

U.S. Government and Partners: Working Together on a Comprehensive, Coordinated and Effective Response to Highly Vulnerable Children



Third Annual Report to Congress on Public Law 109-95,
the Assistance for Orphans and Other Vulnerable Children
in Developing Countries Act of 2005

December | 2009

Third Annual Report to Congress on Public Law 109-95, the Assistance for Orphans
and Other Vulnerable Children in Developing Countries Act of 2005

U.S. Government and Partners: Working Together on a Comprehensive, Coordinated and Effective Response to Highly Vulnerable Children

December | 2009



December 2009

Dear Colleagues:

I hereby submit the Third Annual Report to Congress on Public Law (PL) 109-95, the *Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005*.

The report describes assistance provided to vulnerable children by the United States Government and our efforts to ensure this assistance is coordinated, comprehensive, and effective – the goal of PL 109-95.

Seven United States Government (USG) agencies – Agriculture, Defense, Health and Human Services, Labor, State, Peace Corps, and USAID – provided approximately \$1.86 billion in FY 2008 to implementing partners for 2,044 projects to assist vulnerable children and their families in 113 countries. In addition, the USG provided an estimated \$3.28 billion for programs that complement and are strategically linked to the goals of PL 109-95.

We are helping millions of children, yet millions more are suffering due to poor governance, conflict, disaster, disease, and poverty deepened by the global recession. With the increasing number of children in need, tight funding, and a multi-USG agency response, it's more important than ever to use PL 109-95 to improve the coordination and coherence of the overall USG program and make the impact on children of our collective effort greater than the sum of its individual parts.

Throughout my first year as the Special Advisor, I have been greatly impressed by the talent and expertise of USG and partner colleagues and deeply moved by their goodwill and commitment to work together on a whole-of-government approach to the whole child.

With continued collaboration across agencies and partners, we can tackle more effectively the common constraints to improving children's well-being – extreme poverty, weak national child welfare programs, and threadbare – or nonexistent – safety nets.

With sincere appreciation to the American people for their support of government programs to help children in dire need, this annual report is submitted as required under Section 5 of PL 109-95, 22 U.S.C. 2152(g).

Thank you,

Gary Newton
USG Special Advisor for Orphans and Vulnerable Children

TABLE OF CONTENTS

- Executive Summary**7
- I. Interagency Coordination**15
- II. Strategic Opportunities**21
- III. Opportunities and Priorities 2009–2010 and Beyond**27
- IV. USG Program Results and Achievements**29
 - A: USG Programs Within the PL 109-95 Coordination Framework**29
 - U.S. President’s Emergency Plan for AIDS Relief31
 - Department of Agriculture33
 - Department of Defense33
 - Department of Health and Human Services34
 - Department of Labor38
 - Department of State39
 - Peace Corps44
 - U.S. Agency for International Development44
 - B: Other Major USG Assistance Programs That Help Children**58
- Tables**
 - Table 1. Highly Vulnerable Children: A Global Profile9
 - Table 2. USG Assistance to Highly Vulnerable Children in FY 200830
 - Table 3. Other USG Assistance to Children in FY 200858
- Maps**
 - Map 1. Countries Receiving USG Assistance for Highly Vulnerable Children12
 - Map 2. Number of USG Agencies Assisting Highly Vulnerable Children per Country13
- Endnotes**61
- Annex A: Comprehensive Notes on Table 1: Highly Vulnerable Children: A Global Profile**65
- Annex B: NGO Comments on the Third Annual Report to Congress on PL 109-95**85
- Acronyms**87

EXECUTIVE SUMMARY

Public Law 109-95, *the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005* (hereinafter, referred to as PL 109-95), was signed into law four years ago to respond to the global orphans and vulnerable children crisis.¹ It calls for the U.S. Government (USG) response to the crisis to be *comprehensive, coordinated and effective*.

This is the third annual report on PL 109-95 and it provides:

- global estimates of the number of highly vulnerable children;
- a summary of USG assistance programs for highly vulnerable children;
- a summary of progress coordinating the response among USG agencies;
- key strategic issues and opportunities;
- priorities for 2009–2010 – and beyond; and
- a summary of the results and achievements of USG assistance.

The magnitude of the orphans and vulnerable children crisis remains deeply distressing, and the situation for children is likely worsening due to the global economic crisis. Table I provides a global profile of highly vulnerable children. It offers a sobering statistical summary of the effects on children of bad governance, conflict, poverty, disaster, and disease. For example, an estimated:

- 428,000,000 children are living in extreme poverty;
- 150,000,000 girls have experienced sexual abuse;
- 18,300,000 children have lost both parents;
- 2,000,000 children are in institutional care;
- 218,000,000 children are engaged in various forms of labor; and
- 1,800,000 children are in prostitution and pornography.

In response to the orphans and vulnerable children crisis, in Fiscal Year (FY) 2008, the USG provided an estimated \$1,860,650,020² under programs within the PL 109-95 coordination framework. Maps 1 and 2 summarize the USG assistance program. Twenty-one operating units within seven USG departments and agencies – Agriculture, Defense, Health and Human Services, Labor, Peace Corps, State, and the U.S. Agency for International Development (USAID) – provided assistance under 2,044 projects in 113 countries to nongovernmental organizations (NGOs), faith-based organizations (FBOs), United Nations (UN) agencies, International Organizations (IOs), and host-country government partners to:

- directly help children in crisis (e.g., those who are trafficked, associated with armed groups, HIV/AIDS-affected, or refugees);
- protect children from crises by addressing the causes of their vulnerability (e.g., lack of education, extreme poverty, involvement in exploitive labor);
- strengthen family, community, and government capacity to identify and respond to their most vulnerable children; and
- conduct research and evaluations to identify the most effective interventions to care for and protect children.

Results and achievements of these programs are summarized in Section IV. Further details are available in separate agency reports. In addition, the PL 109-95 secretariat is constructing a database of USG assistance that includes information on recipient organization, location of the program, and the amount of funding. This database, which currently includes 2,044 USG projects, will be available on a Web-based platform that can be updated regularly.

In addition, the USG provided an estimated \$3,280,439,804 in FY 2008 for programs that complement and are strategically linked to the goals of PL 109-95. These are programs that do not focus primarily on *highly vulnerable children* but are central to a comprehensive *whole-of-government* approach to children, such as child and maternal health, family planning/reproductive health, HIV and malaria prevention, and basic education programs. This assistance helps children get through the first phase of life, helps parents survive – and prevents their children from orphanhood – and decreases children’s vulnerability by helping them go to school, stay in school, and do well in school.

USG programs to assist highly vulnerable children are fragmented by legislation and agency mandates. Separate, vertically organized programs assist children categorized according to the consequence of their vulnerability (e.g., HIV/AIDS-affected, exploited as child laborers, trafficked, orphaned, disabled, and displaced, including refugees).

PL 109-95 is a response to fragmentation. It supports a whole-of-government approach to the whole child through collaboration across multiple USG agencies and offices to make the impact on children of our collective USG program greater than the sum of its individual parts. Significant progress was made in 2008–2009, accelerating implementation of PL 109-95:

- A position was established and a full-time Special Advisor for Orphans and Vulnerable Children appointed.
- A four-person PL 109-95 secretariat was established.
- The PL 109-95 Interagency Working Group (IWG) was reactivated, expanded, and focused strategically.
- An FY 2009 strategy and work plan were completed, and implementation commenced.
- The art/science of defining, monitoring and evaluating “interagency coordination” was advanced.
- Initial progress was made on an improved monitoring and evaluation (M&E) system, including the construction of databases on highly vulnerable children and the USG response to them, both crucial for strategic planning and coordination.

In 2009–2010 and beyond, the Interagency Working Group will focus on opportunities to collaborate across agencies in Washington and in country to:

- increase support for child welfare and child protection system strengthening;
- increase support for the economic strengthening of extremely poor households to keep families intact and improve their ability to care for their children;
- improve assistance to *children living outside of family care*; and
- improve the monitoring and evaluation of these, and other, common goals.

The PL 109-95 secretariat enables the USG to comply with the goals of PL 109-95 and to contribute to the coordination of the USG’s approximately \$5 billion annual investment in programs for highly vulnerable children. PL 109-95 requires that the annual report to Congress shall contain information on assistance for orphans and vulnerable children provided under Section 135 of the Foreign Assistance Act of 1961 (FAA). This annual report is designed to meet the statutory requirements of PL 109-95 and is intended to give Congress a comprehensive overview of USG efforts on behalf of vulnerable children.

There is a great deal of goodwill and commitment to work together on a whole-of-government approach to the whole child. This is the bedrock and basis for successful interagency and partner coordination.

TABLE 1: HIGHLY VULNERABLE CHILDREN: A GLOBAL PROFILE

Indicators of vulnerability in children	Year	Percent	Number	Coverage	*
Population					
Total Population	2010	100%	6,908,688,400	Global	1a
Population children (aged 0–17)*	2010	32.2%	2,225,844,700	Global	1b
Highly vulnerable children					
Children who are highly vulnerable (aged 0–17)	NA ⁺	NA	NA	NA	2
Poverty					
Children living in extreme poverty (less than \$1.25 per day) (aged 0–14)	2005	25.2%	428,124,385	Developing countries	3
Children living in ultra poverty (less than \$0.50 per day) (aged 0–14)	2004	3.1%	50,477,548	Developing countries	4
Lack of food and nutrition					
Children who are stunted (aged 0–4)	2008	34.0%	213,191,832	Global	5
Children who are underweight according to World Health Organization reference pop. (aged 0–4)	2008	23.0%	144,218,004	Global	6
Children who are wasted (aged 0–4)	2008	13.0%	81,514,524	Global	7
Children who are food insecure (aged 0–17)	NA	NA	NA	NA	8
Lack of access to health care and/or at risk due to health threat					
Children who die before age 1	2008	4.5%	6,130,845	Global	9
Children who die before age 5	2008	6.5%	8,772,000	Global	10
Children living with HIV (aged 0–14)	2008	0.1%	2,100,000	Global	11
Early sexual debut – girls (aged 15–19)	2008	12.0%	14,613,984	Developing countries, excluding China	12a
Early sexual debut – boys (aged 15–19)	2008	6.0%	7,636,560	Developing countries, excluding China	12b
Disability					
Children who are disabled (aged 0–17)	2007	11.0%	244,218,117	Global	13
Lack of adequate shelter					
Children who lack adequate shelter (aged 0–17)	2005	32.6%	640,000,000	Developing countries	14
Abuse					
Children who have experienced psychological aggression at home (aged 2–14)	2006	81.0%	1,288,507,338	Global	15a
Children who have experienced minor physical punishment at home (aged 2–14)	2006	62.0%	986,264,876	Global	15b
Children who have experienced severe physical punishment at home (aged 2–14)	2006	19.0%	302,242,462	Global	15c
Girls who have experienced sexual abuse (aged 0–17)	2002	14.0%	150,000,000	Global	16a
Boys who have experienced sexual abuse (aged 0–17)	2002	6.4%	73,000,000	Global	16b
Child marriage					
Child marriage: Women aged 20–24 who were married or in union before age 18	2008	35.0%	64,500,100	Developing countries, excluding China	17
Orphans					
Children who have lost one or both parents due to all causes (aged 0–17)	2008	7.3%	163,000,000	Global	18a
Children whose mother has died due to any cause (aged 0–17)	2008	2.5%	55,300,000	Global	18b
Children whose father has died due to any cause (aged 0–17)	2008	5.7%	126,000,000	Global	18c
Children both of whose parents have died due to any cause (aged 0–17)	2008	0.8%	18,300,000	Global	18d
Children who have lost one or both parents due to AIDS (aged 0–17)	2008	0.8%	17,500,000	Global	19

TABLE I: HIGHLY VULNERABLE CHILDREN: A GLOBAL PROFILE

Indicators of vulnerability in children	Year	Percent	Number	Coverage	*
Children outside of family care					
Children in institutional care (aged 0–17)	2006	0.1%	2,000,000	Global, excluding West and Central Africa and South Asia	20
Children of (living on) the street (aged 0–14)	NA	NA	NA	NA	21
Children on (working and living on) the street (aged 0–17)	NA	NA	NA	NA	22
Birth registration					
Children whose births are not registered (aged 0–4)	2008	50.0%	51,000,000	Developing countries, excluding China	23
Lack of education					
Children out of school (primary aged)	2006	11.5%	75,117,000	Global	24
Children out of school (secondary aged)	NA	NA	NA	NA	25
Child labor					
Child laborers (aged 5–17)	2004	13.9%	217,700,000	Global	26
Children in hazardous work, excluding children in unconditional worst forms of labor (aged 5–17)	2004	8.1%	126,300,000	Global	27
Children in unconditional worst forms of labor (aged 5–17)	2000	0.5%	8,400,000	Global	28
Children in prostitution and pornography (aged 5–17)	2000	0.1%	1,800,000	Global	29
Children in other illicit activities (in particular production and trafficking of drugs) (aged 5–17)	2000	0.04%	600,000	Global	30
Children in forced labor as a result of trafficking					
Forced labor as a result of trafficking (aged 0–17)	2005	0.05%	1,102,500	Global	31
Children affected by conflict					
Children associated with armed forces or groups (aged 0–17)	2000	0.01%	300,000	Global	32
Refugee children (aged 0–17)	2008	0.3%	6,688,000	Global	33
Internally displaced children (as a result of conflict or persecution) (aged 0–17)	2008	0.5%	11,440,000	Global	34
Children affected by natural disaster					
Children affected by natural disaster (aged 0–17)	2008	3.3%	72,956,862	Global	35
Children internally displaced by natural disaster (aged 0–17)	2004	0.3%	7,670,698	Global	36

* Please refer to Annex A for comprehensive notes on all indicators used in Table I (including sources, explanations of how percents or numbers were derived, if not given in the original source, indicator definitions, and data limitations).

♦ Aged 0–17 includes all children from newborns until the end of their 17th year.

† NA = valid sources of data are not available.

Highly Vulnerable Children: A Framework of Causes and Consequences

“Highly Vulnerable Children,” as described in the PL109-95 Implementation Strategy (May 2006) are “children and youth who are under 18 years whose safety, wellbeing, growth and development are at significant risk due to inadequate care, protection or access to essential services.”

There is no single, standard definition or set of inclusion criteria for “vulnerable children” that is globally accepted. In order to further elucidate what is meant by this term, the following PL 109-95 framework is offered.

Causes/risk factors of high vulnerability:

- Loss of family/parental care and protection
- Extreme poverty
- Food insecurity
- Economic shocks
- Conflict/instability
- Natural disasters
- Harmful cultural norms and traditional practices
- Disability
- Lack of access to essential services, including education, health care, shelter, food and nutrition, protection, livelihood opportunities, and psychosocial support

Consequences for children:

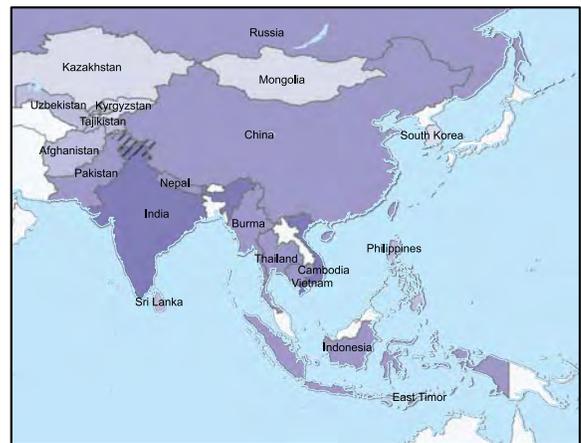
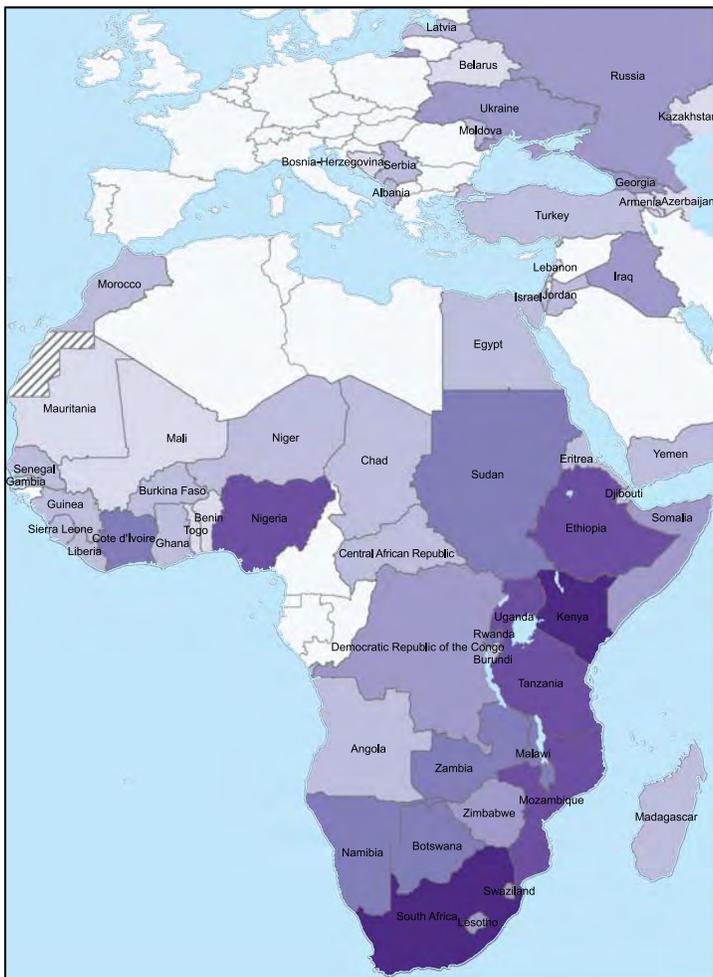
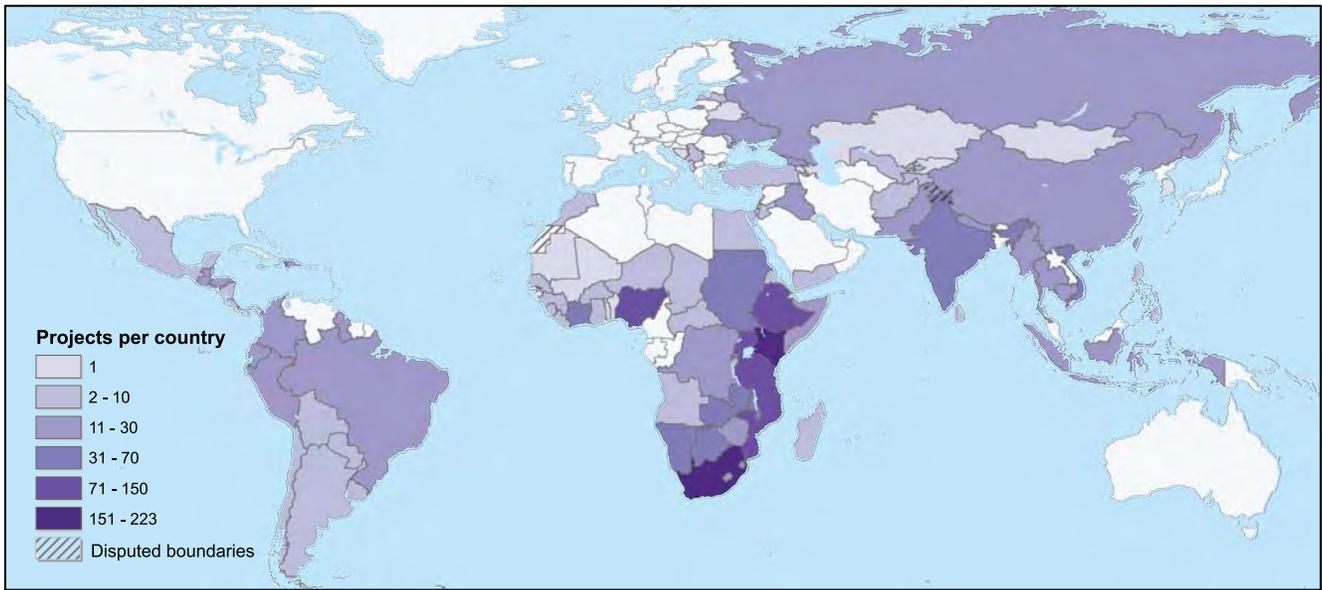
- Orphanhood
- Abandonment
- Displacement
- Living and/or working on the street
- Living in institutions
- Abuse
- Gender-based violence
- HIV-positive serostatus
- Involvement in exploitive labor, including sexual exploitation, and association with armed forces/groups
- Being trafficked
- Child marriage

The *effects* these consequences have on children can include physical and psychological pain and suffering – as well as death.

