Established in 2000, the Eastern Cape AIDS Council (ECAC) is a public entity of the Office of the Premier, operating independently of government. It was established mainly to coordinate multi-sectoral response to HIV, TB and STIs, in the Eastern Cape Province. ECAC was formed to help ensure greater co-operation between government and organs of civil society in the battle against HIV/AIDS. As a multi-sectoral body, ECAC includes government departments and the broader civil society formations, with the responsibility to facilitate implementation, mobilise resources, monitor and evaluate the delivery and impact of HIV/AIDS interventions.

**Can I still have a normal life with HIV?**

Yes, HIV is manageable just like any other chronic infection. Having HIV means that you will have to make some changes to your lifestyle:

- Start living a healthy lifestyle
- Eat healthily
- Exercise regularly
- Check CD4 count regularly
- Take medication as prescribed

You can live a very long and healthy life with HIV.
INSIDE THIS ISSUE

UP CLOSE & PERSONAL
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TOGETHER WE RE-WRITE THE HIV & AIDS STORY
THE TIES THAT BIND US

WORLD AIDS DAY
GAINING BACK LOST GROUND
RISE. ACT. PROTECT.

For World AIDS Day 2015 in South Africa, the core concept is to leverage the momentum and energy of local responses to HIV and TB and celebrate and acknowledge the vital role that communities have played towards achieving the long term vision of the National Strategic Plan on HIV, STIs and TB, 2012–2016 (NSP). This vision is ‘zero new HIV and TB infections; zero HIV and TB-related deaths; zero new infections due to vertical transmission and zero discrimination’

The slogan for World AIDS Day is: Towards an HIV-free generation, Rise.Act.Protect

VISION

To create an environment where the spread of HIV, TB and STIs is minimised, with the infected and affected people having full access to relevant support services whilst living a life free from discrimination and stigma.

MISSION

To promote a coordinated and combined effort among all those involved in the HIV, TB and STI response and work towards alleviation of social, economic, cultural and political challenges emanating from the pandemic.

FOREWORD

This much-awaited second edition of the Face it comes at a very pivotal time of any calendar year in the response to the HIV and AIDS epidemic. December is that time when the world reflects on the progress made in responding to HIV and AIDS.

(WAD and CBM model)
South Africa, as the country that is leading in HIV and AIDS prevalence, remains the main focal point of the world during this period. In the past few years the country has presented a picture of a country finally turning the tide albeit not to the extent that all that are involved would have wanted to see.

The country still has a very high infection rate of about 360,000 newly infected people every year. This situation has been made even more serious by the recent discovery of the fact that South Africa has approximately 2,400 new HIV infections every week emanating from young girls of the ages 15-24 years.

Needless to say, the epidemic cannot be solved only through bio-medical and behavioural interventions nor can the country afford to paint all the regions with the same brush, so to speak. A more pragmatic approach encompassing bio-medical, behavioural, social and structural drivers of the epidemic is surely needed. This will ensure that the province focuses on understanding the right combination for HIV and AIDS prevention. If this combination prevention approach can be established, tested and monitored, the province will go a long way to finding a lasting solution to the problem of high HIV incidence. As you will see in this edition, a partnership between the Eastern Cape and the German government attempts to do just that.

We have also discovered the need for a geographically concentrated approach in order to record a bigger impact in our response. This is because not all regions in the province are affected the same way by the epidemic - some have a significantly higher HIV burden than others. As we approach this year’s World AIDS day, we are pleased to say that we have reached the pinnacle of the provincial HIV and AIDS response. This is because this year the WAD 2015 will be used as a launch pad for a Community Based Model that will focus on geographical concentration and the main drivers of the epidemic.

Underpinned by the Assets Based Community Development (ABCD) model and the Community Social Laboratories, Operation Masinyange will give the response in the province the much needed impetus for it to reach the 50% reduction of new HIV infections in the next three years. On one side the ABCD model takes cognisance of the fact that the community is well equipped with specific aspects to solve the problem of new infections, whilst on the other side the social labs confirm the fact that the solutions to the problem reside within communities. Operation Masinyange will be piloted in 25 municipal wards of the province, in partnership with key government departments, civil society and development partners. About nine HIV and AIDS programmes will be implemented.

Another strategic focus of the WAD 2015 is the launch of a year-long education and awareness campaign, as you would hear on the radio over the next few months. This is as a result of the HSRC household survey 2012 that showed that the knowledge levels of young people pertaining to HIV/AIDS have decreased, especially in the Eastern Cape. The theme of the 2015 WAD for the province is therefore “regaining the lost ground.” This is in acknowledgement of the fact that we have lifted our foot off the peddle of education and awareness in the past five years. Young people from as early as 14 years should be in a position to understand how HIV is transmitted if we are to win the battle.

