



**BUFFALO CITY  
METROPOLITAN MUNICIPALITY**

**BUFFALO CITY METROPOLITAN MUNICIPALITY**

**TRADITIONAL CIRCUMCISION AND INITIATION  
DRAFT BY-LAW**

**PREAMBLE:**

**WHEAREAS** male customary initiation and circumcision is practised by the majority of citizens in the municipal area of Buffalo City Metropolitan Municipality;

**WHEREAS** the basic structure of the circumcision and initiation custom is the family;

**WHEREAS** the male customary initiation and circumcision tends to be commercialised for personal gain;

**WHEREAS** in the Buffalo City Metropolitan Municipality there are challenges regarding male customary circumcision and initiation wherein some young lives have been lost and some have suffered irreversible injuries that have unfortunately led to suicide;

**AND WHEREAS** the male initiation and customary circumcision is part of the Constitutional and Customary dignity of the majority of citizens in Buffalo City Metropolitan Municipality.

**NOW, THEREFORE A BY-LAW IS PASSED** by the Buffalo City Metropolitan Municipality Council as follows: -

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## CHAPTER 1 – DEFINITIONS

1. In this By-Law, unless the context indicates otherwise—

“**abduction**” means the unlawful and intentional removal of a person or unlawful retention of such person, for the purposes of compelling traditional circumcision and initiation;

“**abuse**” includes but is not limited to physical, mental, sexual abuse, or any form of violence and harmful practice that an initiate may be subjected to;

“**area of jurisdiction**” means the area of jurisdiction of a traditional council, kingship or queenship council, or principal traditional council as contemplated in sections 3, 3A and 3B of the Framework Act prior to the repeal of that Act by the TKLA or section 16(5)(a) of the TKLA once it commences;

“**bhoma**” means the initiation hut;

“**BCMM**” means the Buffalo City Metropolitan Municipality;

“**care-giver**” means any person other than a parent or the customary or legal guardian of an initiate who takes care of such initiate during initiation in accordance with the provisions of this By-Law;

“**child**” means a person under the age of 18 years as defined in section 1 of the Children’s Act and any reference to ‘children’ has a corresponding meaning;

“**Child Justice Act**” means the Child Justice Act, 2008 (Act No. 75 of 2008);

“**Children’s Act**” means the Children’s Act, 2005 (Act No. 38 of 2005);

“**circumcision**”, means the surgical removal of the foreskin, whether partially or wholly;

“**Criminal Procedure Act**” means the Criminal Procedure Act, 1977 (Act No. 51 of 1977);

**“CRL Rights Commission”** means the Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities as contemplated in section 181(1)(c) of the Constitution and the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities Act, 2002 (Act No. 19 of 2002);

**“curriculum”** means a set of learning content for initiation and includes any customary or cultural practice that forms part of the initiation process;

**“customary guardian”** means any person other than a parent or legal guardian who, in terms of the customs of a particular community, accepts parental responsibility for a child, including the responsibilities referred to in section 18 of the Children’s Act;

**“customary practice”** means a practice according to the culture, custom, tradition of a tribe, a clan, or a community or any other rules of similar nature;

**“National Department”** means the national department responsible for traditional affairs;

**“Director-General”** means the Director-General of the Department;

**“district municipality”** means a district municipality as defined in section 1 of the Local Government: Municipal Structures Act, 1998 (Act No. 117 of 1998);

**“Drugs and Drug Trafficking Act”** means the Drugs and Drug Trafficking Act, 1992 (Act No. 140 of 1992);

**“emergency services”** means any services needed as a response to an urgent, impending or recurrent situation for which knowledgeable and expert intervention is required to ensure the welfare of initiates, including but not limited to emergency medical services, ambulance services, fire-fighting services and disaster management services;

**“father”** means the natural father or adoptive male parent and includes a male guardian of the initiate;

**“Framework Act”** means the Traditional Leadership and Governance Framework Act, 2003 (Act No. 41 of 2003);

**“General Regulations Regarding Children”** means the General Regulations Regarding Children, 2010, published under Government Notice R.261 in Government *Gazette* No. 33076 of 1 April 2010;

**“genital mutilation”**, means the partial or complete removal of any part of the genitals;

**“Health Professions Act”** means the Health Professions Act, 1974 (Act No. 56 of 1974);

**“initiate”** means any person who undergoes initiation for the purposes of customary or cultural practices, rituals or ceremonies in accordance with the customs and traditions of the community concerned;

**“initiation”** means any customary practices, rituals or ceremonies taking place in accordance with the customs and traditions of the community concerned, and may include teachings relating to ideals, values, aspirations, behaviour, comportment and respect;

**“initiation hut”** means the temporary structure erected to house the initiate(s) for the duration of his or their traditional initiation;

**“kidnapping”** means the unlawful and intentional deprivation of the freedom of movement of any person for the purposes of compelling traditional circumcision and initiation;

**“kingship or queenship council”** means a kingship or queenship council as defined in section 1 of the Framework Act prior to the repeal of that Act by the



TKLA or section 1 of the TKLA once it commences;

“**Liquor Act**” means the Liquor Act, 2003 (Act No. 59 of 2003);

“**local house**” means a local house of traditional leaders established in accordance with the provisions of section 17 of the Framework Act prior to the repeal of that Act by the TKLA, section 50 of the TKLA or any applicable provincial legislation;

“**MEC**” means a member of the Executive Council of a province;

“**medical practitioner**” means a general practitioner or family physician in medicine who, in accordance with the provisions of the Regulations Relating to the Registration of Persons as General Practitioners and Family Physicians in Medicine, as published under Government Notice No. R1200 of 28 November 2000, is registered with the Medical and Dental Professional Board established by Government Notice No. R.75 of 16 January 1998;

“**mother**” means the natural or adoptive female parent and includes a female guardian of the initiate;

“**Minister**” means the national Minister responsible for traditional affairs;

“**municipality**” means Buffalo City Metropolitan Municipality established in terms of section 12 of the Local Government: Municipal Structures Act, 1998 (Act No. 117 of 1998);

“**National Health Act**” means the National Health Act, 2003 (Act No. 61 of 2003);

“**National House**” means the National House of Traditional Leaders established in terms of section 2 of the National House of Traditional Leaders Act, 2009 (Act No. 22 of 2009) prior to the repeal of that Act by the TKLA or in terms of section 27 of the TKLA;

“**NPA**” means the National Prosecuting Authority established in terms of the

National Prosecuting Authority Act, 1998 (Act No. 32 of 1998);

