



On the path to the
three zeros:
Zero HIV infection.
Zero TB infection
Zero Stigma
By 2015.



NAME OF GOOD PRACTICE: LAUNCH OF THE CAPRICORN DISTRICT AIDS COUNCIL.

PRESENTERS NAME: METSE MABOTE

CATEGORY: THEME: SEXUAL & REPRODUCTIVE HEALTH, HIV & AIDS.

INSTITUTION: CAPRICORN DISTRICT MUNICIPALITY

COUNTRY: SOUTH AFRICA

DATE: 22 APRIL 2013

VENUE: INDABA HOTEL-JOHANNESBURG

GENDER EQUALITY BY 2015, YES WE MUST!

BRIEF DESCRIPTION OF THE GOOD PRACTICE

- Multi - sectoral structure established in each district
- Chaired by the District Executive Mayor.
- Civil Society Organisations engagement to forge together common ground and vision in dealing with the scourge of HIV & AIDS and TB.

At an event organised by the DAC for the Traditional Health Practitioners held at Molemole Local Municipality.



WHAT IS THE PROBLEM BEING ADDRESSED? WHY?

Multi-sectoral response
in the fight against

- HIV & AIDS,
- TB and
- Sexually transmitted Infections (STIs).



HOW IS THE PROJECT CONTRIBUTING TOWARDS ACHIEVING THE 28 TARGETS OF THE SADC PROTOCOL?

PROTOCOL TARGET	ACTIONS
Article 12 - 13:Governance(Representation and participation).	The presence of the DAC ensures representation and participation of all sectors of society within the district in the fight against HIV & AIDS, TB and STIs.
Article 20-25: Gender Based violence	to strengthen the fight against GBV through continuous awareness campaigns .
Article 26:Health	The establishment of the DAC forms an integral part in the implementation of the NSP and PSP 2012-2016

DESCRIBE YOUR TARGET GROUP

- 27 females and 24 males
- Councillors Mayors from LMs (16).
- Managers at a District level in the 18 Departments
- Nominated members from Civil Society (17)

Members of the Capricorn DAC at the official launch ceremony on the 14th June 2012.



OBJECTIVES

- Identify & recommend research to inform interventions or impacts.
- Coordinate the **multi - sectoral responses**.
- Provide overall guidance on planning, and implementation
- Monitor the multi-sectoral response in line with the plans.
- Evaluate the outcome results of the responses
- Strengthen **Public-Private partnership**
- **Participate** and lead in developing activities and programmes

THPs being handed certificates by the Mayor of Molemole LM as part of initiating th PPPs and coordinating multi-sectoral responses



PROCESS

- Nomination forms distributed to all the sectors.
- Collection of the nomination forms.
- Development of the appointment letters
- Letters signed by the Executive Mayor

The Executive Mayor and Chairperson of the Capricorn DAC declaring his commitment to the DAC activities



WHAT HAVE BEEN THE MAIN SUCCESSES?

- Expansion of the general health services particularly to the farms.
- Community members talking and freely taking HIV tests and screening for TB.



WHAT HAVE BEEN THE MAIN SUCCESSES?

- Residents ready to talk freely about HIV
- HIV Counselling and Testing.
- Traditional Healers actively involved
- Capacity building workshop for the members.



KEY OUTPUTS (MATERIALS ETC.)

- Member of the Capricorn District Mayoral Council preparing to take a Public HIV test.
- Candle Lighting to declare their commitment in the fight against HIV & AIDS and TB.



KEY OUTCOMES (MAIN RESULTS)

- Five psychosocial support activities (debriefing sessions for PLHIVs) organised.
- People disclose their HIV status.



CHANGING LIVES



- “We appreciate the municipality for arranging such events for us, it shows that our leaders care about people living with HIV/AIDS. I feel honoured to have people living with the disease coming here to share with us this important information,” said Johanna Satekge, one of the people living with HIV/AIDS and is working for Mother to Mothers, a Home-based Care organisation working on the prevention of Mother to Child transmission in Ramokgopa.

CHANGING LIVES

IndGroup	VCT														
District	Ip Capricorn District Municipality														
Indicator			yPeriod										mPeriod		
			2012										2013		
SortOrder	IndicatorName	IndType	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Grand total
90	HIV testing rate (excluding antenatal)	%	96.6	95.2	95.7	97.3	97.5	97.0	96.5	96.8	97.3	96.7	96.8	97.5	96.8
91	HIV prevalence among clients tested (excluding antenatal)	%	10.4	11.1	11.0	11.0	11.4	10.9	9.5	8.5	8.7	9.7	10.7	6.6	9.8
104	New HIV positive patients screened for TB rate	%	96.8	115.4	62.8	76.2	56.9	90.4	78.5	81.1	82.8	67.7	59.2	278.1	94.5
105	New HIV positive patients with confirmed TB rate	%	3.9	6.1	5.5	5.8	5.0	7.8	6.1	4.4	4.2	4.5	2.6	4.9	5.0

GENDER EQUALITY BY 2015, YES WE MUST!

LESSONS LEARNT



- Working together as one team from different structures can help to bring out positive outcomes.



GENDER EQUALITY BY 2015, YES WE MUST!

WAY FORWARD

- **Regular interaction** with the members, particularly as and when meetings are to be held.
- Activation of the various **sub-committees** established by making sure that they meet more often/ as and when necessary.
- Sticking to the **planned programme** to ensure implementation.
- Ensure that members are **regularly capacitated**