USG programs intervene to:

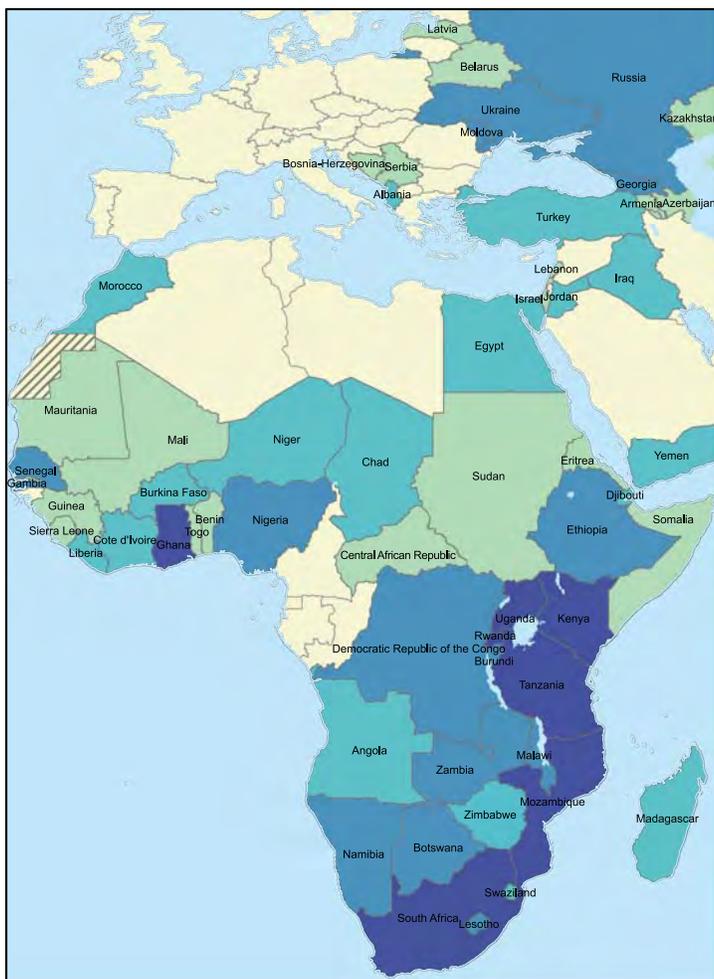
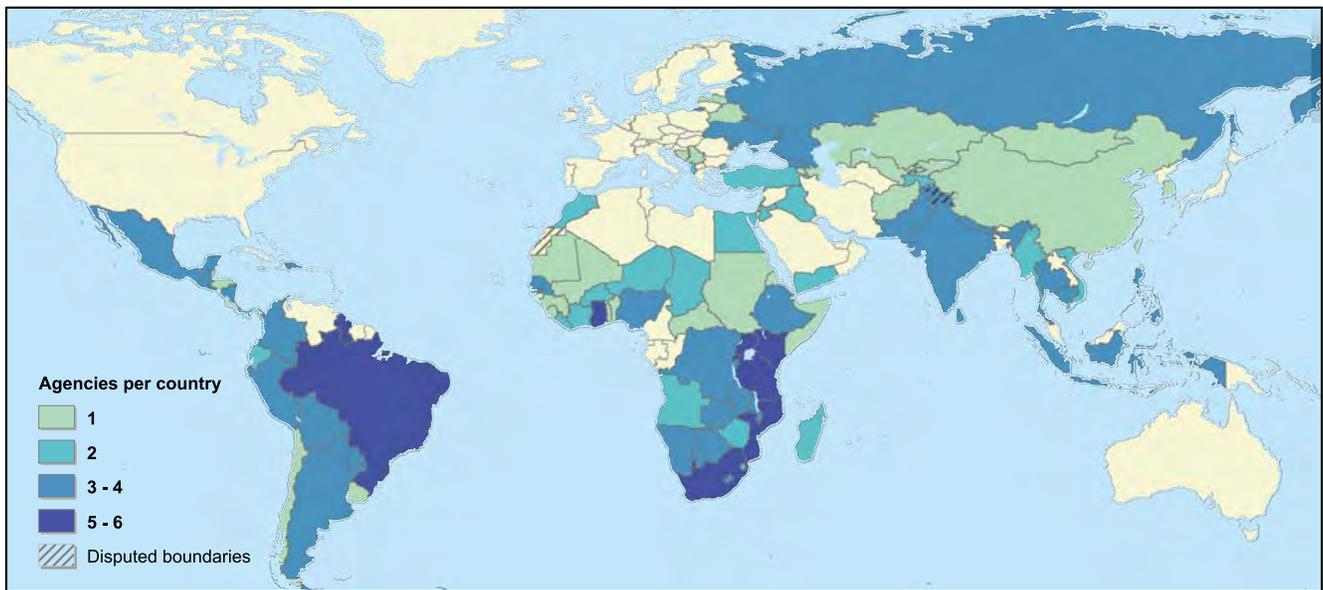
- eliminate the causes of vulnerability;
- strengthen families, communities, and national systems to minimize exposure to cumulative risk factors for high vulnerability; and
- strengthen protective factors and build capacity to help children recover and prevent a recurrence.

Map I: Countries Receiving USG Assistance for Highly Vulnerable Children



This map reflects information on 2,044 projects reported to the recently developed PL 109-95 database. While it includes information from almost all operating units currently working within the PL 109-95 coordination framework, it is not yet a complete representation. The PL 109-95 secretariat will continue to work with USG operating partners in 2010 to improve the comprehensiveness of the database, including determining how USG assistance for highly vulnerable children through multilateral organizations can be fully included.

Map 2: Number of USG Agencies Assisting Highly Vulnerable Children per Country



This map reflects information on 2,044 projects reported to the recently developed PL 109-95 database. While it includes information from almost all operating units currently working within the PL 109-95 coordination framework, it is not yet a complete representation. The PL 109-95 secretariat will continue to work with USG operating partners in 2010 to improve the comprehensiveness of the database, including determining how USG assistance for highly vulnerable children through multilateral organizations can be fully included.

I. INTERAGENCY COORDINATION

PL 109-95 was signed into law four years ago to respond to the global orphans and vulnerable children crisis. PL 109-95 calls for the U.S. Government (USG) response to the crisis to be *comprehensive, coordinated and effective*. Progress has been made toward this goal. Progress is due to the range of excellent USG assistance programs and the committed and talented colleagues who lead them.

However, implementing a USG response that is fully and truly *comprehensive, coordinated and effective* is complicated by a number of constraints:

- a global economic crisis that is rendering more children more vulnerable and is constraining the availability of resources to respond;
- a U.S. foreign assistance program that is organizationally complex within which programs for vulnerable children are stovepiped and decentralized across multiple USG operating units; and
- PL 109-95 is an authorization statute, but no specific funds for implementation have been appropriated.

With increasing numbers of children in need, funding constrained, and multiple agencies involved, it is more important than ever to improve the coherence, efficiency, and impact of the USG response to highly vulnerable children.

In recognition of this, the U.S. Agency for International Development (USAID), as the lead USG agency under PL 109-95, increased attention to PL 109-95 during the reporting period. A summary follows of achievements related to the PL 109-95 interagency coordination mandate. As a result of these and other actions, a stronger platform for interagency coordination has been built and momentum generated on which additional progress can be made by USG agencies and partners working together to assist children in need.

A. Full-time Special Advisor for Orphans and Vulnerable Children appointed

To provide senior leadership for PL 109-95, and continuity of leadership, USAID recently established a permanent Senior Foreign Service position for the U.S. Government Special Advisor for Orphans and Vulnerable Children. The USAID Administrator appointed Gary Newton, a Senior Foreign Service Officer, to fill the new position. Mr. Newton began in July 2008 as the first full-time Special Advisor. Mr. Newton is based at USAID headquarters in the Global Health Bureau's Office of the Assistant Administrator. From this base, he has been working to establish collaborative relationships with a range of colleagues within the USG and partner community.

B. Interagency Working Group reactivated, expanded

The Interagency Working Group is the main mechanism for implementing interagency coordination under PL 109-95. The working group was reactivated during the period and met on an almost bimonthly basis. Between 20 and 40 people participate, representing four USG departments (State, Labor, Defense, and Health and Human Services [HHS]), two USG agencies (USAID and the Peace Corps), the U.S. nongovernmental organization (NGO) community (represented by Global Action for Children), and the United Nations (UN) UN Children's Emergency Fund (UNICEF).

Meetings have been hosted by USAID; however, because PL 109-95 is an interagency concern, other departments have started hosting meetings. The Department of Labor hosted the July 2009 meeting, and the Department of State G/TIP office hosted the October 2009 meeting.

Interagency meetings provide a forum for members to disseminate information of general interest, keep abreast of developments in the legislative environment, learn best practices from invited outside experts, and generally network with colleagues working on similar programs and challenges. Interagency Working Group activities are also a mechanism for the Special Advisor to comply with reporting requirements and the mandate to develop and maintain a coordination strategy for USG assistance for highly vulnerable children under PL 109-95.

C. FY 2009 operational strategy and work plan completed to focus interagency work

In an effort to focus and prioritize our work, between July and December 2008, the interagency group developed an FY 2009 PL 109-95 operational strategy and work plan to guide the International Working Group's (IWG's) ongoing work. Several key tasks in the work plan were completed and are mentioned in this section of the report. In addition, other tasks completed include:

- The IWG completed and discussed an analysis of several issues, methods and practices to help ensure USG resources are targeted for the most vulnerable children. Findings from the analysis have been used to inform the strategic issues in Section II.
- An assessment of the child welfare workforce was completed to promote the sustainability of USG-supported programs, and it will inform IWG discussions regarding human capacity development.
- A guide or gateway to best practice resources was completed to facilitate knowledge and use of lessons learned and best practices, and will be updated periodically.

We will use a work plan in FY 2010 to prioritize and focus the secretariat's work in support of the IWG.

D. Secretariat established

The Special Advisor successfully advocated for a small PL 109-95 secretariat. A four-person secretariat was designed, positions created and approved, and staff recruited. This secretariat consists of:

- Gary Newton, USG Special Advisor for Orphans and Vulnerable Children (start date: July 14, 2008).
- Linda Sussman, Deputy Special Advisor for Orphans and Vulnerable Children (start date: July 23, 2009).
- Gillian Huebner, Program Analyst (start date: April 20, 2009).
- [Candidate selected] Senior Monitoring & Evaluation (M&E) Advisor (start date: December 16, 2009).

The secretariat was established with a customer service orientation. Customers are the 24 USG operating units with assistance programs that fall within the PL 109-95 coordination framework. The secretariat's goal is to support these customers to improve the USG's collective performance with respect to program strategy and coordination, monitoring, evaluation, reporting, and application of best practices, and as a result, do more and better for highly vulnerable children.

As noted, PL 109-95 is an unfunded legislative mandate. Financial support for the Special Advisor and the secretariat for implementation of the statutory requirements currently comes from the USAID Operating Expense budget (26 percent), and two USG programs that are strategically linked to PL 109-95, U.S. President's Emergency Plan for AIDS Relief (PEPFAR), through the USAID/Office of HIV/AIDS (55 percent), and USAID's Displaced Children and Orphans Fund (19 percent).

Barebones annual costs of fulfilling PL 109-95 minimum statutory requirements and coordinating an approximately \$5 billion USG assistance program would be in the \$1 million range.

E. The art/science of "interagency coordination" advanced

Interagency coordination is a core USG function and a collective responsibility. It is at the heart of PL 109-95.

Given its importance – not only just to PL 109-95, but also to the USG at large – little attention has been paid to the question of how we know when it is working – and when it is not. We are making coordination more concrete and measurable. While there is already a great deal of interagency coordination, discussions have started on the idea of using a set of coordination objectives and related performance indicators to more systematically track and measure it. Possible objectives could include:

- Key terms and concepts clearly defined, standardized, and understood across agencies;
- USG colleagues possess basic knowledge of who's doing what where;
- USG assistance programs improved by collective USG experience and expertise;
- Lessons learned regarding the efficacy of technical approaches and interventions shared and applied;

- Lessons learned regarding program management (e.g., capacity of implementing partners), shared and applied;
- USG agency comparative advantages delineated and utilized in a multi-agency response;
- Coverage rationalized/maximized through collaborative planning;
- Common constraints (e.g., policy, capacity, etc.) identified and addressed;
- Countries in which USG coordination is successful identified; reasons for success understood and emulated; and
- In countries receiving assistance from multiple USG agencies, the package of USG assistance is complementary/synergistic, and the impact of USG assistance amounts to more than the sum of its parts.

The IWG will select a set of performance objectives and indicators for coordination, test them in 2009–2010, and report on the test in the next annual report.

Coordination objectives and indicators will be at the core of the PL 109-95 M&E system 2.0, progress on which is reported below.

F. Initial progress on an improved monitoring and evaluation system

Under PL 109-95, a USG-wide monitoring and evaluation (M&E) system for assistance for “orphans and other vulnerable children” is a statutory requirement.

The first two PL 109-95 annual reports described USG assistance programs in terms of their respective accomplishments and provided examples of effective approaches. However, a USG-wide M&E system, covering assistance for only highly vulnerable children, with common performance goals and indicators that allows collective results to be aggregated, or a determination of overall USG program effectiveness, has not been developed. Such a separate system has not been established due to a number of constraints, including: methodological challenges; separate USG agency mandates; incompatible USG-agency M&E systems; and a lack of funding/no appropriation, staff, and authority to design, implement, and impose a unitary, standardized M&E system across six USG departments and agencies.

In spite of these constraints, initial progress has been made on the development of what we are calling an M&E system 2.0, meaning an improved system, which moves us closer to PL 109-95 goals:

- *M&E system 2.0 characteristics defined:* The parameters within which system 2.0 needs to be designed include: no or minimal incremental costs; consistent with internationally accepted definitions; uses data and strategic information currently collected and reported by USG agencies under, for example, FACTS Info, COPRS, FADB, and respective annual reports to Congress; compatible with national M&E systems; acceptable to USG agencies, Congress, and other stakeholders.
- *Inventory of USG agency M&E systems completed (in draft).* The assessment looked at mandates, definitions, and M&E systems and practices across 15 programs in five USG departments and agencies.
- *Assessment to determine the feasibility of using common indicators across the spectrum of USG assistance programs completed.* One-hundred-eighty indicators in use across a selection of USG programs were assessed to determine the feasibility of using a set of common indicators. The assessment found that in two of five intervention areas – capacity building and service delivery – it might be possible to use common indicators.
- *“Especially Vulnerable Children” included as a “key issue” in annual Operational Plan (OP) reporting.* In an effort to institutionalize the collection of information on USG assistance to children in need, and help comply with PL 109-95 M&E requirements, the Department of State’s Office of the Director of Foreign Assistance (F) included “especially vulnerable children” (using the PL 109-95 definition) as a “Key Issue” in FY 2008 and FY 2009 Performance Plan and Report Guidance (PPR). In response, State and USAID operating units reported some relevant activities through FACTS Info. However, even if all relevant activities were captured, the FACTS Info system includes performance data on only two of the seven USG agencies within PL 109-95’s

coordination mandate. The PL 109-95 secretariat and F will continue to collaborate to increase the accuracy and completeness of reporting on this key issue and explore how to use the FACTS system to meet PL 109-95 reporting requirements with greater efficiency.

- *Population-level Index of Children in Need or Vulnerability Index under development.* The USG, UN, and partners continued technical collaboration to determine the feasibility of developing a measurable, cross-nationally applicable definition of “highly vulnerable children,” alternatively called “children in need of additional support” (NOAS), and a related composite index. The index under development would allow the percent of children who are highly vulnerable – or in need of additional support – in a given country to be estimated, thereby making estimates of coverage and unmet need possible. Two models for conceptualizing this index were presented at the October 2009 meeting of the UN-sponsored Inter-Agency Task Team (IATT) on Children and HIV/AIDS sub-working group on M&E.
- *Draft proposal for an M&E system 2.0 completed.* The draft provides a preliminary M&E framework, including suggested USG-wide performance goals and related indicators.
- *An interactive two-part database constructed that is crucial for interagency strategic planning and coordination per PL 109-95 legislative requirements.* The two parts are:

A database to update and clarify the profile and magnitude of our target population:

This database is intended to be a key source for reliable data on highly vulnerable children. The selection of vulnerability indicators, provided and vetted by the UN and other international partners, accelerates movement toward a working definition of “highly vulnerable children” for the USG, the lack of which has stymied PL 109-95 M&E efforts. PL 109-95 defines an “orphan” but does not provide a definition for “highly vulnerable children.” Estimates of the number of children affected, broken down by causes and consequences of vulnerability, provide a sense of the nature and magnitude of the crisis. Global statistics are included, as well as country-level information, where available. There is overlap among various categories. For example, children who are orphans, outside of family care, child laborers, trafficked, and living in extreme poverty may be different ways to describe – or type – the same child. Many of these children face cumulative risks. Therefore, a global estimate of the total number of highly vulnerable children is not possible until a single vulnerability indicator – or index – is agreed upon. While such an index is being developed and tested, PL 109-95 will continue to collaborate with partners to explore the feasibility of using a single measure of household assets – or extreme poverty – to approximate the total number of highly vulnerable children.

A database of USG assistance for this target population:

This database provides a detailed picture of the “architecture” of the USG assistance program for highly vulnerable children. It serves as a basic tool for strategic planning and coordination for the USG and partners. The database draws from and builds on project information contained in the FACTS Info and COPRS database systems. The database currently contains information on intervention areas, target groups, recipient organizations, and budgets for 2,044 projects in 113 countries. Twenty-one operating units across seven USG departments and agencies – Agriculture, Defense, HHS, Labor, Peace Corps, State, and USAID – provide assistance to NGO, FBO, UN, International Organization (IO), and host-country government partners to implement these projects. The database shows, for example:

- countries with the most (5 to 7) USG agency programs: Brazil, Ghana, Kenya, Mozambique, South Africa, and Uganda;
- countries with the most projects: South Africa (223), Kenya (165), Nigeria (114), Uganda (114), and Tanzania (105); and
- agency with the most/least number of projects: USAID (1,055); USDA (1).

The PL 109-95 secretariat plans to develop an interactive Web-based platform for the database to ensure its wide availability and facilitate periodic updating. The platform would enable USG agencies, the secretariat, partners, and stakeholders to:

- improve alignment between the USG programmatic response and need;
- identify actual/potential overlap in target populations and duplication in coverage; and
- identify countries with particularly complex USG programs and help improve coordination.

If an agreement is reached on a single index or indicator for highly vulnerable children, the database will ultimately enable:

- the estimation of a denominator comprised of all highly vulnerable children for regions/countries; and
- the estimation of coverage levels, i.e., met and unmet needs of children.

Preliminary reports from the PL 109-95 database will be available on the Web in January 2010. An interactive Web-based platform is expected to be accessible by April 2010. While the Web-based platform is under construction, interested parties may request database reports from the PL 109-95 secretariat.

To improve the PL 109-95 M&E system, we conferred widely with recognized M&E experts from, for example, MACRO International (the organization that conducts Demographic and Health Surveys), the Annie E. Casey Foundation, UNICEF, Save the Children, and the Futures Institute. The imminent hiring of a senior technical expert to fill the newly established PL 109-95 M&E position should lead to a marked acceleration of M&E progress.

G. NGO comments on the Third Annual Report to Congress on PL 109-95

Global Action for Children (GAC) and NGO partners played a seminal role in the creation and establishment of PL 109-95. Since the Act's passage, they have been consistently supportive and constructively engaged in efforts to accelerate implementation of the law. GAC and NGO comments and recommendations on the first two annual reports were included in those reports. Over the past year, the PL 109-95 Special Advisor and secretariat have made every effort to address GAC/NGO recommendations as resources and authorities allow. Again this year, GAC coordinated the NGO community review of the annual report. Their encouraging comments are included as Annex B. We are most appreciative of the partnership with GAC and the NGO community.

II. STRATEGIC OPPORTUNITIES

PL 109-95 requires that, “Not later than 180 days after the date of enactment of this Act ... a strategy for coordinating, implementing, and monitoring assistance programs for orphans and vulnerable children (will be developed and sent to Congress).” USAID submitted a strategy to Congress in May 2006. The strategy is useful and responsive to the Act’s requirements, and the IWG did an informal update of the coordination strategy in late 2008. The 2006 strategy is a “coordination” strategy. It addresses the challenge of how to optimize the effectiveness of multiple USG assistance programs, each with its own mandate-driven strategy.

Experience gained and evidence collected since the Act’s passage highlight overarching strategic opportunities. Interagency conversations started on these, and other opportunities will continue with the expectation that dialogue will strengthen the coherence of the overall USG program. Opportunities include:

A. Targeting resources and tailoring interventions based on improved understanding of orphans and orphanhood

Orphans – along with other vulnerable children – are the focus of PL 109-95. Since PL 109-95 was enacted in November 2005, the literature on orphans has grown, but remains scant, and many findings are ambiguous. A number of studies examine the relative vulnerability of children who are orphaned compared to those who are not. Studies show that the vulnerability of orphans varies by age, gender, household wealth, location, household composition, and whether the child has lost his/her mother, his/her father, or both. Many studies demonstrate that being an orphan contributes to a child’s vulnerability.³ Recent research examining data from a number of countries in Africa shows poverty to be a more consistent predictor of vulnerability than orphanhood.⁴

There follows a brief global sketch of what we know about orphans and orphanhood.

