LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
SOCIAL DEVELOPMENT

SP2..4_HOME COMMUNITY BASED HIV/AIDS PROGRAMME CARE & SUPPORT SERVICES SERVICE PACKAGE_2027/28-2029/30

1. INTRODUCTION

The SABSSM VI report indicates Limpopo has one of the lowest HIV prevalence rates in South Africa. In 2022, provincial prevalence was **8.9%** (down from 10.1% in 2017), representing approximately **570,000** people living with HIV. However, notable gaps remain in viral load suppression and demographic disparities.

The key findings were that prevalence is highest in the 25–49 age group, with women at **22.3%** compared to men at **17.0%** and sits at **7.4%** for residents in rural formal or farm areas. 76.6% of women and 77.8% of men achieved viral load suppression. This leaves roughly 200,000 people living with HIV without viral suppression, posing a high ongoing risk of transmission.

The study also found that most people (59.7%) in Limpopo access HIV testing through public clinics or doctors. The data reveals that, in terms of progress towards the 95-95-95 UNAIDS targets, 88.6% of people living with HIV in Limpopo, aged 15 years and older, were aware of their HIV status. Of those, 90.5% were on ART, and 90.9% of those on ART were virally suppressed.

Nationally, the 2022 survey estimated that 89.6% of people living with HIV, aged 15 years and older, were aware of their HIV status. Of those, 90.7% were on ART, and 93.9% of those on ART were virally suppressed.

PURPOSE

The **Limpopo Department of Social Development** (DSD) delivers integrated HIV and AIDS services aimed at mitigating the socio-economic and structural impacts of the virus. These packages are largely delivered in partnership with **Non-Profit Organizations (NPOs)**, Faith-Based Organizations (FBOs), and civil society networks across the province.

Core services focus on vulnerable populations, including orphans, youth, and people living with HIV. Key interventions include provision of community-based and home-based care to support individuals, restore family functioning, and meet the basic needs of people living with HIV and outreach programmes aimed to reduce new infections, combat gender-based violence (GBVF), and curb child and adolescent pregnancy.

2. SERVICE DESCRIPTION

Community Based HIV programme is the provision of comprehensive health and social services by primary and community caregivers in the home and community to promote, restore and maintain a person's maximal level of comfort, social functioning and health.

The programme ensure the provision of a continuum of care and normalization of services for persons who have become vulnerable to HIV and AIDS and other burdens of diseases. It ensures access to integrated services, which address their basic needs for food, shelter, education, health care, family or alternative care and protection from abuse and malnutrition.

It enables the individual, family and community to have access to services nearer to their home, which encourages participation by people, responds to the needs of people, encourages traditional community life and strengthens mutual aid opportunities and social responsibilities.

3. PROGRAMME OBJECTIVES

3.1 To raise awareness and advocate for the psychosocial rights of children and youth affected and made vulnerable by HIV and AIDS.

3.2 To promote mainstreaming of psychosocial support in all government, civil society and communities' services and programmes.

3.3 To strengthen and support family and community capacity to provide psychosocial support for children.

3.4 To strengthen referral mechanisms for children and youth to specialized services.

4. VALUES AND PRINCIPLES

4.1 Participation: Programmes are developed, implemented and monitored with the community, thus ensuring full community ownership.

4.2 Volunteerism: Involvement of community stakeholders at an individual or group level in the activities of the programme is based on free will. No stakeholder member should feel obliged, coaxed or manipulated into participating in the programme.

4.3 Non-Partisan: Political involvement or affiliation is not a determinant to participation. This programme crosses political, ethnicity, religion, gender and racial lines. The primary concern here is the well-being of individuals, families and communities affected by HIV and AIDS and TB.

4.4 Empowerment: Families and communities will be capacitated, strengthened and empowered to care for the infected and affected.

4.5 Universal Access: No means test, or any form of selection will be used to determine who will have access to the services offered by the programme. All residents of the community where the programme is established have equal access to services offered.