You will notice that this edition also highlights the true value of partnerships in taking the province closer to realising its objectives of reducing new HIV incidence by 50%. One such example is the investment made by the German Development Bank otherwise known as KFW. KFW is in the process of investing a lump sum to the tune of up to 30 million Euros to focus on the issue of combination prevention in Buffalo City. This project will be far reaching in terms of its contribution to knowledge of how to implement a combination prevention programme in a concentrated area. The completion of this project will hopefully be used as a justification for further investment in combination prevention programmes and put an end to the arguments of no evidence for investments in such programmes.

I cannot conclude without mentioning the Chris Hani District Municipality, the municipality that will be hosting the WAD 2015. Under the leadership of Executive Mayor Koyo and Councillor Noqha the district continues to be a shining example of a multi-sector response to HIV and AIDS in the Eastern Cape. As you will see in the report by Africare on our partner’s page, the district has already gone ahead of the rest of the province in implementing a community based model. Their model called Operation Phakama Sakhe, modelled along the lines of the KZN Sukuma Sakhe, is one example of forward thinking and reactiveness by the district AIDS council. Throughout the WAD build-up, the district will be sharing with various provincial stakeholders on how to strengthen the multi-sector approach at local government level.

Wishing you an informative read as we Face HIV and AIDS head-on!

VUYISA DA YILE

South Africa, as the country that is leading in HIV and AIDS prevalence, remains the main focal point of the world during this period. In the past few years the country has presented a picture of a country finally turning the tide albeit not to the extent that all that are involved would have wanted to see.
As we approach World AIDS Day 2015, under the Eastern Cape theme - Regaining the lost ground on HIV response, Ntsoaki Flo Thulo from the Office of the Premier caught up with this young woman who has been living with HIV and continues to cultivate new grounds in terms of how EC responds to HIV and AIDS.

It’s a windy Friday morning in the CBD of East London – the day when I finally meet Linda (not her real name). She arrived 30 minutes earlier than our appointment, first indication of how committed she is in what she does. Linda is a 32-year-old HIV/Aids activist from Queenstown, who happens to live with HIV herself. She is also a wife, a mother to two boys, a daughter. With her welcoming smile and the sparkle in her eyes, it is no wonder that her passion lies in helping others – a decision she took about 13 years ago. As we sit down to begin chatting, our conversation becomes so interesting that I had to humbly request her to repeat some of the things she was telling me, once we started recording the interview.

Ntsoaki: What motivated you to choose the field of HIV awareness?

Linda: Back in 2002, I had a relative member who was diagnosed with HIV and she was in a bad condition. Access to treatment back then was very difficult and information was also very limited in my community. This pushed me to start doing my own research about HIV and preventative methods. Long story short, after a breakthrough with my cousin, I decided to pursue assisting people with HIV education.

Ntsoaki: And what does it mean for your on a daily basis?

Linda: I create and ensure awareness in communities, about HIV, TB, STIs and HPV. But it doesn’t end there because I do not necessarily go out to communities every day. I work with branch organisers in the organisation I work for in structuring community-based programmes. My role is to design plans to have community-based programmes. My role is to design plans to have community consultations and dialogues, gather all issues affecting communities and design programmes that specifically talk to a particular community. In-between I also do HIV counselling, motivational speaking at schools and so forth. When it comes to communications, I do a lot of work with the Eastern Cape AIDS Council, particularly PWA (People Living with HIV/Aids). Whatever happens provincially, my role is to ensure that the information reaches local communities.

Ntsoaki: So when do you find time to juggle your other roles as a mother, wife and a friend, with so much on your plate already?

Linda: I guess there is a natural thing to it, but I’ll also say it’s a matter of prioritising and knowing what’s important. My husband is the first and last person I speak to in a day. I do make time to keep in touch even during my back-to-back schedule. When I feel like calling my boys at 9 o’clock at night just to chat, I do that. Some days I would sleep at 1am, wake up at 4am because of the work I must finish before starting a new day. It’s all about commitment, prioritisation and understanding that I should strike a balance between family and my work because, at the end of the day, they both need my full attention.

Ntsoaki: When and how did you find out about your HIV status?

Linda: It was in 2005, towards the end of the year. I was involved in the HIV prevention campaign – where we encourage people to test for HIV. Testing for HIV is something I had always done since it is part of my line of work, but also I believe in leading by example. I remember the nurse that was testing me on this particular day saying: “Linda you’re not lucky today.” I was like, how? Let us do another one. We did the confirmatory test and it also came back positive. I said ok, next step is my CD4 count – how bad is the situation? It came back below 500. Being HIV positive came as a shock because I was not expecting it, but I was never depressed or frustrated by it. It was a matter of: I have HIV and I know my CD4 count, what next? What became critical for me was to continue offering messages of support to people who were diagnosed at the same campaign and were struggling with the fact that they now live with HIV.

Ntsoaki: When did you decide to be open about your HIV status?

Linda: I did not necessarily decide to be open or not. It was just a matter of telling the people that were close to me. To date, not all my family members know about my HIV status, simply because as people we handle matters differently. I talk about myself during my inspirational talks and campaigns, but I do not make it my mission to sit someone down and break the news to them that I am HIV positive.

