e nne maleba go batho ba ba farologaneng le ditlhopa tse di neng di kgapetswe kwa thoko.

**Ke nako- Nako ya tirisano mmogo.**

Re na le tšhono ya go lwantsha bothloko bo.

Botlhe mo makaleng otlhe re na le maikarabelo mo setšhabeng go mekamekana le mathata le dikgwetlho, re ka fenyana mmogo eseng melamu go betsana ka borona.

Mongwe le mongwe e ka nna karolo ya se.

**Mmogo re ka fenyana! A re tshwaraganeng mo tirisanongmmogo ya tsholofelo!**

## **KUCINISA BUDLELWANE KUVELONKHE EKULWENI NESANDVULELA NGCULAZI NENGCULAZI**

### **UMLAYETO LOMCOKA LOVELA KU SANAC**

**Budlelwane lokumele sibukane nabo ngeSANDVULELA NGCULAZI NENGCULAZI busezingeni lelimcoka kakhulu:**

SANDVULELA NGCULAZI NENGCULAZI kusemkhatsini wetfu; kukhona mbamba futsi kwetfula tintselela kubantfu balelive – singehlula SANDVULELA NGCULAZI NENGCULAZI kuphela nasingabambisana ekusindziseni bantfu bakitsi.

Sitawucinisa budlelwane kuvelonkhe ekulweni NENGCULAZI sitfumele umlayeto lovakalako lotawusita bantfu bakitsi kutsi balwe futsi bakwati kubukana nalesifo ngalokuncono. Sineligunya lekutsi sikhombise bantfu bakitsi Lubumbano lwaloko lokuhlosiwe kanye nelekwenta lokutsite!

Sekube khona inchubekelembili ekwetfuleni lisu leliphelwe LENGCULAZI kanye naseluhlelweni lwekusetjentiswa kwalo, kodvwa kusenalokunyenti lokumele kwengetwe kute kufinyelelwe ekuvimbeleni, ekwelapheni nasekunakekeleni nasekuguculeni lokumatima kube malula. Sikhulu kakhulu sidzingo sebaholi betepolitiki nasekusebentisaneni kuloku.

Impumelelo ekwetfuleni luhlelo LWAVELONKHE LWESANDVULELA NGCULAZI NENGCULAZI lwencike kubuholi bawo onkhe emazinga etenhlo kanye nasekwatiseni nasekubambisaneni kuto tonkhe tincenye temphakatsi – kuhulumende, kubasebenti nakutemabhizinisi; kubasebenti betemphilo kanye nakubosoyansi; kumiphakatsi nasetikolweni; kutinhlangano letingekho ngephansi kwahulumende, kutinhlangano letikhutsata ngekwemoya kanye nasetinhlanganweni temphakatsi; kubaholi bendzabuko; kanye nasetindzaweni lesisebenta kuto, etindzaweni tekufundza kanye nalapho sihlala khona.

Luhlelo lwetfu lwekwelapha SANDVULELA NGCULAZI NENGCULAZI lunguloluphelele. Luhlelo lwetfu lwekuvimbela SANDVULELA NGCULAZI lusabuyeketwa kantsi lutakwetfulwa ngalokukhulu kunonopha kanye nangekutibophetela. Sisonkhe kumele sente letinhlelo tisebente.

**Indlela lephelele icacile futsi ihambisana nendlela yekwenta yemave onkhe emhlaba:**

**Kubukana neSANDVULELA NGCULAZI NENGCULAZI kudzinga kutibophetela kwemuntfu cobo lwakhe kanye nemphakatsi:**

Yini lokwenta umtselela weSANDVULELA NGCULAZI NENGCULAZI ube ngulomkhulu kulesifundza setfu? Phakatsi kwalokunye timo tekuhlalisana kutemnotfo; kungalingani kutebulili kanye nebudlelwane kutebulili lokubeka bomake esimeni lesiyingoti; kuya emacansini ngalokungakavikeleli nalokungakaphephi; kusetjentiswa ngalokungakafaneli kwetjwala netidzakamiva.

Tinhlelo tekuntjintja kutiphatsa ngalokuphelele, letiholwa lwati lolungilo lwetempakatsi lolumayelana neSANDVULELA NGCULAZI kanye netinhlelo tekwesekela, letivumako naletibukana naloko lokubangela kwesuleleka ngeSANDVULELA NGCULAZI kutawuba sisekelo semitamano yetfu yekuvimbela. Bengete ngalokunye lokumcoka ngesikhatsi semaholide akhisimusi ngalesikhatsi kwandza kwebudlova kanye nekutiphatsa ngalokuyingoti kwenta labasikati babe sengotini.