**“organised local government in the province”** means a provincial organisation recognised in terms of section 2(1)(b) of the Organised Local Government Act, 1997 (Act No. 52 of 1997);

**“parent”** means the father or mother of the initiate and includes the customary guardian of the initiate;

**“PICC”** means a Provincial Initiation Coordinating Committee established in accordance with the provisions of section 11 of the Customary Initiation Act 2 of 2021;

**“principal traditional council”** means a principal traditional council as defined in section 1 of the Framework Act prior to the repeal of that Act by the TKLA or section 1 of the TKLA once it commences;

**“Provincial Department”** means the provincial department responsible for traditional affairs;

**“provincial house”** means a provincial house of traditional leaders established in accordance with the provisions of section 16 of the Framework Act prior to the repeal of that Act by the TKLA, section 49 of the TKLA or any applicable provincial legislation;

**“sacred and secret”** means traditional customs and rituals which are performed and taught before, during and after initiation, and which for traditional reasons are not to be divulged and made public;

**“SAPS”** means the South African Police Service established in terms of the South African Police Service Act, 1995 (Act No. 68 of 1995);

**“sosuthu”** means a male person who is appointed in terms of custom to be the leader of the parents who have initiates in one initiation hut;

**“TKLA”** means the Traditional and Khoi-San Leadership Act, 2019 (Act No. 3 of

2019);

**“traditional community”** means a community recognised as such in terms of section 2 of the Framework Act prior to the repeal of that Act by the TKLA, section 3 of the TKLA or any applicable provincial legislation;

**“traditional council”** means a traditional council as defined in section 1 of the Framework Act prior to the repeal of that Act by the TKLA or section 1 of the TKLA once it commences;

**“traditional health practitioner”** means a traditional health practitioner as defined in section 1 of the Traditional Health Practitioners Act;

**“Traditional Health Practitioners Act”** means the Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007);

**“traditional leader”** means a person who, in terms of customary law of the traditional community concerned, holds a traditional leadership position and has been recognised in terms of the Framework Act prior to the repeal of that Act by the TKLA, the TKLA or any applicable provincial legislation;

**“traditional leadership”** means the customary institutions or structures, or customary systems or procedures of governance, which are recognised, used or practiced by traditional communities;

**“traditional nurse”** means the registered male person appointed to look after the initiate after the traditional circumcision has taken place; and

**“traditional surgeon”** means a person who, subject to section 41, is registered as a traditional surgeon in terms of the Traditional Health Practitioners Act.

## **CHAPTER 2 – TRADITIONAL INITIATION STRUCTURES**

2. Establishment of an Initiation Co-ordinating Committee. - The Buffalo City Metropolitan Municipality must establish a Buffalo City Metropolitan Municipality Initiation Co-ordinating Committee whose chairperson shall be the Speaker or his/her delegate.

3. Composition of the Initiation Co-ordinating Committee. - The Initiation Co-ordinating Committee shall be as follows:-

- a) The Speaker or his/her delegate;
- b) The BCMM Chairperson of the local house (*Ex-Officio*);
- c) The regional co-ordinator of Cooperative Governance and Traditional Affairs;
- d) A regional co-ordinator from the Department of Health;
- e) A regional co-ordinator from the Department of Social Development;
- f) A regional co-ordinator from the Department of Sports, Recreation and Arts and Culture;
- g) A regional co-ordinator from the Department of Education;
- h) A regional co-ordinator from the Department of Safety and Liaison;
- i) The district Commissioner of the South African Police Service;
- j) A co-ordinator from the provincial office of the National Prosecuting Authority;
- k) A co-ordinator from Crime Intelligence;
- l) A co-ordinator from the Non-Governmental Organisations;
- m) The chairperson of the Moral Regeneration Movement or his or her delegate; and
- n) A regional co-ordinator of the CRL Commission.

4. Functions of the Initiation Co-ordinating Committee. - The functions of the Initiation Co-ordinating Committee shall be to:-

- a) Monitor the implementation of the By-Law;

- b) Ensure that all activities that are taking place in the traditional circumcision and initiation practice happen within the confines of the Constitution and any other applicable law;
- c) Promote the compliance with the provisions of this By-Law amongst all the role players involved in traditional initiation practices;
- d) Consider and resolve any disputes that may arise and are referred to it by the regional and ward structures;
- e) Ensure the development and adoption of a code of conduct for any person or stakeholder involved in the initiation program to address all issues of misconduct including disciplinary procedures;
- f) Ensure that adequate budget or funds are allocated to coordinate the initiation programs and manage the distribution of resources to members of its monitoring structures;
- g) Mobilise resources both human and capital from all stakeholders involved in initiation monitoring programs and potential donors or funders in accordance with the provisions of the Municipal Finance Management Act;
- h) Inspect any initiation hut to establish whether such initiation hut meets the requirements and standards set out in this By-Law;
- i) Inspect any initiate, in the presence of the traditional nurse, to establish whether the circumcision was properly performed and whether such initiate is being properly treated by the traditional nurse and make any intervention where necessary;
- j) Investigate any alleged abuse of an initiate and take any necessary steps to address such abuse including reporting it to the South Africa Police Service;
- k) Keep statistics on traditional initiations that take place in every initiation season and for the purposes of keeping such statistics maintain and develop a database which must include:-
  - i reports of any investigations that were conducted during an initiation season;
  - ii statistics and copies of registers or records;
  - iii hospitalisation of initiates;
  - iv death of initiate;
  - v cases of contravention of this By-Law;

- vi outcomes of misconduct enquiries and/or criminal cases; and
  - vii any information required by the Provincial Initiation Co-ordinating Committee.
- l) Conduct pre-initiation assessments to determine the state of readiness of all sector departments involved in the monitoring of initiation programs and post initiation assessments at the end of each initiation season and submit a report to the Provincial Initiation Co-ordinating Committee at the end of February and August of each year.
  - m) Oversee initiation awareness campaigns which must include information on the rights and responsibilities of initiates and their parents as provided in the Constitution, national and provincial legislation and this By-Law conducted by the Technical Task Team, Regional Initiation Forum and Ward Forum.

## 5. Determination of fees

5.1. The Initiation Co-ordinating Committee, in consultation with the traditional leaders, community structures, traditional surgeons and traditional nurses, must determine annually the fees payable to traditional surgeons and to traditional nurses per initiate in accordance with the customs and customary practices of the community or tribe concerned.

5.2. In determining the fees it must be made sure that the determined amount discourages the commercialisation of traditional circumcision and initiation.