4.6 Partnerships: This programme does not suggest shifting responsibility by government to families and communities. It recognizes the value of partnerships between government, communities (public) and the private sector.

4.7 Holistic: Basic services offered to the target groups will assume an integration approach, avoiding any potential segmentation, silos or duplication. Therefore the programme is not exclusively for HIV and AIDS. It is designed to offer services to vulnerable groups beyond HIV and AIDS including TB

4.8 Developmental: Basic services offered seek to empower target groups thus avoiding treating them as dependent victims into capable individuals, groups and communities that have learned through the process and can confront such adversities in future on their own in a sustainable manner.

5. DEFINITIONS

Community Based HIV services is the provision of comprehensive services, including health and social services, by formal and informal caregivers in the home in order to promote, restore and maintain a person's maximum level of comfort, function and health, including care towards a dignified death. This also includes provision of outreach programmes to reduce HIV infections.

6. LEGISLATIVE FRAMEWORK AND GUIDELINES

a) The Constitution of the Republic of South Africa No. 108 of 1996

b) Children's Act No.38 of 2005

c) Children's Amendment Act No. 41 of 2007
d) National Strategic Plan on HIV, STIs and TB (NSP)2023-2028
e) Norms and Standards for HCBC
f) Social Service Professions Act
g) Guidelines for Social Services Practitioners: Enabling Access to HIV testing for children , adolescents and youth
h) Guidelines on establishment and management of support groups for children and adults
i) Guidelines on Psychosocial Support services to children living with HIV and other Chronic diseases
j) Guidelines on Psychosocial Support services to children living with HIV and other Chronic diseases
k) Psychosocial support intervention Guideline for Vulnerable Children and Youth
l) Social and Behaviour Change Compendium
m) DSD Comprehensive HIV and AIDS, TB and STI strategy 2016
n) Department of Health National Testing Policy
o) Social Assistance Act 13 of 1992
p) Policy Framework for OVC
q) Non-Profit Organization Act (71 of 1997)
r) Public Finance Management Act (1 of 1999)
s) Sector Funding Policy (2020)
t) Labour Relations Act(75 of 1995)
u) Basic Conditions of Employment Act (75 of 1997)
v) Occupational Health and Safety Act(85 of 1993)
w) Employment Equity Act (55 of 1998)
x) Ministerial Determination 4: Expanded Public Works Programmes(2012)

7. SERVICE COMPONENTS:

Objective1: Provide prevention and early intervention services to key and priority populations to mitigate the impact of HIVand AIDS, TB and STI's.

Activities

1. Conduct HIV risk assessment
2. Conduct TB screening
3. Referral for HIV testing
4. Referral for TB testing
5. Conduct Community mobilization and Advocacy for demand creation
6. Roll out the following prevention programmes:CCE,MCC,and Ke Moja and FMP

- **Community Capacity Enhancement (CCE)**

  CCE is a mobilization model which aims at facilitating social change through awareness raising, issue-sensitization, knowledge sharing and capacity strengthening. Its aim is to enhance the dignity of individuals and families in an environment that encourages compassion, acceptance and accountability.

- **Men Championing Change (MCC)**

  The Men Championing Change Programme is a social and behaviour change initiative targeting men and boys with the goal to address the social and structural drivers of HIV, Tuberculosis and sexually transmitted infections through creating an enabling environment in which men can dialogue and inspire positive values related to sex and sexuality, instill active citizenry amongst men, and break communication barriers between men and women.

- **Ke Moja**

  Ke Moja is a national anti-substance abuse awareness campaign aimed at improving youth/community knowledge of alcohol and drug use, and harmful effects of abuse

- **FamilY's Matter Programme (FMP)**

  The programme aims to enhance positive parenting skills, to initiate conversation, strengthen relationships and protect children from risk and peer pressure, enhance protective parenting practices associated with reduced sexual risk among adolescents and promoting parent-child communication about sexuality and sexual risk reduction.

Objective 2: Provide care and support services aimed at strengthening the ability to cope and restore the normal functioning of individuals, families and communities through provision of Psychosocial Support Services.