- The UN – and USG – definition of an “orphan” is a child whose mother or father, or both mother and father, has died.⁵ According to this definition, there are an estimated 163 million orphans worldwide.⁶
- Approximately 88.8 percent of the world’s 163 million orphans have lost one parent (144.7 million single orphans), and 11.2 percent have lost both parents (18.3 million double orphans).⁷
- Country data on orphans are currently only available for the year 2007 and show that countries with the highest populations of orphans are: India (25 million), China (17 million), and Nigeria (9.7 million).⁸ Regional data available for the year 2008 show that, of the 163 million orphans globally, 55.3 million – or 33.9 percent – are in sub-Saharan Africa.⁹
- Approximately 10.7 percent (17.5 million) of the world’s 163 million orphans have lost one or both parents due to AIDS.¹⁰
- A number of studies found that children who have lost their mother are more likely to have worse educational outcomes than children who have lost their father.¹¹
- Girls are sometimes affected differently than boys.¹² For example, some studies have found girl orphans to be at greater risk than boys for HIV infection and other threats to their reproductive health.¹³
- Most orphaned children continue to live in families – typically with a surviving parent or sibling, or members of their extended family.¹⁴ This reality underlines the central importance of supporting families on whom vulnerable children – orphaned or not – rely for ongoing care and support.¹⁵
- The relation of the adult caregiver to the orphan can affect the well-being of the child.¹⁶ In a study of 19 countries in sub-Saharan Africa, children living in a household headed by a relative were worse off than those living with a parent, and children living in households headed by non-relatives were less likely to be enrolled in school.¹⁷
- An estimated 2,000,000 children live in institutions.¹⁸ The percentage of institutionalized children who are orphans is not known. Studies show that a significant proportion of institutionalized children have one or both parents.¹⁹ For example, in Afghanistan, Belarus, Bhutan, Kyrgyzstan, Nepal, Sri Lanka, and Tajikistan, 80 percent or more of children living in institutions have a living parent, and in Bangladesh, Bolivia, and Pakistan, more than 50 percent of children living in institutions have a living parent.²⁰

Reuniting a Family in Sri Lanka

Valarmathi, a Hindu woman in Sri Lanka's conflict-ridden North, has three children. When Mathulan, the youngest, was eleven days old, the father left the family. Valarmathi had no income, so her mother and brothers did their best to help her raise her children. Unable to escape extreme poverty, Valarmathi eventually sent her youngest son to a children's home. The care was free.

"I could not afford to send my children to school, and this was the only option available. Mathulan was in the home for two years, but it was not good for him," Valarmathi said. "The children fought, and older children appointed as wardens didn't look after the younger children. I was allowed to see him only once a month. They thought that if children saw the family frequently, they would want to go home, so they discouraged us from seeing them or bringing them home-cooked food."

With help from the New Beginnings for Children Affected by Conflict and Violence program, Valarmathi and her children now face a brighter future together. Mathulan was referred to the program, which is supported by USAID's Displaced Children and Orphans Fund. After an assessment determined that Valarmathi had no income, the program provided her a food allowance of 2,500 rupees (\$22) per month for six months. As a single mother, she also received 15,000 rupees that she used to make food to sell at nearby shops. Valarmathi made steady progress and received 15,000 more rupees to expand her business. She now makes a monthly profit of 2,000 to 4,000 rupees. With her new income, Valarmathi was able to pay for school and bring Mathulan home.

- Many children who are not orphans do not live with their biological parents. In some regions, a substantial proportion of children whose parents are living reside with adults other than their parents. For example, in 10 countries in West and Central Africa, where informal fostering is common, between 15 and 36 percent of all children live in households that do not include their parents.²¹
- Reliable estimates of children who are without parental or family care are not available. These are children not captured by population-based surveys that rely on data collected from households. What data there are on children outside of family care do not necessarily indicate: (a) which of these children would have a family that could care for them if they were returned; (b) which children have a family to whom they could be returned if support were provided to the family; (c) which children have families incapable of providing care, even with support; and (d) which children's families are completely unavailable.
- A number of studies have found that, relative to children who are not orphans, orphans are at a disadvantage in terms of schooling, including enrollment, grade level, and dropping out.²² Some researchers have found no disadvantage.²³ Analysis of population-based survey data suggests that poverty is often more consistently related to a child's educational status than orphanhood *per se*.²⁴
- The results of certain studies – and field experience – caution that singling out specific children for special benefits based on their orphan status can lead to stigma, resentment, and harsh treatment from those in their households, schools, and communities, particularly where poverty may be endemic and children who are not orphans may be equally – if not more – needy.²⁵

The PL 109-95 secretariat will continue to identify and disseminate information on the causes and characteristics of orphanhood – and vulnerability – in an effort to ensure assistance is responsive to the most highly vulnerable children.

B. Poverty and children's vulnerability

The vast majority of children who are refugees, internally displaced, living on the street or in institutions, associated with armed groups, vulnerable to trafficking and child labor, or suffer the effects of HIV/AIDS tend to have one thing in common: extreme poverty. Poverty delivers a powerful blow, knocking children off a child-friendly and developmentally appropriate track and forcing them to face a cascade of risks.

The international community does not estimate or track the number of “highly vulnerable children” worldwide. Using household assets as an indicator, there were an estimated 509 million children living in extreme poverty in 2004. Of these, around 60 million children were counted as “ultra poor” – living on \$0.50 per day or less.²⁶ Given the well-documented linkages between extreme poverty and vulnerability, it is reasonable to assume that these children are among the world’s most highly vulnerable.

The current financial crisis is likely delivering a one-two punch to the world’s poor. First, poor households, many of which were already struggling with unusually high food prices, are now facing increasing unemployment.²⁷ Second, increased financial constraints are forcing governments to scale back social safety nets, including health and education programs.²⁸

Evidence on the impact of the current crisis of poverty is based on an analysis of household surveys collected from many countries. The surveys shed light on how poverty responds to changes in national income. Based on this evidence, analysts from the World Bank project that in 2009 and 2010 the crisis will slow – but not stop – the recent trend toward falling global poverty rates. As a result of this slower rate of progress, the share of the population in the developing world that is living on less than \$1.25 per day will fall from 21 percent in 2008 to 18 percent (1.04 billion people) in 2009, whereas the pre-crisis rate of growth would have reduced the poverty rate to 17 percent (987 million people). In other words, the slower growth caused by the crisis is projected to add 53 million people to the number living in extreme poverty in 2009.²⁹

Experience from previous economic crises shows a direct relationship between economic shocks and increased death and illness among children, as well as increased child labor and exploitation.³⁰ School attendance during times of crisis typically declines, disproportionately affecting girls. Higher incidences of abuse and violence against children have also been linked to times of economic tumult.³¹

Preliminary estimates for 2009 to 2015 forecast that an average 200,000 to 400,000 additional children will die each year, totaling 1.4 to 2.8 million child deaths, if this crisis persists.³² Additionally, experts estimate that the food crisis has caused 44 million cases of severe malnutrition, which may result in permanent damage to children’s growth and development.³³

The International Labour Organization’s International Programme on the Elimination of Child Labour has highlighted its concern that reduced living standards could force many poor households to send children to work, or to take children out of school because they cannot afford the cost of education.³⁴ Indeed, the root cause of most child labor is poverty and lack of equitable access to education.³⁵ As poverty pushes children into labor exploitation, child labor perpetuates a cycle of poverty that prevents children, families, and nations from reaching their full potential.

Children in the lower income quintiles are subject to the added risk of being trafficked or compelled to engage in hazardous forms of work. During the East Asian financial crisis of 1997–1998, increased numbers of street children and girls involved in commercial sexual exploitation were reported.³⁶ Similarly, children who become associated with armed forces or groups may do so because they view enlistment as their best option for survival in the context of extreme poverty, violence, and social inequality.³⁷ Studies have also shown that poverty, not the absence of family, is the most common reason for placing children in orphanages.³⁸

The effects of such calamities are difficult to reverse. When children are severely malnourished, unable to attend school, institutionalized, subject to maltreatment, and pushed into labor or conflict, the effects tend to be long-term. These challenging consequences are likely to be passed on to future generations.³⁹

In many countries hit hard by the current economic crisis, the ability to address child vulnerability is low. Increasing levels of vulnerability are compounded by widespread public service cuts and limited institutional capacity to expand spending for vulnerable groups.⁴⁰

C. Common reliance on a weak sector – child welfare

Strong child welfare systems are as important to the success of U.S. programs that assist highly vulnerable children as are strong health systems to the success of programs that assist sick children. Yet, for many countries to which the USG provides assistance, relatively little is known about national child welfare and protection systems in terms of their capacity to identify and care for highly vulnerable children on a sustainable basis.

Based on field experience and limited data, it is believed that the child welfare sector is, all too often, neglected and woefully understaffed and under-resourced. In many countries, child welfare systems undoubtedly need significant strengthening if U.S.-funded programs for highly vulnerable children are to take root in local soil and survive, if not thrive. The most critical constraint within the child welfare sector may well be the human resource constraint. Just as in the health sector, so, too, in the child welfare sector there is an acute shortage of child welfare workers in many countries.

Given the need to strengthen child welfare systems and the need for more and better information on which to base such efforts, a systematic assessment of the nature and scope of the human resource constraint in the child welfare sector was completed.⁴¹ The findings of that assessment, a series of assessments carried out under USAID's Capacity Project in Namibia, Malawi, and Tanzania, and an assessment of child welfare systems in eight countries in the Europe and Eurasia region⁴² include:

- Fewer than one-third of the countries where laws have been passed to protect children from all forms of violence and exploitation have the resources to enforce the laws.
- Although there are few quantitative workforce studies, qualitative studies consistently describe child welfare departments and ministries as weak, with acute shortages of trained workers.
- The few workforce studies that have been completed reveal vacancy rates for established professional and paraprofessional positions to be around 50 to 60 percent. Half of these paraprofessionals leave their jobs within five years. High caseloads and low pay are major contributing factors. In addition, social workers with specialized technical skills to facilitate family reunification, foster care, and adoption services are few and far between. In some countries, they are almost nonexistent.
- Although some countries have a national plan of action for orphans and vulnerable children and other legal protections (though these protections may not be extended to refugee and displaced populations), few countries have determined a projected demand for services and workforce needs. However, a workforce study that costed implementation of the Children's Act in South Africa shows a shortfall of 4,000 social workers by 2010–2011. Full implementation of the law will require four times the projected number, with the shortfall expected to increase, given the limited number of social work graduates to fill the gap.
- The social work profession must establish a common ethical code and common standards of professional practice in order to provide legitimacy, protect the public, raise the status of the profession, and convince governments of the need to enlist social work professionals and to pay for the services they provide. Replication of models for development and dissemination of standards that reflect the local reality are usually required.
- The amount of necessary training and support for newly developed child welfare staff and NGOs is often far greater than donors and project implementers expect, and extensive technical assistance is needed as new activities are implemented and systems are reformed.
- Other critical constraints in the child welfare sector include unclear and overlapping structures and mandates; poor coordination, supervision, accountability, and support among national and local welfare offices; a lack of accurate and up-to-date data to inform priorities and policies; and insufficient equipment, supplies, infrastructure, and vehicles.⁴³

D. Cash transfers and highly vulnerable children

Social protection has emerged as an important sector within governments in countries of all income levels that are struggling to provide economic support to their poorest citizens, and to prevent others from joining their ranks. Social protection refers to interventions to enable poor and vulnerable households to increase their ability to manage risk, thereby allowing them to contribute to, participate in, and benefit from economic growth. Increasing attention is being given to the role of child-sensitive

social protection systems in providing support and protection to children and families affected by HIV/AIDS.⁴⁴ One of the most commonly used tools of social protection is cash transfers, both conditional and unconditional.

Participants at the biennial Global Partners Forum on Children Affected by AIDS, held in Dublin, Ireland, in October 2008, arrived at a consensus on the need for a stronger focus on comprehensive social protection systems.⁴⁵ Likewise, based on two years of research and analysis, the Joint Learning Initiative on Children and HIV/AIDS (JLICA) advises that national social protection policies are the best tools countries can use to provide vulnerable families with basic economic security. JLICA particularly recommends cash transfer programs as an effective and promising approach to be implemented within social protection systems. Such programs provide cash to highly vulnerable individuals or households with the objective of alleviating or reducing poverty.⁴⁶

The JLICA study reviewed 300 documents describing and evaluating cash transfer programs. The results demonstrated benefits to children's nutrition, growth, education, health status, and use of health services. The researchers found, for example, that in households with a person who receives an old-age pension, there is increased spending on food, and in South Africa, they found an increase in children's growth, particularly among girls. A number of country programs demonstrated increases in children's school enrollment and attendance within households receiving cash transfers.⁴⁷

Though their recommendations to implement income transfer programs specifically focused on countries with high AIDS prevalence, JLICA cautions against targeting these benefits specifically to children or families affected by AIDS. Instead, JLICA suggests that extreme poverty be the primary inclusion criterion.⁴⁸

The design of cash transfer programs varies widely from country to country and different types of conditionality, targeting, etc. are more effective in different environments. Ultimately, decisions about these programs must reflect national contexts and priorities.⁴⁹ Fortunately for the donor community, cash transfer programs are being extensively piloted and rigorously evaluated around the world. USAID has supported a number of these evaluations and studies. Additionally, USG, through USAID and other agencies, plays a critical role in strengthening social welfare, health, and education systems, which are critical to the effectiveness and efficiency of cash transfers.

On September 22, 2009, the Organization of American States launched the Inter-American Social Protection Network. The Network was a commitment made by heads of state at the Summit of the Americas in April 2009. Secretary of State Hillary Clinton hosted the launch, expressing the USG's commitment to supporting best practices in social protection in Latin America. In particular, she noted conditional cash transfer programs and their positive impact on health and education outcomes for children.

The PL 109-95 secretariat will work to ensure USG and partner colleagues understand the conditions under which cash transfer programs may work best and will facilitate dialogue on the role USG programs within the PL 109-95 coordination framework might play to contribute to the success of cash transfer programs.

III. OPPORTUNITIES AND PRIORITIES 2009–2010 AND BEYOND

PL 109-95 priorities for 2009–2010 and beyond are to collaborate with USG, NGO, FBO, IO and UN partners to:

- Identify countries with particularly complex USG assistance programs (in terms of the number of agencies and projects that comprise the program), determine the status of interagency coordination, identify and disseminate best coordination practices, and assist countries to improve coordination, if requested.
- Under the technical leadership of a new senior PL 109-95 M&E advisor, reach agreement on an improved M&E system 2.0 and begin implementation (system elements include: a “vulnerability index”; a methodology for improving the identification of the most at-risk populations of children; a set of interagency coordination objectives and indicators; improved compatibility with F/FACTS; databases on target population and USG response; updated, common definitions of key terms; and a guide to resources on best practices).
- Determine the feasibility and cost of filling key data gaps on children living outside of permanent family care and promote the collection and use of data to inform and guide an improved response.
- Increase support for child welfare and child-friendly social protection system strengthening, especially workforce development.
- Convene a USG conference on international assistance for family and child welfare and social protection system strengthening.
- Increase support for the economic strengthening of extremely poor households – including the feasibility of support for cash transfer programs – to keep families intact and improve their ability to care for their children.
- Orchestrate opportunities for USG partners to learn lessons from one another.
- Update understanding of how USG resources are allocated broadly between, for example:
 - responding to the causes (e.g., extreme poverty) and/or consequences (e.g., child labor, trafficking, and disease) of vulnerability;
 - preventing children from becoming orphans or highly vulnerable versus assisting children who are in crisis now;
 - assisting the most needy children versus assisting the most children who are needy; and
 - paying for the direct costs of care and support versus policy dialogue and capacity building to help countries provide sustainable care and support with local resources.
- Seek permanent funding to implement PL 109-95.

These opportunities and priorities constitute the core of the PL 109-95 secretariat implementation strategy and work plan. Using the coordination platform in place and the momentum and goodwill prevailing across the USG and partner community, progress will be made on these priorities over the course of the next year.

IV. USG PROGRAM RESULTS AND ACHIEVEMENTS

PL 109-95 requires the annual report to Congress include information on grants, cooperative agreements, contracts, contributions, and other forms of assistance awarded or entered into under Section 135 of the Foreign Assistance Act of 1961 (FAA). Specifically, the annual report needs to contain information on: (1) the amount of funding, the name of the recipient organizations, the location of programs and activities, the status of progress of programs and activities, and the estimated number of orphans and other vulnerable children who received direct or indirect assistance under the programs; (2) the results of monitoring and evaluation system applicable to OVC's; (3) the percentage of assistance provided in support of orphans or other vulnerable children affected by HIV/AIDS; and (4) any other appropriate information relating to the needs of orphans and other vulnerable children in developing countries that could be addressed through the provision of foreign assistance authorized under Section 135 of the FAA.

The following section, along with the new USG assistance database described in Section I. F, is designed to meet, to the extent possible, statutory reporting requirements of PL 109-95 and give Congress a comprehensive overview of USG efforts on behalf of highly vulnerable children.

Section IV is divided into two sub-sections. The first and longest sub-section (IV.A.), describes USG programs that are within the current PL 109-95 coordination framework. In line with the requirements of PL 109-95 and the focus of the PL 109-95 strategy, these programs are generally focused on the most highly vulnerable children, and therefore, there is a strong rationale for close programmatic coordination. These programs both prevent highly vulnerable children from suffering the consequences of their vulnerability and assist children already suffering the consequences.

The second sub-section (IV.B.), shorter in length, but critically important, describes USG programs that address the needs of children more broadly. These programs, such as basic education and childhood immunization, are generally intended for all children in certain areas or regions and are mainly designed to prevent vulnerability. Importantly, several of these programs, such as family planning and HIV/AIDS prevention, prevent children from becoming orphans altogether by reducing mortality of their parents.

The distinction between the two types of programs is not conceptually clean, and there are gray areas. The PL 109-95 secretariat will continue to work with the interagency working group to refine the definition of "highly vulnerable children" and clarify the typology of USG programs for children.

A. USG Programs within the PL 109-95 Coordination Framework

This section summarizes the achievements of USG assistance during the reporting period in terms of programmatic results (e.g., direct delivery of essential services; capacity development; research; policy, diplomacy, and advocacy); best practices and lessons learned (e.g., the relative effectiveness of different interventions; key findings and recommendations from program assessments, evaluations, and research); and interagency coordination.

TABLE 2: USG ASSISTANCE TO HIGHLY VULNERABLE CHILDREN IN FY 2008

USG Implementing Agency or Department	FY 2008 Budget
Department of Agriculture	\$6,843,736
McGovern Dole Food for Education and Child Nutrition Program	
Department of Defense	
HIV/AIDS Prevention Program (DHAPP)	\$3,130,000
Office of the Under Secretary of Defense (Policy)	\$103,000,000 ⁵⁰
Department of Health and Human Services	
Centers for Disease Control and Prevention (CDC)	\$5,500,000
Health Resources and Services Administration (HRSA)	\$6,371,200
National Institutes of Health (NIH)	\$143,000,000
Department of Labor	
Bureau of International Labor Affairs (ILAB)	\$82,516,000
Department of State	
Bureau of Consular Affairs, Overseas Citizen Services, Office of Children's Issues (OCI)	\$8,601,062
Bureau of Democracy, Human Rights and Labor (DRL)	\$402,000
Bureau of Population, Refugees and Migration (PRM)	\$30,000,000 ⁵¹
Office to Monitor and Combat Trafficking in Persons (G/TIP)	\$12,620,000
Peace Corps	\$3,296,500
U.S. Agency for International Development	
Bureau for Africa (AFR)	\$5,371,776
Bureau for Asia and the Middle East (AME)	\$66,533,859
Bureau for Europe and Eurasia (E&E)	\$3,750,000
Bureau for Latin America and the Caribbean (LAC)	\$15,859,000
Bureau for Economic Growth, Agriculture and Trade (EGAT)	\$48,487,522
Displaced Children and Orphans Fund (DCOF)	\$13,000,000
Office of Food for Peace (FFP)	\$940,277,320
Office of HIV/AIDS (OHA)	\$3,432,000
PEPFAR OVC Programs Managed by USAID Field Missions	\$258,058,045
Office of U.S. Foreign Disaster Assistance (OFDA)	\$100,600,000
Total	\$1,860,650,020⁵²
U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Office of the U.S. Global AIDS Coordinator	
OVC Programming	\$328,442,123 ⁵³
Care and Treatment Programming	\$2,402,304,383 ⁵⁴

Programs summarized in this section:

- Provide humanitarian and emergency assistance to children in dire need of immediate help due to natural disasters or conflict including children who are refugees or internally displaced, and children associated with armed groups/forces.
- Assist children outside family care, including many orphans and street children.
- Respond to children who are involved in or vulnerable to the worst forms of child labor.
- Provide care, support, and treatment to children affected by HIV/AIDS.
- Strengthen families and their protective capacities and thus prevent children from being abandoned, abused, exploited and otherwise highly vulnerable.
- Enable families to care for disabled children and decrease the risk of abandonment.
- Prevent child marriage.
- Build child welfare capacity to a critical mass and thus enable countries to identify and respond to highly vulnerable children. USG assistance programs ultimately depend on such capacity for long-term effectiveness and viability.



U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF: AN INTERAGENCY APPROACH

In 2003, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was launched to combat global HIV/AIDS – the largest commitment by any nation to combat a single disease in history. The initial legislative authorization for PEPFAR is PL 108-25, the United States Leadership Against Global HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

On July 30, 2008, H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 was signed into law, authorizing up to \$48 billion over the next five years to combat global HIV/AIDS, tuberculosis, and malaria. The reauthorization includes a 10 percent earmark for orphans and vulnerable children. A definition of orphans and vulnerable children has been included in the legislation for the purposes of programming PEPFAR funds.

Through FY 2013, PEPFAR plans to work in partnership with partner countries to support treatment for at least 3 million people; prevent 12 million new infections; and care for 12 million people, including 5 million orphans and vulnerable children.

