

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

SOUTH AFRICA

2006-2008

“Building a Caring Society Together”



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

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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.

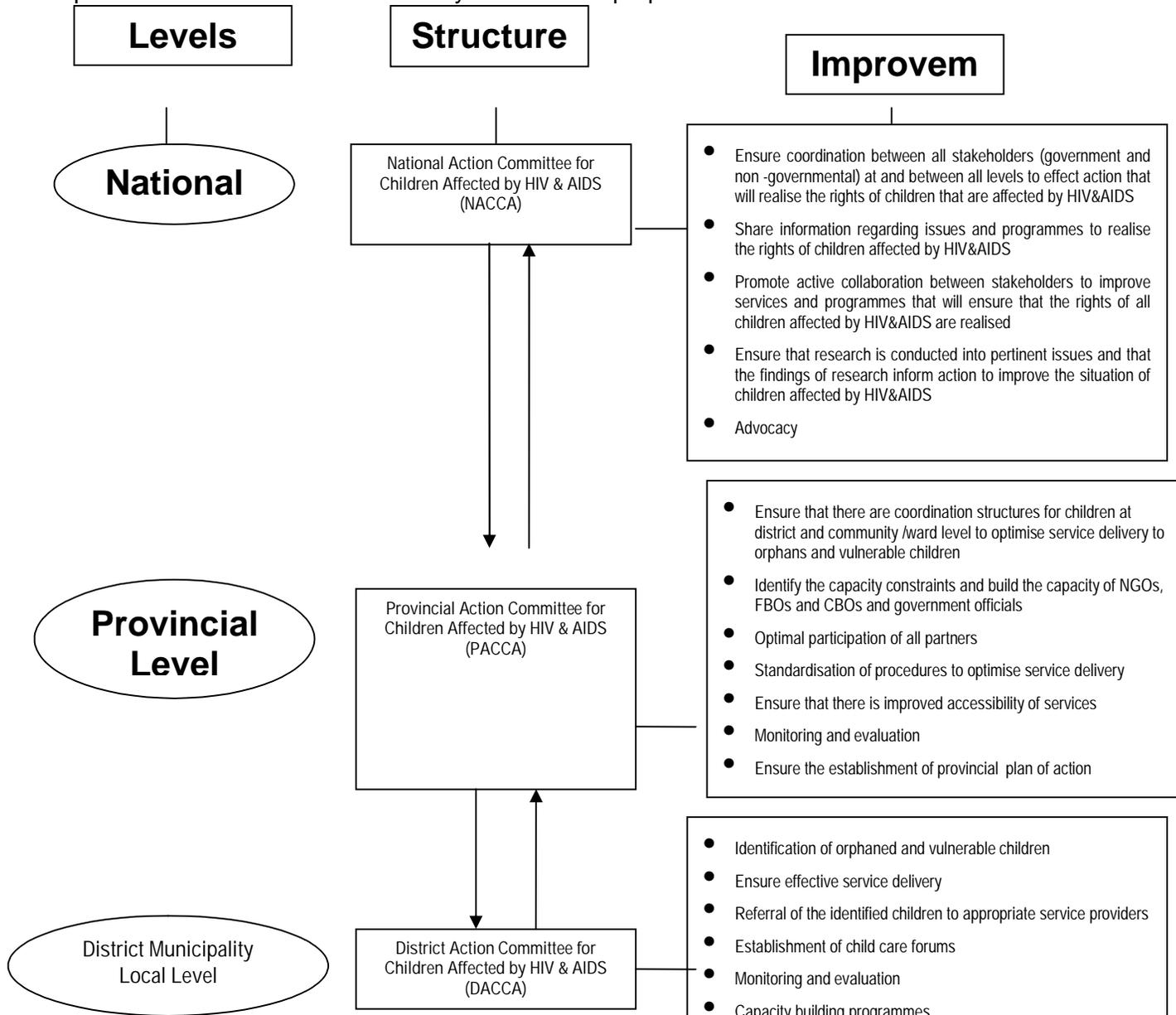
Strategy 5 which raises awareness and advocate for the creation of a supportive environment for OVC; focuses on developing a comprehensive stakeholder communication strategy; creating general awareness of OVC at every level of society and advocating for the rights of the child at every level of society.

Strategy 6 which engages the civil society organizations 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 | | |
| 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 | January ongoing 2006, | Increased number of OVC receiving comprehensive services | | | | |
| | | Include psychosocial support in programmes for care of the caregivers | Enhanced support for caregivers | NACCA Task Team and service providers | January ongoing 2006, | 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 | Commence immediately, ongoing | Increased number of OVC receiving meals at school | | | | |
| | | Develop supplementary / fortified food schemes for communities | Improved nutrition and health of OVC and their families | DSD with DOH as lead | 6 month start-up, 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 | 6 month start-up, ongoing | Number of community food gardens | | | | |