Ntsoaki: Who was the first person you disclosed to, about your HIV status?

Linda: My boyfriend at the time – who is now my husband. He is on the media side of HIV awareness, as a journalist. So it was not too much of a big deal. He was very supportive and the first question he asked me was if I checked my CD4 count.
Linda: After two years of me living with HIV, we got married. Bear in mind that he also tested for HIV and his results came back negative. To keep the situation the same, we solemnly relied on condom usage. If anyone says condoms do not work as a method of prevention, they should ask me. Anyway, in August 2009 – during women’s month, I was involved in health screening campaign for women, where they get to undergo various tests such as pap-smear, HIV, diabetes, high blood pressure and so forth. So I did the pap-smear test and when the results came back, I was told that there were abnormalities in my cells, but the test could not tell if they were cancerous or not. I went for the second test, which came back with specific results saying I am infected with stage 1 of HPV (Human Papilloma virus) types 16 and 18 – which are both cancerous. The information I got from the health professionals I was dealing with at the time, was very poor. They told me that due to my condition, I cannot have children.

Ntsoaki: Fast-forward to the two of you getting married. What were some of the challenges you both faced?

Linda: The information I got from doctors and health professionals did not sit well with me, because of my level of understanding about HPV. I mean I am told that I’m only at stage 1 and this means I am infected with HPV, but I do not necessarily have cancer. Through consulting different health specialists, ultimately I took a personal decision that says: because my CD4 count has increased as well and I decided to take another risk to try for another baby. I fell pregnant again before my first-born was 6 months old. That also came with the screening that we went through when we tried for the first baby. My second son was born in December 2011. We did the similar routine of treatments with him as well and when we went for his HIV testing, the results also came back negative. Can I emphasise that at home we were now using ARV treatment as a method of prevention so that my husband has lower chances of contracting HIV – and it worked. NEVER TRY IT WITHOUT DOCTOR’S SUPERVISION!

Linda: In 2012 my health took a dive, I had vaginal issues and I underwent two operations. I was told I can never bear children anymore, but I was fine with that because I already had my two boys. My main concern was that my uterus should not be removed on the basis of me being HIV positive. To date, I still have my uterus. The operations that were done were to only remove the infected cells.

Ntsoaki: So how did your two sons come about?

Linda: The information I got from doctors and health professionals did not sit well with me, because of my level of understanding about HPV. I mean I am told that I’m only at stage 1 and this means I am infected with HPV, but I do not necessarily have cancer. Through consulting different health specialists, ultimately I took a personal decision that says: because my CD4 count has increased as well and I decided to take another risk to try for another baby. I fell pregnant again before my first-born was 6 months old. That also came with the screening that we went through when we tried for the first baby. My second son was born in December 2011. We did the similar routine of treatments with him as well and when we went for his HIV testing, the results also came back negative. Can I emphasise that at home we were now using ARV treatment as a method of prevention so that my husband has lower chances of contracting HIV – and it worked. NEVER TRY IT WITHOUT DOCTOR’S SUPERVISION!

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Ntsoaki: What are some of the myths you come across everyday when interacting with different people?

Linda: I am going to be specific with male counterparts. I was once told: “iHIV ayifani nawe” (HIV does not look like you). That illustrated to me that we still have a very long way to go in creating awareness. I mean how exactly should HIV look like? That’s also one of the reasons why stigmatisation is still very rife in our society.

Ntsoaki: What is your message to society at large?

Linda: How people contracted HIV differs from one person to the other. Someone’s HIV status should not define how you view them. Let us do away with expectations we place on people who live with HIV and expect them to conform to them. Our focus should rather be on caring for one another – lending a hand when someone needs it, HIV positive or not.
When the Eastern Cape AIDS Council (ECAC) organised the healthy living race accompanied by community engagements back in 2013, no one ever thought it would give rise to a facelift for this Mdantsane based children’s home. The race attracted a range of public figures including then Eastern Cape Premier, members of the Executive Committee, legislature, the national government Deputy Ministers and well-known personalities from the sport and entertainment industry.

Officials at the time witnessed the dire situation the children’s home was in – with limited space for cooking and serving meals. The home also did not have access to Information Technology and Communication equipment.

Resource mobilisation for the home was kick-started by a donation of tablets by the Deputy Minister of Communications Stella Ndabeni-Abrahams. “Our aim is to ensure that children here in Mdantsane get connected to the world. They need to get a sense of a world filled with possibilities,” said Ndabeni-Abrahams.

For the Deputy Minister of Public Enterprise Hon. Bulelani Magwanishe, the dilapidated status of the centre, posing a hazardous environment for the children, was a serious matter of concern, thus the injection by Transnet Foundation. Thanks to this R1, 7 million donation by the foundation the centre now prides itself in its new kitchen building with fitted cupboards and a child-friendly dining hall catering for all 45 children at the home.

