



**NATIONAL ACTION PLAN FOR ORPHANS AND OTHER CHILDREN
MADE VULNERABLE BY HIV AND AIDS**

SOUTH AFRICA

2006-2008

“Building a Caring Society Together”

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1. Summary

The devastating impact of HIV and AIDS epidemic in South Africa is witnessed in the destruction of the social fibre of society resulting in family, community and social disintegration. This has exacerbated the already prevailing difficult socio-economic conditions thus jeopardising the rights and well being of children as their primary caregivers succumb to the epidemic. The Policy Framework for Orphans and other children made vulnerable by HIV and AIDS (OVC) 2005, outlines a broader framework for the protection and provision of comprehensive and integrated developmental services for OVC as contained in the six key strategic areas. This National Action Plan is based on those key strategic areas and programmatic interventions.

The rationale for developing the National Action Plan was to clearly define the unique value-adding role of various stakeholders in addressing the social impact of HIV and AIDS. This is based on the premise that no single sector can successfully address the impact of HIV and AIDS epidemic on individuals, families and communities.

2. The Development of the National Action Plan

The process of developing the National Action Plan was broad and inclusive and did not only commence with sessions of input by various stakeholder groups, but with various consultative forums and initial inputs that informed the development of the Policy Framework and the National Action Plan. More importantly, this route of action plan formulation was taken because of the department's commitment of engaging with stakeholders that have a direct impact on the implementation processes.

Strategic Priorities of the National Action Plan

The National Action Plan emanates from the following key strategic priorities:

Strategy 1 which strengthens and supports the capacity of families to protect and care for OVC; focuses on ensuring that mechanisms are in place to provide psychosocial support to OVC and their families; ensuring sustainable food security systems for OVC and their families; mainstreaming succession planning for each OVC; supporting skills training for child headed households and expanding treatment for infected children and their families.

Strategy 2 which mobilises and strengthens community-based responses for the care, support and protection of OVC; focuses on mobilising and organising for early identification of OVC; developing the capacity of communities to respond to OVC; increasing participation of local authorities in the care and support of OVC; developing co-ordination mechanisms for OVC programmes at district level; supporting good practice models that nurture and care of OVC and establishing and maintaining a database of services at a local level.

Strategy 3 which ensures that legislation, policy, strategies and programmes are in place to protect the most vulnerable children; focuses on ensuring comprehensive legal protection of OVC through policy and legislation; creating and strengthening mechanisms that support delivery of strategies and programmes at all levels; ensuring operational alignment within and among government departments and across all sectors; developing and maintaining a co-ordinated national database that supports the implementation of the policies, strategies and programmes and ensuring that comprehensive curricula and training programmes that address needs of OVC and their families are available.

Strategy 4 which ensures access of OVC to essential services; focuses on ensuring that service and service delivery mechanisms are based on the child rights approach; developing and strengthening programmes that make essential services accessible to OVC and supporting resource mobilisation for the implementation of programmes that make essential services accessible to OVC.

Strategy 5 which raises awareness and advocate for the creation of a supportive environment for OVC; focuses on developing a comprehensive stakeholder communication strategy; creating general awareness of OVC at every level of society and advocating for the rights of the child at every level of society.