Indlela lokubukwa ngayo kanye nekubandlululwa ngito tintfo letakha iminyele emitameni yekuvimbela, yekwelapha nekunakekela ngeSANDVULELA NGCULAZI. Sive kumele sikhulume ngalokukhululekile nangekwetsembeka ngalesifo kute kwesekeleke labo labasulelekile nalabatsintsekile ngalesifo.

Kusungulwa kwemigomo yemalungelo eluntfu ekuhlonishwa, kulingana, kungabandlululwa kanye nenkululeko kusisekelo sendlela yetfu yekubukana neSANDVULELA NGCULAZI NENGCULAZI. Yonkhe imitamano yetfu yekuvimbela, kwelapha nekunakekela labo labaneSANDVULELA NGCULAZI ilandzela letindlela ngekuhambisana nemtsetfosisekelo.

Letinhlelo tesekelwe nguletinye tindlela letimcoka tekuvimbela lesifo, lokunguleti: imisebenti yetemphilo kuvimbela kwesuleleka ngeSANDVULELA NGCULAZI kwebantwana bomake ngesikhatsi sekutetfwala nangemuva kwaso; kufinyelela etinhlelweni tekwelashwa kwalabo labagagadelwe kanye nekunikwa kweteluleko nekwesekelwa kwebantfu labaneSANDVULELA NGCULAZI ekuvinjelweni kweSANDVULELA NGCULAZI (lokubitwa 'kuvimbela lokukahle').

Sihlela ngekunonopha kubeka kahle tonkhe letinhlelo.

## **KUVIMBELA**

Konkhe kwesuleleka lokusha kunciphisa lilungelo lekuphila. Kunemtsela ebuhleni bemphilo yemuntfu ngamunye nasemndenini. Njengobe lingekho likhambi leNGCULAZI kumele sisebentisane ekuvimbeleni kwesuleleka ngeSANDVULELA NGCULAZI lokusha, kanye neligciwane lelibanga iNGCULAZI:

Kuneluchumano lolucacile emkhatsini wekuhlukunyetwa kwabomake kanye nekwasuleleka ngeSANDVULELA NGCULAZI. Imitamo yetfu yekunciphisa kwesuleleka lokusha ingete yaphumelela ngaphandle kwekutsi bantfu bente ngalokufanele mayelana nalesifo. Imiphakatsi kumele isebentisane neluhlelo lwetebulungisa kute kube khona kuvikeleka kanye nekwakhiwa kwetebelungiswa kulabasikati – ngemikhankaso lenjengaleyemalanga lali-16 ekulwa nekuhlukunyetwa kwalabasikati.

Kwesuleleka lokunyenti kweSANDVULELA NGCULAZI kwenteka ngekuya emacansini, kantsi kungavikeleka ngekutsi sitiphatse ngalokufanele. Labasha kumele balindze badzimate babe badzala ngembi kwekutsi baye emacansini. Kubantfu lasebaya emacansini kumele basebentise emakhondomu ngaso sonke sikhatsi kanye nasekutibopheteleni kumlingani munye loko kunganciphisa kakhulu kwesuleleka ngeSANDVULELA NGCULAZI.

Bantfu labaphila neSANDVULELA NGCULAZI nabo kumele betayele kuya emacansini ngalokuphephile, kute bavimbele kwesuleleka kwalabanye kanye nekutsi ligciwane landze nakubo.

Wonkhe umuntfu kumele asati simo sakhe seSANDVULELA NGCULAZI, abuye ente luhlolo lweSANDVULELA NGCULAZI lube yincenye yekuphila kwakhe.

## **KWELAPHA, KUNAKEKELA NEKWESEKELA**

Nanobe lingekho likhambi lelatiwako leNGCULAZI, singanciphisa timo tekwasuleleka ngeSANDVULELA NGCULAZI. Kwelapha, kunakekela nekwesekela kuyincenye yeluhlelo loluphelele – kodvwa loku kungasita kuphela nangabe bantfu nemiphakatsi badlala indzima yabo.

Kudla lokufanele, kutivocavoca, kuya emacansini ngalokuphephile, kungabhemi nekunganatsi tjwala ngalokungakafaneli kusita ekugcineni bantfu baphile kahle kantsi futsi kuvikela emasotja emtimba lalwa netifo.

Indlela yekuphila lekahle nalefanele iyafuneka nekusebentisa imitsi nawungenwe tifo

letiseceleni kanye nekusebentisa imitsi lelwa neligciwane kulabo labayidzingako.