Social Development MEC, Nancy Sihlwayi, could not hide her overwhelming joy and appreciation of the gesture as this WAD legacy project was officially opened by the two Deputy Ministers and the Centre Manager, Luyanda Lusizi.

For the 11-year old Nonzwakazi, who arrived at the centre when she was three, the dining area is a dream come true for her.

Mitigating the plight of individuals adversely affected by the HIV epidemic is one of ECAC’s key focus areas. “It warms our hearts to see HIV impact mitigation in action as witnessed today. It’s a remarkable milestone for us, because the enabling environment that has been provided for these children will contribute towards unleashing their potential towards more responsible behaviour,” said ECAC’s Head of Secretariat, Vuyisa Dayile.

Buffalo City Executive Mayor, Alfred Mtsi and his councillors, together with the members of the community, attended the hand-over session.
A DREAM COME TRUE

WAD 2015 BUILD-UP BRINGS AN EARLY CHRISTMAS PRESENT FOR THE LITTLE ONES AT MASIZAKHE CHILDREN’S HOME
Key populations, identified by UNAIDS as female sex workers, men who have sex with men (MSM), and injecting drug users, have the highest risk of contracting and transmitting HIV. While there are several key population organisations working with sex workers and different sectors of Men Sleeping with Men (MSM) and lesbian, gay, bisexual, transgender and intersex (LGBTI) communities, there is not a coherent or coordinated civil society mechanism that coordinates a coherent approach.

Stigma and discrimination remain the key obstacles to improving health outcomes for MSM, WSW and people who are LGBTI. The capacity of young key populations needs to be improved so that they can contribute to policy development, articulate health needs and lead health responses grounded in realities facing LGBTI individuals.

As we build towards World AIDS Day 2015 under the theme ‘regaining the lost ground on HIV education’ delegates from eight districts across the province, analysed how the sector has dealt with its past health related challenges and outlined future prospects in terms of the HIV response. Held in East London, the summit initiated a capacity development mobilisation plan to improve health outcomes for the sector.

The collaboration between the Eastern Cape AIDS Council, GIZ, the Provincial Department of Health, Walter Sisulu University, Social Health and Empowerment, and the Anova Health4Men Project, exemplifies a collaboration of diverse constituents that presents opportunities to build synergies, inform responses on LGBTI health and address complex challenges on the ground.

“As an advocacy organisation, one of ECAC’s major roles is to see to it that a comprehensive package of evidence-based HIV-related recommendations for all key populations is produced,” said ECAC Head of Secretariat, Vuyisa Dayile.

Outlining the purpose of the gathering, the Eastern Cape Provincial Coordinator for Anova Health, Paul Botha, said the main aim was to craft a plan to create safe spaces for dialogue that encourages critical consideration of health innovations, interrogates issues of social justice and improves personal and social responsibility. “We have come a long way, however these platforms are important for improved community health as it directly relates to the self-efficacy and improvements in shared social capital that empowers a community to work together for improved health. That is why the establishing of district forums that have representation at a provincial forum is key for us,” said Paul.

Some of the recommendations included; improved cooperative partnerships between stakeholders both to address short term needs of LGBTI individuals seeking health services and for longer term efforts relating to social justice; and strategy development to engage stakeholders that have traditionally been hostile to the sector. These include the Department of Justice, Correctional Services, House of Traditional Leaders, the SAP and organised religion.

A collaboration of diverse constituents that presents opportunities to build synergies, inform responses on LGBTI health and address complex challenges
FEESMUSTFALL reminded us of how influential and relevant we can be as a society with resolute minds, hearts, stubborn determination, commitment, unwavering dedication and a cause uniting us. For those who were present at the time the scenes must have been reminiscent of the youth of 1976, but this time it was the youth of 2015 writing history yet with the caricatured principles hitherto mentioned – truly the ones we have been waiting for to #ChangeThings.

It is rather unfortunate that, in most cases, the people’s inner frustrations translate into burning tyres/buildings before they are listened to. I sincerely hope that this won’t be the same approach taken to address the HIV/AIDS situation in our country. With recorded decreasing condom usage among young people, we need to go into overdrive in ‘regaining the lost ground’ sometimes going down avenues less explored.

With AIDS day approaching and also representing the start of 16 days of activism, we need a radical approach, one that will recognise that behind the numbers and the statistics are real lives affected by the disease where every life is truly one too many. It’s an uncle, a brother, a sister, a mother, a future innovator to catapult our economy forward. This is why our efforts need to intensify in ‘reclaiming the lost ground’.

In-line with our theme ‘regaining the lost ground’ as a young person myself, I believe that where we have lost the most ground is in our lopsided condom-heavy advocacy response whilst not encouraging young people enough to abstain (or delay sexual debut if you so wish). We live in a society where people are quickly silenced for supposedly “standing on high moral ground” when advocating for anything other than condom usage where as we know that our very African culture is founded upon these precepts, where virgins are celebrated.