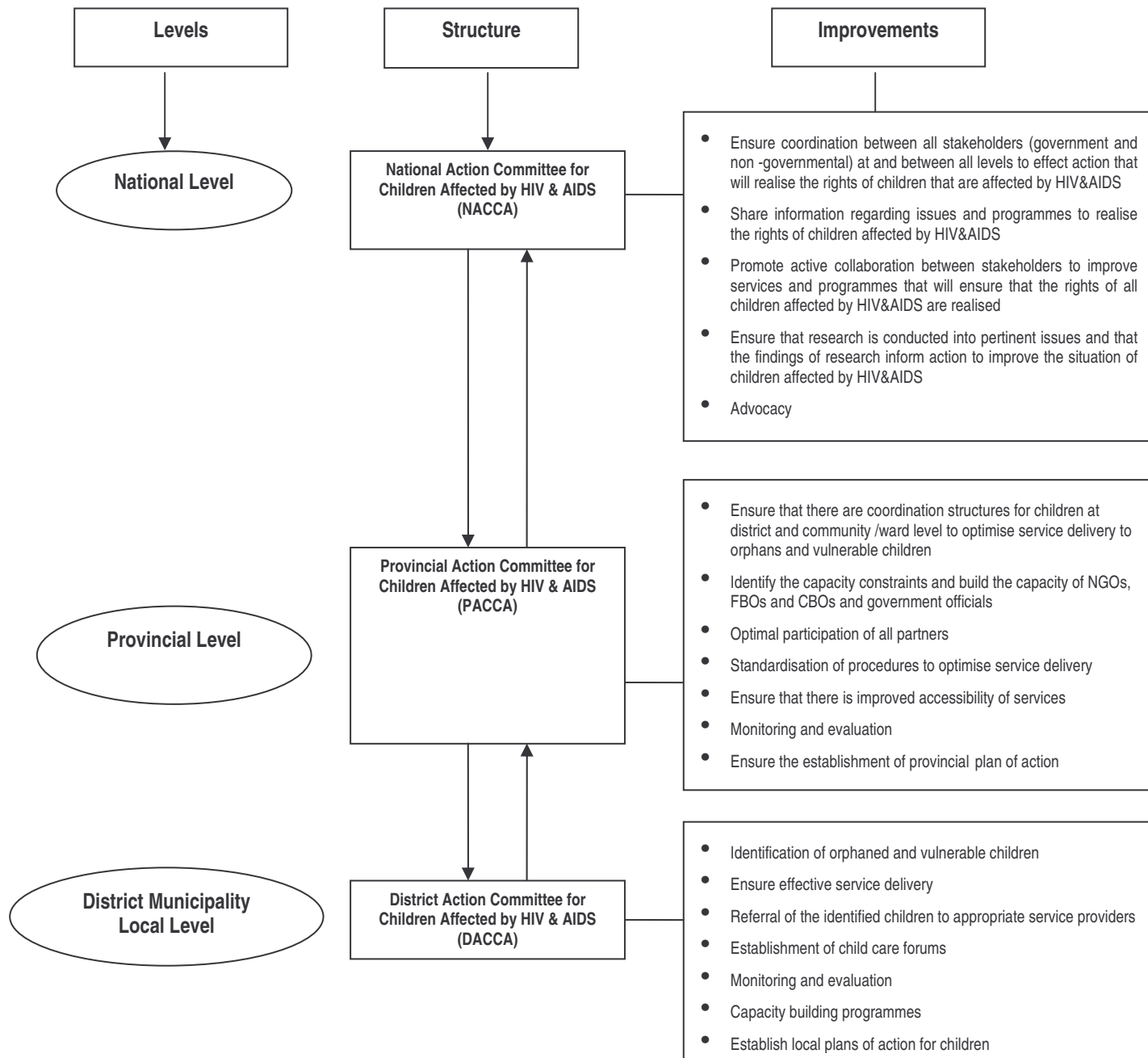
Strategy 6 which engages the civil society sector and business community to play an active role in supporting the plight of OVC; cuts across all the other strategies by focusing on stakeholder joint ventures and resource mobilisation initiatives.

The last strategy could be seen as crosscutting in that it supports the implementation of the other strategies. Implementing these strategies is key to ensuring South Africa's achievement of the Millennium Development Goals and the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV and AIDS. The National Action Plan which builds on the foundations of the Policy Framework creates and promotes a supportive environment in which orphans and other children made vulnerable by HIV and AIDS are adequately cared for, supported

and protected physically, psychologically, materially, socially, morally, spiritually and legally to grow and develop to their full potential.

3. Institutional Arrangements

Implementing the strategies requires coordinated action from the three levels of government, working together with the strategic partners in business and civil society sectors. The proposed coordination structure is as follows:



4. Communication Strategy

The successful implementation of the National Action Plan for OVC will be facilitated by a well-defined social mobilisation and communication strategy. This strategy includes an external information, education and communication strategy (IEC).