5.3. The fees determined, must through any means of communication, be disseminated to the communities concerned.

## 6. Administrative and Financial Support

6.1. The municipality must provide annual administrative and financial support to the Initiation Co-ordinating Committee to enable it to perform its annual plans and the functions as assigned to it by this By-Law.

- 6.2. The Municipal Manager must designate officials from the municipality to provide administrative support including secretarial support to the Initiation Co-ordinating Committee.
- 6.3. For the purpose of financial support for the Initiation Co-ordinating Committee, its chairperson, must before a date determined by the Municipal Manager submit annual estimates of expenditure for the next financial year.
7. Establishment of the Initiation Technical Task Team. - There shall be an Initiation Technical Task Team whose chairperson shall be the BCMM Chairperson of the local house.
8. Composition of the Initiation Technical Task Team. - The Technical task team shall be as follows:-
- a) Chairperson of the Local House;
  - b) The Speaker of the Council; (*Ex-Officio*);
  - c) The BCMM Co-ordinator;
  - d) The regional co-ordinator from the Department of Health;
  - e) The regional co-ordinator from the South African Police Services; and
  - f) A co-ordinator from the Non-Governmental Organisations.
9. Functions of the Initiation Technical Task Team. - The functions of the Initiation Technical Task Team shall be as follows: -
- a) Ensure that all activities that are taking place in the traditional circumcision and initiation practice happen within the confines of the Constitution or any applicable law;
  - b) Provide general support to the Initiation Co-ordinating Committee and facilitate and co-ordinate the establishment of regional initiation forum and ensure their full participation in the initiation programs;
  - c) Ensure that the provincial government and the municipality, in partnership with traditional leadership institutions, co-ordinate, monitor and evaluate all

activities relating to the initiation process and programs including the inspection of initiation sites;

- d) Develop a municipal initiation monitoring and evaluation framework for both winter and summer initiation seasons;
- e) Facilitate the availability of adequate health facilities during initiation seasons and ensure that all prospective initiates undergo medical examinations and are issued with the necessary medical certificates;
- f) To facilitate and coordinate pre-initiation workshops to be attended by prospective initiates, traditional surgeons, traditional nurses, representatives of sector departments, members of district forums and all traditional initiation stakeholders;
- g) implement the code of conduct developed by the Initiation Co-ordinating Committee;
- h) Mobilise and determine redeployment of resources both human and capital from all stakeholders involved in initiation monitoring programs and potential donors in accordance with the provisions of the Municipal Finance Management Act;
- i) ensure that adequate funds are allocated to coordinate the initiation programs, its logistical arrangements and distribution of resources to its regional forums and ward forums;
- j) Develop a communication strategy for all stakeholders involved in the initiation program; and
- k) Compile and submit a report to the Initiation Co-ordinating Committee at the end of each initiation season.

10. Establishment of a Regional Initiation Forum. - There shall be a Regional Initiation Forum whose chairperson shall be the Traditional Leader elected by the traditional leaders in the region or his/her delegate: Provided that where there is no traditional leader, the chairperson shall be a ward councillor, elected by the ward councillors in the region.

11. Composition of a Regional Initiation Forum. - A Regional Initiation Forum shall be as follows:-



- a) Traditional Leader;
- b) Ward Councillor, nominated by the ward councillors of the region;
- c) Co-ordinator from the Buffalo City Metropolitan Municipality;
- d) Co-ordinator from South African Police Service Stations;
- e) Co-ordinator from the Local Health Clinics;
- f) Nominee from the Non-Governmental Organisations;
- g) Nominee from the Regional Traditional Surgeons; and
- h) Nominee from the Regional Traditional Nurses.

12. Functions of the Regional Initiation Forum. - The functions of the Regional Initiation Forum shall be to:-

- a) ensure that all activities that are taking place in the traditional circumcision and initiation practice happen within the confines of the Constitution and any applicable law;
- b) facilitate and coordinate meetings of the regional initiation forum;
- c) conduct on going advocacy and social mobilisation programs on customary male initiation practice;
- d) support ward initiation forums;
- e) implement a code of conduct developed by the Initiation Co-ordinating Committee;
- f) encourage prospective initiates to undergo medical examinations and that they are issued with the necessary medical certificates;
- g) monitor and evaluate the general functioning of the initiation practices and inspect initiation sites within their region;
- h) conduct an overview monitoring or inspection of initiation sites within their regions;
- i) recommend to the relevant traditional leadership, the Initiation Technical Task Team as well the Initiation Co-ordinating Committee when there is non-compliance with the general health and safety requirements;
- j) compile and update a list of traditional surgeons and traditional nurses operating within their region; and
- k) compile a report on initiation programs and submit to the Initiation Technical Task Team for consolidation.

13. Establishment of a Ward Initiation Forum. - There must be a Ward Initiation Forum in each ward whose chairperson shall be the traditional leader in the ward: Provided that in a ward where there is no traditional leader, the chairperson shall be the ward councillor or his/her delegate.

14. Composition of the Ward Initiation Forum. - The Ward Initiation Forum shall be as follows:-

- a) A traditional leader;
- b) A ward councillor or his/her delegate;
- c) A member of the ward committee;
- d) A community development worker; and
- e) A member of the community policing forum.

15. Functions of a Ward Initiation Forum. - The functions of a Ward Initiation Forum shall be to:-

- a) Ensure that all activities that are taking place in the traditional circumcision and initiation practice happen within the confines of the Constitution and any applicable law;
- b) Ensure the protection of the customary male initiation practice within their area of jurisdiction;
- c) Conduct ongoing advocacy and social mobilisation programs on customary male initiation practice;
- d) Establish, maintain and update a register or database of traditional surgeon and traditional nurses operating in their ward;
- e) Ensure that all requirements for the admission of initiates into the initiation process are complied with;
- f) Implement the code of conduct developed by the Initiation Co-ordinating Committee;
- g) Ensure that initiates are taught basic humanitarian values;
- h) have access to the huts at all times to conduct regular inspections to ensure that initiation huts are located within the demarcated site and built for the

safety of the initiates and for the for the purposes of monitoring and reporting on initiation practices;

- i) Ensure cooperation between all stakeholders involved in the initiation monitoring program; and
- j) Report any abuse of initiates to the South African Police Service.

16. Disqualification of Members of the Initiation Structures. - A person is not eligible to be designated as a member of any of the above co-ordinating structures, if that person is:-

- a) not a South African citizen;
- b) is under eighteen (18) years of age;
- c) has been convicted of an offence in respect of which he or she was sentenced to imprisonment of more than twelve (12) months without the option of a fine;
- d) is an unrehabilitated insolvent or has not entered into a compromise with his or her creditors;
- e) is of unsound mind and has been so declared by a competent court;
- f) is elected as a member of a provincial legislature;
- g) is elected as a member of the National Assembly;
- h) is unsuitable to work with children in terms of a finding of
  - i section 120 of the Children's Act or if that persons name is listed in part B of the National Child Protection Register as contemplated in section 111 of the Childrens Act, read with section 118 thereof; and
  - ii the National Register for Sex Offenders as contemplated in section 42 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007.