This culture should spill over into mainstream media where they not only go to the reed dance to report on the side incidents and on the sensationalised truck accidents, but to be part of the true celebration of women, culture, dignity and virginity as a credible and formidable response to the fight against new HIV infections. The evidence-based approach should not be a stumbling block, because even before we had data about condom usage, there was a concerted effort and ploughing of resources which led to the evidence we now have, that we should afford the abstinence message the same attention and regard.

I dream of an AIDS free Eastern Cape, South Africa and my entire continent. A place where we live in harmony and young people are allowed to dream - with AIDS having no chance of killing those dreams. Just like the FEESMUSTFALL success and benefits, including the zero registrations fee increase that will be reaped for generations to come, AIDS must present a caricature of the same. Not acting in oblivion to the tough road ahead, we need to act cognisant that the impact and longevity of our response is directly proportional to the foundations we lay it upon. We must painfully evaluate the foundations already laid and how high they will allow us to build. We should not be afraid to strengthen the foundations where necessary.

A speaker once said that every young person needs a dream and someone to believe in them. We need to believe that with proper and correct guidance, young people will lead responsibly and this is our chance to truly Reclaim Lost Ground. I know that we can BEAT IT, in fact we have no choice if we are to leave a legacy for the coming generations.

The views expressed in this article are those of Baxolise Dlali: Young Community Shaper of The Year South Africa 2013/2014; RSA National Parliament: Former Youth Advisor and Ambassador.
By Lulama Mphahla

Following an outcry for government to rebrand condoms, the EC Department of Health, in partnership with ECAC, revealed to hundreds of the students from various tertiary institutions the new brand of Choice flavoured condoms saying that “Choice” was now able to offer young people choices. The official launch of purple and grape condoms took place on October 19, 2015 at the Fort Hare University in Alice.

Addressing the students, the programme director - ECAC’s Head of Secretariat, Vuyiswa Dayile, commended the Department of Health for this gesture. “Today we see the DOH putting a stamp its commitment towards the increase of uptake and usage of condoms, so we can curb the spread of HIV and STIs,” he said.

Many young South Africans preferred buying condoms in stores than using the old Choice brand since they believe that they were of better quality. Having noticed a lot stigma and the negative stories attached to the Choice brand more calls kept on coming for the government to rebrand condoms and these calls were mostly from young people.

“This will hopefully end the condom apathy among young people. We know that amongst the concerns raised by the youth was that the old Choice brand was not appealing to them and its smell was intolerable,” said DOH Senior Manager for HIV & AIDS and STIs, Xolela Somahela.

The launch was part of a national initiative that seeks to distribute about 2 million grape flavoured and purple condoms to students at tertiary institutions. The Department of Health announced that it will monitor the youth’s interest in the two flavours before spending more money on other flavours.

The event was marked by a high presence of students and a large number of condoms were distributed on the day.

Lulama is the Youth Coordinator at ECAC
Condoms have been shown to protect their users, if correctly used, from STI infections (including HIV), as well as from pregnancy. With the imbalance of power amongst men and women, the cultural and religious beliefs, as well as traditional and societal norms, most women find it difficult to negotiate safe sex with their partners. Being dependent on the willingness of their male partners to use a condom during sexual intercourse not only disempowers women, but also puts them at risk of contracting STIs. Although female condoms (femidoms) are now available at health facilities, they are in short supply and are not easy to use. The introduction of an easy to use HIV prevention tool like the panty condom is a step towards empowerment of women on their sexuality.

The female panty condom was approved in Colombia and is manufactured by Natural Sensation, a company in that country. It is a contraceptive device made of biodegradable polyethylene resin, a material that is thinner but still stronger than latex. It is sold in Colombia, Panama, Costa Rica, Dominican Republic, Venezuela and Spain. The panty condom is designed as a pair of panties (thong in cotton or nylon), making it easy for the condom to be kept in place during intercourse. It also allows for change of positions during intercourse. It has a slit in the front lower section with a feminine like pad and an adhesive condom that grows bigger during intercourse.

The panty condom can be worn all day as it does not cause allergies, while the condom is protected inside the membrane until it is used. The condom itself is transparent, sensitive, solid, pre-lubricated and odourless. The panty condom can be used with water or oil-based lubricants. Once used, the condom can be easily removed and discarded and replaced with a new self-adhesive refill condom. The cost of the condom (one pair of underwear plus two condoms) is approximately R50.

With the statistics showing an upsurge in sexual assaults against women and girls in South Africa, as well as patriarchal tendencies and power imbalances amongst partners in sexual relationships, it is imperative that women are provided with tools that will bring the power over their sexuality back in their hands, and the panty condom may just well be such a tool.

The panty condom is not yet available in South Africa, but whether or not it will be acceptable to both men and women in South Africa, given the cultural, religious or any other beliefs and norms... is a story worth exploring.

Dr Pelisa Dana is a Senior Researcher for ECAC.
The media in the Eastern Cape has been empowered to report accurately and with sensitivity all HIV and AIDS related content, thanks to the Eastern Cape AIDS Council (ECAC).