Ngalokutsi bantfu labaneSANDVULELA NGCULAZI sebayafinyelela ekwelashweni sebangaphila imphilo lendze, lekahle nalenetitselo letinhle.

Nakube kunjalo, nanobe kukhona imitsi, SANDVULELA NGCULAZI NENGCULAZI kusesetifo letifuna sisebente ngekubambisana ekunciphiseni kwandza nemtselela wato emiphakatsini yetfu.

Kodvwa kumele sati sonkhe kutsi indlela yekuphila lekahle kanye nekudla kahle akusito letinye tindlela letima endzaweni yemakhambi ekudzambisa lesifo ngesikhatsi umuntfu ahlaselwa kugula. Emakhambi ladzambisa lesifo enta umuntfu ative ancono. Kodvwa awaselaphi lesifo. Ngaloko kulawula SANDVULELA NGCULAZI NENGCULAZI kudzinga kutibophetela kwemphilo yonkhe nalokuphelele ebantfwini nasemphakatsini.

**Hulumende uniketa tinsita letitsite kusita bantfu ngetikhatsi tekwesuleleka letimatima – kodvwa kunakekela nekwesekela kuhlala kusibopho semphakatsi kanye nebantfu lokuhlalwa nabo**

Imali yesondlo yekukhubateka yesikhashana iyasita ekwenteni bantfu babukane netikhatsi letimatima tekwesuleleka – kodvwa inhloso yekungenelela kwabetemphilo kubuyisela imphilo yalabo labaphila neNGCULAZI kutsi baphile kahle batewukwati kumelana nemalungelo kanye netibopho tabo njengabo bonkhe bahlali.

Imiphakatsi yetfu inenzima letsite ekuboneni bantfwana labasengotini, yekuvikela nekwesekela emakhaya lasele nebantfwana kanye nalabo labasengotini. Luhlelo lwetfu lwaVelonkhe lolumayelana neNGCULAZI lutawungenelela kuloku.

Temabhizinisi kumele tichubeke nekwandzisa tindhlelo tato tekuphatsana kahle emisebentini, tekwelashwa netekuvimbela tibuye futsi tisungule tindhlelo tekuvimbela kwesuleleka lokusha emiphakatsini lapho titfola khona bantfu labasebenta kuto.

## **KUBAMBISANA NGELITSEMBA**

**Manje sekusikhatsi sekucinisa kusebentisana kuvelonkhe – kumele sente ngekunonopha lokukhulu ekunciphiseni kwandza kwalesifo:**

Imitamano yetfu yenta umehluko.

Ngalesikhatsi sebumatima kumele sinciphise kungevani emkhatsini walabo labafuna kwenta ncono simo lesimatima lesibangwa ngulesifo.

ISANAC inesibopho lesitsite. Sifaka ekhatsi kusebentisana kuvelonkhe kantsi futsi sisonkhe kumele sisakhe kabusha futsi sisikhulise.

Loku kudzinga kutsi setayele lisu letfu kanye nekwenta kwetfu ekuciniseni tindlela tetfu tekungenelela kanye nemilayeto nekwenta imilayeto yetfu ikwati kubukana nemacembu lahlukahlukene nalanganakwa.

**Sikhatsi sekunikwa litfuba – sikhatsi sekwenta ngekubambisana:**

Sinelitfuba lekubuyisela emuva kwandza kwalesifo.

Sisonkhe etincenyeni lesivela kuto sinesibopho esiveni sekubukana netinkhinga netinselela lesingatincoba ngekubambisana kodvwa kungabi tindvuku tekushayana.

Munye ngamunye wetfu angaba yincenye yaloku.

**Sisonkhe singancoba! Asibambisaneni ebudlelwaneni belitsemba!**

## U KHWAṬHISA TSHUMISANO YA LUSHAKA KHA NṆDWA YA U LWISA HIV NA AIDS

### MILAEDZA YA NDEME I BVAHO KHA SANAC

**Tshumisano ine ra I ṭṭṭa kha u lwisa HIV na AIDS i kha tshiimo tsha ndeme:**

HIV na AIDS i hone; ndi dwadze ṭṭṭe ṭṭṭa vha hone nahone ṭṭṭi ḍisa khaedu khulwane kha vhathu vha shango ṭṭṭashu – ri nga kona fhedzi u kunda HIV na AIDS araṭi ra farana nga zwanda u phulusa vhathu vhashu.