### **CHAPTER 3 - ROLE PLAYERS**

17. Traditional Leaders.

17.1. Traditional leaders are the custodians of traditional circumcision

and initiation practices and must take primary guardianship of, and responsibility for the practice and in this regard must:-

- a) promote compliance with the principles of the Constitution, the provisions of this By-Law and any other applicable law;
- b) ensure that a male initiation working committee is established within the area of jurisdiction of a traditional council, and that it functions properly;
- c) ensure co-operation between traditional leaders and members of a traditional council and with the initiation working structures and other stakeholders;
- d) ensure that awareness on customary male initiation is conducted with members of the community and prospective initiates within their area of jurisdiction;
- e) ensure that all the necessary original documents are completed and that the preliminary requirements, including pre-medical screenings are done before an initiate can undergo circumcision;
- f) ensure that all applicable legislation impacting on customary male initiation is complied with by members of a traditional community, traditional council and initiation working committee;
- g) exercise his right to visit and inspect any of the initiation huts for the purpose of compliance with this By-Law and ensure that regular inspections are conducted to monitor and report on the initiation huts and practices;
- h) promote good and safe practices, with specific emphasis on the protection of the lives, health and safety of initiates; and
- i) report any abuse, ill-treatment of initiates and/or non-compliance with the provisions of this By-Law or any other relevant law.

17.2. In an area where there is no traditional leader the Speaker of Council or his/her delegate is the custodian of the traditional circumcision and initiation customs.

18. Delegations by a Traditional Leader. - A traditional leader may delegate any original authority that he/she holds or subdelegate any delegated authority he or she exercises, if so authorized.

## 19. Misconduct by Traditional Leader

- 19.1. A traditional leader must not request, solicit, demand or accept a bribe or gift from any person in exchange for granting that person approval to partake in the initiation practice.
- 19.2. If a traditional leader fails to comply with the provisions of this By-Law or refuses to carry out any duties or functions contemplated in the sections above he or she shall be guilty of misconduct in terms of section 31 of the Eastern Cape Traditional Leadership and Governance Act 1 of 2017 read with section 17 of the Eastern Cape Customary Male Initiation Practice Act 5 of 2016.

## 20. Role of the Parents. - The parents of an initiate, must:-

- a) discuss with the prospective initiate the importance of customary male initiation and the process to be followed before, during and after the male initiation process;
- b) ensure that the prospective initiate has attained the age of eighteen (18) years;
- c) consent to the traditional circumcision and initiation;
- d) ensure that the academic education of a school attending initiate, subject to the initiation seasons, is not compromised as a result of his attendance of an initiation practice;
- e) ensure that at least three (3) months before admission into the initiation process the prospective initiates attends a medical facility to obtain a medical certificate;
- f) ensure that at least fourteen (14) days before admission into the initiation process the prospective initiate attends a medical facility to get a medical certificate declaring him fit to participate in the initiation process;
- g) designate a traditional surgeon and traditional nurse to attend to the prospective initiate and have accurate and reliable details about the track

record of the traditional surgeon and nurse and if the parents appoint a traditional surgeon or nurse who is not from the area, the parents must introduce that person to the community and initiation structure;

- h) disclose to the relevant traditional surgeon whether the prospective initiate has any medical condition as disclosed in the medical certificate for the purposes of the circumcision;
- i) disclose to the traditional nurse whether the initiate has any medical condition, disability or special needs and whether he is on any medication;
- j) ensure that the initiate has sufficient supply of medication for the duration of the initiation period;
- k) be directly involved in the initiation process and satisfy themselves daily as to the health and status of the initiate from the traditional nurse;
- l) co-operate with all stakeholders involved in the initiation monitoring programs;
- m) report to the traditional leadership or initiation structure and the South African Police Services any abduction for the purposes of traditional circumcision and initiation;
- n) report any person who undergoes traditional circumcision whilst being below the prescribed age to the traditional leadership or initiation structures; and
- o) ensure that the provisions of this By-Law relating to the health matters of the initiate are complied with.

21. The Rights of Parents. - The parents have a right to:-

- a) upon consultation with the relevant initiation structure to decide whether the prospective initiate who has a physical, mental disability or any other special needs must undergo medical circumcision and thereafter be integrated into the traditional initiation process;
- b) attend to such initiate who falls sick during initiation; and
- c) remove such initiate from an initiation hut in any instance where:-
  - i the initiate requires medical attention;
  - ii the initiate requests to be removed from the initiation practice;

- iii the initiate is undergoing the initiation custom without the necessary consent and without having followed the prescribed processes;
- iv the initiate is or has been subjected to any abuse;
- v there has been a family emergency or natural disaster which warrants such removal; or
- vi after consultation with the municipal structure, the opinion is that the initiate should be removed from the initiation hut.

22. The Role of the Men of the Family. - The father of the prospective initiate has a duty to:-

- a) discuss with the mother about the prospective initiate undergoing initiation;
- b) ensure that the medical history or medical records of the prospective initiate are made available for the examination of the prospective initiate by a medical practitioner;
- c) in the case of a single father, to sign the consent forms for the prospective initiate to undergo the initiation process.
- d) make preparations for the rituals to be performed;
- e) must be present during and when the traditional surgeon is performing the ritual(s);
- f) must be present throughout the initiation process;
- g) in any instance where any initiate displays any symptoms of ill-health, serious injury, infection or excessive, recurring or continuous bleeding, whether as a result of circumcision or not, the male relative must in consultation with the working committee, arrange for medical attention for the initiate.
- h) ensure that the provisions of this By-Law relating to the health matters of the prospective initiate are complied with.

23. Designation of "Sosuthu". - If there is more than one (1) initiate in the hut/bhoma from different families, one of the fathers should be declared as "sosuthu". Whereas, sosuthu is the leader this does remove the individual responsibilities of the parent of the respective initiates.