The two day content packed workshop targeted station managers, programme managers, channel managers, newspaper editors, journalists and HIV and AIDS activists from all over the Eastern Cape.

Appealing to more than 40 media principals at King David Hotel in East London, ECAC Head of Secretariat, Vuyisa Davile said HIV and AIDS is not a moral issue but a human relations matter. He told those curious ears of the media that it is the mandate of ECAC to coordinate multi-sectoral efforts that seek to respond to the epidemic. “We are currently dealing with two extremes, i.e HIV and AIDS fatigue and the sharp decrease in HIV and AIDS knowledge levels. These are the key issues that this gathering must grapple with, as they pose a serious challenge to HIV and AIDS response in the province.

Basing his statements on the findings of the Human Science Research Council, he said it’s clear that our people are calling for more creative ways to package HIV information.

The discussion sessions were facilitated by a veteran broadcast journalist and editor, Thami Dickson. With his 15 years media experience in and outside South Africa, he challenged all present to come up with cutting edge ideas on how best to utilise their influential voice to spread accurate HIV and AIDS messages. “People out there trust what we say or write and therefore by default we influence their actions. We therefore cannot afford to sit back and fold arms whilst new HIV infections are on the rise,” said Dickson.

Some of the ground breaking radio content proposals included: production of magazine programs featuring different people affected by HIV, development of Public Service Announcement (PSA) utilising the UNAIDS terminology guide to discourage insensitivities related to some HIV terminology and short jingles for drop-in just before or after news.

For television, it was agreed that focusing on the positive side of the HIV story would be the best way to deal with fatigue. “There are many success stories that we can document on the this issue, so maybe it’s time we start to explore creative ways of telling this sensitive story through a comedy series for instance,” suggested BayTV Manager, Lungile Ndunvane.

Given the argument about print media becoming irrelevant, more so for the critical target group (youth), the media practitioners saw the career page as the most appropriate in spreading the HIV sensitisation messages. “We can utilise this page to promote a blog that we will create, place strip advertorials and invest in good cartoons to carry out the message,” said Daily Dispatch’s Mbali Tanana.

Sakhumzi Ntayiya of UNAIDS shared insightful learnings from the UNAIDS terminology guideline. This is a guide that seeks to ensure consistent use of correct terms for reporting on HIV and AIDS. “This terminology plays vital role as it assists to de-stigmatize the infected and the affected and it compliments ECAC’s current stigma reduction programme,” said Ntayiya.

Some of the commonly used terms noted included ‘AIDS career’ - it was noted that this term is no longer used because it is incorrect, stigmatizing and offensive to many people living with HIV. So the relative term is ‘PERSON LIVING WITH HIV’.

For the attendees, this one of its own kind gathering was an eye opener. “Workshops are usually characterised by lots of talking and less thinking thus the term talk shops, but with this one we were challenged to get out of our comfort zones and apply the best of our minds on every session,” said Mdantsane FM’s station manager, Xabiso Gqirhana. Now all eyes will be on the implementation of recommendations and endorsement of the crafted plan of action crafted by ECAC.
On 01 October 2015, ECAC welcomed Sakumzi Ntayiya, UNAIDS Institutional Development Advisor whose duty is to provide technical support to both the Eastern Cape and Western Cape Provinces. Sakumzi is a public health specialist with 20 years of professional work experience in health and development programmes. Over the years, he has successfully designed and managed public health, gender and human rights programmes focusing on generation and use of strategic information, capacity building, and advocacy and partnership building.

He joined UNAIDS on 01 October 2015, previously from the employment of the United Nations Population Fund (UNFPA) from the beginning of 2010, where he provided leadership and guidance on gender and human rights programmes as well as sexual and reproductive health, including HIV prevention. This work has built on the experience he gained in previous employment including as the Country Director for EnGender Health South Africa; Public Health Advisor with the Nelson Mandela Children’s Fund; Assistant Director for the national Department of Health in Pretoria; and Health Promotion Officer with the Eastern Cape Department of Health.

Sakumzi commented that he was very humbled by the warm welcome he received from all his colleagues at ECAC. He is very committed to supporting the efforts of the AIDS Council in order to enhance the delivery of an effective multi-sectoral HIV response at provincial and district levels. He further indicated that UNAIDS would specifically provide technical support to strengthen prevention and treatment strategies including developing strategic interventions to address the situation of young women and girls; addressing social and structural drivers of the epidemic; re-building AIDS knowledge; scaling up HCT campaigns, and addressing issues of treatment adherence.

Sakumzi holds a Master’s Degree in Public Health (MPH) from the University of the Western Cape; and a Diploma in Health Promotion from the university of Transkei (now Walter Sisulu University).

He can be reached at: ECAC offices – 043 701 3400 and on email: NtayiyaW@unaids.org

Violet Nyambo is a Monitoring & Evaluation Officer seconded to Eastern Cape AIDS Council (ECAC) by the South African AIDS Council (SANAC). She joined ECAC on 1 June 2015. Ms Nyambo supports monitoring and evaluation activities at ECAC.