Ri ḍo khwaṭhisa Tshumisano ya Lushaka kha u lwisa AIDS nahone ra dovha ra ita khuwelelo ine ya ḍo thusa vhathu vhashu u lwisa na u langula dwadze ṭṭṭi. Ri tea u farana ra vhumba Nanda nthihi u itela vhathu vhashu!

Ho no vha na mvelaphanda kha u itwa ha zwa mbekanyamaitele ya u lwisa AIDS. Fhedzi huna zwinzhi zwine zwa kha ḍi tea u itwa siani ṭṭṭa u andisa tswikelelo ya u thivhela HIV, tswikelelo kha dzilafho na ndondolo na u kunda. ṭṭṭhoḍa ya vhurangaphanda ha zwa politiki na tshumisano ndi ya ndeme.

Vhukoni kha u ita mbekanyamaitele ya Lushaka ya HIV na AIDS vhu ḍisendeka kha vhurangaphanda masiani oṭhe a tshitshavha na kha u kuvhanganya na tshumisano kha masia oṭhe ashu – hu sthi katelwa muvhuso, vhashumi na mabindu; vhashumi vha zwa mutakalo na vhorasaintsi; zwitshavha na zwikolo; dziNGO, madzangano a Vhurereli na Madzangano a Tshitshavha; mahosi; mishumoni yashu, zwikoloni na mahayani ashu.

Mbekanyamushumo yashu ya dzilafho ḍza HIV na AIDS ndi yo khwaṭhaho. Mbekanyamaitele yashu ya u thivhela HIV i khou sedzuluswa nahone i ḍo itwa nga u ṭavhanya na vhuḍiimiseli. Roṭhe ri tea u vhona uri mbekanyamushumo idzi dzi a shuma.

**Mbekanyamaitele ndi i pfdzaho nahone i tshimbidzana na zwa nṭha zwi itwaho ṭifhasini:**

**Ndangulo ya HIV na AIDS i ṭṭṭa vhuḍifhinduleli ha vhathu na tshitshavha:**

Ndi tshini tshi itaho uri HIV na AIDS zwi ḍifhe maanda kha dzingu ṭṭṭashu? Huna zwiitisi zwo vhalaho, fhedzi nyimelo ya tshitshavha na ikonomi; u sa lingana ha mbeu na vhushaka ha vhudzekani vhune ha ita zwa uri vhafumakadzi vha ḍiwane vha kha tshiimo tshi si tsha vhuḍi; vhudzekani vhu songo tsireledzeaho; tshumiso mmbi ya halwa na zwidzidzivhadzi.

Mbekanyamushumo dza tshandukiso ya vhuḍifari, dzi langwaho nga tsivhudzo malugana na HIV na tshumelo dza thikhedzo, dzine dza tsivhudza nga u kavhiwa nga HIV dzi ḍo vha mitheo ya maga ashu a thivhelo. Dzi a thusa tshifhingani tsha maḍuvha a vhuawelo, ane a vha maḍuvha a nndwa na vhuḍifari vhu itaho uri vhafumakadzi vha ḍiwane vhe khomboni.

Dzema livhi na u khethululwa ha vho kavhiwaho ndi zwikhukhulisi siani la thivhelo ya HIV, dzilafho na maga a ndondolo – ri tea u shumana na dzema livhi sa tshipiḍa tsha maga ashu. Lushaka lu tea u amba nga dwadze ili hu sina u shavha na u hevhedza. Lushaka lu tea u thusa vho kavhiwaho na vha kwameaho.

Thuthuwedzo ya pfanelo dza vhuthu, ndinganyo, u sa khethulula na mbofholowo ndi mitheo ya mbekanyamaitele yashu ya u lwisa HIV na AIDS. Maga ashu othe a thivhelo, dzilafho na ndondolo ya vho kavhiwaho nga HIV, a ḍisendeka nga aya maitele hu tshi tevhelwa ndayotewa.

Mbekanyamushumo idzi dzi tikedzwa nga maḥwe maitele ane a vha: tshumelo dza mutakalo dza u thivhela phiriso ya HIV u bva kha mme u ya kha ḥwana, musi ḥwana a tshi bebwa na nga murahu ha mbebo; tswikelelo ya mishonga i thivhelaho u fhirela ha HIV kha vhathu vho tshipwaho, na ndededzo na thikhedzo dza thivhelo kha vhathu vho kavhiwaho nga HIV

Ri khou dzudzanya u andisa mbekanyamushumo idzi nga u ṭavhanya.