Successful implementation of the National Action Plan will require a communication strategy that involves a wide range of government sectors and non-governmental organisations at national, provincial and local level. The specific aims of this communication strategy are to ensure that all relevant government, implementing agencies, orphans and other children made vulnerable by HIV and AIDS, families and communities are knowledgeable about all of the key provisions and requirements as well as respective roles and responsibilities. The communication plan will pursue a combination of strategies that will include the following:

- Mass communication campaigns
- Small media material
- Social mobilisation

The specific communication strategy of the National Action Plan is outlined in the accompanying log frame.

5. Resource Mobilisation

The primary objective for the mobilisation of financial resources is to ensure that mechanisms, services and concrete support are put in place to the benefit and well being of OVC. Financial resources for the implementation of the Policy Framework and National Action Plan will be mobilised through current and future budget processes of government departments who provide support to orphans and vulnerable children. The National and Provincial treasuries pro-actively engage with line departments on this and will be involved in co-ordinated activities towards the mobilisation of financial resources. In addition, financial resources will be raised both nationally and internationally from the business sector and donor community.

Appropriate, sufficient and skilled human resources are at the heart of human development and in addressing the plight of OVC. No policy or action plan can be implemented without sufficient human resources. Human resources for the implementation of this National Action Plan are drawn from a range of government departments, organisations, institutions and communities. Each department or

organisation will ensure that human resources employed by that department and who are involved with matters pertaining to OVC are sufficiently trained and skilled to provide the services as required. This will require a specific human resource development and support strategy, within the context of national norms, legislation and procedures. (see the accompanying log frame)

6. Monitoring and Evaluation

The implementation of the National Action Plan for OVC requires effective monitoring and evaluation with appropriate feedback mechanisms. The Policy Framework gives guidance by detailing that M&E functions shall be undertaken at all levels to enhance accountability and effectiveness and shall contain and ensure the following:

- Development of monitoring indicators for all sectors/departments and aspects of HIV and AIDS programming for children that conform to internationally and nationally agreed standards.
- Integration of specific indicators into strategic plans of all government departments.
- Effective co-ordination of policy formulation, programme/strategy development and implementation at national, provincial, district and local level. This will include levels of integrated planning and programme implementation between government departments for the care, support and protection of OVC.
- Evaluation of the implementation of the National Action Plan will be undertaken at agreed upon intervals of not more than three years from adoption of the policy and commencement of implementation.
- Identify activities towards strengthening of the capacity of all stakeholders in relation to programme planning, monitoring and evaluation and budget analysis.
- Mechanisms for reporting, feedback and communication with key stakeholders (with particular reference to children and communities) must be developed as an integral component of the strategy. This will include the preparation and submission of annual reports to relevant structures on impact of the Policy Framework and the National Action Plan.
- Appropriate levels of resourcing and capacity exist or are secured for implementing monitoring and evaluation activities at the various levels. This will also include an annual assessment of resources used towards the care, protection and support of OVC and the impact of the resources used.
- It will be essential to ensure that there are adequately trained personnel at all levels to manage the M&E function.
- The National Department will define the core list of indicators consistent with this National Action Plan and with the delivery of OVC care and support.

7. Conclusion

In implementing the strategic priorities, cognisance must be taken of the fact that the strategies are interrelated and interdependent. No strategy stands on its own. Practitioners therefore need to consciously develop an approach that focuses on joint planning, partnerships, sharing experience and good practice and providing multi-dimensional support to OVC. This will require stakeholder harmonisation at national, provincial and district levels to co-ordinate and implement the National Action Plan.