Activities

1. Provide pre and post counselling to clients
2. Provide treatment adherence support to beneficiaries living with HIV and TB
3. Provide disclosure support to adults and parents of children living with HIV and TB
4. Establishment and facilitation of support groups.
5. Provision of nutritional support (.e.g food parcels or cooked meals etc) and to beneficiaries living with HIV and TB
6. Establishment of income generating projects
7. Provide educational support(e.g School uniform etc) to children in families living with HIV and TB
8. Provide life skills programmes to beneficiaries living with HIV and TB
9. Assist in Tracing of clients who are Lost to follow.
10. Assist families and children with vital documentation (Home-Affairs)
11. Referrals for specialized services (Social Workers, Nurses, Community Development Practitioners, Doctors)

8. LEVELS OF INTERVENTION

8.1. Prevention

- Mobilise communities.
- Implement social and behaviour change programmes
- Conduct community dialogues.
- Door to door campaigns
- Education on services available (How, where to access)/Information ,Education and Communication

8.2. Early intervention (non-statutory)

- Early identification of vulnerable groups incl. children, youth, women, People with disability and People living with HIV.
- Empower family members on caregiving.
- Provision of basic protection and care
- House chores and laundry where necessary
- Basic counselling
- Provide information and education to family members
- Material assistance
- Assist children with school uniform
- Provide OVC with toiletries including sanitary pads

8.3. Statutory intervention/residential/alternative care

- Referrals to Social Workers for alternative care
- Referral for specialized services (to Social Workers, Nurses, Community development Practitioners, Doctor, Psychologists, Priest etc).

- Referrals for legal documents e.g. writing of wills etc.
- Referrals to Home Affairs for vital or other documents (e.g. birth certificates, death certificates etc).
- Identify eligible people and assist access to benefits.

8.4. Reconstruction and aftercare

- Youth Headed Households and primary caregivers should be trained and empowered with knowledge and skills in running income-generating activities.
- Assist households in establishment of backyard food gardens.
- Prolong and support improved quality of life of primary caregivers who are infected with HIV or are living with AIDS.
- Adherence support to treatment for individuals on treatment (HIV and TB patients).

9. REGISTRATION REQUIREMENTS

The NPO must register in accordance with the Non-Profit Organization Act No. 71 of 1997

10. KEY PERFORMANCE INDICATORS

Objective 1 : Provide prevention and early intervention services to key and priority populations to mitigate the impact of HIVand AIDS, TB and STI's.

ACTIVITY	OUTCOME INDICATORS	BENEFICIARY LEVEL OUTCOMES INDICATORS
Conduct HIV risk assessment	Number of beneficiaries risk assessed for HIV	Number of beneficiaries at high risk of HIV identified
Conduct TB screening	Number of beneficiaries screened for TB	Number of beneficiaries at high risk of TB identified
Referral for HIV testing	Number of beneficiaries referred for HIV testing	Number of beneficiaries tested with known HIV status
Referral for TB testing	Number of beneficiaries referred for TB testing	Number of beneficiaries with known TB status
Conduct Community mobilization and advocacy for HIV and TB testing demand creation	Number of beneficiaries reached through community mobilization and advocacy	Number of beneficiaries knowledgeable about HIV and TB services
Roll out prevention programmes	Number of beneficiaries reached through Social and Behaviour Change Programmes	Number of beneficiaries attitudes, perceptions and societal norms positively influenced
	Number of people reached through **Community Capacity Enhancement**	
	Number of men Reached through **Men Championing Change** Programme	
	Number of people reached through **Ke Moja**	

Objective 2: Provide care and support services aimed at strengthening the ability to cope and restore the normal functioning of individuals, families and communities through provision of Psychosocial Support Services**.**

Activity	Output Indicator	Beneficiary level Outcome Indicator
Provide pre and post counselling to beneficiaries	Number of beneficiaries provided with pre and post counselling.	Number of beneficiaries resilient towards life challenges Number of beneficiaries who accessed treatment