Violet is excited to be seconded to ECAC, with its multi sectorial focus to reducing negative health outcomes due to HIV/AIDS, TB and STIs. Other than working with stakeholders such as the government departments and civil society organisations her duties include strengthening the capacity of District and Local AIDS Councils in monitoring and evaluation.

She has extensive experience in data management, data quality assessment and evaluation. She has worked at CARE International as a Monitoring and Evaluation Officer for an integrated HIV project working with community based organisations.

She also brings a wealth of research having worked in clinical and behavioural HIV/AIDS related projects in Zimbabwe, as well as expertise in statistical analysis and reporting writing. Violet has worked at GenderLinks, where she analysed household community survey data on gender based violence and has produced a number of publications.

She holds a Master’s degree in Demography and Population Studies from the University of Witwatersrand and has also attended the Programme in the Monitoring and Evaluation of HIV and AIDS Programmes at the University of Pretoria.

She can be reached at: ECAC offices – 043 701 3450 and on email: violet@ecac.org.za
Africare (ECAC’s implementing partner) is a leading non-governmental organisation (NGO) committed to addressing African development and policy issues by working in 36 countries. In South Africa the portfolio oversees health projects in the Eastern Cape Province in 233 health facilities and 48 CBOs providing comprehensive care, treatment and support in Amathole (Nkonkobe), Sarah Baartman (Makana) and Chris Hani Districts. Africare also partnered with the Coca Cola AIDS Foundation to support a comprehensive HIV project in Intsika Yethu and Emalahleni sub-districts in the Chris Hani District and benefited the 157 000 population served by in 62 health facilities.

**Coverage:**
A separate partnership with Coca Cola business Unit supported water installation and purification systems in 2 facilities in Emalahleni and 4 in Intsika Yethu. The project enabled availability of clean and safe water to mix suspensions for children, prepare oral rehydration salt, wash equipment and conduct delivery at the clinics.

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>SUB-DISTRICT</th>
<th>NUMBER OF HEALTH FACILITIES SUPPORTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amathole</td>
<td>Nkonkobe</td>
<td>39 39 39</td>
</tr>
<tr>
<td>Cacadu (Sarah Baartman)</td>
<td>Makana</td>
<td>24 24 24</td>
</tr>
<tr>
<td>Chris Hani</td>
<td>Emalahleni</td>
<td>28 28 28 28 28</td>
</tr>
<tr>
<td></td>
<td>Intsika Yethu</td>
<td>24 24 24 24</td>
</tr>
<tr>
<td></td>
<td>Inxuba Yethemba</td>
<td>35 34* 34 34 34</td>
</tr>
<tr>
<td></td>
<td>Lukhanji</td>
<td>41 41 41 41 41</td>
</tr>
<tr>
<td></td>
<td>Ngcobo</td>
<td>28 28 27# 27#</td>
</tr>
<tr>
<td></td>
<td>Sakhisizwe</td>
<td>16 16 16 16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>104 104 134 171 171 170 170</strong></td>
</tr>
</tbody>
</table>

Africare comprehensive project support health system strengthening, community system strengthening, OVC services, HBC services, Pharmacy support, PMTCT, TB/HIV Integration, HIV Counselling & Testing, Adult, Paediatric Care and treatment and monitoring and Evaluation.

In the past three years, Africare supported and actively participated in the Chris Hani Health Summit and shared progress and gains made in mitigating the effects of HIV in Chris Hani.

**Methods:**
The Africare approach is centered on a “Hub & Spoke” model of care to deliver comprehensive HIV care, treatment and support using the health facility as an entry point and the hub of the model and the facility is linked to the CBOs and other community structures (the spoke).

In addition, Africare used Clinical Mentorship using mentors as the cornerstone for supporting the DOH in community, facilities and management. The clinical nurse mentors provided NIMART support, Clinical Advisor provided MDT/ CME support of continued education and CPD points for nurses, doctors, pharmacist, allied health workers.
and managers involved in HIV management, the programme officers provided mentorship to community caregivers in the health facilities and community health workers in the CBOs and the monitoring & evaluation teams provided support to data capturers and nurses in information management. The clinical advisor, technical advisors and technical team leader provided the mentors with required support to deliver quality services.

In supporting the Department of Health, Africare adopted the technical support and assistance approach as opposed to direct support.

**ACHIEVEMENTS:**
Reduced trend in HIV prevalence in HCT and PMTCT programmes.

The major hallmark in Africare technical support to the Department of Health, especially in the Chris Hani District, was the exponential increase in ART uptake, the reduction in HIV prevalence in HCT and PMTCT programmes, aversion of Paediatric HIV transmission by estimated 82% due to efficient and effective PMTCT programme that reduced rates to 1.3% by June 2015.