This working partnership of different levels of government with business, the civil society sector and the donor community will provide support to OVC that is integrated, holistic and will create an enabling environment to:

- Increase access to quality social services (health, nutrition, education and psychosocial support) for orphans and vulnerable children;
- Create an environment where orphans and vulnerable children are not discriminated against at social, health and education services;
- Improve and support community capacities to identify and monitor vulnerable households and to provide a supportive environment for orphans and vulnerable children; and
- Encourage special measures to protect orphans and vulnerable children from violence, exploitation, discrimination and abuse, and obviate any secondary trauma that may result from their orphanhood.

National Action Plan for OVC: Logframe

STRATEGY 1: STRENGTHEN AND SUPPORT THE CAPACITY OF FAMILIES TO PROTECT AND CARE FOR ORPHANS AND OTHER CHILDREN MADE VULNERABLE BY HIV AND AIDS

Note: Strategies 1 and 4 complement each other)

OBJECTIVE (BROAD ACTION)	PROGRAMME ACTIVITIES	OUTCOMES	KEY RESPONSIBLE GROUPS	TIME FRAMES	INDICATORS	BUDGETARY REQUIREMENTS ZAR					
						2006	2007 6% inflation	2008 6% inflation	Current Budget Allocati on	Additional Budget Requirem ents	
1.1	Ensure mechanisms are in place to provide psychosocial support to OVC and their families	Incorporate psychosocial support in all training programmes to address the holistic needs of OVC	Improved well being of OVC and their families	NACCA Task Team and service providers	July 2006, ongoing	Increased number of OVC receiving comprehensive services	0 (cost included in Strategy 2)	0 (cost included in Strategy 2)	0 (cost included in Strategy 2)		
		Include psychosocial support in programmes for care of the caregivers	Enhanced support for caregivers	NACCA Task Team and service providers	July 2006, ongoing	Increased number of caregivers receiving comprehensive support					
1.2	Ensure sustainable food security systems for OVC and their families	Improve and expand school nutrition programmes to reach more vulnerable children	Regular, nutritious meals for OVC provided at schools	DSD with DOE as lead	December 2006, ongoing	Increased number of OVC receiving meals at school	1,235,000,000	1,415,000,000	1,595,000,000		
		Develop supplementary / fortified food schemes for communities	Improved nutrition and health of OVC and their families	DSD with DOH as lead	December 2006, ongoing	Number of communities with food fortification schemes					
		Expand and strengthen community food production schemes	Improved food security for communities	DSD with DOA as lead	December 2006, ongoing	Number of community food gardens					
		Strengthen life skills programmes for OVC to incorporate income generating activities	Improved supplementary income for OVC and their households	DSD with DOE as lead	December 2006, ongoing	Increased number of households with supplementary income					

¹ The timeframes indicate the expected completion date of the activities as outlined in the Action Plan

Current budget allocation refers to the current budget allocation for implementation of a particular activity while additional budget requirements indicate the additional budget allocation required for scaling up or strengthening of current activities

1.3	Mainstream succession planning into intervention programmes for OVC	Develop training programmes for NGOs and other service delivery agencies on succession planning	Appropriate care and support for OVC	DSD with relevant departments	December 2006, ongoing	Numbers of NGOs and other service delivery agencies trained	4,000,000	1,116,000	1,236,000		
		Develop mechanisms to protect the inheritance rights of OVC	Improved mechanisms to protect the inheritance rights of OVC	DSD with Justice, LHR and agencies such as HRC	December 2006, ongoing	Inheritance rights of OVC protected					
1.4	Support vocational and skills training programmes for child headed households	Provide skills training programmes for child-headed households on: parenting skills; money management skills; food management; nutrition and health; legal rights safe sex, self-awareness, etc	Enhanced coping and functioning skills of child-headed households	DSD with development agencies, civil society organisations, business, training institutions	March 2007	Number of child headed household receiving vocational and skills training	6,303,000	1,476,000	1,476,000		
		Establish system to monitor child headed households in managing their own lives	Enhanced coping and functioning skills of child-headed households	DSD with development agencies, civil society organisations, business, training institutions	March 2007	Increased number of OVC undergoing vocational and skills training					
1.5	Expand treatment for infected children and their primary caregivers	Develop and maintain systems to track children of HIV+ mothers to ensure that they receive treatment and primary health care services	Extended life expectancy of HIV+ children and their primary caregivers	DSD with DOH as lead	January 2007	Improved quality of health of OVC and their primary caregivers	4,500,002	4,769,996	5,056,194		
		Improve comprehensive management of HIV and AIDS including ARV support to prolong the lives of primary caregivers	Increased number of HIV+ primary caregivers for OVC	DSD with DOH as lead	January 2007	Increased and improved life expectancy of HIV+ primary caregivers					