24. The Role of the Women of the Family. - It is the duty of the mother of the prospective initiate to:-

- a) have a discussion with the father about the prospective initiate undergoing initiation;
- b) in the case of a single mother, to sign the consent forms for the prospective initiate to undergo the initiation process;
- c) ensure that the medical history or medical records of the prospective initiate are made available for the examination of the prospective initiate by a medical practitioner.
- d) make preparations for the rituals to be performed as expected in terms of the customs and practices of the family and community.
- e) ensure that the initiate is provided nutritious and wholesome food for the duration of the initiation practice;
- f) the mother of the initiate may perform any other additional roles as expected in terms of custom and practice in terms of customs and practice; and
- g) ensure that the provisions of this By-Law relating to the health matters of the prospective initiate are complied with.

25. Delegations by the Parents. - The parent(s) may delegate any of the aforementioned duties except the duty to give consent for the prospective initiate to undergo the initiation process.

26. Prohibited Acts by Parents. - The parents are prohibited from:-

- a) allow a child below the age of eighteen (18) to undergo traditional initiation;
- b) allow prospective initiate to undergo initiation without following the prescribed processes;
- c) fraudulently use any identity document that does not belong to the prospective initiate for the purposes of ensuring that he undergoes initiation;



- d) allow a prospective initiate to be circumcised by a traditional surgeon without verifying whether such traditional surgeon is properly registered.
- e) allow an initiate to be treated by any person who is not properly registered as a traditional nurse.

## 27. Penalties

- 27.1. A parent who contravenes the provisions of section 26 of this By Law commits an offence and upon conviction may be sentenced to a fine or a term of imprisonment not exceeding three (3) years or to both such fine and imprisonment.
- 27.2. A parent who fails to disclose to the traditional surgeon and nurse whether the prospective initiate has a medical condition which may impact on the prospective initiates participation also whether the prospective initiate has any special needs commits an offence and upon conviction is liable to a fine or imprisonment not exceeding one (1) year or both to such fine and imprisonment.

## 28. The Role of the Initiate. - The prospective initiate has a duty to:-

- a) discuss with his parents his intention to undergo traditional initiation;
- b) reconcile themselves to comply with the values of the customs and the proper instructions from the traditional nurse;
- c) obtain consent from the parents to undergo the traditional initiation practice;
- d) ensure that they are eighteen (18) years or older at the time of commencement of the initiation process;
- e) ensure that at least three (3) months before admission into the initiation practice they attend medical examination for the purpose of obtaining a medical clearance;

- f) at least fourteen (14) days before admission into the initiation practice attend a medical examination for the purpose of getting a medical clearance declaring him fit and suitable to undergo the process;
- g) to ensure that the parent(s), traditional surgeon and nurse all sign the necessary forms as prescribed by this By-Law;
- h) to ensure that if he has any medical condition or requires medical treatment that the traditional surgeon and/or nurse has been advised;
- i) to ensure that if he is subject to any medical treatment, that he has sufficient supply of his medical treatment;
- j) to ensure that only the appointed traditional surgeon and nurse perform the rituals;
- k) to ensure that after the fourteen (14) day medical examination he practices good hygiene and does not engage in unprotected sex; and
- l) to report any abuse by the traditional nurse or any other person whilst undergoing initiation process.

29. Age of Traditional Circumcision and Initiation. - Notwithstanding the provisions of any other law, the minimum age of traditional circumcision and initiation is eighteen (18) years and any initiate who undergoes traditional circumcision whilst not having attained the age of eighteen (18) years or in any way fails to comply with the provisions of this By-Law will be compelled to complete his term of initiation in the nearest hospital or medical facility.

### 30. Qualification of a Traditional Surgeon

30.1. A person is eligible to be a traditional surgeon if such person:–

- a) is registered in terms of the Traditional Health Practitioners Act;
- b) has at least five (5) years traceable experience in performing traditional circumcision under the supervision of a qualified traditional surgeon;
- c) has a trusted experience and a good track record in performing traditional circumcision; or

- d) has a written recommendation from a qualified traditional surgeon or traditional leadership or initiation working committee.

30.2. In instances where a traditional surgeon does not meet the requirements contemplated in subsection 1 such a traditional surgeon must perform the circumcision under the supervision of an experienced traditional surgeon recommended by the relevant traditional leadership or initiation working committee.

31. Role of the Traditional Surgeon. - A traditional surgeon may only participate in initiation practices if such surgeon:-

- a) is registered in terms of the Traditional Health Practitioners Act;
- b) is registered with the relevant traditional leadership or initiation working committee;
- c) has obtained written permission to perform circumcision from the MEC for Health or designated officer per section 23 of the Eastern Cape Customary Male Initiation Practice Act.
- d) The traditional surgeon must attend all training courses offered by the Department of Health and traditional leadership in respect of customary male initiation processes and procedures.
- e) He must ensure that all prospective initiates are registered with the relevant traditional leadership or initiation working committees before performing any circumcision.
- f) Ensure that he has been provided with all the consent forms and medical certificates of the prospective initiate.
- g) A traditional surgeon must, at all times during his participation in initiation practices, be in possession of the letter confirming his registration.
- h) The traditional surgeon must cooperate with the parents of the prospective initiate, the relevant traditional leader or initiation working committee and other stakeholder involved in the male initiation programs;
- i) The traditional surgeon must observe due care and diligence and maintain appropriate health and hygienic standards as provided for in the General

Regulations Regarding Children; as may be prescribed in terms of the Traditional Health Practitioners Act; and as prescribed in Annexure B of Schedule 2 of the Provincial Act.

- j) If at any time the prospective initiate displays any symptoms of ill-health, serious injury, infection or excessive, recurring or continuous bleeding, the traditional surgeon must not perform the circumcision.
- k) He must provide guidance to traditional nurses on how to take care of the initiates.

## 32. Offences of Traditional Surgeon and Penalties

32.1. The traditional surgeon is prohibited from:-

- a) Performing any circumcision without the written permission of the MEC for Health or any designated officer in terms of section 23 of the Eastern Cape Customary Male Initiation Practice Act.
- b) Performing any circumcision without obtaining written consent in the prescribed form and approval of the traditional leadership or initiation working committee;
- c) performing a circumcision on an initiate without verifying that the initiate is eighteen (18) years or older from the prospective initiate's green bar-coded identity document; temporary identity document; smart identity document;
- d) Performing a circumcision without obtaining the initiates medical certificates issued by a medical practitioner that declare him fit to undergo traditional male initiation;
- e) Performing circumcision on a child below the age of eighteen (18) years old;
- f) Performing a circumcision under the influence of alcohol or any substance that will impair his judgment;
- g) Using the same instruments to perform circumcision on more than one initiate; and
- h) From touting for prospective initiates.