PEPFAR is an interagency effort involving multiple implementing departments and agencies. The primary PEPFAR implementing departments and agencies include USAID, Department of Defense (DoD), Department of State (DoS), Department of Labor (DoL), Department of Health and Human Services (HHS), and Peace Corps. In order to coordinate the work of these primary departments and agencies, PEPFAR has established several decision-making structures, including a series of technical working groups. The U.S. Global AIDS Coordinator is appointed by the President and confirmed by the Senate to coordinate and oversee the U.S. global response to HIV/AIDS.

PEPFAR Orphans and Vulnerable Children (OVC) Programming

FY 2008 budget: \$328,442,123⁵⁵

Because HIV/AIDS predominantly affects people of childbearing age, its impact on children can be devastating. For this reason, caring for orphans and vulnerable children is integral to PEPFAR's efforts to mitigate the broad socioeconomic impact of HIV/AIDS. In FY 2008, PEPFAR provided \$328 million in funding for OVC activities in the countries completing Country Operational Plans (COPs). This represented 9.5 percent of total PEPFAR funding for HIV prevention, care, and treatment.

PEPFAR projects are managed by the U.S. Departments of Defense, Health and Human Services, Labor, and State, Peace Corps, and the U.S. Agency for International Development. Most projects targeting orphans and vulnerable children are managed by field Missions. The OVC Technical Working Group, based in Washington, DC, formulates technical guidance and supports implementation in the field.

Country-specific interagency OVC technical working groups similarly bring together representatives from several USG departments and agencies to establish USG programming priorities in partnership with relevant host-country government representatives, as well as other donors and implementing partners. These OVC technical working groups serve as in-country teams of technical specialists for OVC policy, programming, and management. They help to establish country-level indicators and targets for programs and use them to evaluate the success of programs. They identify and disseminate best practices, tools and resources, as well as provide a channel through which information can flow between the field and headquarters.

Recognizing the central importance of preserving families, PEPFAR OVC programming in 2008–2009 has continued to prioritize efforts to strengthen the capacity of families to protect and care for orphans and vulnerable children. PEPFAR has invested in treatment to prolong the lives of parents and caregivers and has provided them with the necessary skills and resources to address the needs of children affected by HIV/AIDS. Economic strengthening has been one of the primary means of assisting families to be able to care for the children within their households. In addition, PEPFAR continues to support communities to create social safety nets for orphans and vulnerable children and their caregivers and develop strategies to strengthen more formal systems of support – including policies and programs developed and implemented by community and faith-based organizations, NGOs, and relevant governmental bodies. In this way, PEPFAR hopes to facilitate more sustainable OVC support, ensuring that fewer vulnerable children slip through the cracks. PEPFAR has also continued to support interventions that enable young people to meet their own needs, support their peers and families, and contribute to the well-being and development of their communities.

Services are provided based on identified need and context. Support services are developed and make a measurable difference in the lives of orphans and vulnerable children. PEPFAR has worked with partners to develop a Child Status Index to help programs initially assess the level and type of need, and monitor the impact of services on child well-being.

As a result of PEPFAR-funded activities in 2008, approximately 4,046,000 orphans and vulnerable children benefited from support. Among those receiving direct support, nearly half received three or more of the following services: food and nutrition; shelter and care; legal protection; health care; psychosocial support; education and vocational training; and economic strengthening.

PEPFAR Care and Treatment Programming

FY 2008 budget: \$2,400,000,000⁵⁶

A key priority of PEPFAR is providing lifesaving antiretroviral treatment (ART) to people living with HIV/AIDS. ART, which usually involves a combination of three drugs, can dramatically decrease the number and severity of illnesses associated with HIV infection. ART can also significantly improve the duration and quality of life of HIV-positive men, women, and children. These improvements are vital for maintaining the integrity of families and the welfare of children in severely affected communities.

Globally, PEPFAR supported lifesaving antiretroviral treatment for approximately 2.1 million men, women, and children through September 30, 2008. Of this, PEPFAR supported lifesaving antiretroviral treatment for more than 2 million people through bilateral programs in PEPFAR's 15 focus countries in sub-Saharan Africa, Asia, and the Caribbean. During the 2008–2009 period, PEPFAR expanded access to treatment for children, with the number of children receiving ART through downstream PEPFAR support increasing 51 percent from FY 2007 levels. PEPFAR reached approximately 130,100 children with direct treatment and care support, compared with only 4,800 in FY 2004.

To accurately diagnose HIV infection in infants and children so they can access treatment, PEPFAR supports nations in expanding polymerase chain reaction (PCR) testing to identify the presence of HIV. To expand access to accurate diagnosis, PEPFAR-supported programs are testing infants and children using dried blood spots on filter paper, which requires less blood per test than older methods and can be easily transported to central laboratories for testing. PEPFAR has supported country-level policy change to allow PCR-based dried blood spot testing in order to reduce the cost and burden of infant diagnosis. Most PEPFAR countries have now adopted such policies, making accurate HIV diagnosis and management of pediatric treatment a growing

reality. PEPFAR supports training programs to teach health care workers how to treat pediatric patients and has supported the development of dosing guides for children of various ages and sizes.

To meet the growing need for antiretroviral drugs (ARVs), the Food and Drug Administration within the U.S. Department of Health and Human Services (HHS/FDA) introduced an expedited “tentative approval” process. This process allows ARVs from anywhere in the world that are produced by any manufacturer to be reviewed rapidly in order to assess their quality standard and subsequently clear them for purchase under PEPFAR. As of December 20, 2008, 78 generic ARV formulations had been approved or tentatively approved by HHS/FDA under the expedited review, including 16 fixed-dose combination products that contain two drugs in the same tablet or capsule, and seven fixed-dose combination products that contain three drugs in the same tablet or capsule. Twenty of the newly approved ARVs are intended primarily for pediatric use.

PEPFAR also provides “care and support,” which refers to the wide range of services other than antiretroviral treatment offered to people living with HIV/AIDS and other affected persons, such as family members. Care and support comprises five categories of services: clinical (including prevention and treatment of opportunistic infections and AIDS-related malignancies, and pain and symptom management), psychological, social, spiritual, and preventive services. PEPFAR’s first five-year goal was to support care for 10 million infected and affected by HIV/AIDS, including orphans and vulnerable children. As of September 30, 2008, the U.S. Government had:

- supported care for more than 10.1 million people affected by HIV/AIDS worldwide, including more than 4 million orphans and vulnerable children;
- supported HIV counseling and testing for nearly 57 million people; and
- supported tuberculosis treatment for more than 395,400 HIV-infected patients.



DEPARTMENT OF AGRICULTURE

McGovern Dole Food for Education and Child Nutrition Program

FY 2008 budget: \$6,843,736

The U.S. Department of Agriculture provides assistance to highly vulnerable children in Mozambique through the McGovern Dole Food for Education and Child Nutrition Program administered by the Foreign Agricultural Service. Among its central goals in Mozambique, Joint Aid Management (JAM) is working to increase the enrollment and attendance of orphans and vulnerable children in schools in the Inhambane, Manica, Sofala, and Gaza regions. JAM is distributing a take-home ration to selected children who have an attendance rate of at least 90 percent. Students receive a portion of rice 30 times per school term, three terms per year for three years. By 2010, JAM will have reached 60,000 children and distributed more than 180,000 rations. The FY 2009 budget for this program was more than \$8 million.



DEPARTMENT OF DEFENSE

HIV/AIDS Prevention Program

FY 2008 budget: \$3,130,000 (includes PEPFAR funds)

The U.S. Department of Defense (DoD) provides assistance to orphans and vulnerable children through its HIV/AIDS Prevention Program (DHAPP), which is in part funded by PEPFAR. DHAPP provides global HIV/AIDS prevention support to foreign militaries and funds activities targeting both military and civilian children in Kenya, Nigeria, Uganda, Tanzania, and Senegal. In FY 2008, DHAPP spent more than \$3.1 million and reached 24,000 vulnerable children. In FY 2009, DHAPP committed \$2.9 million and has so far served an additional 20,000 children.

Assisting vulnerable children who are dependents of military service members is challenging for a number of reasons. Service members are often stationed far from their homes, resulting in family isolation and lack of extended family support. In some locations, communities are reluctant to provide services to military children as they are not considered part of the community. Provision of services is further complicated by difficulties identifying military children affected by HIV/AIDS and obtaining access to military bases, which are often in remote locations.

To address these unique barriers for military children, DoD has been working through DHAPP with the Tanzanian People's Defense Force (TPDF), the Ugandan People's Defense Force (UPDF), Zambian authorities, and USAID to launch assessments of military HIV-affected with a goal to improve service delivery to this underserved, highly vulnerable population.

DHAPP also works with defense forces in Kenya and Uganda to provide services to civilian orphans and vulnerable children. Activities include provision of shelter, medical care, food and nutrition programs, and psychosocial support and education. In 2009, DHAPP has focused on working with defense forces to develop referral services for civilian and military children affected by HIV/AIDS. This shift of focus is due to the limited capacity of military forces to respond to the needs of affected children and to increased collaboration and coordination with other service providers, including hospitals and local organizations.

Operations Office of the Under Secretary of Defense (Policy), Assistant Secretary of Defense for Special Operations/Low Intensity Conflict and Interdependent Capabilities (SO/LIC&IC), Partnership Strategy and Stability Operations Deputate, Humanitarian Assistance, Disaster Relief, and Global Health Directorate

FY 2008 budget: \$103,000,000⁵⁷

Partnership Strategy and Stability Operations oversees the Department's humanitarian assistance and disaster relief policy, programs, and activities. Humanitarian assistance and disaster relief activities are funded through DoD's Overseas Humanitarian, Disaster, and Civic Assistance (OHDACA) account, which is managed by the Defense Security Cooperation Agency. DoD received approximately \$103 million in OHDACA funding in FY 2008. Hundreds of FY 2008 DoD humanitarian programs and activities directly and indirectly benefitted highly vulnerable children abroad.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

FY 2008 budget: \$5,500,000 (includes PEPFAR funds)

The U.S. Centers for Disease Control and Prevention (CDC) expended approximately \$5.5 million, including PEPFAR funds, on global health activities devoted to vulnerable children and their families during FY 2008. Approximately 27,000 vulnerable children and young women were directly assisted, while much larger – but difficult to quantify – populations have received essential vaccination services, improved humanitarian assistance, or are benefiting from new policies as a result of CDC activities.

CDC accomplishments during FY 2008 included preventing mother-to-child transmission of HIV, reducing infant abandonment, identifying and linking HIV-infected orphans and street youth to clinical care and support, and increasing the use of modern contraception among HIV-infected women wishing to avoid pregnancy.

CDC implemented a model vaccine program for low-income families in a poverty-stricken area of India with extremely limited access to essential vaccinations. This successful model, which led to a twofold increase in vaccine coverage, is important in a country that accounts for 40 percent of the world's children not fully vaccinated against diphtheria (DPT), pertussis, and tetanus. Approximately 9.5 million children living in India are not fully immunized against DPT.

In addition, CDC conducted programs to prevent and mitigate the effects of conflict and violence on vulnerable children and their families. In the Central African Republic and Sri Lanka, CDC used surveys to address the six grave violations against children for which monitoring is mandated by the UN Security Council: killing and maiming, recruitment or use of children in armed forces and groups, attacks on schools and hospitals, rape or other sexual violence, abduction of children, and denial of humanitarian access for minors. In Swaziland, CDC worked in partnership with UNICEF to conduct a national survey on violence against girls. As a result of the surveys and their potential impact on child protection policies, UNICEF offices in China, Kenya, Papua New Guinea, the Philippines, Tanzania, and Thailand have requested additional technical support from CDC.

In Burma, CDC intervened to improve child health in the aftermath of Cyclone Nargis. CDC staff provided assistance in evaluating needs in the areas of health, food and nutrition, education, women and children, water and sanitation, agriculture, livelihood, temporary settlements, and emergency shelter in 291 villages across 30 townships, gathering almost 5,000 surveys. The data were used to shape an integrated humanitarian response.

Health Resources and Services Administration

FY 2008 budget: \$6,371,200 (includes PEPFAR funds)

The Department of Health and Human Services' Health Resources and Services Administration (HRSA) expended \$6,371,200 of PEPFAR funds on programs for highly vulnerable children in 14 countries in FY 2008.

With HRSA support, the AIDS Relief consortium provided HIV pediatric care and support to more than 46,000 children between March 2004 and June 2009. Nearly 19,000 children received pediatric treatment. The overall strategy of the program is to prevent vulnerable children from becoming orphans by ensuring comprehensive care for mothers and promoting a family-centered approach in programming for prevention, care, and treatment.

A lack of understanding of antiretroviral treatment in children has impeded early, aggressive treatment. Particular issues include the use of newer regimens that are safer, more effective, and more durable, and the management of HIV/TB co-infection. In recent months, the AIDS Relief clinical team has emphasized the training of country teams and key local clinicians in advanced maternal-child HIV care, including treatment of infected children. The program has developed standardized tools as valuable aids for clinicians caring for infants and children. These tools include growth charts, ARV dosing charts, algorithms, and pediatric-specific clinical forms. Bringing expertise and new methods to sites through a combination of training and mentorship activities by country teams will be a major focus during the coming year. AIDS Relief will continue to focus on the prevention of orphanhood by ensuring parents are also recipients of care.

Since 2004, HRSA has also worked with the Harvard School of Public Health to provide care and support to nearly 10,000 children and pediatric services to more than 6,000 children in Nigeria and Tanzania. HIV-affected children are identified through a family-centered approach with the aid of a paired tracking team of home-based care (HBC)/OVC health care providers and support group members. Services for orphans and vulnerable children include health education, immunizations, nutritional counseling and support, growth monitoring, cotrimoxazole (CTX) prophylaxis, provision of basic care kits, HBC management of common childhood illnesses, and psychosocial support. HIV-infected children diagnosed using DNA PCR are enrolled in pediatric ART, while HIV-affected siblings are provided other services. Parents are also linked with experienced service providers. Children exposed to HIV are monitored monthly for the first three months after enrollment and every three months thereafter. At each clinical visit, exams, hematology, chemistry, and CD4 percentage tests are performed. Children are provided with referrals for immunizations, nutritional support, multivitamins, zinc and vitamin A supplements as needed, and psychosocial support. All HIV-exposed infants and HIV-infected children are given CTX prophylaxis. Health care personnel, including pediatricians, medical officers, nurses and counselors, and people living with HIV/AIDS, are trained in care and support for orphans and vulnerable children. The program also collaborates with community-based NGOs and international partners to leverage other services.

In Tanzania, HRSA has been instrumental in building capacity to provide coordinated care for orphans and vulnerable children through the Twinning Partnership, which aims to train a new cadre of social workers. The project facilitates partnerships between U.S. and African schools of social work and builds social welfare capacity by training para professional workers to provide case management services and ensure coordination and comprehensiveness of care for orphans and vulnerable children across multiple sectors: health, psychosocial, education, food, and economic support. The para social work case management model includes engagement, assessment, appropriate referral and follow-up, and the development of a service plan of care for children and their families. Strengthening of the social welfare workforce is critical in countries with large numbers of orphans and vulnerable children and overburdened social welfare systems.

HRSA and USAID have partnered to develop and expand an interim intervention to address the needs of vulnerable children until more social workers can be trained. So far, 900 para social workers and 85 para social work supervisors have been trained by the Tanzania Institute of Social Work, with plans to integrate the para social work training into a certificate program. The Twinning Partnership has strengthened the capacity of the Tanzania Institute of Social Work, which has in turn provided south-to-south technical assistance for the Addis Ababa School of Social Work in Ethiopia and two Nigerian Schools of Social Work that are developing similar programs.

National Institutes of Health

FY 2008 budget: \$143,000,000⁵⁸ (includes PEPFAR funds)

During 2008, 14 institutes within the National Institutes of Health (NIH) supported more than 230 research projects in at least 20 countries on vulnerable children's issues. The 14 institutes include Fogarty International Center (FIC), National Institute on Aging (NIA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute of Allergy and Infectious Diseases (NIAID), Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), National Institute on Deafness and other Communication Disorders (NIDCD), National Institute on Drug Abuse (NIDA), National Institute of Mental Health (NIMH), National Institute of Neurological Disorders and Stroke (NINDS), National Institute of Environmental Health Sciences (NIEHS), National Institute of Nursing Research (NINR), National Eye Institute (NEI), National Human Genome Research Institute (NHGRI), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Center for Complementary and Alternative Medicine (NCCAM), and National Heart, Lung and Blood Institute (NHLBI).

A number of program achievements are highlighted below.

National Institute on Aging (NIA)

In FY 2008, the NIA commissioned a report, *An Aging World*, conducted by the U.S. Census Bureau. The report referenced a study of 22 countries in sub-Saharan Africa, showing that 14 percent of older people lived in households with grandchildren but no middle generation (so-called "skipped-generation" households) in the early-to-mid 2000s.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

FAS Prevention in South Africa: Alcohol-induced birth defects are known as fetal alcohol spectrum disorders (FASD). The most adverse consequence of prenatal alcohol exposure is fetal alcohol syndrome (FAS), a devastating developmental disorder characterized by craniofacial abnormalities, growth retardation, and nervous system impairments that may include mental retardation. Children and adults with FAS have irreversible neurological deficits that range from problems with motor control to deficits in executive function. South Africa has the highest rates of FAS in the world. In an effort to identify effective prevention strategies, NIAAA recently expanded a study testing a comprehensive, community-wide FAS prevention program in South Africa utilizing strategies recommended by the Institute of Medicine. The expansion of the study will allow researchers to better understand changes in physical and behavioral characteristics among a large study group of children who were diagnosed with FAS. The expansion will also allow a detailed follow-up study of the life trajectory of the mothers of these children to better understand key risk and protective factors in the development of FASD.

Neighborhood Alcohol and HIV Prevention in South African Townships: Currently, more than 12 percent of children in South Africa die by the first grade, and 17 percent are born weighing less than 2,500 grams. Significant contributors to childhood morbidity and mortality include HIV infection, maternal alcohol use during pregnancy, tuberculosis, and malnutrition. In fact, South Africa has both the highest number of persons living with HIV and the highest documented prevalence of children with fetal alcohol syndrome. Integrated prevention programs that address disease, alcohol, and malnutrition have the potential to maximize limited resources and reduce stigma, thereby increasing program utilization. Given that these types of services are generally delivered in a clinical setting, NIAAA is supporting a study based in South Africa that is examining the efficacy of a home-visitation prevention program as an alternative to clinic-based interventions. In this program, neighborhood “Mentor Mothers” deliver educational interventions and ongoing social support to at-risk mothers in an effort to reduce the consequences of hazardous alcohol use, HIV, tuberculosis, and poor nutrition, and improve childhood survival and development.

National Institute of Child Health and Human Development (NICHD)

In March 2009, the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the Department of State’s Office of International Health and Biodefense convened the interagency conference, *Promoting Resilience and Protecting Children from the Psychological Consequences of Violence*. This meeting brought together academic researchers studying the psychological consequences of exposure to violence with representatives of multiple federal agencies who are engaged in program implementation and service provision to vulnerable children domestically and abroad. The aims of the meeting were to (1) identify the core scientific areas of evidence needed to support and sustain existing programs being implemented domestically and abroad; (2) begin the interagency dialogue regarding the promise and challenge of funded research to inform program development and implementation; and (3) identify areas for potential collaboration among federal agencies with a goal toward outlining a research agenda and programmatic priorities.

Conference participants concluded that, while further research could inform the long-term development of effective programs for children exposed to violence, expedited translational research is needed to support more effective delivery of ongoing programs for this vulnerable population – particularly for severely traumatized children exposed to political violence and war in other countries and in high conflict areas within the United States. Because NICHD recognizes that the effectiveness of programs and services is enhanced when they are informed by research and systematically evaluated, it is planning to convene key U.S. and interagency partners to establish a research agenda to address unmet needs and knowledge gaps in programs for children exposed to violence.

National Institute of Mental Health (NIMH)

The National Institute of Mental Health supports 26 grant-funded research projects focused on vulnerable children in more than 10 countries, the majority of which are in sub-Saharan Africa. The research projects are advancing our understanding of the factors that lead to vulnerability among children and helping to determine interventions that can improve the lives of children and their families. The research projects are also building research capacity in developing countries and fostering partnerships between researchers in the United States and in other parts of the world.

In South Africa, NIMH-supported researchers are evaluating the benefits of support groups for 450 HIV-positive women and their children. In another study in South Africa, researchers have conducted focus group discussions with adolescents, parents, and counselors, highlighting common themes among the three participant groups. Participants shared the belief that risky adolescent sexual behaviors are influenced by the media, lack of communication between children and their parents, substance abuse, transactional sex, and peer pressure.

In Kenya, NIMH-supported researchers collected baseline data on 79 households caring for one or more orphans. Interventions were then conducted to increase school attendance and reduce dropout rates among orphans and vulnerable children.

In Liberia, NIMH-funded researchers are evaluating a school-based HIV prevention program for more than 400 students. The students will be followed over the course of a year to determine the effects of the intervention.

In Uganda, 273 children and their caregivers have been enrolled in a study to examine the impact of a family-based intervention that aims to assist families in saving for their children's future. Researchers are studying a range of outcomes, including school attendance, the amount of money each family is able to save, sexual risk, and mental health.

In China, NIMH-supported researchers have enrolled and are currently following more than 1,600 children affected by HIV/AIDS, half of whom are orphans. The research focuses on psychosocial stress and bereavement among orphans and children affected by HIV/AIDS.