STRATEGY 2: MOBILISE AND STRENGTHEN COMMUNITY BASED RESPONSES TO THE CARE, SUPPORT AND PROTECTION OF ORPHANS AND OTHER CHILDREN MADE VULNERABLE BY HIV AND AIDS

OBJECTIVE (BROAD ACTION)	PROGRAMME ACTIVITIES	OUTCOMES	KEY RESPONSIBLE GROUPS	TIME FRAMES	INDICATORS	BUDGETARY REQUIREMENTS ZAR				
						2006	2007 6% inflation	2008 6% inflation		
2.1 Mobilise and organise for early identification of OVC	Develop and disseminate multi media material on OVC	Broader community awareness on OVC	DSD, with relevant departments and service providers	July 2007, ongoing	Increased number of identified OVC	86,543,400	95,151,960	98,278,960		
	Assist community leaders and community forums to establish system to identify OVC	Community leaders and forums take responsibility for identifying OVC	DSD with DPLG, traditional leader and civil society organisations	July 2007, ongoing	Increased number of OVC receiving appropriate community support					
	Strengthen referral systems from community forums, clinics and hospitals	Effective referral systems which create safety nets	DSD with Home Affairs, ECD centres, churches and schools	July 2007, ongoing	Increased number of OVC referred to appropriate services					
2.2 Develop the capacity of communities to respond to OVC	Expand and strengthen CCFs in all municipalities	Comprehensive representation of CCFs across society.	DSD with DPLG, traditional leader and civil society organisations	November 2006, ongoing	Number of child care forums established	0 (part of CCF training part of 2.1 costing)	0 (part of CCF training part of 2.1 costing)	0 (part of CCF training part of 2.1 costing)		
	Provide training e.g. project management, volunteering, child care, psychosocial support, reporting, fundraising, care for the caregiver, succession planning	An enhanced community response to OVC	DSD with DPLG, traditional leader and civil society organisations	December 2006, ongoing	Number of organisations received training.					
2.3 Increase the participation of local authorities in the care and support of OVC	Facilitate development of local authorities' strategy on OVC	Local authorities commit to support for OVC in their strategies	DSD with DPLG and CCFs	January 2007, ongoing	Inclusion of OVC related issues into the IDP	1,575,000	1,335,600	1,335,600		
	Support mechanisms to incorporate OVC into the IDPs of all municipalities	Local authorities make provision for services for incorporating OVC	DSD with DPLG and CCFs	January 2007, ongoing	Increased number of OVC receiving free basic services					

		Allocate resources for OVC programmes from local authority budgets	OVC programmes resourced and accountable to local authority	DSD with DPLG and service providers	January 2007, ongoing	Increased local government resource allocation for community projects on OVC					
2.4	Develop co-ordination mechanisms for OVC programmes at district level	Establish and sustain district coordinating structures, including CCFs	Effective district coordinating structures for collaboration among stakeholders	DSD with DPLG and service providers	September 2006, ongoing	Functional and effective coordinative structures	76,410,000	27,994,600	27,994,600		
2.5	Identify and support good practice models that nurture and support OVC	Research and document models of care for OVC	Models of care for OVC made known	DSD with development agencies, researchers and other key partners	June 2006	Published research on models of care	3,951,000	3,658,060	3,658,060		
		Publish implementation guidelines for the replication of successful models	Guidelines available for service providers	DSD with development agencies, researchers and other key partners	June 2006	Published guidelines for implementation of replicable models					
		Scale up models of good practice on OVC	Comprehensive care system for OVC	DSD with development agencies, researchers and other key partners	April 2008	Increased number of organisations caring for OVC.					
2.6	Establish and maintain database of OVC services provided (at a local level)	Audit services for OVC at local level and establish directory of services for OVC	Accessible up-to-date directory of services at a local level	DSD with GCIS and relevant departments	July 2007	Completed audit of services and directories of services for OVC at each municipality	36,000	38,160	38,160		
		Establish system for local directory to inform the provincial and a national registry	Accessible up-to-date directory of services at a local, provincial and national level	DSD with GCIS and relevant departments	July 2007	Directories on services for OVC articulated from district to provincial to national levels					