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|-----|---|---|--|---|-------------------------------|---|--|--|--|--|--|
| | | Strengthen life skills programmes for OVC to incorporate income generating activities | Improved supplementary income for OVC and their households | DSD with DOE as lead | 6 month start-up, ongoing | Increased number of households with supplementary income | | | | | |
| 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 | Numbers of NGOs and other service delivery agencies trained | | | | | |
| | | 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 | Inheritance rights of OVC protected | | | | | |
| 1.4 | 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 | Commence immediately, ongoing | Improved quality of health of OVC and their primary caregivers | | | | | |
| | | 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 | Commence immediately, ongoing | Increased and improved life expectancy of HIV+ primary caregivers | | | | | |
| 1.5 | 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 | Developed by 2006 ongoing | Number of child headed household receiving vocational and skills training | | | | | |

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|-----|---|---|--|---|-------------------------------|---|--|--|--|--|--|
| | | 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 | Developed by 2006 ongoing | Increased number of OVC undergoing vocational and skills training | | | | | |
| 1.6 | 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 | Commence immediately, ongoing | Improved quality of health of OVC and their primary caregivers | | | | | |
| | | 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 | Commence immediately, ongoing | 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 | January 2006, ongoing | Increased number of identified OVC | | | | | |
| | | 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 | January 2006, ongoing | Increased number of OVC receiving appropriate community support | | | | | |

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|-----|--|---|---|---|---------------------------------|--|--|--|--|--|--|
| | | 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 | January 2006, 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 | January 2006, ongoing | Number of child care forums established | | | | | |
| | | 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 | January 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 | Start 2006, annually thereafter | Inclusion of OVC related issues into the IDP | | | | | |
| | | 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 | Start 2006, annually thereafter | 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 | Start 2006, annually thereafter | 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 | January 2006, ongoing | Functional and effective coordinative structures | | | | | |

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|-----|---|---|---|---|-----------------------------|--|--|--|--|--|--|
| | | Develop a database on OVC at local level that informs provincial and national databases (refer also to 2.6: directory of services) | Improved registry of OVC | DSD with DPLG | 6 months pilot | Up-to-date registry of OVC | | | | | |
| 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 | September 2005 to June 2006 | Published research on models of care | | | | | |
| | | 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 | June 2006, ongoing | 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 | May 2006 | Completed audit of services and directories of services for OVC at each municipality | | | | | |
| | | 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 | Aug 2006 | 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 | |

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|-----|---|---|---|--|-----------------------|---|--|--|--|--|--|
| 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 | June 2007 | Effective and responsive policies and legislation | | | | | |
| | | Monitor, evaluate and align policies and legislation | Improved polices and guidelines for implementation | DSD with key partners such as HSRC, Justice, Education, Health | January ongoing 2006, | 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 | January ongoing 2006, | 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 | January ongoing 2006, | Increased number of practitioners and service delivery agencies trained | | | | | |
| | | Advocate for adequate resource allocation for implementation of polices and legislation | Adequate resources allocated for implementation | DSD with key partners such as HSRC, Justice, Education, Health | January ongoing 2006, | 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 | January ongoing 2006, | Increased coordination of departments and service delivery agencies | | | | | |
| | | 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 | January ongoing 2006, | Increased numbers of OVC accessing services e.g. birth certificates | | | | | |

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|-----|--|---|--|---|-----------------------|---|--|--|--|--|
| 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 | | | | |
| | | 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 | January 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 | January 2006 | Number of OVC registered on the database | | | | |
| | | 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 | January 2006, 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 | 6 month pilot | Review of current training programmes made available | | | | |
| | | 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 | June 2006, 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 | June 2006, 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 | | | | | |
| | | 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 | January ongoing 2006, | 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 | January ongoing 2007, | 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 ongoing 2006, | Increased number of OVC being reached through essential services | | | | | |
| | | 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 ongoing 2006, | 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 | April 2006 to March 2008 | Improved well being of OVC and their families | | | | | |

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|--|--|---|---|---|--------------------------|--|--|--|--|--|--|
| | | Support and strengthen stakeholder partnerships | Improved access for OVC to essential services | DSD with DOH, DOE, DPLG and civil society organisations | April 2006 to 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 | April 2006 to March 2008 | Number of resourced programmes promoting access to services by OVC | | | | | |

STRATEGY 5: RAISE AWARENESS AND ADVOCACY TO CREATE 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, | March 2006 | Up-to-date distribution database for communications | | | | | |
| | | 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 | March 2006, ongoing | 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 | March 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 | | | | | |

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| | | 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 | January 2006, 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 | Annually | Multi media awareness campaign implemented in all provinces annually | | | | | |
| | | 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 | Annually | 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 | Annually | 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 | March 2006, ongoing | 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 | January 2006, ongoing | Increase in media coverage and promotion of available services | | | | | |
| | | 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 | Ongoing | Institutional and political support for OVC | | | | | |

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|--|---|--|-----------------------------|--|---------|--|--|--|--|--|--|
| | | Develop and distribute information brochures on accessing available services (link to 2.6) | Improved access to services | DSD with GCIS and other relevant departments | Ongoing | Up-to-date brochures on services for OVC | | | | | |
| | Total Operational/Program Costs (5 Strategies) ZAR | | | | | | | | | | |
| | Administration Costs (15% of total programme costs) | | | | | | | | | | |
| | Monitoring and Evaluation (10% of total programme costs) | | | | | | | | | | |
| | TOTAL ZAR | | | | | | | | | | |
| | COST ZAR/OVC | | | | | | | | | | |