The Story of Urmila Lama

Urmila Lama dropped out of second grade when her parents could no longer afford to pay her school fees. Urmila's family had migrated to Kathmandu, the capital city of Nepal, in search of work, and were not prepared for the expenses of city living. They soon fell into debt. To help support her family, Urmila began working full time at the carpet factory that employed her parents. Her work mostly involved spinning yarn and, occasionally, assisting her father on the loom.

In 2006, Urmila heard about non-formal education classes run by a local organization, Child Development Society (CDS), that could help her get re-enrolled in school. Urmila informed her parents and joined the nine-month class, which helped her catch up for the year she had lost. Subsequently, CDS enrolled her in third grade at a government school. With support provided by a Department of Labor-funded project implemented by World Education, Urmila was able to continue through the fifth grade.

Three years after first enrolling in classes, Urmila Lama is now 14 years old and is in the sixth grade. According to CDS, Urmila, who no longer works at the factory, is a good student and looks forward to continuing her studies.



DEPARTMENT OF LABOR

Bureau of International Labor Affairs

Office of Child Labor, Forced Labor and Human Trafficking

FY 2008 budget: \$82,516,000

The Bureau of International Labor Affairs (ILAB) contributes to the elimination of the worst forms of child labor internationally through its Congressionally mandated research on child labor, its efforts to increase public awareness of the issue, its support of projects to eliminate exploitive child labor by expanding access to quality basic education and training around the world, and its support of countries' efforts to fulfill their obligations under International Labour Organization (ILO) Convention 182. DoL-funded international child labor projects provide education and other services to child laborers, at-risk children and their families; assist in strengthening national and local capacity to eliminate exploitive child labor; and undertake research initiatives to better understand the issue and inform ongoing and future efforts to address it. As of October 2009, ILAB was funding 66 projects worth more than \$250 million, implemented by more than 45 organizations in 56 countries worldwide.

ILAB measures its success toward meeting its performance goal through two indicators. The first measure captures the number of children who, as a result of DoL-funded interventions, have been either withdrawn or prevented from exploitive

labor. "Children withdrawn" refers to those who have been removed from exploitive labor and enrolled in education programs, while "children prevented" are at-risk children who have been provided education services to keep them from entering exploitive labor. The second measure captures ILAB's success in promoting national-level actions, such as legislation aimed at eliminating exploitive child labor, and the integration of child labor concerns in governments' anti-poverty and economic development programs. ILAB establishes annual targets for its two indicators through analysis of baseline information, individual project targets, past performance, and external factors.

During FY 2008, more than 160,000 children were withdrawn or prevented from exploitive labor as a result of their participation in ILAB-funded projects. In addition, 45 countries increased their capacity to address the issue of child labor as a result of ILAB-funded projects' work in areas such as legal and policy reform, advocacy and awareness-raising, and training. During FY 2009, ILAB-funded projects have resulted in close to 145,000 children being withdrawn or prevented from exploitive labor this calendar year. An additional 36 countries increased their capacity to address the issue of child labor with DoL support.

In FY 2009, 98.5 percent of the funding received from Congress for technical assistance projects directly contributed to ILAB's two performance indicators; remaining funds contributed indirectly to these indicators through administrative, oversight, and research functions. Various external factors influence ILAB's targeted outcomes, many of which are inherent to implementing programs in developing countries. Civil unrest, natural disasters, economic shocks, exchange rate fluctuations, frequent changes in governments, and poor infrastructure can impact the progress of project implementation.



DEPARTMENT OF STATE

Bureau of Consular Affairs (CA)

Overseas Citizens Services (OCS) – Office of Children's Issues (OCI)

FY 2008 budget: \$8,601,062⁵⁹

The Department of State is the U.S. Central Authority for the *Hague Convention on Intercountry Adoption*, as designated by the Intercountry Adoption Act, the U.S. implementing legislation for the Convention. The primary goal of the Convention is to provide children with permanent, loving homes when a suitable family cannot be found in a child's country of origin, while also preventing the abduction, exploitation, sale, and trafficking of children. The Department, in partnership with the Department of Homeland Security's U.S. Citizenship and Immigration Services (USCIS), interacts daily with hundreds of Central Authorities, competent authorities, and accredited bodies in foreign countries to encourage best practices in child protection and welfare in order to achieve the Convention goals. Through these interactions, the U.S. Government influences policies that impact the lives of potential adoptees, as well as the families who seek to provide children with loving homes in the United States or within the expatriate community overseas.

In addition, the Permanent Bureau of the Hague Conference on Private International Law and participating countries sponsor the Inter-Country Adoption Training and Technical Assistance Program (ICATAP). Prior to ICATAP's creation in 2007, representatives from various Hague countries, including the United States on several occasions, undertook missions in various countries to provide technical and legal expertise and advise on adoption and related child protection matters. The countries visited by these representatives included Albania, Armenia, Belarus, Brazil, China, Colombia, Kenya, Paraguay, Romania, and Ukraine.

ICATAP provides assistance directly to governments that are planning to ratify or accede to the Convention, or have already done so but are experiencing difficulties with implementation of the Convention. Such technical assistance has been requested by Azerbaijan, Kenya, Mauritius, Mexico, Namibia, Nepal, Panama, and Vietnam. In 2008, the Department of State contributed \$200,000 toward the Hague Permanent Bureau's Supplementary Budget, which funds ICATAP and other child welfare projects.

Further, the Department of State oversees the Department-designated accrediting entities that are responsible for authorizing domestic-adoption service providers through programs in Convention member countries. The Intercountry Adoption Act mandated a system of accreditation. This system includes federal accreditation standards for adoption service providers, which for the first time, holds providers in Convention adoption cases to standards of professionalism, ethical conduct, and transparency that may be higher than most U.S.-state standards.

Accreditation of nonprofit organizations and approval of for-profit entities and persons are completed by the two accrediting entities, the Council on Accreditation and the Colorado Department of Human Services. The more than 140 federal standards offer increased protections for children, birth parents, and adoptive parents. The standards address a wide range of management and operational issues, including finances, professional development of employees, aid provided to families, and standards of conduct. Adoption service providers are required to maintain substantial compliance with the standards at all times or face adverse actions, which potentially include the revocation of accreditation. As of August 1, 2009, there are 231 accredited and approved adoption service providers.

Americans adopt more foreign children every year than all of the other countries in the world combined. Between 1999 and 2008, American families adopted more than 200,000 children from overseas. Approximately 17,400 of these adoptions occurred in FY 2008 alone. Each adopted child obtains U.S. citizenship either upon entry into the United States or following final adoption in a U.S. state court upon completion of an expedited naturalization process. The Department of State estimates that another 12,200 children will be adopted from overseas in FY 2009. Approximately 9,000 of them will come from China, Ethiopia, Guatemala, Russia, South Korea, or Ukraine.

PL 109-95 and Intercountry Adoption

The Hague Convention on the Protection of Children and Cooperation in Respect of Inter-Country Adoption establishes international minimum standards of practice for intercountry adoptions. The Convention entered into force for the United States in April 2008.

The Convention recommends, among other things, that intercountry adoption services be set within an integrated child protection and care system. While the convention focuses, naturally, on international adoption, the accompanying Guide to Good Practice for implementing the convention includes recommended practices for “family preservation,” “keeping families intact,” and “family reunification.”

Under PL 109-95 there is no legislative, statutory, or legal responsibility – or language – concerning adoption, international or domestic. That said, there is common ground on which PL 109-95 can use its convening authority to facilitate collaboration among the adoption, development, and diplomatic communities. The common ground is where the USG provides development assistance to strengthen families and national child protection systems. We also support U.S. diplomatic interests in helping countries comply with the Hague Convention and, at the same time, support the adoption community’s interest in ethical, Hague-compliant international adoptions.

PL 109-95 has done some exploratory work on this common ground. We plan to work further to enhance coordination among USG agencies and between USG agencies and our NGO, FBO, UN, and private sector partners to help countries strengthen their national child welfare and protection systems. This kind of assistance makes good development sense and has the important corollary benefit of helping countries comply with the principles and best practices of the Hague Inter-Country Adoption Convention.

Bureau of Democracy, Human Rights and Labor

FY 2008 budget: \$402,000

During FY 2008, the U.S. Department of State’s Bureau of Democracy, Human Rights and Labor (DRL) supported six programs, expending approximately \$402,000 and benefiting 490 vulnerable children living in Africa, the Middle East, and Asia.

In Africa, DRL supports two initiatives to re-integrate girls formerly associated with fighting forces into Burundian society. One program provides health, vocational training, and legal services for former female child soldiers. Another initiative trains judges, prosecutors, and police on the protections afforded to juveniles under Burundi’s juvenile justice laws and increases their sensitivity

about sexual crimes perpetrated against former girl soldiers. In Chad, DRL supports a project to foster more inclusive participation of Chadian youth in political processes by increasing opportunities for them to engage in political dialogue.

In the Middle East, DRL funds a program that provides comprehensive, effective, and sustainable rehabilitative services to youth who have experienced human rights violations and torture in Iraq. The program includes education and outreach to at-risk youth. Another DRL-funded program provides treatment and assistance to trauma survivors as well as pre-trial legal services for minors.

In Asia, DRL supports a program to provide scholarship awards to Burmese refugees on the Thai-Burma border or in India to study at universities in Thailand, India, and other parts of the world.

Bureau of Population, Refugees and Migration

FY 2008 budget: \$30,000,000⁶⁰ (plus PEPFAR funds)

The mission of the U.S. Department of State's Bureau of Population, Refugees, and Migration (PRM) is to protect, assist and seek sustainable solutions for the most vulnerable populations around the world – refugees, conflict victims, stateless persons, and vulnerable migrants. In 2008, this included an estimated 42 million people – many of whom were women and children. PRM furthers its mission through diplomacy, advocacy, and programming. PRM has developed policies and programs that address gender-based violence against women and girls, including sexual exploitation and anti-trafficking initiatives, as well as activities that focus on education and protection of conflict-affected children. PRM also has primary responsibility for international population policy, including advocating for international child and maternal health initiatives.

In general, PRM programming does not target children specifically; rather, it seeks to assist the population of concern as a whole, including children. In FY 2008, PRM provided more than \$1.4 billion to international organizations and NGOs for programs to support refugees, conflict victims, stateless persons, and vulnerable migrants. In FY 2009, PRM has provided more than \$1.7 billion in humanitarian assistance programs. Part of PRM's funding supports the U.S. Refugee Admissions Program. This program resettled more than 60,000 refugees in FY 2008, including many families and 239 unaccompanied refugee minors.

A large portion of PRM funding is provided to the UN High Commissioner for Refugees (UNHCR) and the International Committee of the Red Cross and Red Crescent (ICRC) in support of their protection mandates. This multilateral support helps the USG coordinate its efforts with other donors around the world and advocate on behalf of refugee children in a variety of settings. For example, the 2009 Framework for Cooperation between UNHCR and PRM places particular emphasis on maintaining UNHCR's focus on accountability for the protection of refugees, especially of refugee women and refugee children. PRM insists on the broadest possible implementation of UNHCR's Guidelines on the Protection and Care of Refugee Children in international organizations working with refugees, their implementing partners, and USG-funded organizations. PRM also worked with UNHCR to develop and roll out its best-interest determination process for unaccompanied minors, and supports UNHCR's five commitments to refugee children: education, prevention of and response to sexual exploitation and abuse, separation from families and caregivers, military recruitment, and special needs of adolescents.

PRM partners with NGOs and other international organizations to provide specialized programming for women, children, and adolescents. In 2008 and 2009, this programming has included school rehabilitation, education, psychosocial care, youth groups, livelihoods training, health programming, and other activities. PRM is also working with NGO partners to implement an action plan on prevention of sexual exploitation and abuse of beneficiary populations in order to increase partners' accountability and commitment to this important issue.

Refugees, victims of conflict, stateless groups, and vulnerable migrants living in host populations can easily be excluded from country-level programming. This makes coordination with other donors – including other USG donors – key to maximizing the impact of PRM programming. PRM participates in various working groups with its interagency colleagues to share information on PRM programming, including best practices and regional priorities. In addition, PRM program officers consult formally and informally with USAID counterparts, particularly in the Office of U.S. Foreign Disaster Assistance (OFDA), when making NGO funding decisions. For example, in 2009, PRM invited USAID colleagues to participate in the gender-based violence proposal review to further promote this working-level coordination. PRM also requires NGOs to explain in their proposals how they coordinate with UNHCR and other NGOs in the field and whether they are receiving other donor funding. These activities help prevent program overlap and maximize the benefit of USG funds.

Office to Monitor and Combat Trafficking in Persons

FY 2008 budget: \$12,620,000⁶¹

The Office to Monitor and Combat Trafficking in Persons (G/TIP), within the U.S. Department of State, engages with foreign governments and civil society to focus attention on the fight to eradicate modern-day slavery around the world by:

- raising global awareness about human trafficking and how it can be abolished;
- using diplomatic and foreign policy assets to encourage other nations, the United Nations, and other multilateral institutions to work together to combat human trafficking;
- coordinating with other USG agencies to ensure that anti-trafficking policy and programming are consistent with legislative mandates and presidential directives;
- supporting efforts by NGOs and government agencies to raise awareness of TIP, as well as to assist in rescuing, protecting, and rehabilitating victims around the world;
- supporting overseas education and training programs for law enforcement officers, prosecutors, and the judiciary to increase prosecutions and convictions of trafficking offenses;
- participating in international fora, such as the *World Congress III Against Sexual Exploitation of Children and Adolescents*, to focus attention on the sexual exploitation of children and USG efforts to combat it;
- developing partnerships with NGOs, faith-based groups, and private citizens who can provide resources and other assistance in the fight to eliminate human trafficking; and
- publishing the annual Trafficking in Persons Report (TIP Report), which is the USG's principal diplomatic tool used to engage foreign governments and encourage progress in combating human trafficking.

G/TIP funds International Organizations, NGOs, and other U.S. agencies to implement targeted anti-trafficking programs that serve as a catalyst for change in countries with significant trafficking problems. G/TIP aligns funding decisions with the tier rankings of the annual TIP Report, focusing its support on Tier 3, the Tier 2 Watch List, and some Tier 2 countries where there is political will to address the problem but limited resources. G/TIP targets a portion of its foreign assistance on addressing child sex trafficking, child soldiers, and forced child labor – three forms of human trafficking that affect children globally.

The majority of human trafficking in the world takes the form of forced labor, according to the International Labour Organization's estimate on forced labor. The sale and trafficking of children and their entrapment in bonded and forced labor are among the worst forms of child labor. Any child who is subject to involuntary servitude, debt bondage, peonage, or slavery through the use of force, fraud, or coercion is a victim of human trafficking, regardless of the location of that exploitation. Child soldiering is a unique and severe manifestation of trafficking in persons. It involves the unlawful recruitment of children – often through force, fraud, and coercion – for labor or sexual exploitation in conflict areas. In addition, sex trafficking comprises a significant portion of overall human trafficking.

G/TIP currently has more than 180 programs implementing activities in approximately 70 countries across the globe. This accounts for nearly \$50 million dollars of anti-trafficking programming to address prevention, protection, and prosecution efforts. Some examples of G/TIP-funded projects that address child trafficking are listed here.

Save the Children-UK in Burma, supported by G/TIP, has established Child Protection Committees (CPCs) in rural villages to institutionalize key prevention and protection measures for children at risk of being trafficked, recruited as child soldiers, or otherwise abused. Adult leaders and children in eight targeted communities participated in regular CPC meetings to develop further knowledge and skills, and respond to individual cases. More than 600 participants attended awareness-raising activities. With facilitation from Save the Children-UK, Child Protection Committees began conducting regular meetings in their communities and coordinating with other CPCs to enhance township and regional-level collaboration. With severely limited economic, social service, and anti-trafficking resources available in Burma, the model of village Child Protection Committees has introduced adult accountability, peer awareness, and practical strategies among adults and children toward protecting Burma's children.

With G/TIP support, women from the *Congregación de Adoratrices Esclavas del Santísimo Sacramento y de la Caridad (Madres Adoratrices)* in Bolivia have rescued child and teenage victims of trafficking from bars and brothels, and are providing them with shelter, medical, and psychological assistance, as well as education and technical training. The service model of *Madres Adoratrices* is to provide comprehensive services to these vulnerable children – many of whom were also sexually abused and exploited by family members – in a way that helps them improve their self-esteem, heal from past trauma, and become strong citizens in society.

To date, nearly 50 girls have obtained technical professional certificates endorsed by the Bolivian Ministry of Education in dress-making, baking and cooking, hairdressing and beauty, or hand and machine knitting. More than 100 girls have enrolled in such classes to pursue certificates, and many girls are receiving training on general knowledge of computer use. Approximately 20 percent of the girls served have transitioned into employment, either through their own businesses or working for others. The *Madres Adoratrices* are looking for a small house near the shelter to develop into a transitional home for survivors who are ready to leave the shelter and have completed their education and training but do not yet have employment.

G/TIP also funds UNICEF's work with child soldiers in Chad. UNICEF plans to assist the government with a national program to release children from armed groups, offer them supportive services, and then safely reintegrate them into their communities. UNICEF will work closely with a local NGO to conduct trainings of army office staff that will raise awareness of the program, help prevent recruitment, and convey the message that these children are survivors entitled to community support. UNICEF will work at the community level with local and religious leaders on reintegration of these children and follow-up care.

With G/TIP's continued support, Free the Slaves (FTS) works to rescue, rehabilitate, and provide support to child survivors of trafficking in Bihar and Uttar Pradesh, India. Working with local partners, rescue operations take place from carpet factories, stone quarries, brick kilns, and households (domestic servitude). Once children are rescued, the goal is to reunify them safely with family members. For an interim period, children often reside in a shelter that provides medical care, food and clothing, vocational training and counseling, and education. Support meetings with family members are held to prepare for reunification and re-entry into their home communities. In some cases, families with returning children are provided economic support in order to pursue micro-enterprise opportunities. The success of the initial project led the Department of State to fund an expansion of the project. This has resulted in increased training and sensitization of government officials, the media, and civil society on a series of trafficking-related topics, including how to identify trafficking recruiters, best practices in organizing interagency rescue operations, and how to facilitate the recovery of trafficking survivors.

The Story of Rambho Kumar

Rambho Kumar was just 10 years old when he was forced into slavery as a weaver of expensive carpets in Northern India. He labored 12 to 16 hours a day with just enough food to keep him working. He was beaten with a stick when he made a mistake. Rambho says it was even worse when his raw fingers began to bleed, “My hand got cut. The owners boiled the oil, closed my eyes, and put my fingers in it.” Rambho was eventually reunited with his family after being freed during a raid organized by Bal Vikas Ashram, a local implementing partner of Free the Slaves.

During his time at the Ashram shelter home, he was provided with food, shelter, medical care, education, and counseling – basic services and interventions that assisted in preparing him to reunite with his family. One of the key components to the success of this project, however, is the comprehensive rehabilitation services that are provided once children are reunited with their families. These services ensure that parents are able to generate enough income so that children do not have to return to forced labor situations and can focus on their education.

Because of the Ashram program, former slaves often become leaders in their communities. Because they are literate, they have gained the support and skills needed to speak out against bonded labor.



PEACE CORPS

FY 2008 budget: \$3,296,500 (PEPFAR funds)

In FY 2008, Peace Corps Volunteers⁶² reached more than 38,000 highly vulnerable children, including HIV/AIDS-affected orphans, and assisted 7,000 service providers with \$3.3 million through PEPFAR. In addition, some volunteers were placed in PEPFAR-funded NGOs that support orphans and vulnerable children in PEPFAR focus countries. Successful activities have included camps, after-school activities, vocational training, permaculture for nutritional enhancement, scholarship programs, income generation, and interventions aimed at empowering girls.



USAID
FROM THE AMERICAN PEOPLE

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

USAID is the principal U.S. agency to extend assistance to countries recovering from disaster, trying to escape poverty, and engaging in democratic reforms. USAID is an independent federal government agency that receives overall foreign policy guidance from the Secretary of State. The agency supports long-term and equitable economic growth and advances U.S. foreign policy objectives by supporting economic growth, agriculture and trade; global health; and democracy, conflict prevention, and humanitarian assistance.

USAID's assistance to highly vulnerable children is channeled through a number of operating units, including regional and pillar bureaus. However, most is channeled directly to USAID field Missions in more than 70 countries.

Bureau for Africa

FY 2008 budget: \$5,371,776⁶³ (plus PEPFAR funds)

USAID's Africa Bureau operates 11 country-specific programs targeting highly vulnerable children. They are funded directly through the Bureau or bilaterally through USAID missions in Africa. In addition, the Bureau works in close collaboration with USAID's Global Health Bureau and the Office of HIV/AIDS (OHA) to coordinate PEPFAR-funded projects for vulnerable children. In 2009, the Bureau's budget increased to more than \$7 million. Most Africa Bureau assistance for vulnerable children is PEPFAR funded and Mission implemented and therefore not reflected in these funding levels (see page 56, PEPFAR OVC Programs Managed by USAID field Missions).

Donor Coordination: Addressing the Protection Needs of Displaced and Migrant Children in Southern Africa

Following a crisis of out migration and forced return across the border between South Africa and Zimbabwe, regional donors, including AusAID, Canadian International Development Agency, UK Department for International Development, Irish Aid, Swedish International Development Cooperation Agency, and USAID, developed a coordinated strategy to address the protection needs of displaced and migrant children along the border. The donor coordination group meets quarterly and is hosted by USAID in Pretoria, South Africa. The European Community and Swiss Cooperation have recently joined the group.