Provide treatment adherence support to beneficiaries living with HIV	Number of beneficiaries living with HIV provided with treatment adherence support.	Number of beneficiaries adhering to Anti-Retroviral Treatment (ART) Number of beneficiaries virally suppressed
Provide treatment adherence support to beneficiaries living with TB	Number of beneficiaries provided with TB treatment adherence support.	Number of beneficiaries adhering to TB treatment. Number of beneficiaries completed TB treatment
Provide disclosure support to adults and parents of children living with HIV and TB	Number of beneficiaries provided with disclosure support.	Number of beneficiaries disclosed HIV status
Establishment and facilitation of support groups.	Number of support groups established. Number of beneficiaries participating in support groups	Number of beneficiaries improved quality of life
Provision of material assistance in a form of school uniform	Number of beneficiaries provided with school uniform	Number of beneficiaries remaining in school
Provision of material assistance in a form of food nutrition	Number of beneficiaries provided with food parcels and any other form of nutritional support	Number of beneficiaries with diet quality.
Establishment of income generating projects	Number of income generating projects established	Number of families benefiting from the income generating projects
Provide life skills programmes	Number of beneficiaries provided with life skills programmes.	Number of beneficiaries with improved lifestyle
Assist in Tracing of clients who are Lost to follow and re-engage in care	Number of Lost to follow up clients traced and re- engaged in care	Number of clients remaining in care
Referral to other services (specialised /non specialised)	Number of clients referred	Number of clients assisted

11. DESCRIPTION OF BENEFICIARIES TO BE SERVED

The following vulnerable and key populations of all age groups are served:

11.1 Vulnerable population

- Children
- Youth
- Adults
- Older people
- People With Disabilities

11.2 Key Population

- Farm workers
- Truck Drivers
- Sex workers
- Men Having sex with Men.
- LGBTQI+A community
- Adolescent Girls and Young Women
- People Who Inject Drugs
- People Living with HIV
- People living in informal settlement

12. GEOGRAPHIC COVERAGE OF THE SERVICES AND CRITERIA FOR ARE TARGETING

The programme is implemented in the following area :

- **Mopani District**: Greater Tzaneen, Greater Letaba, Greater Giyani, Maruleng and Ba Phalaborwa.
- **Sekhukhune District**: Ephraim Mohale, Fetakgomo Tubatse , Elias Motswaledi and Makhuduthamaga.

- **Capricorn District**: Polokwane, Molemole , Lepelle Nkumpi and Blouberg.
- **Waterberg District**: Modimolle Mookgopong, Belabela , Thabazimbi, Lephalale and Mogalakwena.
- **Vhembe District**:Thulamela , Makhado, Collins Chabane and Musina

CRITERIA FOR AREA TARGETING

- Areas with high prevalence of HIV&AIDS, GBV and Substance Abuse
- Designated hotspots for the above-named Social problems
- Trucking route with "truck stop stations"
- Under served/serviced areas
- Rural areas
- Informal settlements
- Identified areas targeted for expansion of services

13. STAFFING REQUIREMENTS

13.2 **STAFFING FOR NPOS' IMPLEMENTING CARE AND SUPPORT SERVICES (HCBC)**

Job Title	Number of Personnel	Qualifications/Experience
Project Manager	01	Relevant experience in managing the project
Administrator /Finance personnel	01	Relevant experience in Office administration and financial management
Data Capturer	01	Relevant experience in data capturing
Psychosocial support officer /Supervisor	01	Relevant Social Service Professional Qualification as a Social Worker or Child and Youth Care Worker /Social Auxillary Worker
Community Caregivers	10 (05 for care and support and 05 for outreach programme)	Relevant experience in the HIV/AIDS field and facilitation skills for outreach programmes

14.TIME RELATED ELEMENTS APPLICABLE TO THE SERVICE

14.1 The service shall be rendered from 08h00 -16h00 p.m. weekdays and weekends when a need arises

Signature :……

Designation :……

Date:……