STRATEGY 3: ENSURE THAT LEGISLATION, POLICY, STRATEGIES AND PROGRAMMES ARE IN PLACE TO PROTECT THE MOST VULNERABLE CHILDREN

OBJECTIVE (BROAD ACTION)	PROGRAMME ACTIVITIES	OUTCOMES	KEY RESPONSIBLE GROUPS	TIME FRAMES	INDICATORS	BUDGETARY REQUIREMENTS ZAR					
						2006	2007 6% inflation	2008 6% inflation			
3.1	Ensure comprehensive legal protection of OVC through policy and legislation	Review current policies and legislation to identify gaps	Revised and comprehensive policies and legislation address the needs of OVC	DSD with key partners such as HSRC, Justice, Education, Health	March 2008	Effective and responsive policies and legislation	1,627,000	185,500	1,039,860		
		Monitor, evaluate and align policies and legislation	Improved policies and guidelines for implementation	DSD with key partners such as HSRC, Justice, Education, Health	March 2008, ongoing	Increased number of OVC receiving services and protection					
		Develop guidelines on implementation of policies and legislation	Improved service delivery at all levels	DSD with key partners such as HSRC, Justice, Education, Health	March 2008, ongoing	Increased number of OVC receiving services and protection					
		Build the capacity of practitioners and other service delivery agencies on policy and legislation for OVC	Improved service delivery at all levels	DSD with relevant service providers	March 2008, ongoing	Increased number of practitioners and service delivery agencies trained					
		Advocate for adequate resource allocation for implementation of policies and legislation	Adequate resources allocated for implementation	DSD with key partners such as HSRC, Justice, Education, Health	March 2008, ongoing	Increased resource allocation					
3.2	Create and strengthen mechanisms that support delivery of strategies and programmes at all levels	Identify, coordinate and collaborate with other government departments and service delivery agencies	Enhanced mechanisms of service delivery	DSD with relevant departments such as Home Affairs, Local Government, Health Education	March 2008, ongoing	Increased coordination of departments and service delivery agencies	1,811,000	1,919,660	1,919,660		
		Support and strengthen initiatives to improve service delivery and service accessibility e.g. mobile units for birth registration	Service delivery strategies strengthened	DSD with relevant departments such as Home Affairs, Local Government, Health Education	March 2008, ongoing	Increased numbers of OVC accessing services e.g. birth certificates					