Together, donors conducted a joint field visit on both sides of the border. The findings of this mission were reviewed and resulted in a shift in program emphasis and implementation, as well as a recommitment of donor resources. In May 2009, Irish Aid and USAID co-funded a regional conference, "Children Who Cross Borders," hosted by the Forced Migration Program at the University of Witwatersrand in Johannesburg and Save the Children UK. The conference was preceded by a child participation workshop that gave displaced and migrant children an opportunity to provide direct input on issues affecting them. USAID supported regional presentations from both Southeast Asia and West Africa.

A report on the conference findings was presented in September 2009 at "Family Centered Care," an international meeting in Nairobi. In March 2010, a report of the findings will again be delivered at another international meeting, "Children on the Move." In addition, Irish Aid and USAID are jointly funding the making of a short documentary film, in collaboration with a local film company and in conjunction with the Sofia Town Suitcase Project.

USAID is supporting Save the Children UK's regional office and the Forced Migration Program at Witwatersrand University to conduct a regional scoping exercise to build on existing knowledge and map the range of interventions with a view to strengthening coordination and scaling up good practices. Irish Aid and the Humanist Institute for Development Cooperation (HIVOS) are funding the Forced Migration Program to research the movement of girls throughout the Southern Africa Region, paying particular attention to child labor. HIVOS and USAID are also supporting Save the Children UK and the Forced Migration Program to undertake a situation analysis of children from Lesotho who work in South Africa and travel back and forth across the border.

Extending quality direct and supplemental services to orphans and vulnerable children is a major priority of the Regional Outreach Addressing AIDS through Development Strategies (ROADS II) Project, funded by USAID East Africa Regional Program and bilateral missions. Services include food and nutrition support, shelter, child protection, health services, economic strengthening for caregivers and older orphans and vulnerable children, and psychosocial support. ROADS II provides these services through an innovative "cluster" model, which maximizes program reach by expanding participation and collective action of small, sustainable, indigenous volunteer groups with similar focus and interests. Throughout East and Central Africa, ROADS II is supporting seven OVC clusters comprising 71 local groups with more than 1,300 individual members. More than 90 percent of these groups are participating in a donor-funded program for the first time. Caregivers and older children drive the planning and implementation process, developing programming that responds to their self-identified challenges. These include sexual and gender-based violence, joblessness, and abuse of alcohol and other substances. Innovative programming developed with USAID/East Africa support includes alcohol counseling for older orphans and vulnerable children in Kenya, Tanzania, and Uganda; job creation for caregivers to help them sustain their volunteering; and vocational training for orphans heading households to reduce reliance on high-risk survival strategies. Qualitative research suggests these activities are having significant impact on the lives of orphans and vulnerable children. For example, older children participating in alcohol counseling groups in Busia, Kenya, report increased school attendance, fewer episodes of violence, reduced number of sexual partners, and increased condom use.

Through USAID Southern Africa Regional Program, resources previously identified for orphans and vulnerable children and HIV/AIDS prevention were pooled in FY 2009 into a single regional agreement that addresses prevention and vulnerability at a

USG Interagency Collaboration Yields Increased Program Support for Vulnerable Children in Southern Africa

In Southern Africa, USAID's Senior OVC Technical Advisor hosts informal quarterly interagency coordination meetings with key staff from the U.S. Mission, PEPFAR's South Africa OVC team, the State Department, the Office of U.S. Foreign Disaster Assistance (OFDA), and the Department of Labor. The purpose of these meetings is to coordinate and improve U.S. Government assistance to vulnerable children across the region. Key results during FY 2008 include:

- USAID's Regional HIV/AIDS Program (RHAP) collaborated with the USAID Bureau for Economic Growth, Agriculture and Trade's Women in Development program based in Washington, DC, to provide technical assistance to the Government of Namibia in the development of a trafficking in persons baseline for the country.
- OFDA's regional program and RHAP coordinated an OVC assessment mission on the Zimbabwean border and in Harare. The mission included consultations with a number of international partners, including the International Organization for Migration and Save the Children (Norway).
- The interagency collaboration has impacted 2010 budget allocations for child protection services in the region. OFDA, PEPFAR, and RHAP have increased commitments to fund child protection activities on both sides of the Zimbabwean border.

regional level, and provides a platform for countries in the region to make similar bilateral investments. Key activities include collaboration with the Southern Africa Development Community (SADC) to strengthen regional policy development and service delivery to reduce vulnerability and prevent HIV infection in the region, and to strengthen local and regional structures and civil society to address prevention and OVC issues in a sustainable manner. Examples of such activities include conducting operational research, strengthening the capacities of local authorities to respond, providing training and support to the local gatekeepers who first encounter separated children, and supporting the development of technical assistance and training. This program aims to fortify behavior change activities of partners and national government entities; facilitate reviews and revisions of existing prevention portfolios; and provide data for epidemiological analysis, leading to recommendations for evidence-based approaches. This program will benefit Angola, Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, and Zimbabwe.

USAID/Rwanda, through its Title II program, has monitored the growth of about 20,000 children. In collaboration with the Ministry of Health, these children were provided with vitamin A and de-worming medication. In addition, in FY 2008 USAID assisted 4,302 vulnerable children through 25 safety net centers, including orphanages, street kids centers, and schools and homes for the disabled. These safety net centers were provided with technical support for their income-generating projects, institutional capacity building, and voluntary counseling and testing activities, in addition to supplementary free food. Grants totaling \$64,400 were provided to 11 centers that have developed and managed income-generating activities. In FY 2009, Title II provided support to 2,447 vulnerable children through 12 centers by supplying food and technical assistance in institutional capacity building (e.g., strategic planning, finance, and administration), income-generating activities, and overall programmatic support. At the end of September 2009, 17 safety net centers graduated from the Title II assistance.

USAID/Senegal's Basic Education program addresses the educational needs of 50,000 street children and other vulnerable, out-of-school youth. Most of these children spend the majority of the day begging in the streets and do not have access to basic sanitation facilities, medical services, or adequate, nutritious meals. Lacking sufficient adult supervision, they are also in danger of being abused physically, emotionally, or sexually, and they grow up without acquiring the literacy and numeracy skills needed to obtain even the most basic forms of employment. USAID/Senegal's Basic Education program works to reintroduce these children into the formal school system and/or to provide them with vocational training. This includes development of regional vulnerable children advisory committees whereby representatives from the Ministry of Education, community-based organizations,

Strengthening Child Welfare Capacity in Namibia

In 2007, Namibia's Ministry of Gender Equality and Child Welfare (MGECW), together with USAID and UNICEF, conducted a detailed Human Resources Gap Analysis to examine whether the Ministry was appropriately resourced to respond to the needs of orphans and vulnerable children. The analysis showed a glaring gap between children's needs and the capacity of MGECW to meet them.

MGECW used the study findings to petition the Government of Namibia for a substantial staff increase. As a result, 100 new positions were created, and the processing of child welfare grants was accelerated. By August 2009, 104,438 children had received grants, up from 56,778 in January 2007.

USAID, through its implementing partner Pact, provided further support to the Ministry by assisting the Child Welfare Directorate to develop an OVC Data Warehouse. MGECW staff as well as NGOs and policy consultants are now able to consult the Warehouse for use in program evaluation, informing policy decisions, adjusting resources, and enhancing budget projections. This has facilitated the efficient use of scarce resources and directly improved the quality of services provided to Namibia's most vulnerable children.

Koranic schools, NGOs, and vocational training institutions are brought together to discuss the plight of vulnerable children and to jointly develop a plan for tackling the problem. A comprehensive baseline study and mapping exercise collect data on the vulnerable children to assess their greatest needs, and to review the services already being provided by both public and private institutions, such as drop-in centers, shelters, technical and vocational training centers, and religious schools. Upon completion of this survey, USAID/Senegal and its partners in the sub-sector will target interventions to remove barriers that prevent vulnerable children from attending school, strengthen the capacity of those institutions already serving the neediest children, and address the root causes that lead to the street child phenomenon.

USAID/Zambia, through the Education Development Center (EDC), supports the Interactive Radio Instruction (IRI) Program, which serves more than 500,000 learners (20 percent of national basic education enrollment) in 3,000 community schools. Community schools are created and managed by local communities and provide basic education opportunities to orphans and vulnerable children who are unable to attend the normal government-supported schools. The IRI Program has proven successful at expanding access and improving the quality of instruction in community schools. Additionally, the IRI Program mitigates the impact of HIV/AIDS on orphans and vulnerable children through a Life Skills radio program titled "Our Family." This program fosters a linkage in life skills promotion at the school and community levels. Through this program, more than 100

community radio-listener groups have formed to address the issues of orphans and vulnerable children. The volunteer teachers in the community schools augment the Life Skills lessons through community participation. In addition, 69,000 teaching materials were distributed to the community schools. Noting the IRI Program's accomplishments at the community school level, the Zambian Government has now integrated it into approximately 1,000 publicly supported schools. The IRI Program has had the greatest impact on students' learning in local languages, literacy, and mathematics but less impact in social studies.

USAID/Zimbabwe, through its Child First program, identified youth as a critical gap area not covered by other donors. The Mission's program provides grants to local NGOs to enable them to pay school fees and provide psychosocial support and other services, including reproductive health services, to girls. The project also works through local NGOs to provide community education and awareness for men and women, boys and girls on the risks of early pregnancy, sexually transmitted infections (STIs), HIV/AIDS, and loss of educational opportunities due to pregnancy. The project has tested the concept of providing "youth friendly services" through select clinical service delivery sites and through extracurricular activities, such as youth drama groups. Sports groups have provided opportunities for children and adolescents to become engaged and successful in activities that help them avoid premature sexual relationships. In addition, the Mission's program has worked extensively with boys to sensitize them to their and their partners' risks when they pressure girls for sex. In FY 2009, the Mission worked more intensively on child sexual protection for boys as well as girls. As social support systems have been destroyed in Zimbabwe, child and adolescent sexual exploitation has become ubiquitous. Because child sexual abuse is intrinsically connected to mental health, education, and reproductive and general health issues, the Mission's primary OVC program is designing an intervention that

will assist children, particularly girls, to be able to access sexual protection services, including psychosocial support, STI and contraceptive services, legal support, and education assistance – school fees, books, and uniforms. This will help address the stigma and discrimination that sexually abused girls and adolescents suffer in their communities through lack of awareness and support about child sexual abuse. The goal is to assist orphaned and vulnerable girls to stay in school by reducing pregnancy and STI/HIV risk, and to provide abused children, including girls, with options to leave or improve their abusive homes.

The Africa Bureau, in collaboration with the Office of HIV/AIDS, has taken the lead with regard to the Quality Improvement (QI) Initiative for OVC programming. The PEPFAR-supported initiative is a systematic application of quality improvement methods in OVC programming. As a result, national and local governments, civil society, UNICEF, and USG representatives from 17 African countries and Haiti have invested their own resources to focus on improving quality care for orphans and vulnerable children based on the USG QI Initiative. Through this project, at least 100 civil society entities have been engaged in developing or using the process and tools of the USG Quality Improvement Initiative. Data are now available on the use of service standards to improve program performance and child well-being. Efforts are currently under way to launch the first African entity to manage a network of technical experts from the fields of QI, social services, and OVC programming to support demand for quality of care for vulnerable children.

In addition, the Africa Bureau, in collaboration with OHA, has promoted the use of Geographic Information Systems (GIS) in decision-making. GIS provide an easy-to-use, flexible tool for capturing, managing, analyzing, and displaying data about the needs of orphans and vulnerable children and services provided in a geographically referenced manner. Data viewed in a GIS format should make it easier for project managers to quickly identify areas where there are service gaps and redundancies.

Bureau for Asia and the Middle East

FY 2008 budget: \$66,533,859⁶⁴

The USAID Missions in Asia and the Middle East (AME) support programs for children who have been made vulnerable or disabled, or who have been orphaned by earthquakes, natural disasters, conflict, exploitive labor, HIV/AIDS, poverty, abandonment, and other causes.

In order to address issues such as abandonment due to disability and/or disfigurement, USAID/Uzbekistan supports the Participation of People with Disabilities program. The program provides disabled children with life skills that enable them to live with foster families or return to their biological families where possible. It also improves access to education by strengthening teacher skills, and strengthens the organizational and technical capacity of the Uzbekistan Republican Society for the Disabled. These interventions improve the capacity of government staff to meet the needs of children with disabilities, changing attitudes and practices, and improving the legislative framework for children with disabilities.

Youth: Work Jordan (YWJ) is a new program that is designed to improve social services and protection for vulnerable populations, with an overarching focus on youth employability and civic engagement. YWJ is initiating program activities in six communities in Jordan based on poverty, social factors, population density, and demographics.

Reaching more than 20 million people since 2007, the Asia-wide MTV EXIT (End Exploitation and Trafficking) campaign uses celebrity music videos, film shorts, concert specials, and public service announcements to make young people throughout Asia more aware of the dangers of trafficking. The 2009 MTV EXIT tour was launched on September 5, 2009, in Kathmandu to raise awareness and help prevent human trafficking.

In partnership with the World Food Program, the Food Security Relief Program provides inflation-proof relief for school students vulnerable to high dropout rates in Pakistan. USAID's contributions are used to provide wheat to 450,000 students at 5,400 schools in 20 districts during the first quarterly distribution. Between January 2009 and March 2010, \$22.3 million will have been expended.

Bureau for Europe and Eurasia

FY 2008 budget: \$3,750,000⁶⁵ (plus PEPFAR funds)

USAID's Bureau for Europe and Eurasia (E&E) has been at the forefront of efforts to support and strengthen child welfare systems in the region. In August 2009, E&E's Social Transition Team released a report, *The Job That Remains: An Overview of Child Welfare Reform Efforts in Europe & Eurasia*. The report examines the eight countries in the E&E region in which USAID has supported significant child welfare reform programs: Armenia, Azerbaijan, Belarus, Georgia, Bosnia-Herzegovina, Romania, Russia, and Ukraine. The paper discusses population issues, the current system of child welfare, USAID-funded activities, lessons learned, and best practices. Each of the eight countries has made substantial gains in reforming the child welfare system, including developing models, forming partnerships, training human resources, and passing legislation. But in most of the countries, the new methods have not had the time to become fully integrated into the countries' systems nor have they been rolled out to enough of the country to ensure that the reforms will be carried out on a national basis.

The study yields conclusions that are worrisome for the well-being of children and also for the democratic and economic stability of the region. Residential institutions, which are more expensive than community-based care and have been proven to be detrimental to children's development, are still viewed as acceptable. In fact, if Romania is removed from the data, between 2000 and 2006, the number of children in residential care per 100,000 in the child population increased from 4,446.6 to 4,965.5 in the remaining countries. This reflects a 6 percent increase. The number of institutionalized children has increased in seven of the eight countries. USAID has been in the forefront in protecting children, and USAID's child welfare legacy is dependent on the commitment to continue funds and pressure to achieve sustainable, lasting child welfare reform in the region.

In Russia, the Assistance to Orphans (ARO) program helps to establish and improve child welfare services and policies by introducing and supporting innovative programs for child welfare services. The program seeks to reduce child abandonment, introduce early intervention and case management for families at risk, promote community- and family-based care for orphans, and advance foster care. ARO works in multiple regions of Russia and has achieved many notable successes. To highlight progress made in one of these regions (the Khabarovsk region in the Russian Far East) on two priorities identified by the Russian Government for Russian regions – reducing the number of children in orphanages and strengthening efforts to prevent child abandonment – representatives from the Khabarovsk government shared the region's progress in reforming social policy at a June 2009 national child welfare conference in Moscow. The city used its own funds to support new evidence-based services for orphans, at-risk children, and families at a local school, an NGO, an orphanage, one baby-home, and a library. The services were piloted with support from USAID/Russia's child welfare program. The USAID/Russia program supported an evaluation of the economic impact of these new services, which found that the new system of care for vulnerable children has already saved the region \$2.5 million; over the long-term, the report estimated that the Khabarovsk government will save \$7 for every \$1 it spends over the next 1–5 years. The report findings will be used by the Khabarovsk government to develop its regional child welfare plan for 2010–2012 and expand USAID-developed models and methodology to the whole region with government funds. The results of these reforms in Khabarovsk have been impressive thus far: The number of children in orphanages was reduced by 18 percent; three orphanages were closed; 12 percent of abandoned children were reintegrated into their biological families (compared with 7 percent in Russia overall); alcohol consumption in families at risk of abandonment fell by 9 percent; and employment among families at risk of abandonment increased by 14 percent.

In Belarus, USAID is supporting the “Community Services to Vulnerable Groups” program, implemented by the Christian Children's Fund. A major focus is to reduce the number of children in Belarus being institutionalized in state-administered orphanages and boarding schools with comprehensive activities focused on working with families and social service professionals to maintain or reintegrate children within their original family units. Since 2006, the project has produced numerous improvements in the child protection system in Belarus. An outstanding success has been dissemination of the Parental Resources for Information, Development and Education (PRIDE) methodology, an internationally recognized model for the development and support of families in adoption and fostering on a nationwide level. As a result of a widespread and systematic training effort, PRIDE became a major factor in reducing the institutionalization of orphans: By 2009, the level of orphan institutionalization

had dropped to 6 percent in project communities, while the national average level of institutionalization remains at 24.6 percent. Two project communities achieved a 0 percent institutionalization rate.

The second best practice associated with this project was the development of nationwide regulations on child welfare. At the request of the Ministry of Education, a cross-sectoral task group developed the standard for investigation of child abuse and neglect cases. As a practical guide for social workers, a manual of “Recommendations on Investigation of Child Abuse and Neglect” was then published and distributed countrywide to child protection agencies. Though only recently developed, the standard forms and recommendations are increasingly used by child protection experts. Overall, the major factors contributing to the success of this activity include correlation of USAID project goals with national developmental priorities, buy-in and support at the national and local levels participatory processes in identifying needs and ways to solve difficulties by the expert community, introduction of internationally recognized and effective methodologies, and successful dissemination of the information, including through the mass media.

In Ukraine, a USAID project to support vulnerable children and families introduced and modeled family-focused interventions in five regions. After demonstrating successful results, the Government of Ukraine, local government administrations, and USAID joined efforts to scale up these services further in 2009 by establishing a national network of training centers. During the first three months of operation, 239 local service providers were trained in family preservation practices, pre-service training for foster and adoptive parents, child-oriented case planning, and community mobilization. With continued political leadership from the Government of Ukraine, technical assistance from USAID, and operational costs covered by local budgets, evidence-based interventions to strengthen services for vulnerable children and families are being replicated nationwide in Ukraine.

USAID’s E&E Bureau has also been involved in HIV prevention activities. In Russia, USAID developed a public-private partnership to prevent the spread of HIV and increase access to HIV treatment and care among street children and other vulnerable youth in St. Petersburg, Russia, together with HealthRight International and Johnson & Johnson. Estimates indicate that there are up to 10,000 street children and youth in St. Petersburg, many of whom struggle with substance abuse and other risky behaviors. Studies demonstrate extremely high rates of HIV (37.4 percent) among members of this group; moreover, these children and youth have limited access to clinical treatment and care.

With support from USAID’s Russia program and Johnson & Johnson, HealthRight International (formerly Doctors of the World-USA), together with its local partner, Doctors to Children, is reaching 500 vulnerable youth with effective HIV prevention messages and a broad continuum of services, including mobile voluntary testing for HIV and referrals to treatment and care. The project is also developing a cadre of social workers trained in HIV prevention among street youth and disseminating a package of best practices in HIV prevention to government institutions and NGOs across St. Petersburg.

The Government of St. Petersburg has approved a new HIV/AIDS budget for 2010–2012, under which more than \$700,000 will be used to disseminate pilot social services for HIV-positive women with children that USAID-supported programs developed. This marks the first time in Russia that earmarked HIV/AIDS funds will be allocated for social care to support persons living with HIV/AIDS. Traditionally, regional budgets for health and social administrations are separate, reflecting the vertical systems of services for vulnerable children and other marginalized population groups. The inclusion of social workers in the HIV budget demonstrates that social care is being recognized by the regional health administration as an important part of HIV programs. This inclusion was made possible due to the collective technical and strategic input of several USAID partners, including local NGOs, such as Doctors to Children and the National Foundation for the Prevention of Cruelty to Children, and four U.S. partners: URC, IREX, AIHA, and HealthRight International.

In another USAID-supported initiative, Johns Hopkins University (JHU) and a local NGO, the Healthy Russia Foundation (HRF), have developed a comprehensive program, “Everything that concerns you,” to encourage healthy lifestyles among vulnerable adolescents aged 13–18 years old. Program materials have been approved by the federal Ministry of Education (MOE) and the Ministry of Sport, Tourism and Youth. Both ministries have sent letters to the Russian regions to recommend the HLS program

for broader dissemination. HRF has already agreed with the MOE to put demo versions of the HLS materials on its site together with the full description of the HLS program. HRF has piloted the healthy lifestyles program in two regions, Sakhalin and Irkutsk. In both regions, HRF works in close partnership with local NGOs to reach vulnerable youth in selected educational institutions, including children's homes, vocational schools, rehabilitation centers, and summer camps, with messages to discourage substance abuse, risky sexual behavior and violence, and encourage exercise and good nutrition, as well as building communication and other life skills. Since the launch of the program in April 2008, HRF specialists have trained 50 adult educational specialists as trainers and reached more than 500 adolescents. The program is supported by the Irkutsk Department of Education and Sakhalin Department of Education, the Social Welfare Department, and the Sakhalin Oblast Commission for Juvenile Affairs.