**LESSON LEARNT:**
The achievement in the programme was largely due to funding from PEPFAR through Africare, capacity building and the hard work of the nurses and clinic staff, the commitment, coordination and leadership of management from the Department of Health and the oversight from provincial, district and sub-districts and above all the determination of the patients who simply hope to say “I was once on ARV treatment.”

**ACTIVITY** | **ACHIEVED** | **TARGET** | **COMMENTS**
--- | --- | --- | ---
Health System Strengthening | 170 | 171 | Health Facilities
Pharmacy Support | 48 | 48 | Health Facilities
M&E Support | 48 | 48 | 89% Tier 2 roll-out
PMTCT – PCR 6 weeks | 1.3% | <2% |
PMTCT – Antibody 18 months | 0.9% | <5% |
PMTCT ART Prophylaxis | 98% | 90% |
HCT | 82% | 90% |
Adult ART | 37281 | 39533 | 95% of target
Paediatric ART | 2060 | 3864 | 53% (PMTCT Effect)
OVC Services | 19300 | 15000 | 2014/2015
HBC Services | 15,000 | 64,000 | 2014/2015
The weeklong visit by representatives of Lower Saxony in Germany (a partner province of the Eastern Cape) to the Eastern Cape saw the two provinces sharing learning and ideas on how best to relieve the HIV burden. Hosted by the Premier’s office, the provincial Department of Health and the Eastern Cape AIDS Council (ECAC), the visitors declared the exchange programme fruitful.

GIZ is one of the major funding partners for the Eastern Cape, and the visit by the delegation couldn’t have happened at a better time. With the HIV infection rate estimated to be 11.9% in the Eastern Cape, whilst resources continue to dwindle, the province has changed its game plan for a more effective response to HIV.

The implementation of the UNAIDS FastTrack Strategy and 90-90-90 HIV and TB targets for 2020 is one of the urgent deliverables for the province. Through this strategy, the province seeks to test 90% of its population, ensure 90% of those tested positive are initiated on treatment and 90% of those on treatment to suppress viral load.

“Now that we have adopted this programme, we urgently need to double our efforts in galvanizing an effective multi-sectoral action that will contribute to the global efforts. Partnerships with the likes of GIZ continue to be crucial for us as more technical and financial resources are needed in order to achieve our goals” says ECAC Head, Vuyisa Dayile.
Germany is one of the countries with a global reputation of having implemented sound policies and programmes and, as a result, has managed to keep the prevalence relatively low and stable over the years compared to South Africa’s steep increase.

HIV prevalence in Germany is contained to specific groups and the country has a relatively low HIV infection rate. So amongst other things, the visitors are expected to share insights on innovative HIV response, specifically targeting sex-workers, men having sex with men and injecting drug users.

“As a province we are grappling with the issue of high HIV prevalence amongst young people, especially young women. According to the Human Science Research Council (HSRC) 2012 report, HIV new infections are common amongst the groups mentioned above, thus we have a vested interest in the learnings from the Germans,” adds Dayile.

The HIV response in Lower Saxony is less government driven and controlled. Although the overall responsibility lies with the Ministry of Social Affairs, much more responsibility is given to civil society sectors.

With its recently assumed Community Based Model, the Eastern Cape is already making inroads regarding civil society involvement in the fight against HIV, TB and STIs. Thus, sharing practical ideas in this groundbreaking model becomes even more critical and timely.
A CHANCE TO BE A WINNER!

Complete this crossword puzzle, send your entries to the marketing unit at ECAC head office and stand a chance to win.

The first correct entry picked in a lucky draw will receive a gift from ECAC.

DOWN
1. The World AIDS Day 2015 Eastern Cape theme - ‘regaining the lost ______ on HIV education’
3. Violet is excited to be seconded to ECAC, with its multi sectorial focus to reducing _____ health outcomes due to HIV/AIDS, TB and STIs
5. _______ (ECAC’s implementing partner) is a leading non-governmental organisation (NGO) committed to addressing African development and policy issues by working in 36 countries.
6. The official launch of purple and grape ______ took place on October 19, 2015
8. The _______ Foundation granted a donation of R1,7 million to the Masizakhe Children’s Home
9. The introduction of an easy to use HIV prevention tool like the _____ condom is a step towards empowerment of women on their sexuality.

ACROSS
2. GIZ is one of the major ______ partners for the Eastern Cape, and the visit by the delegation couldn’t have happened at a better time.
4. The Africare approach is centered on a “Hub & ______” model of care to deliver comprehensive HIV care, treatment and support
7. : Stigma and _______ remain the key obstacles to improving health outcomes for MSM, WSW and people who are LGBTI.
10. Sakumzi holds a Master’s Degree in Public ______ (MPH) from the University of the Western Cape.

CONGRATULATIONS
LAST ISSUES WINNERS

NONZOLO SOMYO, OR Tambo municipality
MONWABISI SOJI, Buffalo City
YOMELELA QINA, Buffalo City

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CROSSWORD PUZZLE

YOUR DETAILS

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