### THIVHELO

U kavhiwa huḥwe na huḥwe huswa hu fhungudza pfanelo ya vhutshilo. Hu kwama ndeme ya vhutshilo ha vhathu na miṭa. Ri tea u shumisana u thivhela u kavhiwa huswa nga HIV sa idzwo hu sina phodzo ya AIDS.

Huna vhushaka vhukati ha nndwa dzi itelwaho vhafumakadzi na u kavhiwa nga HIV. Maga ashu a u fhungudza u kavhiwa huswa a nga si shume araḷi ra sa lwisa mukhwa uyu muvhi. Zwitshavha zwi tea u shumisana na vhumukanyi kha u tsireledza na u sika vhumukanyi ha vhafumakadzi – nga mafulo a fanaho na Maḍuvha a 16 a u lwisa Nndwa dzi Itelwaho Vhafumakadzi.

U kavhiwa hunzhi hu vhangwa nga vhudzekani, nahone hu nga thivhelwa nga vhuḍifari ha vhuḍi. Thangana ya murole i tea u sa ita zwa vhudzekani u swikela musi yo no hula. Tshumiso ya dzicondom kha vhathu vha itaho zwa vhudzekani, na u ita vhudzekani na muthu muthihi fhedzi zwi thusa nga maanḍa kha u fhungudza phirelo ya HIV.

Vhathu vhane vha vha na HIV na vhone vha tea u ita vhudzekani ho tsireledzeaho u itela uri vha sa fhirisele HIV kha vhañwe na u u itela uri vha sa kavhiwe hafhu.

Muthu muñwe na muñwe u tea u ñivha tshiimo tshawe tsha mutakalo, nahone u tea u ita ndingo tshifhinga tshoṭhe a songo kombetshedzwa nga muthu.

## **DZILAFHO, NDONDOLO NA THIKHEDZO**

Ri nga kona u fhungudza luvhilo lwa masiandoitwa a HIV naho HIV i sina dzilafho ñine ña i fhelisa. Dzilafho, ndondolo na thikhedzo ndi tshipiḁa tsha mbekanyamushumo yone-yone – fhedzi idzwi zwi nga thusa fhedzi arali huna u shela mulenzhe ha vhatu na zwitshavha.

Zwiñwa zwa pfushi, nyonyoloso, vhudzekani ho tsireledzeahi, u sa daha na u sa shumisa zwikambi nga zwiñwa yo bvaho zwi a thusa uri vhatu vho kavhiwaho vha dzule vha na mutakalo wa vhuḁi na u tsireledza muvhili.

Kutshilele kwa vhuḁi kune kwa vha kwa vhuḁifhinduleli kwo tea nahone ku tikedza dzilafho la mutakalo na u lafha malwadze a ṭahaho nga ñwambo wa HIV, nahone kutshilele kwa vhuḁi ku tikedza dzilafho ña anti-retroviral kha avho vhane vha tea u dzilafho iñi.

Vhathu vhane vha vha na HIV vha nga kona u tshila tshifhinga tshilapfu nahone vha tshi khou tshila vhutshilo ha vhuḁi arali vha tshi tevhedza izwi.

Fhedzi HIV na AIDS ndi dwadze ñi shushaho ñine, naho ñi tshi lafhiwa, ñi ṭoḁa uri ri farane ri vha ñanda nthihi u itela u fhungudza masiandoitwa aḁo zwitshavhani.

Fhedzi roṭhe ri tea u ñivha uri u ña zwiñwa zwa pfushi na u tshila vhutshilo ha mutakalo a zwi ambi uri vhatu vho kavhiwaho a vha tei u wana dzilafho la ARV musi vha tshi thoma u lwala. Dzilafho ṭa anti-retroviral ñi thusa uri muthu a ḁipfe zwavhuḁi. Fhedzi dzilafho iñi a ñi fhelisi HIV/AIDS. Ndi ngadzwo HIV na AIDS i tshi ṭoḁa vhuḁiimiseli ha vhatu na zwitshavha.

**Muvhuso u ñekana nga zwiko u thusa vho kavhiwaho u kunda zwiñwe zwi shushaho zwi vhangwaho nga u kavhiwa – fhedzi ndondolo na thikhedzo ndi vhuḁifhinduleli ha tshitshavha**

Ndambedzo ya vuholefhali ya tshifhinganyana i thusa vho kavhiwaho u kunda zwiñwe zwi shushaho zwi vhangwaho nga u kavhiwa – fhedzi ndivho khulwane ya mutakalo wa tshitshavha ndi u vhona uri vhatu vhane vha vha na AIDS vha dovhe vha vhe na mutakalo wa vhuḁi uri vha kone u tshila sa vhañwe vhatu.