Bureau for Latin America and the Caribbean

FY 2008 budget: \$15,859,000⁶⁶ (plus PEPFAR funds)

The Latin America and Caribbean region has made significant development advances during the last two decades, but extreme income disparities and weak social welfare systems continue to result in widespread children's vulnerability. In addition, hurricanes and earthquakes endemic to Latin America recurrently increase the number of children who are vulnerable.

In Colombia, USAID's Bureau for Latin America and the Caribbean (LAC) supports efforts to reintegrate child ex-combatants into non-conflictive environments and protect children from recruitment by armed groups. The Bureau's strategy to achieve these goals focuses on strengthening local institutions and organizations, and providing financial support to assist ex-combatant children with socioeconomic, psychosocial, and legal needs. Between 2001 and 2008, USAID/Colombia supported the special assistance program of the Colombian Family Welfare Institute (ICBF) for children associated with armed groups through a \$13.8 million program implemented by the International Organization for Migration (IOM). In January 2009, a new three-year follow-on program with IOM was initiated that will continue this work through 2012. The USAID programs have provided specialized attention to more than 4,100 child ex-combatants. Nearly 800 children have been reunited with their families and almost 54,000 at-risk children have been engaged in recruitment prevention activities. Five regional orientation and reference centers have been established to provide a network of continued support and monitoring of the reintegration process as children leave the ICBF attention centers. The program also provided technical assistance for Congressional approval of the Childhood and Adolescence Code and to the ICBF to facilitate compliance with the Code.

LAC's Central America and Mexico Regional Program, based in El Salvador, launched the Regional Youth Alliance in 2008. This \$2.8 million program, implemented in Honduras, El Salvador, and Guatemala, funded the development of community outreach centers, which delivered educational, recreational, and vocational training targeted at at-risk youth. Outreach centers established in two of the most violence-ridden areas of San Salvador trained 200 youth. In Honduras, local NGO partner Peace and Coexistence and Rotary Clubs signed agreements to open up to 10 outreach centers. In addition, USAID/Honduras inaugurated the "Challenge 100" program, in partnership with the National Prevention Program, the umbrella organization *Consejo Hondureño de la Empresa Privado*, and the Chamber of Commerce, to create job opportunities for youth who abandon gangs.

U.S. assistance to Guatemala provided educational, training, and skills-building opportunities for at-risk youth, in collaboration with local governments, faith-based organizations, Rotary Clubs, and other local groups. USAID/Guatemala, with partner Creative Associates International, Inc. established four youth outreach centers in communities with extremely high crime rates, bringing the total number of centers in Guatemala to seven. During 2008, more than 180 community volunteers provided training and skills-building opportunities to almost 3,000 youth at the centers. USAID/Guatemala also continued to support basic education service delivery through partnerships with the corporate sector. Partnerships provided scholarship funding for 110,000 boys and girls to go to school and made possible 137,000 new textbooks. Alliances with the private sector allowed 461 indigenous and disadvantaged youth to study in higher education programs and 430 at-risk youth to participate in outreach programs designed to strengthen basic education skills.

In the Dominican Republic, U.S. assistance supported NGOs that ran 20 programs for orphans and vulnerable children in 87 communities. These organizations provided direct care and support services to more than 8,800 children affected by HIV/AIDS and trained 139 providers and caregivers. In addition, about 500 orphans and vulnerable children were reached through USAID-Academy for Educational Development (AED) bridge grants. USG-supported services for orphans and vulnerable children included provision of health supplies and care; emotional and psychological counseling; educational assistance (including tuition); economic support for clothing, food, and nutritional support; referral to health services for immunizations; support for caregivers and communities; legal services to secure birth registration; and training for caregivers. Some NGOs provided small loans to families affected by AIDS to develop income-generating activities. The pediatric AIDS initiative reached 500 children. Support for early HIV detection in infants was also provided.

USAID/Jamaica supported microenterprise development and youth education programs that keep young people from dropping out of school and becoming more vulnerable to joining gangs. USAID's Community Empowerment and Transformation Project (COMET) implemented a successful private and public sector initiative that improved the life chances of more than 4,000 at-risk students. More than 2,500 students transitioned into traditional high schools, providing them with an opportunity to gain a rounded education.

COMET also approved a small grant to local partner organization, Students Expressing Truth, for an innovative gang reduction program focusing on at-risk children attending a local school particularly known for high incidence of student violence. The Expanding Educational Horizons Project (EEH), implemented with partners Juarez and Associates Inc. and Peoples Action for Community Organization, targeted youth aged 10–18, including school dropouts, students at risk of dropping out of school, and street children. The EEH project provided learning resources, trained teachers and administrators, and provided instructional materials and instruction in literacy and numeracy to assist these young people to benefit from a second chance to return to school.

In the aftermath of the 2008 hurricane season in Haiti, USAID programs have addressed acute malnutrition through the expansion of the nutrition interventions through the basic health care project, *Santé pour le Développement et la Stabilité d'Haïti – Pwojè Djanm*. A total of \$3 million was committed to identify and treat acute malnutrition among pregnant and lactating women and children under 5 in communities that were hardest hit by the hurricanes. An estimated 1,200 children and 500 households were served through September 2009.

In addition, U.S. assistance in Haiti included support to survivors of violence, primarily vulnerable women and children. Services included food and shelter, medical and psychosocial counseling, and basic education and vocational training. Referrals to legal and financial institutions also empowered victims with knowledge of their rights and available economic opportunities. In FY 2008, more than 600 survivors of violence and trafficking were assisted with services that facilitated protection and recovery. Nearly 50 children vulnerable to trafficking activities were identified and placed in protective shelters. Technical assistance was provided to more than 100 NGOs and government agencies to build capacity to identify and assist at-risk populations and reduce their vulnerabilities. Six hospital units were also supported to assist survivors of violence and rape, while educational and vocational services were offered to restore the capacities and confidence of survivors. A comprehensive assessment of violence and trafficking survivors was conducted to lay the groundwork for workshops that will facilitate national and international NGO coordination.

Bureau for Economic Growth, Agriculture and Trade

FY 2008 budget: \$48,487,522

As one of USAID's three technical ("pillar") bureaus, the Bureau for Economic Growth, Agriculture and Trade (EGAT) has a portfolio that spans economic growth, microenterprise development, development credit, education and training, natural resources management, environment and science policy, agriculture, energy, women in development, and urban programs. A number of the Bureau's activities have an impact on vulnerable children and youth. The following programs fall within this category.

The Gender Informed Nutrition Alliance (GINA) in the EGAT Office of Agriculture combines the work of agriculturalists and nutritionists with the aim to improve the nutritional outcome of children under 5. The activity disseminates nutrient-rich/improved crop varieties and essential nutritional education to improve nutritional status and incorporates gender analysis in the process. In the last several years of the activity, 3,816 females and 948 males from vulnerable households have been trained in the use of backyard gardening to improve availability and access to diverse food sources, growth monitoring and promotion, and personal and environmental hygiene. By linking agricultural and nutritional practices, there has been a 49.5 percent reduction of malnutrition in children under 5 across participating GINA countries.

The Education Quality Improvement Program III in the EGAT Office of Education is focused on education quality for out-of-school youth. The Program prepares and engages out-of-school children, youth, and young adults in roles within the world of work, civil society, and family life. Activities strengthen connections between the private sector and education systems to improve workforce skills and program relevance. The Program has provided youth training to more than 100 participants at the Making Cents Annual Global Youth Entrepreneurship Conference since September 2008. It has conducted a Cross-Sectoral Youth Assessment for USAID/Eastern Caribbean to guide strategy development and has produced a pilot draft of the Cross-Sectoral Youth Assessment Guide for a multi-sector working group.

A number of EGAT programs have components that provide support for vulnerable children and youth, including the Business Growth Initiative (GBI) and the Field Support Activity. GBI aims to scale up sustainable business models and to support micro-entrepreneurial development. One aspect of the program focuses on youth employment as well as trade capacity-building training

Preventing Child Marriage in Ethiopia

The goal of USAID EGAT's three-year Healthy Unions project is to prevent the harmful traditional practices of bride abduction, bride price, and early marriage from being perpetrated against young girls living in rural Ethiopia. The implementing agency, CARE, is working in two zones in the Oromiya region of Ethiopia: West Hararghe and Borena. These two zones were chosen based on the prevalence of bride abduction; bride price; and early marriage, as well as the geographical presence of CARE and its partner.

A baseline study conducted in 2009 revealed that the prevalence in the project area of marriage for girls younger than 15 years old is 38.5 percent. The prevalence of marriage by abduction in the project area is 15.4 percent. Although there is a law against these practices, implementation of the law is weak due to low community awareness about the existing national law, lack of enforcement, and difficulties in obtaining evidence from parents and community members.

The primary intervention is awareness raising among community members and schoolchildren. During the reporting period, a total of 31,440 (15,425 female and 16,015 male) community members were reached through awareness-raising sessions on bride price, bride abduction, and early marriage. These sessions were facilitated by community facilitators and trained volunteers in large and small group discussions.

CARE Ethiopia and its partners believe that community participation is a key to meeting the aims of the project and ensuring sustainability. During the reporting period, 13 school-level awareness-raising sessions were conducted, in collaboration with offices of education, justice, and women's affairs, in all of the project communities. The sessions were attended by a total of 6,690 parents and students (3,073 females and 3,617 males). Early marriage, bride price, bride abduction, and other harmful traditional practices (HTPs) were the major topics of the awareness-raising discussion sessions. The peer educators who were trained by the project and anti-HTP school clubs presented "edutainment" activities such as drama, music, and poems about the event. Speakers were also invited from various relevant government offices. Representatives of the justice office presented HTPs from a legal perspective, including bride price, bride abduction, and early marriage. The women's affairs office delivered presentations on child and women's rights and the importance of girls' education.

programs. The Field Support Activity provides technical support to Missions and operating units on poverty reduction programs, many of which aim to support poor households. EGAT also channels funds through USAID's Displaced Children and Orphans Fund (DCOF) to support the Children and Youth Economic Strengthening Network.

Displaced Children and Orphans Fund

FY 2008 budget: \$13,000,000

Since its inception in 1989, USAID's DCOF has worked to improve the lives of children at risk, including orphans, unaccompanied minors, children affected by armed conflict, and children with disabilities. DCOF emphasizes community-based, child-focused projects that address the social, psychological, educational, and economic needs of children in crisis. Projects focus on:

- tracing and reunifying children into families or family-like situations and ensuring community inclusion;
- strengthening support systems such as social service networks, community resources, and national policies and laws;
- improving the economic conditions of families, adolescents, and communities; and
- socially reintegrating children separated during armed conflict, including child soldiers.

DCOF's key results in FY 2008 include:

- More than 200 children in post-election Kenya were reunited with their families; family mediation began for another 350; and more than 600 people received training on child protection and preventing separation.
- More than 3,800 Afro-Colombian children were protected from recruitment by illegal armed groups and provided education and vocational training; 48 family welfare institutions were strengthened; and more than 1,400 community leaders, mostly Afro-Colombian mothers, received prevention training.
- To capture the incidence of gender-based violence and create an evidence base for policies and program interventions, an innovative "neighborhood" methodology was piloted in Sri Lanka and Ethiopia.
- In the Democratic Republic of the Congo, more than 1,700 children were reunited with their families; nearly 270 people were brought to trial for child abuse and maltreatment, particularly in cases involving accusations of witchcraft; and more than 550 abused and imprisoned children were released.

The majority of DCOF funds support programs and activities that provide direct assistance to children, their families, and their communities. DCOF gives priority to funding the design, implementation, and monitoring of programs that demonstrate innovative techniques, utilize and contribute to the latest evidence-based guidance, and are replicable on a wider scale. In 2008, DCOF projects operated in 18 countries and benefited 358 organizations and 137,000 children and adults through services or training.

In addition, DCOF helps develop and support collaborative initiatives to advance "state of the art" in programming and policies to benefit vulnerable children. It has provided funding for and serves on the Steering Committee of the Better Care Network, which through its Web site and listserv provides information and guidance on interventions for children without adequate family care.

DCOF, jointly with Search for Common Ground, convenes the Washington Network on Children and Armed Conflict, a forum for technical presentations and information exchange involving practitioners and scholars in the U.S. Government, NGOs, universities, and think tanks. In addition, recognizing the pervasiveness of agencies engaging with communities to benefit children and the variable effectiveness and sustainability of those efforts, DCOF mobilized the Interagency Learning Initiative: Engaging with Communities for Child Wellbeing. This group oversaw a review of key documents and interviews with practitioners to identify key issues relevant to good practice and preparation for a report regarding communities and child well-being. DCOF also supports the Children and Youth Economic Strengthening Network to improve the lives of children through effective programming for economic strengthening.

Developing National Child Protection Systems

Consensus has developed among international child protection actors on the necessity of developing integrated national child protection systems, encompassing action by government and civil society, from country level to the grassroots. In the past, most national child protection initiatives have focused on developing or strengthening one particular aspect of child protection, such as law and policy, alternative care, community committees, family casework services, psychosocial support, or social mobilization around specific issues. Child protection actors have recognized, however, that effective action requires an integrated set of components to prevent and respond effectively to abuse, neglect, exploitation, and violence affecting children.

USAID's Displaced Children and Orphans Fund (DCOF) and UNICEF have begun a partnership to demonstrate how to develop effective national child protection systems. Three-year projects have been initiated in Guatemala, Cambodia, and Liberia. Also, at the global level, funding has been provided for technical support to these country efforts to facilitate exchange among them and to disseminate globally the tools and approaches developed.

Children's safety and well-being depend on a protective environment that includes their family and community; social services – including measures to strengthen family care and provide alternative care when needed; security and legal justice; and any national social protection mechanisms, such as cash transfers, that may be available. In many of the poorest countries, significant child protection components are missing, poorly developed, or out of sync with other elements. Building an effective child protection system requires ensuring that the essential components are adequately developed and that they work in concert to ensure the safety, well-being, and recovery of all children, especially those who are the most vulnerable.

The challenges of strengthening a country's child protection system are especially great, given that the government agencies charged with this responsibility are often weak and poorly resourced. Strengthening such systems and ensuring effective coordination and collaboration among all relevant public and civil society actors require action on policy reform, institutional capacity development, planning, budgeting, and monitoring and evaluation. The necessary mechanisms must be in place to enable a variety of actors to complement and one another's actions and work in concert toward common goals.

Child protection systems are complex, and the interventions needed to make a difference for vulnerable children and families are diverse. More attention is needed both globally and nationally to document what works and to demonstrate impact on children's immediate well-being and on longer-term national development goals.

It is not expected that three years will be sufficient to establish fully developed national child protection systems in the three countries, but it is anticipated that significant progress will be made during this time. Moreover, the learning acquired can then be applied to markedly improve global understanding of how child protection systems can be strengthened.

Office of Food for Peace

FY 2008 budget: \$940,277,320⁶⁷

Over the course of FY 2008, USAID and the U.S. Department of Agriculture's international food assistance programs have proven increasingly responsive to global efforts at reducing food insecurity and targeting those most in need. By responding to assessment and situational information, focusing on reducing risk and vulnerability, targeting the poorest of the poor, and better integrating individual programs into larger – often international – efforts, the U.S. Government aims to improve the effectiveness of aid and reach global targets for reducing hunger, malnutrition, and poverty.

This aid is essential in emergency situations, which in FY 2008 included a regional drought in the Horn of Africa, exacerbated by conflict in Somalia and Kenya; an ongoing crisis due to conflict and displacement in Sudan and the Democratic Republic of the Congo; drought in Afghanistan; hyperinflation and poor harvest in Zimbabwe; hurricanes in Haiti; and a cyclone in Burma. In all, approximately 43 million people in 38 countries benefited from emergency food activities provided through Food for Peace Title II programs.

At the same time, USAID non-emergency programs continued to focus on increasing agricultural production and supporting programs to address health, nutrition, HIV, and other programs aimed at investing in people. Special emphasis is placed on combating the root causes of hunger and malnutrition. Over the course of the year, more than 7.2 million people in 28 countries benefited from USAID Title II non-emergency food assistance.

The Office of Food for Peace estimates that approximately 40 percent of food recipients are children under 18 years of age, totaling nearly 20 million people.

Office of HIV/AIDS

FY 2008 budget: \$3,432,000⁶⁸ (PEPFAR funds)

Since the inception of its HIV/AIDS program in 1986, USAID has been at the forefront of the global AIDS crisis and a technical leader within the fields of Pediatric AIDS care and treatment and support for children orphaned and made vulnerable by HIV/AIDS.

Most OVC and Pediatric AIDS projects are managed by USAID field missions in Africa, Asia, Latin America, Eurasia, and other areas of the world. Technical advisors and program managers from USAID's Office of HIV/AIDS, in coordination with colleagues from USAID's Africa Bureau and other departments and agencies responsible for OVC and Pediatric AIDS programming, provide technical support to field missions, and are represented on the interagency PEPFAR Technical Working groups for OVC and Pediatric AIDS. The Office also directly manages several regional OVC and Pediatric AIDS projects as well as projects implemented under the New Partners Initiative. In addition, the Office has designed and manages a number of global initiatives intended to expand the OVC and Pediatric AIDS research base and develop technical tools and resources to support the work of USAID field missions and partners.

USAID OVC and Pediatric AIDS programs work directly with host-country governments, NGOs, FBOs, community-based organizations, and the private sector to support partners to implement programming in line with guidance and standards established by PEPFAR's Technical Working Groups and other international technical experts.

USAID works with partners through traditional USAID funding mechanisms that support NGOs (such as grants and cooperative agreements); through contracts; and through international organizations, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the Joint United Nations Programme on HIV/AIDS (UNAIDS). USAID also enters into unique and robust public-private partnerships and distinct collaborative agreements with businesses and multinational corporations. In addition, the Agency often provides staff support to the Global Fund and works with its local coordinating committees to improve program implementation.

PEPFAR OVC Programs Managed by USAID Field Missions

FY 2008 budget: \$258,058,045 (PEPFAR funds)

In FY 2008, USAID received \$261 million in PEPFAR funds to support OVC programming. Of this total, approximately \$258,058,045 was allocated directly to field missions. For more information on PEPFAR OVC programs managed by USAID field missions, please see the program descriptions under each of the Agency's regional bureaus.

Office of U.S. Foreign Disaster Assistance

FY 2008 budget specifically for children: \$100,600,000⁶⁹

OFDA is the office within USAID responsible for facilitating and coordinating U.S. Government emergency assistance overseas. As part of USAID's Bureau for Democracy, Conflict and Humanitarian Assistance, OFDA provides humanitarian assistance to save lives, alleviate human suffering, and reduce the social and economic impact of humanitarian emergencies worldwide. In FY 2008, OFDA responded to 80 disasters affecting at least 202 million people in 62 countries. Direct assistance was provided to an estimated 29 million children.

USG and UNICEF Collaborate to Help Protect Vulnerable Children in Guyana

Following three years of collaboration among the U.S. Government, UNICEF, and the Government of Guyana, the country has its first child protection agency, along with new legislation and policies to protect children. Funding for this partnership comes from PEPFAR and is administered by USAID.

National Policies

From 2006, the U.S. Government, with UNICEF, has supported Guyana's Ministry of Labor, Human Services and Social Security (MLHSS) in developing national policies and legislation for orphans and vulnerable children. This included a national policy framework that was critical for coordinating action on the ground and for advocating for further services for orphans and vulnerable children.

PEPFAR/USAID also supported development of the five separate Children's Bills protecting children against abuse, exploitation, and discrimination. Three of the five – the Protection of Children's Bill, the Status of Children's Bill, and the Adoption of Children's Bill – have already been passed by the National Assembly, and the remaining two are under review by special committees. The passed legislation establishes child abuse reporting and intervention procedures, provides equal rights to children born out of wedlock, regulates child adoptions, and creates offenses against perpetrators of child abuse and sexual exploitation. In addition, the new Sexual Offenses Bill, now under deliberation, will expand the definition of rape, place the burden of proof on perpetrators, and make it an offense to engage in sexual relations with children under 16 years of age.

The Child Care and Protection Agency Bill, first recommended by the U.S. Government and UNICEF in 2006, was the first legislation in the country calling for an agency specifically focused on children and separating out child care and protection from other social welfare services. Launched in 2009, the Agency is backed by strong government commitment to its functioning and expansion, including increasing the cadre of child care social workers. The Agency will implement all policies regarding children, and will be pivotal in ensuring comprehensive and coordinated services for Guyana's orphans and vulnerable children.

Services for Vulnerable Children

The U.S. Government and UNICEF also support the Government of Guyana to improve child protection services. MLHSS has been able to improve coordination of services for institutionalized children and build workforce capacity in child protection. The Ministry has also developed and distributed a minimum set of standards for orphanages, ensured the development of care plans for all children in institutional care, and provided for psychosocial services to vulnerable children. These responsibilities all fall into the portfolio of the new Child Care and Protection Agency. In addition, steps are being taken toward reintegrating institutionalized children with biological families and creating a foster care program for cases where this is not possible.