32.2. A traditional surgeon who:-

- a) admits a person under the age of eighteen (18) years;
- b) performs circumcision on a male person below eighteen (18) years old; or
- c) performs circumcision on a person without the parental consent and/or the necessary medical certificates commits an offence and is upon conviction liable to a fine or imprisonment not exceeding fifteen (15) years or to both such a fine and imprisonment.

33. Qualifications of a Traditional Nurse. – a person is eligible to be a traditional nurse if such person:-

- a) has attended traditional initiation and having undergone such ritual at least ten (10) years prior to them practising as a traditional nurse;
- b) is registered with the relevant traditional leadership or working committee;
- c) has proven experience in the application of health standards to male initiates;
- d) is a fit and proper manner within the norms of the culture;
- e) has received consent from the parents to be the traditional nurse of the initiate;
- f) does not have a criminal record related to the abuse of children, or violent actions or conduct against any person or a history of substance abuse.

34. The Role of the Traditional Nurse. - The Traditional nurse must: -

- a) stay with the initiate for the twenty (24) hours in the first eight (8) days of the initiation process;
- b) to take precautionary measures to ensure the speedy recovery of initiates after circumcision;
- c) to take care of the initiate until completion of the initiation practices;
- d) may in the case of any emergency, allow an approved and authorised person to treat an initiate;
- e) report to the parent of the initiate regarding the progress of the initiate;

- f) attend all training courses on hygiene standards and health matters arranged by the Department of Health and a traditional leadership or initiation working committee;
- g) ensure that good health and hygiene standards are maintained in the initiation process;
- h) immediately report any sign of illness of an initiate to the parents and the initiation working committee;
- i) where there has been a death of an initiate in the initiation hut, there is a duty on the traditional nurse to report the death to the all the necessary stakeholders;
- j) ensure that the initiate has access to clean water;
- k) ensure that the initiate is not starved;
- l) be aware of the medical history of the initiate;
- m) ensure that the medical condition(s) are treated with sensitivity and not disseminated without reason;
- n) ensure that where the initiate is subject to medical treatment that he has access to same for the duration of the traditional initiation process;
- o) that the initiate is not subjected to discrimination on account of their sexual orientation or medical condition;
- p) that the initiate is not humiliated on account of their sexual orientation or medical condition;
- q) that he teaches and reinforces the humanitarian and cultural values; and
- r) ensure that initiates maintain discipline throughout the initiation process.
- s) A trainee traditional nurse must only operate under the direct supervision of a qualified and registered traditional nurse.

### 35. Offences and Penalties of the Traditional Nurse.

35.1. It is an offence, by the Traditional nurse:-

- a) have a history or criminal record related to the abuse of children, violent actions or conduct against any person or any substance abuse;
- b) treat an initiate without written permission from the MEC for Health or any designated medical officer;

- c) treat an initiate without being registered with the relevant traditional leadership or initiation working committee;
- d) written approval issued by the relevant traditional leadership or initiation working committee;
- e) provide or offer to provide liquor or drugs to initiates;
- f) physically or emotionally abuse initiates;
- g) allow or force, coerce or pressurise initiates to fight amongst themselves during or after the initiation period;
- h) deny initiates access to clean drinking water or food to the extent that such refusal may result in the dehydration or starvation of the initiate;
- i) deny or restrict an initiate from taking medication as prescribed by a medical practitioner;
- j) allow other people to stay or camp in the hut without the consent of the parent, relevant traditional leadership or initiation working committee;
- k) delegate any of his authority to another person;
- l) order or encourage initiates to hide or run away from members of the initiation working committee or any other members of the monitoring teams involved in the initiation program or in the inspection and monitoring of initiates;
- m) treat more than ten (10) initiates during the initiation season; and
- n) tout for prospective initiates.

35.2. A traditional nurse who fails to meet the qualifications set by this By-Law is guilty of an offence and is subject to a fine or imprisonment not exceeding a period of three (3) years or to both such fine and imprisonment.

35.3. A traditional nurse who has denied an initiate access to clean drinking water or food resulting in the dehydration or starvation of an initiate is guilty of an offence and upon conviction is liable to a fine not exceeding Ten Thousand Rand (R10 000.00) or six (6) months or to both such fine and imprisonment.

35.4. A traditional nurse must, if the initiate displays ill health, serious injury, infection or excessive recurring bleeding, whether as a result of the circumcision or not immediately arrange medical attention. Failure to do so is an offence and upon conviction shall be liable to a fine or imprisonment not exceeding three (3) years or to both such a fine and imprisonment.

36. Medical Examination of Traditional Practitioners. - Traditional Surgeons and traditional nurses must undergo medical examination within a month before the commencement of each initiation season and be provided with a medical certificate confirming that they do not suffer from any disease or ailment that may endanger the health of the initiates.

37. The South African Police Service and National Prosecuting Authority

37.1. The members of the South African Police Service have a duty to:-

- a) Investigate any allegation of wrong-doing associated with traditional circumcision and initiation and submit a docket to the National Prosecuting Authority for a decision on whether to prosecute or not.
- b) Investigate any allegation of abduction or kidnapping for the purposes of compelling to undergo traditional circumcision and initiation and submit a docket to the NPA for a decision on whether anyone should be prosecuted.
- c) Upon the death of an initiate to investigate and submit a docket to the NPA for a decision on whether to prosecute or not.
- d) If it is reported that a sacred or secret initiation activity is illegal, to investigate and submit a docket to the NPA for a decision whether to prosecute or not.

37.2. No person may interfere with the exercising of any duty by a member of the South African Police Services or National Prosecuting Authority for any reason, including that of customary and cultural grounds.



38. Department of Education. - The Department of Education must develop a curriculum on traditional circumcision and initiation, provide school facilities; designate educators that will conduct regular sessions in tandem with other departments and stakeholders raising awareness on pre and post initiation seasons to prospective initiates.

39. Department of Social Development

39.1. Shall provide food parcels and other necessary support to deserving initiates in consultation with the traditional circumcision and initiation structures and, where applicable, with the traditional leadership before, during and after the initiation season.

39.2. Where necessary, the department shall, provide psycho-social support and after care services to initiates as well as their family members.

40. Departments of Sports, Recreation Arts and Culture. - The Department shall:-

- a) host youth camps aimed at training prospective initiates on the meaning of traditional circumcision and initiation;
- b) develop criteria for the nomination of experts to serve in an advisory capacity on the subject;
- c) coordinate the sitting of the advisory body; and
- d) disseminate its advice to all other relevant structures.

#### **CHAPTER 4 – PERMISSIONS AND CERTIFICATES**

41. Parental Consent. - The parents of a prospective initiate must consent to the male customary initiation of the prospective initiate in terms of section 24 of the Eastern Cape Customary Male Initiation Practice Act 5 of 2016, Such consent will substantively be in the form of **Annexure A** to this By-Law.