Zwitshavha zwashu zwi nga kona u shela mulenzhe kha u thusa na u tikedza vhana vhane vha vha khomboni vhe u lovhelwa havho nga vhabebi ha vha ita uri vha čiwane vha tshi khou ramba miṭa yavho phanḁa. Mbekanyamaitele yashu ya Lushaka ya AIDS i ḁo thusa kha izwi.

Sekhithara ya mabindu i tea u isa phanḁa na u ṅekana nga mbekanyamushumo ya vhuṽvha ha vhuḁi mishumoni, na dzilafho ḁa mishumoni, na u ṭa na mbekanyamaitele dza u thivhela u kavhiwa huswa zwitshavhani zwine vhashumi vha bva khazwo.

## **TSHUMISANO YA FULUFHELO**

**Ndi tshone tshifhinga tsha u khwaṭhisa tshumisano ya lushaka - ri tea u shumisana nga u ṭavhanya u itela u vhuisedza tshiimo ngonani:**

Maga ashu a tea u shandukisa tshiimo.

Ri tea u fhungudza phambano vhukati ha vhathu vha shumaho u lwisa dwadze.

SANAC i na vhuḁifhinduleli ho khetheaho. I imela tshumisano ya lushaka, nahone ri roṭhe ri tea u fhaṭa tshumisano na u i londola.

Hezwi zwi ṭoḁa uri ri vhone uri kushumele kwashu ku a shandukiswa uri ri kone u zwinga dza khwaṭha, na u vhona uri milaedza yashu i pfesewa nga vhoṭhe na zwitshavha zwi shaya-ho.

**Tshifhinga tsha tshikhala – tshifhinga tsha u vhumba ṅanda nthihi:**

Ri na tshikhala tsha u vhuisedza tshiimo ngonani.

Roṭhe kha sekhithara yashu ri na vhuḁifhinduleli ha u shumana na thaidzo na khaedu dzine ra nga dzi kona musi ro farana, ra litsha u sumbana na minwe.

Muṅwe na muṅwe washu a nga vha tshipiḁa tsha izwi.

**Ri roṭhe ri nga kunda! Kha ri farane nga zwandḁa kha tshumisano ya fhulufhelo!**

## **KU TIYISISA NTIRHISANO WA RIXAKA EHENHLA KA HIV NA AIDS**

### **HUNGU RA NKOKA KU SUKA EKA SANAC**

#### **Ntirhisano lowu lavekaka ku tirhana na HIV na AIDS wu le ka mhaka ya nkoka:**

HIV na AIDS yi le xikarhi ka hina, i ya ntiyiso no tisa mintlhonthlo leyikulu eka vanhu va tiko ra hina – hi nga hlula ntsena eka HIV na AIDS loko hi hlanganisa mavoko ku sirhelela vanhu va hina.

Hi ta tiyisisa Ntirhisano wa Rixaka ehenhla ka AIDS no rhumela hungu ro twala leri nga pfunaka vanhu va hina no tshungula vuvabyi ku antswa. Hi kolota vanhu va hina leswaku Vun’we i xikongomelo na goza!

Leswi ku ve goza eku simekiweni ka endlelo ro angarhela ra AIDS na pulani ya maendlelo, kambe ku na swo tala leswi faneleke ku ndlandlamuxiwa ku fikelela nsirhelelo, vutshunguri na nhlayiso no hundzuluxa mahlayiselo. Xilaveko xa vurhangeri bya tipolitiki na ntirhisano swi tshama swi ri swa nkoka.

Ku humelela eku simekiweni ka pulani ya HIV na AIDS ya Rixaka swi ya hi vurhangeri eka xiyimo xihhi na xihhi xa vaaki xikan’we no hlengeleta ntirhisano eka swiyenge hinkwaswo swa hina – mfumo, vatirhi na bindzu; vatirhi va swa rihanyo na vativi va sayense; miganga na swikolo; tiNGO, minhlangano ya Vukhongereri na Minhlangano ya Miganga; varhangeri va ndzhavuko; na le tindhawini ta mintirho, tidyondzo na laha hi tshamaka kona.

Nongonoko wa hina wa vutshunguri bya HIV na AIDS wa angarhela. Pulani ya hina ya nsivelo ya HIV yi le ku langutisisiweni naswona yi ta simekiwa hi xihatla no tiyimisela. Swin’we hi ta endla leswaku tipulani leti ti tirha.

