Gearing up for FACTS001 and exploring PReP and TasP literacy with Young Girls in Mpumalanga

HIV IN SOUTH AFRICA

According to the South Africa national HIV Prevalence, Incidence and Behaviour Survey (Human Sciences Research Council (HSRC, 2012), South Africa is on the right track when it comes to HIV treatment, testing and prevention of mother-to-child transmission; however we need to step up our prevention efforts in order to curb the high rate of new HIV infections. The same survey found that an estimated 6.4-million South Africans were living with HIV/AIDS in 2012.

With over 400 000 new HIV infections occurring in 2012, South Africa ranks first for HIV incidence in the world (HSRC, 2012).

South Africa has the world’s largest antiretroviral treatment programme; however we do not have guidelines for PReP and TasP.

Mpumalanga Province has the second highest rate of PLWHIV in South Africa; with Gert Sibande district having the highest HIV rate among women aged 16-24. According to the 2012 National Antenatal Sentinel HIV & Herpes Simplex Type-2 Prevalence Survey (2014), the HIV rate among pregnant women was at 46%.

OBJECTIVES

• Build the capacity of young women to facilitate prevention discussions including new prevention methods/options for young women.
• Develop a New Prevention insert for the ZAZI SRH facilitator’s toolkit for women girls.
• Develop a community engagement plan for the microbicides research results roll out with key advocates, stakeholders and organizations in South Africa.
• Form a coalition of key stakeholders to prepare for the dissemination of information on FACT001 microbicides results, and set the Prevention agenda for South Africa.

ACHIEVEMENTS

1. Trained 90 young women (2 days) ages between 17 and 35, in Amsterdam, Ermelo and Nelspruit covering the Gert Sibande and Ehlanzeni Districts of Mpumalanga province.
2. Trained 90 young women (one day workshop) ages between 17 and 35 on New Prevention options for Women and advocacy using the new prevention insert, in Amsterdam, Ermelo and Nelspruit covering the Gert Sibande and Ehlanzeni Districts of Mpumalanga province.
3. Develop a New Prevention Technologies Chapter for Women in the ZAZI facilitators guide.
4. Mentored 2 young women to participate at the 1st Research for Conference held in Cape Town, South Africa (2013).
5. Held two pre FACTS001 results briefings with advocates in Johannesburg and Cape Town.
6. Facilitated a session on the FACTS001 results with WRHI team at the SANAC Civil Society meeting on 03 March 2015, chaired by Mmapaseka Letsike (deputy chairperson of SANAC).
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PowerFM interview with Masechaba

Centres of Communication Impact NPC (CCI t/a JHHESA)
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**OPPORTUNITIES**

Opportunities created by the fellowship Meeting invites and Speaking opportunities

- CSW in New York MARCH 2014.
- Sonke Gender Justice SRH Consultative Meeting 27 February 2014.
- SANAC Plenary.
- PEPFAR AGM The inextricable link: Health and Human Rights 02 June 2014.
- SANAC HIV prevention priorities for young women and girls in South Africa 4 July 2014.
- 10-11 July 2014 Beyond Phase III: Seeking Civil Society perspectives on next steps with the depivirine ring for HIV prevention in women. Research to reality discussion.
- 10 July 2014 Department of Social Development and UNFPA SRHR dialogue in South Africa (Investing in young people).
- SANAC Plenary December 2015.

**SOCIAL MEDIA**

Live Chats on New Prevention PReP, microbicides and Treatment as Prevention

Supported the Prevention agenda by creating Hashtags and leading, on important Prevention discussions.

#PReP  #TasP  #FACTS001  #ZeroHivStigma  #16days  #GBV

**MEDIA EXPOSURE AND OPPURTUNITIES**

Radio interviews:
TruFM, MetroFM and PowerFM

Television:
Live interviews on ANN7, Mzansi Magic DSTV

**BLOGS**


**RECOMMENDATION**

- Form advocacy groups with trained young women in MP to drive the Prevention agenda in their communities.
- Strengthen the prevention efforts of SANAC sectors by creating information sharing platforms.
- Continue work with host organisations in countries to support Fellow Alumni activities.
- Build a strong prevention movement that will be led by researchers, advocates, programmers, policymakers, government, civil society and donors.
- Integrate Social media on all Prevention advocacy efforts.

**CHALLENGES**

- Translating technical research into a language that communities understand.
- Availability of key participants for meetings and engagements.
- Fellowship year does not allow for building of coalitions and movements.
- Tight timelines for delivery.

**HIGHLIGHTS**

- Being part of the Civil Society caucus during the CSW 2014.
- 15 HIV Advocates to Watch in 2015, being featured in the HIV plus online magazine.
- Invitation by WRHI to present at the ECHO Investigator Meeting.

ABOUT CCI: Centre for Communications Impact (previously known as JHHESA) is a non-profit South African entity that uses strategic communication approaches to improve the health and wellbeing of all South Africans.

CCI is innovative, modern and cutting edge in its approach to communications and has supports community based organisations working at grassroots level in rural and peri-urban communities across South Africa.