42. Three (3) Month Pre-Initiation Medical Certificate. - The prospective initiate must subject themselves to a pre-medical check-up at least three months before undergoing the male customary initiation; such certificate must, substantively, be in the form of **Annexure B** of this By-Law.
43. Fourteen (14) days Pre-Initiation Medical Certificate. - The prospective initiate must subject themselves to a pre-medical check-up at least fourteen (14) days before undergoing the male customary initiation; such certificate must, substantively, be in the form of **Annexure C** of this By-Law.
44. Permission to Perform Traditional Circumcision - Traditional Surgeon. - The Traditional Surgeon must obtain permission to perform the traditional circumcision in terms of section 23 (2) of the Eastern Cape Customary Male Initiation Practice Act 5 of 2016; such permission must, substantively, be the form of **Annexure D** of this By-Law.
45. Permission For Treating Initiate- Traditional Nurse. - The Traditional Nurse must obtain consent to perform the traditional circumcision in terms of section 25 (3) and (5) of the Eastern Cape Customary Male Initiation Practice Act 5 of 2016; such consent must, substantively, be the form of **Annexure E** of this By-Law.

## **CHAPTER 5 – CONSTRUCTION OF A BHOMA**

46. Demarcation of Initiation Sites. - The authority to demarcate initiation sites for the purpose of conducting traditional circumcision and initiation is vested in the Council and in places where there are traditional leaders, they are responsible for demarcation of initiation sites.

47. Construction of an initiation bhoma

47.1. A traditional initiation bhoma is to be constructed with durable

material that can withstand the weather conditions.

- 47.2. The bhoma must be constructed in such a way as to comfortably provide living space for maximum of three (3) initiates.

#### 48. Initiation Season

- 48.1. The initiation period shall be a minimum of twenty-one (21) days: Provided that the Metro Initiation Task Team shall have the authority, upon having inspected the initiate and if it is found that they are not fit or finished with their course, to mandate that they stay as long as necessary.
- 48.2. The initiation season must be held during the summer and winter school holidays and must not interfere or overlap with the school holidays.
- 48.3. In order to accommodate those initiates who are not attending school and those who are not subjected to the Eastern Cape School Holidays, the initiation season will commence a month before the school holidays and close a month after the resumption of schools.

### **CHAPTER 6 – OFFENCES AND PENALTIES**

#### 49. Coersion and Duress

Any person who:-

- a) Abducts, kidnaps and forces a male person of any age to undergo traditional circumcision and initiation;
- b) Forges and utters consent forms; or
- c) Obtains and/or compels consent through duress, bribery, or promise of gratuity of any form or any kind in order for a male person to undergo traditional initiation

Is guilty of an offence and upon conviction is liable to a term of imprisonment for a period not exceeding fifteen (15) years or to a fine or to both such fine and imprisonment.

#### 50. Medical Treatment

Any person who:-

- a) Any person who denies an initiate access to their medical treatment whilst undergoing the traditional initiation custom;
- b) Fails to report and/or arrange medical treatment for an initiate with a medical emergency;

Is guilty of an offence and is liable upon conviction to a fine not exceeding Twenty Thousand Rand (R20 000.00) or to a term of imprisonment not exceeding twelve (12) months or to both such fine and imprisonment.

#### 51. Abuse and Discrimination

Any person who:-

- a) physically or emotionally abuses, assaults or allows any other person to physically or emotionally abuse or assault an initiate;
- b) discriminates or allows any other person to discriminate against an initiate on the grounds of sexual orientation; or
- c) subjects or allows any other person to subject an initiate to mockery, belittling and humiliation on the grounds of sexual orientation, physical traits, medical condition, medical treatment prescribed or any other reason;

Is guilty of an offence and upon conviction is liable to a fine not exceeding Three Hundred Thousand Rand (R300 000.00) to a term of imprisonment not exceeding fifteen (15) years or to both such a fine and imprisonment. This penal jurisdiction

is subject to the directives of the Minister of Justice in terms of section 92 of the Magistrate's Court Act 32 of 1944.

52. Death. - Any person who fails to disclose and/or report the death of an initiate is guilty of an offence and upon conviction is liable to a fine of Ten Thousand Rand (R10 000.00) or a term of imprisonment not exceeding six (6) months or to both such fine and imprisonment.

53. Drugs - Any person, including an initiate or person involved in initiation who possess, deals in or manufactures drugs as defined in the Drugs and Drug Trafficking Act for the purposes of supplying such drugs to initiates, commits an offence and is liable upon conviction to a fine or imprisonment in terms of the applicable legislation.

54. Liquor. - Any person, including an initiate or person involved in initiation who possess, deals in or manufactures liquor as defined in section 1 of the Liquor Act for the purposes of supplying such liquor to initiates, commits an offence and is liable upon conviction to a fine or imprisonment in terms of the applicable legislation.

55. Penalty Not Prescribed. – Any person convicted of an offence provided for in this By-Law, and for which no penalty is prescribed shall be liable to a fine or a term of imprisonment not exceeding three (3) years

## **CHAPTER 7 – MISCELLANEOUS**

56. Delegations. - The municipal council must develop a system of delegations that will maximise administrative and operational efficiency as contemplated in section 59 of the Municipal Systems Act 32 of 2000.

57. Policies and Directives. - The municipality may when and if necessary issue out Policies and Directives detailing the requirements of the municipality regarding

matters not specifically covered in this By-Law but which are operational in nature and are necessary for the safe and efficient application of this By-Law.

58. Short Title. - This By Law is called the Traditional Circumcision and Initiation By-Law.

59. Commencement of the By Law. - This By-Law shall come into operation on the date of its promulgation.

BUFFALO CITY METROPOLITAN MUNICIPALITY TRADITIONAL CIRCUMCISION AND INITIATION BY-LAW

ANNEXURE A: PARENTAL CONSENT

NAME OF PARENT(S).....

IDENTITY NUMBER(S).....

RESIDENTIAL

ADDRESS(ES).....

NAME OF PROSPECTIVE INITIATE.....

IDENTITY NUMBER.....

RESIDENTIAL ADDRESS.....

DATE OF INITIATION..... TIME .....

PLACE OF INITIATION.....