#### **Endlelo ro angarhela ri le rivaleni no fambelana na mandlelo ya ntolovelo wa matiko:**

#### **Mafambiselo ya HIV na AIDS ya lava vutihlamuleri bya vumunhu na vaaki:**

I yini xi endlaka ntshikilelo wa HIV na AIDS wu tika eka muganga wa hina? Exikarhi ka swin’wana i swivangelo swa ikhonomi ya vaaki; rimbewu leri nga ringaniki na vuxaka bya swa masangu lebyi vekaka vavasati enghozini, timhaka ta masangu to ka ti nga sirheleriwangi; ku tirhisa hi vusopfa swipyopyi na swidzidziharisi.

Mahanyelo yo angarhela yo cinca minongonoko, leyi susumetiwa hi mahungu ya vaaki yo kongoma ya HIV na vukorhokeri bya nseketelo, lowu tivaka no hlamula eka nsusumeto wa ku khomiwa hi HIV ku ta va khokho ra ku ringeta ku sirhelela. Swi engetele nkoka hi nguva yo wisa loko ku engeteleka madzolongana na mahanyelo ya nghozi leswi endlaka leswaku vavasati va va enghozini.

Ntshikilelo na xihlawuhlawu i swirhalanganyi swo sivela HIV, vutshuguri na ku ringeta eka nhlayiso – hi fanele ku tirhana na ntshikilelo tanihi xiphemu xa ku ringeta ka hina. Rixaka ri fanele ku vulavula ri tshunxekile naswona hi ntiyiso hi xinghuhumana ku seketela lava khomiweke no khumbheka.

Ku tlakusiwa ka milawu na xindzhuti xa timfanelo ta masungulo ya ximunhu, ndzingano, mpfumaleko wa xihlawuhlawu na ntshunxeko i khokho ra manghenelo ya hina eka HIV na AIDS. Maendlelo ya hina hinkwawo yo sivela, tshungula no hlayisa lava nga na HIV ya hlamuseriwa hi minkoka leyi fambelanaka na Vumbiwa bya hina.

Minongonoko leyi yi seketeriwa hi minsirhelelo ya nkoka, leyi ku nga: vukorhokeri bya rihanyo ku sivela ku tluleta HIV ku suka eka manana kuya eka n'wana hi nkarhi wo biha emirini na xikan'we-kan'we endzhaku ko biha emirini; ku fikelela eka prophylaxis eka vanhu lava pfinyiweke na ndzetelo na nseketelo eka vanhu lava nga na HIV eka nsivelo wa HIV (lowu vuriwaka 'nsirhelelo wa kahle').

Hi le ku pulaneni ku engetela minongonoko leyi.

## **NSIRHELELO**

Ku khomiwa kwihi na kwihi ku hunguta mfanelo wa vutomi. Swi tshikilela nkoka wa vutomi eka vanhu na mindyangu. Tanihi leswi ku nga ri ki na vutshunguri bya AIDS hi fanele ku tirhisana swin'we ku yimisa ku khomiwa hi HIV, xitsongwatsongwana lexi vangaka AIDS.

Ku na vuxaka byo vonaka exikarhi ka madzolongana ehenhla ka vavasati na ku khomiwa hi HIV. Ku ringeta ka hina ku hunguta ku tluleriwa kuntshwa a ku nge humeleli ku ri hava ku nghenelela loku ringaneke eka ntshikilelo wa vaaki. Miganga yi fanele ku tirhana na endlelo ra vululami bya vugevenga ku sirhelela no tumbuluxa vululami bya vavasati – hi ku tirhisa mapfumba yo fana na 16 wa Masiku yo Kanetana na Madzolongana Ehenhla ka Vavasati.

Vuvabyi byo tala byi vangiwa hi timhaka ta masangu, naswona swi nga siveriwa hi ku va na mahanyelo ya vutihlamuleri. Vantshwa va fanele ku yima ku fikela loko va kurile ku endla

timhaka ta masangu, exikarhi ka vanhu lava endlaka timhaka ta masangu, ku tirhisiwa ka tikhondomu nkarhi na nkarhi no tiyimisela eka murhandzani un'we swi nga hunguta ku khomiwa hi HIV swinene.

Vanhu lava hanyaka na HIV na vona va fanele ku endla timhaka ta masangu leti sirheleleke, ku sivela ku tluleta van'wana no va na vona na tlhela va titluleta.

Un'wana na un'wana u fanele ku tiva xiyimo xa yena xa HIV, no tinyiketela ku kamberiswa HIV ku va xiphemu xa vutomi bya wena.