3.3	Ensure operational alignment within and among government departments and across all sectors	Review and realign operational strategies	Realigned operational strategies	DSD with relevant departments and service delivery agencies	June 2007	Increased joint resource allocation targeting OVC	0 cost in 3.2 and 4.3	0 cost in 3.2 and 4.3	0 cost in 3.2 and 4.3		
		Identify gaps in operational strategies	Partnerships and joint strategy implementation established	DSD with relevant departments and service delivery agencies	June 2007	Increased joint planning of operational strategies and implementation					
		Establish partnerships and joint strategy for implementation	Joint operational strategies with key partners developed	DSD with relevant departments and service delivery agencies	September 2006, ongoing	Effective partnerships and joint strategy for implementation					
3.4	Develop and maintain a coordinated national database that supports the implementation of the policies, strategies and programmes	Review and establish database for OVC	Comprehensive database of OVC developed	DSD with Stats SA, DOE, DOH business and development agencies	May 2007	Number of OVC registered on the database	0 costs in 2.3	0 costs in 2.3	0 costs in 2.3		
		Update database of organisations that provide services to OVC	Updated database supports linkages with other relevant databases of services available	DSD with Stats SA, DOE, DOH business and development agencies	May 2007, ongoing	Increased number of OVC receiving comprehensive services					
3.5	Develop appropriate curricula and training programmes that address needs of OVC and their families	Review current training programmes and material pertaining to OVC	Improved training programmes on OVC	DSD with SETAs, training institutions and service providers	March 2007, ongoing	Review of current training programmes made available	291,000	213,060	213,060		
		Develop and support a standard uniform curriculum framework that is in line with NQF requirements	Curricula and training programmes aligned to NQF requirements	DSD with SETAs, training institutions and service providers	March 2007, ongoing	A uniform and accredited training programme					
		Develop competencies of practitioners, caregivers and all involved in service delivery to OVC	Appropriate training programmes for care givers and practitioners	DSD with SETAs, training institutions and service providers	March 2007, ongoing	Effective training programmes for care givers and practitioners					

STRATEGY 4: ENSURE ACCESS FOR ORPHANS AND OTHER CHILDREN MADE VULNERABLE BY HIV AND AIDS TO ESSENTIAL SERVICES
(Strategies 1 and 4 complement each other)

OBJECTIVE (BROAD ACTION)	PROGRAMME ACTIVITIES	OUTCOMES	KEY RESPONSIBLE GROUPS	TIME FRAMES	INDICATORS	BUDGETARY REQUIREMENTS ZAR					
						2006	2007 6% inflation	2008 6% inflation			
4.1	Ensure that services and service delivery mechanisms are based on the child rights approach	Review current essential services and service delivery mechanisms to determine whether rights of OVC are realised	Improved health and standard of living of OVC	DSD with DOH, DOE, DPLG and civil society organisations	June 2007	Increased recognition of child rights within the provision of essential services	970,000	0 no cost in year 2	0 no cost in year 3		
		Develop strategies for comprehensive and integrated developmental services to OVC	Coordinated planning and provision of essential services for OVC	DSD with DOH, DOE, DPLG and civil society organisations	June 2007, ongoing	Increased number of OVC accessing essential services					
		Conduct situational analysis and periodic research to ascertain accessibility of services by OVC	Comprehensive and integrated developmental services for OVC	DSD with DOH, DOE, DPLG and civil society organisations	June 2007, ongoing	Reduced number of vulnerable children who have no access to essential services					
4.2	Develop and strengthen programmes that make essential services accessible to OVC	Support coordinating mechanisms to facilitate essential services	Coordinated planning and provision of services across sectors to support OVC	DSD with DOH, DOE, DPLG and civil society organisations	January 2008	Increased number of OVC being reached through essential services	7,000,000	7,420,000	7,420,000		
		Build and strengthen the capacity of the implementing agencies to provide basic services to OVC	Implementing agencies strengthened to improve access of OVC to education, health, water, shelter	DSD with DOH, DOE, DPLG and civil society organisations	January 2008	Increased number of OVC being reached by implementing agencies					
4.3	Support resource mobilisation for the implementation of programmes that make essential services accessible to OVC	Support inter-departmental planning for the inclusion of OVC and their families	Standardisation of service implementation	DSD with DOH, DOE, DPLG and civil society organisations	March 2008	Improved well being of OVC and their families	1,850,000	0 costs in 4.1 and 2.2	0 costs in 4.1 and 2.2		
		Support and strengthen stakeholder partnerships	Improved access for OVC to essential services	DSD with DOH, DOE, DPLG and civil society organisations	March 2008	Strengthened partnerships with key stakeholders					
		Develop resource mobilisation strategy for implementation of programmes for OVC	Resource mobilisation strategy in place	DSD with DOH, DOE, DPLG and civil society organisations	March 2008	Number of resourced programmes promoting access to services by OVC					