DO HEREBY CONSENT TO THE PROSPECTIVE INITIATIVE CITED HEREBY ABOVE UNDERGOING TRADITIONAL CIRCUMCISION AND INITIATION. I ACKNOWLEDGE AND UNDERSTAND THE CONDITIONS SET OUT IN ANNEXURE D AND E ACCOMPANYING THIS FORM, WHICH CONDITIONS BIND THE TRADITIONAL SURGEON AND TRADITIONAL NURSE, AS WELL AS THE REQUIREMENT FOR THE PROSPECTIVE INITIATE TO UNDERGO BOTH MEDICAL ASSESSMENTS OF AT LEAST THREE (3) MONTHS AND FOURTEEN (14) DAYS PRIOR TO THE INITIATION ACKNOWLEDGING THAT THE PROSPECTIVE INITIATE IS FIT TO UNDERGO TRADITIONAL CIRCUMCISION AND INITIATION.

signature prospective initiate.....date.....

signature parent/guardian.....date.....

signature parent/guardian.....date.....

BUFFALO CITY METROPOLITAN MUNICIPALITY TRADITIONAL CIRCUMCISION AND INITIATION BY LAW

ANNEXURE B: THREE (3) MONTHS PRE-INITIATION MEDICAL CERTIFICATE

NAME OF PROSPECTIVE INITIATE: .....

AGE: .....IDENTITY NUMBER: .....

Does the prospective initiate have any physical condition/s, or illness(s) that cause him not to be fit to undergo traditional circumcision (yes/no), if it is a yes must be substantiated:.....

.....  
.....  
.....

Does the prospective initiate have any mental condition(s) or illness(es) that cause him not to be fit to undergo traditional circumcision (yes/no), if it is yes must be substantiated:.....

.....  
.....  
.....

Does the prospective initiate have any psychological condition that cause him not to be fit to undergo traditional circumcision (yes/no), if it is yes must be substantiated.....

.....  
.....  
.....

Treatment RECOMMENDED.....

medical officer/professional nurse.....date.....signature.....

signature prospective initiate.....date.....

parent/guardian.....date.....signature.....

parent/guardian.....date.....signature.....

STAMP



BUFFALO CITY METROPOLITAN MUNICIPALITY TRADITIONAL CIRCUMCISION AND INITIATION BY-LAW

ANNEXURE C: FOURTEEN (14) DAY PRE-INITIATION MEDICAL CERTIFICATE

NAME OF PROSPECTIVE INITIATE: .....

AGE: .....IDENTITY NUMBER: .....

Does the prospective initiate have any physical condition/s, or illness(s) that cause him not be fit to undergo traditional circumcision (yes/no), if it is a yes must be substantiated:.....

.....

Does the prospective initiate have any mental condition(s) or illness(es) that cause him not to be fit to undergo traditional circumcision (yes/no), if it is yes must be substantiated:.....

.....

Does the prospective initiate have any psychological condition that cause him not to be fit to undergo traditional circumcision (yes/no), if it yes must be substantiated.....

.....

Treatment RECOMMENDED.....

is the prospective initiate fit to undergo traditional circumcision and initiation.....

medical officer/professional nurse name.....date.....signature.....

signature prospective initiate.....date.....

parent/guardian name.....date.....signature.....

parent/guardian name .....date.....signature.....

STAMP

BUFFALO CITY METROPOLITAN MUNICIPALITY TRADITIONAL CIRCUMCISION AND  
INITIATION

ANNEXURE D: PERMISSION TO PERFORM CIRCUMCISION – TRADITIONAL SURGEON

1. The identity document of the prospective initiate must be made available;
2. The prospective initiate must undergo both the three (3) month and fourteen (14) day medical examinations and the medical certificate must indicate that he is fit to undergo the traditional circumcision and initiation.
3. The traditional surgeon must be registered.
4. The traditional surgeon must use instruments approved by the parent(s) of the prospective initiate, unless a medical officer has prescribed another surgical instrument.
5. An instrument used to perform a circumcision on one initiate must not be used again to perform a circumcision on another initiate, and the traditional surgeon must use the instrument supplied by the medical officer where the traditional surgeon has to perform more than one initiate but does not have sufficient instruments.
6. The traditional surgeon must keep instruments to be used by him to perform circumcision clean at all times and shall use any substance prescribed by a medical officer for the sterilisation of the instruments.
7. The traditional surgeon must co-operate at all times with the medical officer concerned in respect of any directive given or decision made by the medical officer under the powers vested in the medical officer by this By-Law.
8. The traditional surgeon must not perform any of his duties under the influence of alcohol or any substance that will impair his judgment.
9. The traditional surgeon must observe due care, diligence and maintain appropriate health and hygienic standards as may be prescribed in terms of the Traditional Health Practitioners Act; and as prescribed in Annexure B of Schedule 2 of the Provincial Act.
10. If, at any time the prospective initiate displays any symptoms of ill-health, serious injury, infection or excessive, recurring or continuous bleeding, the traditional surgeon must not perform the circumcision.

medical officer/professional nurse name .....date.....signature.....

prospective initiate name.....date..... signature.....

parent/guardian name.....date.....signature.....

parent/guardian name .....date.....signature.....

traditional surgeon name .....date.....signature.....

BUFFALO CITY METROPOLITAN MUNICIPALITY TRADITIONAL CIRCUMCISION AND  
INITIATION BY-LAW

ANNEXURE E: PERMISSION TO TREAT INITIATE – TRADITIONAL NURSE

1. The traditional nurse must stay with the initiate for twenty-four (24) hours in the first eight (8) days after circumcision.
2. The traditional nurse must not deny the initiate water and food to such an extent that the initiate suffers from dehydration or starvation.
3. The traditional nurse must report any medical emergencies to the parent, initiation working structure and where necessary arrange medical attention for the initiate.
4. The traditional nurse must practice good hygiene.
5. The traditional nurse must not possess, deal in, supply, manufacture liquor or drugs per the relevant legislations.
6. The traditional nurse must not expose any initiate(s) to any danger or harmful situation and shall exercise reasonable care during his tenure.
7. The medical officer concerned shall be entitled to impose a deviation from the use of traditional material only in cases where there are early signs of sepsis or other similar health conditions.
8. The medical officer concerned must be allowed by the traditional nurse to visit the initiate at any time and as regularly as the medical officer deems necessary in order to inspect the health and the condition of the initiate.
9. The traditional nurse must co-operate at all times with the medical officer in respect of any directive given or decision made by a medical officer under the powers vested in the medical officer by this By-Law.
10. The traditional nurse must comply with the provisions of the By-Law.

medical officer/professional nurse name.....date.....signature.....

prospective initiate name.....date.....signature .....

parent/guardian name.....date.....signature.....

parent/guardian name.....date.....signature.....

traditional nurse name.....date.....signature.....