## **VUTSHUNGURI, NHLAYISO NA NSEKETELO**

Hambileswi ku nga ri ki na vutshunguri lebyi tiviwaka bya AIDS, hi nga hunguta ntshikilelo wa ku khomiwa hi HIV. Vutshunguri, nhlayiso na nseketelo i xiphemu xa nongonoko wo angarhela – kambe leswi swi ta pfuna ntsena loko vanhu na miganga yi ngenhisa xandla.

Swakudya swa kahle, vutiolori bya nkarhi na nkarhi, maendlelo yo hlayiseka ya timhaka ta masangu, ku ka ku nga dzahiwi na matirhiselo ya swipyopyi swi lawuleka, hinkwaswo swi pfuna ku va vanhu va tshama va hlayisekile no sirhelela masocha ya miri.

Hanyelo ra kahle ra vutihlamuleri i ra nkoka no seketela vutshunguri bya swa mirhi na vutshunguri bya ARV eka lava va byi lavaka.

Tanihi mbuyelo wo fikelela vutshunguri, vanhu lava nga na HIV va nga hanya nkarhi wo leha, va ri kahle na vutomi lebyi yaka emahlweni.

Hambi swi ri tano, na loko ku ri na vutshunguri, HIV na AIDS ka ha ri vuvabyi lebyi koxaka vutihlamuleri byo hlanganela ku hunguta ku tluleta no khomiwa ka miganga.

Kambe hinkwerhu hi lava ku tiva leswaku vutomi bya kahle na swakudya swa khahle a hi vutshunguri lebyi sivaka ARV loko munhu a vabya. Antiretroviral ti endla leswaku munhu a antswa. Kambe a hi vutshunguri. Kutani ku lawula HIV na AIDS swi lava ku tiyimisela ko angarhela ka nkarhi wo leha kusuka eka vanhu na vaaki.

**Mfumo wu nyika switirhisiwa swin'wana ku pfuna vanhu eka ku tluleriwa ko tika – kambe nhlayiso na nseketelo naswona i vutihlamuleri bya muganga na vaaki**

Mali ya mpfuneto ya vulamari ya nkarhinyana yi pfuna vanhu eka ku tluleriwa ko tika - kambe xikongomelo xa ku nghenelela ka rihanyo ra vaaki i ku vuyisela vanhu lava hanyaka

na AIDS eka rihanyo ra kahle leswaku va ta va na timfanelo na vutihlamuleri bya munhu wihi na wihi.

Miganga ya hina yi na ntirho wa nkoka eku tiveni vana lava nga le nghozini, sirhelela no seketela mindyanguni leyi rhangelaka hi vana na van'wana lava nga le nghozini.

Vutihlamuleri bya Hina bya Rixaka bya AIDS byi ta kanela ku nghenelela eka ndhawu leyi.

Xiyenge xa mabindzu xi fanele ku ya emahlweni ku engetela vunene bya le mintirhweni, vutshunguri na minongonoko ya nsirhelelo no endla tipulani to sivela ku tluleriwa kuntshwa eka miganga laha va kumaka vatirhi.

## **NTIRHISANO WA NTSHEMBHO**

**Sweswi i nkarhi wo tiyisisa ntirhisano wa rixaka – hi fanale ku tirha hi tlherisela ntungu endzhaku:**

Ku ringeta ka hina ku tis ku hambana.

Eka nkarhi lowu wa nkoka hi fanele ku hunguta nkwetlembetano exikarhi ka lava va lavaka ku tirha eku hundzuluxeni mpfuneto wa ntungu.

SANAC yi na vutihlamuleri bya nkoka. Yi katsa ntirhisano wa rixaka naswona hinkwerhu hi fanele ku aka no yi kurisa.

Leswi swi hi lava ku tolovela endlelo ra hina na tinhlamulo ku tiyisisa tindlela ta hina to nghenelela na mahungu xikan'we no sasekisa mahungu ya hina eka ku hambana na mintlawu leyi a yi languteriwa ehansi.

**Nkarhi wa minkateko – nkarhi wa swiendlo leswi hlanganekke:**

Hi na nkateko wo tlherisela endzhaku xivangelo xa ntungu.

Hinkwerhu ka hina eka swiyenge swa hina hi avelana vutihlamuleri eka rixaka ku tirhana na swiphiquo na mintlhonthlo hi nga swi fikelela swin'we naswona hi nga tshameli ku lwisana.

Un'wana na un'wana wa hina a nga va xiphemu xa yona.

**Xikan'we hi nga swi fikelela! A hi khomaneni eka ntirhisano wa ntshembho!**