STRATEGY 5: RAISE AWARENESS AND ADVOCATE FOR THE CREATION OF A SUPPORTIVE ENVIRONMENT FOR ORPHANS AND OTHER CHILDREN MADE VULNERABLE BY HIV AND AIDS

OBJECTIVE (BROAD ACTION)	PROGRAMME ACTIVITIES	OUTCOMES	KEY RESPONSIBLE GROUPS	TIME FRAMES	INDICATORS	BUDGETARY REQUIREMENTS ZAR					
						2006	2007 6% inflation	2008 6% inflation			
5.1	Develop comprehensive stakeholder communication strategy	Identify target groups for communication strategy	Clarity on different groups requiring different messages	DSD with relevant departments, institutions such as HSRC, SADC regional forum, SANAC, civil society organisations,	July 2006	Up-to-date distribution database for communications	440,000 additional costs in 2.1	318,000	530,000		
		Design and implement a communication strategy	Communication strategy supports information dissemination	DSD with relevant departments, institutions such as HSRC, SANAC, SADC regional forum, civil society organisations	July 2006	Communication strategy that can be implemented annually					
		Share and report on progress made at national, regional and international levels	Reports and discussion papers shared at conferences and meetings	DSD with DOH, DOE, DPLG and civil society organisations	July 2006, ongoing	Regular representation of OVC at conferences and meetings					
		Compile annual report on activities addressing the needs of OVC	Stories and reports showcased.	DSD with DOH, DOE, DPLG and civil society organisations	Annually	Reports published annually					
		Establish regional forum to promote sharing of good models of practice for OVC	Regional co-operation and partnerships established	DSD with relevant departments, institutions such as HSRC, SANAC, SADC regional forum, civil society organisations	June 2007, meeting bi annually	South Africa represented at regional meetings					
5.2	Create general awareness of OVC at every level of society	Design and implement multi media awareness campaigns	Greater awareness of OVC	DSD with relevant departments, local government, agencies, civil society organisations	September 2006, ongoing	Multi media awareness campaign implemented in all provinces annually	0 costs in 2.1 and 2.2	0 costs in 2.1 and 2.2	0 costs in 2.1 and 2.2		
		Promote child related policies through awareness campaigns	Greater awareness of children's rights and vulnerabilities	DSD with relevant departments, local government, agencies, civil society organisations	Ongoing	Policy awareness campaigns in all provinces annually.					

		Promote active community involvement in issues pertaining to children through awareness campaigns	Community responsible for supportive environment for children	DSD with relevant departments, local government, agencies, civil society organisations	July 2007	Community participation campaigns in all provinces annually.					
		Conduct information sessions on alternative care	Community able to act on behalf of children from an informed position	DSD with relevant departments, local government, agencies, civil society organisations	July 2007	Information sessions in each province annually					
5.3	Advocate for the rights of the child at every level of society	Identify and recruit national champions for OVC	Public figure being an advocate for OVC	DSD with relevant departments such as DOH, DOE and civil society organisations	March 2008	Increase in media coverage and promotion of available services	0 costs in STRATEGY 2	0 costs in STRATEGY 2	0 costs in STRATEGY 2		
		Promote public media involvement in advocating rights of OVC	Children's rights being represented and protected in public arena	DSD with GCIS and other relevant departments	March 2008	Institutional and political support for OVC					
		Develop and distribute information brochures on accessing available services (link to 2.6)	Improved access to services	DSD with GCIS and other relevant departments	March 2008	Up-to-date brochures on services for OVC					
Total Operational/Program Costs (5 Strategies) ZAR							1,432,307,402	1,645,938,316	1,745,196,154		
Administration Costs (15% of total programme costs)							214,846,110.3	246,890,747.4	261,779,423.1		
Monitoring and Evaluation (10% of total programme costs)							143,230,740.2	164,593,831.6	174,519,615.4		
TOTAL ZAR							1,790,384,253	2,057,422,895	2,181,495,193		
COST ZAR/OVC							3,042.85	1,942.61	1,235.85		