Vulnerable children and their families often lack access to legal services, so legal aid clinics for children and their caregivers have been established in two regions. The clinics provide legal support and representation for both civil and criminal matters to some 200 clients every year. Children's rights are also being promoted in new educational materials on child welfare issues, such as child abuse, birth registrations, and foster care.

Ongoing Commitment to Orphans and Vulnerable Children

With the second-highest HIV prevalence rate in Latin America and the Caribbean, Guyana is making strides to mitigate the effects of the epidemic on children by protecting them from abuse, exploitation, and trafficking. PEPFAR/USAID has strongly supported the government and civil society of Guyana in building national child protection policies, coordinating efforts on the ground, collaborating with NGOs, and publishing materials.

PEPFAR's emphasis on strengthening health policies and improving access to services is laying a strong, sustainable foundation for the care and support of orphans and vulnerable children in Guyana, including those made vulnerable by HIV/AIDS. Continued support for national policies, the legal empowerment of children, and the reintegration of orphans will further solidify this foundation and promote a comprehensive, coordinated system of services for all children.

TABLE 3: OTHER USG ASSISTANCE TO CHILDREN IN FY 2008	
Program	FY 2008 Budget
CDC: Infectious Disease Prevention and Control	\$141,225,700
USAID: Child Survival and Maternal Health	\$581,661,000
USAID: Family Planning and Reproductive Health	\$473,425,000
PEPFAR: HIV Prevention	\$1,034,976,104
USAID: Malaria	\$349,645,000
USAID: Education	\$699,507,000
Total	\$3,280,439,804

B. Other Major USG Assistance Programs That Help Children

Not all USG programs for children fall within the PL 109-95 coordination framework. Many USG programs that do not focus primarily on highly vulnerable children are nevertheless highly complementary to the legislation’s goals and critically important to a comprehensive, whole-of-government approach to children. The USG provided an estimated \$3,280,439,804 in FY 2008 for programs to help children survive the first phase of life, help parents survive, and to reduce children’s vulnerability generally by helping them go to school, stay in school, and do well in school. These programs are summarized in the following section.

Infectious Disease Prevention and Control

FY 2008 budget: \$141,225,700

CDC has been a leading partner in the global effort to eradicate polio, a disease responsible in the past for as many as 350,000 annual cases of childhood paralysis. More than 300 million doses were provided in 2008 in the push to end this disease. CDC is also a major actor in the global Measles Initiative committed to reducing the number of childhood deaths from this disease (estimated as 750,000 in 2000) through immunizations. Vaccination campaigns, often reaching children without other access to basic health services, have also been used to simultaneously provide vitamin A, insecticide-treated bednets to prevent malaria, and other interventions. In addition to partnering with USAID on the Presidential Malaria Initiative, CDC provides technical support to Ministries of Health in endemic countries and conducts research to improve interventions in such areas as diagnosis and treatment, drug and insecticide resistance, prevention in pregnancy, vector control, and vaccine evaluations. CDC’s Neglected Tropical Diseases Initiative targets seven diseases affecting children and has supported campaigns for mass distribution of effective medication for their control. Other activities have addressed the impact of pandemic influenza on vulnerable populations, and the health status of international adoptees and other immigrant children.

Child Survival and Maternal Health

FY 2008 budget: \$581,661,000 (includes PEPFAR funds)

For 40 years, USAID has helped children throughout the world grow into healthy, productive adults. Progress in child survival and disease control has long been, and remains, among the Agency’s major accomplishments. USAID-funded interventions – oral rehydration therapy and zinc supplementation to treat diarrhea; basic immunizations for common ailments; micronutrient supplementation to treat malnutrition; and more – save the lives of approximately 6 million children under 5 each year. USAID assistance is also instrumental in other areas of child and maternal health, such as the fight against HIV/AIDS and other infectious diseases.

A mother’s health profoundly affects the health and well-being of her children. While maternal mortality remains unacceptably high throughout the developing world, a number of USAID-assisted countries have achieved significant reductions in maternal deaths from pregnancy-related causes. USAID’s approach to improving maternal health and the health of newborn children includes community involvement, evidence-based interventions (i.e., interventions that, after rigorous testing, have documented proof of their effectiveness), and compassionate high-quality services. Key interventions, such as iron supplementation, malaria treatment, safe and clean delivery, and treatment of obstetric and newborn complications, are improving the health outcomes for mothers and infants around the world.

Family Planning and Reproductive Health

FY 2008 budget: \$473,425,000

The U.S. Government's Family Planning and Reproductive Health (FP/RH) objective is to expand sustainable access to quality voluntary FP/RH services and information. This enhances the ability of couples to decide the number and spacing of births, including the timing of the first birth, and makes substantial contributions to reducing abortion, reducing maternal and child mortality and morbidity, and mitigating the adverse effects of population dynamics on natural resources, economic growth, and state stability.

HIV Prevention

FY 2008 budget: \$1,034,976,104 (PEPFAR funds)

PEPFAR supports the most comprehensive, evidence-based prevention program in the world, targeting interventions based on the epidemiology of HIV infection in each country. These include reducing sexual transmission with the ABC Strategy (Abstain, Be Faithful, correct and consistent use of Condoms), the prevention of mother-to-child transmission, and the transmission of HIV through unsafe blood and medical injections, and male circumcision. PEPFAR's past five-year goal was to prevent 7 million infections. As of September 30, 2008, the U.S. Government had:

- reached an estimated 58.3 million people, many of whom are youth, through community outreach programs to prevent sexual transmission using the ABC approach;
- supplied more than 2.2 billion condoms worldwide from 2004 to 2008;
- supported prevention of mother-to-child HIV transmission during nearly 16 million pregnancies; and
- supported antiretroviral prophylaxis for nearly 1.2 million pregnant women found to be HIV positive, allowing nearly 240,000 infants to be born HIV free.

Malaria

FY 2008 budget: \$349,645,000

USAID has been committed to saving lives and fighting malaria since the 1950s. The Agency works closely with national governments to build their capacity to prevent and treat the disease. USAID also invests in the discovery and development of new antimalarial drugs and malaria vaccines. In addition to its ongoing malaria programs, the Agency also manages programs through the President's Malaria Initiative (PMI). PMI is a collaborative U.S. Government effort led by USAID, in conjunction with the Department of Health and Human Services (CDC), the Department of State, the White House, and others. The goal of PMI is to reduce malaria deaths by half in 15 target countries in Africa by reaching 85 percent of the most vulnerable groups – children under 5 years of age and pregnant women – with proven and effective malaria prevention and treatment control measures: insecticide-treated mosquito nets, indoor residual spraying, lifesaving antimalarial drugs, and treatment to prevent malaria in pregnant women. In Rwanda and Zambia, PMI saw a one-third drop in the overall number of deaths among children as a result of scaled-up prevention and treatment interventions and a decline in malaria prevalence.

Education

FY 2008 budget: \$699,507,000

USAID's Basic Education Program supports host-country efforts to provide equitable access to quality basic education at the pre-primary, primary, and secondary levels. Teacher training for these levels, as well as training in literacy, numeracy, and other basic skills for adults and out-of-school youth, are also important elements of this program. USAID's basic education activities emphasize improving opportunities for girls, women, and other underserved and disadvantaged populations. In post-conflict settings, such as Afghanistan and Iraq, USAID works to reopen schools and maintain their functioning.

USAID's President's Africa Education Initiative (AEI) is a \$600-million multi-year initiative that focuses on increasing access to quality basic education in 39 sub-Saharan countries through scholarships, textbooks, and teacher training. AEI emphasizes HIV/AIDS mitigation and prevention, and increases the capacity of African education systems to manage the impact of HIV/AIDS on teachers and students. By 2010, AEI will provide 550,000 scholarships, primarily to African girls at the primary and secondary levels, through the Ambassador's Girls' Scholarship Program. Eighty million African children will have benefited from AEI by 2010.

USAID's Office of Education in the Bureau for Economic Growth, Agriculture and Trade (EGAT/ED) oversees basic and higher education, workforce, and youth and participant training assistance to USAID missions. Activities support increased access to education and workforce development skills, improved quality of education and training, and more robust education and development institutions.

Preventing Orphanhood

“Part of our plan, though, has to be how we prevent more orphans in the first place.”

– Barack Obama,
Saddleback Church Forum, August 2008

Preventing children from becoming orphans by keeping their parents alive and healthy is a USG priority. The USG has been supporting “orphan prevention” programs for years – although not labeled as such. For example:

- AIDS treatment programs prevented an estimated 1.6 million children from becoming orphans through 2008.⁷⁰
- HIV/AIDS prevention programs prevented an estimated 13.5 million children from becoming orphans and facing heightened vulnerability to HIV infection through 2008.⁷¹
- Family planning, child spacing, and reproductive health services prevented an estimated 92,000 children from becoming orphans in 2008.⁷²
- Maternal health programs resulted in 17 to 48 percent decreases in maternal mortality in 11 countries over the course of a decade,⁷³ thereby preventing substantial numbers of children from becoming orphans.

ENDNOTES

- 1 Public Law 109-95: The Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005. Section 2 (8).
- 2 This figure does not include the total amount of PEPFAR funding spent on OVC programming and HIV/AIDS Care and Treatment programming.
- 3 Sherr, L. Strengthening Families through HIV/AIDS Prevention, Treatment, Care and Support – A Review of the Literature, JLICA. 2008.
- 4 Campbell, P., Handa, S., Moroni, M., Odongo, S., and Palermo, T. A Situation analysis of Orphans in 11 Eastern and Southern African Countries. Draft January, 2008. UNICEF and Futures Institute, Who is the vulnerable child? Using data from DHS and MICS to identify vulnerable children in the era of HIV/AIDS. Forthcoming, 2009.
- 5 UNICEF, UNAIDS, USAID, et al. Guide to monitoring and evaluation of the national response for children orphaned and made vulnerable by HIV/AIDS, UNICEF, New York. February, 2005.
- 6 UNICEF, UNAIDS, and WHO. Children and AIDS: Fourth Stocktaking Report. 2009.
- 7 Ibid
- 8 Ibid
- 9 Ibid
- 10 UNAIDS (Joint United Nations Programme on HIV/AIDS). Report on the Global AIDS Epidemic. 2008.
- 11 Case, A. and Ardington, C. The Impact of Parental Death on School Outcomes: Longitudinal Evidence from South Africa. *Demography*, Volume 43-Number 3, August 2006: 401-420.
Sherr, L. Strengthening Families through HIV/AIDS Prevention, Treatment, Care and Support – A Review of the Literature, JLICA. 2008, referencing: Evans and Miguel, 2007; Bhargava, 2005; Ainsworth et al, 2005; Kamali et al, 1996; Yamano & Jayne, 2005).
Note: The literature review conducted by Lorraine Sherr encompassed 383 studies with keyword reference to “orphan” and “AIDS.”
- 12 Government of Malawi, UNICEF. Orphanhood in Malawi. 2004-2006.
Sherr, L. Strengthening Families through HIV/AIDS Prevention, Treatment, Care and Support – A Review of the Literature, JLICA. 2008.
- 13 Gregson, S., et al. HIV infection and reproductive health in teenage women made vulnerable by AIDS in Zimbabwe. *AIDS Care*, 2005. 22: p 759-766.
and Birdthistle, I., et al. From affected to infected? Orphanhood and HIV risk among female adolescents in urban Zimbabwe. *AIDS*, 2008. 22: p. 759-766.
re Cluver L, Operario D. The inter-generational link between the impacts of AIDS on children, and their subsequent vulnerability to HIV infection: A study of the evidence to inform policy on HIV prevention and child and adolescent protection. JLICA 2008
Sherr, L. Strengthening Families through HIV/AIDS Prevention, Treatment, Care and Support – A Review of the Literature, JLICA. 2008.
- 14 Hosegood, V. Demographic Evidence of Family and Household Changes in Response to the Effects of HIV/AIDS in Southern Africa: Implications for Efforts to Strengthen Families. JLICA. August 2008.
Monasch R., Boerma JT. Orphanhood and childcare patterns in sub-Saharan Africa: an analysis of national surveys from 40 countries. *AIDS*. 2004; 18 Suppl 2: S55-S65.
Government of Malawi, UNICEF. Orphanhood in Malawi. 2004-2006
JLICA (Joint Learning Initiative on Children and HIV/AIDS). Home Truths: Facing the Facts on Children, AIDS, and Poverty. 2009.
- 15 Hunter, S. and Williamson, J. Children on the Brink: Executive Summary: Updated Estimates & Recommendations for Intervention; The Synergy Project; 2000 UNICEF; Africa's Orphaned Generation. November, 2003.
- 16 Government of Malawi, UNICEF. Orphanhood in Malawi. 2004-2006.
- 17 Case, A., Paxson, C., and Ableidinger, J. Orphans in Africa. Parental Death, Poverty, and School Enrollment. *Demography*. Volume 41-Number 3, August 2004: 483-508.
- 18 UNICEF, Progress for Children: A World Fit for Children Statistical Review. 2009.
- 19 Better Care Network. Global Facts About Orphanages. UNICEF. July 16, 2009.
- 20 UNICEF, What You Can Do About Alternative Care In South Asia; An Advocacy Kit. 2007
Better Care Network. Global Facts About Orphanages. UNICEF. July 16, 2009.
- 21 Pilon, M. Foster Care and Schooling in West Africa: The State of Knowledge. Preparation of the UNESCO 2003 EFA Monitoring Report; 2003.
- 22 UNICEF and Futures Institute, Who is the vulnerable child? Using data from DHS and MICS to identify vulnerable children in the era of HIV/AIDS. Forthcoming, 2009.
Monasch R., Boerma, JT. Orphanhood and childcare patterns in sub-Saharan Africa: an analysis of national surveys from 40 countries. *AIDS*. 2004; 18 Suppl 2: S55-S65.

-
- 23 Sherr, L. Strengthening Families through HIV/AIDS Prevention, Treatment, Care and Support – A Review of the Literature, JLICA. 2008, referencing: Chatterji, M., et al. The well-being of children affected by HIV/AIDS in Gitarama Province, Rwanda, and Lusaka, Zambia: Findings from a study. Community REACH working paper no. 2. Washington, DC: Community REACH program, Pact. 2005.
- 24 Ainsworth, M. and Filmer, D. Poverty, AIDS and Children's Schooling: A Targeting Dilemma. World Bank Policy Research Working Paper. 2002.
- 25 UNICEF, Children and AIDS Third Stocktaking Report. 2008.
- 26 Ahmed, U., Ruth Vargas Hill, Lisa C. Smith, Doris M. Wiesmann, and Tim Frankenberger. 2007. The World's Most Deprived: Characteristics and Causes of Extreme Poverty and Hunger. 2020 Discussion Paper 43. International Food Policy Research Institute (IFPRI). October 2007. The number comes from an expenditure analysis by IFPRI using nationally representative surveys from 20 countries. The global numbers are extrapolated from these results. Futures Institute calculated the number of children based on the percent of children aged 0-17 globally. In this context, "extreme poverty" means living on less than \$1.08 per day, measured using 1993 PPP exchange rates; "ultra poverty" means living on less than \$0.54 per day.
- 27 UNICEF. Policy advocacy and partnerships for children's rights: Impact of the crisis on children. July 2009.
- 28 Ibid.
- 29 Chen and Martin Ravallion Shaohua. "The impact of the global crisis on the world's poorest." April 2009. www.voxeu.org
- 30 International Bank for Reconstruction and Development. The World Bank. 2009. Aggregate Economic Shocks, Child Schooling and Child Health. (Oxford University Press).
- 31 Harper, Nicola Jones, Andy McKay and Jessica Espey, Caroline "Children in Times of Economic Crisis: Past Lessons, Future Policies." Overseas Development Institute. March 2009.
- 32 World Bank. 2009. "The Impact of the Financial Crisis on Progress towards the Millennium Development Goals in Human Development." A note prepared by the World Bank's Development Economics and Human Development vice presidencies in February 2009. (cited in World Bank. 2009. Global Monitoring Report 2009: A Development Emergency. Washington, DC: The World Bank).
- 33 Ibid.
- 34 International Labour Organization, International Programme on the Elimination of Child Labour. August 2009. "The Global Jobs Pact – Contributing to the Fight Against Child Labour."
- 35 Ibid. See also International Labour Organization, "C182 Worst Forms of Child Labour Convention, 1999" available from <http://www.ilo.org/ilolex/english/convdisp1.htm>.
- 36 Harper, Nicola Jones, Andy McKay and Jessica Espey, Caroline. "Children in Times of Economic Crisis: Past Lessons, Future Policies." Overseas Development Institute. March 2009.
- 37 The Paris Principles: Principles and Guidelines on Children Associated with Armed Forces or Armed Groups. February 2007, p. 16.
- 38 Better Care Network. Global Facts About Orphanages. July 2009.
- 39 Ibid.
- 40 World Bank. 2009. "The Global Economic Crisis: Assessing Vulnerability with a Poverty Lens."
- 41 Davis, Rebecca. Opportunities and Strengths in Human Capacity within Child Welfare Systems: Social Work Workforce Africa. October 2009.
- 42 USAID. The Job That Remains: An Overview of USAID Child Welfare Reform Efforts in Europe and Eurasia. June 2009.
- 43 USAID, UNICEF, and the Ministry of Gender Equity and Child Welfare: A Human Resources and Capacity Gap Analysis. "Improving Child Welfare Services." July 2007.
- 44 UNICEF. Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF. 2008.
- 45 Fourth Global Partners Forum. Communique. Dublin, Ireland. October 6-7, 2008. Note: The Global Partners Forum on Children Affected by AIDS was established in 2003 to provide momentum to fulfilling global commitments for children affected by HIV and AIDS, as set out in the United Nations General Assembly Special Session on AIDS (UNGASS) 2001 Declaration of Commitment on HIV/AIDS and in the Millennium Development Goals. (Rachel 081126).
- 46 JLICA (Joint Learning Initiative on Children and HIV/AIDS). Home Truths: Facing the Facts on Children, AIDS, and Poverty. 2009.
- 47 Adato M., Basset L. What Is the Potential of Cash Transfers to Strengthen Families Affected by HIV and AIDS? A Review of the Evidence on Impacts and Key Policy Debates. JLICA. 2008.
- 48 JLICA (Joint Learning Initiative on Children and HIV/AIDS). Home Truths: Facing the Facts on Children, AIDS, and Poverty. 2009.

-
- 49 Adato M., Basset L. What is the Potential of Cash Transfers to Strengthen Families Affected by HIV and AIDS? A Review of the Evidence on Impacts and Key Policy Debates. JLICA. 2008.
- 50 Programming by the Office of the Under Secretary of Defense does not target children specifically; rather, it seeks to assist the population of concern as a whole, including children.
- 51 PRM provided approximately \$30 million to support NGO projects directly related to assisting vulnerable children. In addition, PRM provided \$1.1 billion in contributions to UN and international organizations, which are not earmarked at the population/sectoral level. A large portion of these funds also assisted vulnerable children.
- 52 To avoid double counting, the total does not include the PEPFAR budgets shaded in gray as some of these funds are reflected in the Department and Agency totals listed above.
- 53 To avoid double counting, this number is not included in the total as some of these funds are reflected in the Department and Agency totals listed above. The U.S. Departments of Defense, Health and Human Services, and State, Peace Corps, and the U.S. Agency for International Development receive PEPFAR funding for OVC programming. These amounts include PEPFAR funding for all countries and regions submitting PEPFAR Country Operational Plans (COPs) but do not include PEPFAR funding allocated outside the COP process.
- 54 This includes programming for children and adults. To avoid double counting, this number is not included in the total, as some of these funds are reflected in the Department and Agency totals listed above. These amounts include PEPFAR funding for all countries and regions submitting PEPFAR Country Operational Plans (COPs) but do not include PEPFAR funding allocated outside the COP process.
- 55 These funds are channeled through Departments of Defense, Health and Human Services, State, Peace Corps, and the U.S. Agency for International Development. To avoid double counting, this figure is not included in the total FY 2008 budget in Table 2: USG Assistance to Highly Vulnerable Children in FY 2008.
- 56 Funding is channeled through the Departments of Defense, Health and Human Services, and State, Peace Corps, and the U.S. Agency for International Development. To avoid double counting, this figure is not included in the total FY 2008 budget in Table 2: USG Assistance to Highly Vulnerable Children in FY 2008.
- 57 Programming by the Office of the Undersecretary of Defense does not target children specifically; rather, it seeks to assist the population of concern as a whole, including children.
- 58 The budget number from the National Institutes of Health is unofficial and includes some research projects pertaining to highly vulnerable children that extend beyond FY 2008. Official NIH figures typically coincide with reported disease categories and their associated total funding support amounts. Therefore, a breakdown of projects relevant to PL 109-95 during a given year is impossible to calculate. Instead, several NIH institutes have reported on multi-year research projects that pertain to highly vulnerable children in developing countries, some of which may have initiated as early as 2001 or terminate as late as 2013.
- 59 This amount includes \$3,704,261 spent on international parental child abduction and \$4,896,801 on intercountry adoptions.
- 60 PRM provided approximately \$30 million to support NGO projects directly related to assisting vulnerable children. In addition, PRM provided \$1.1 billion in contributions to UN and international organizations that are not earmarked at the population/sectoral level. A large portion of these funds also assisted vulnerable children.
- 61 G/TIP obligated \$12,620,000 in FY 2008 for anti-trafficking programming. In FY 2009, G/TIP obligated \$26,000,000 for 93 anti-trafficking programs. Beneficiaries of G/TIP programs include, but are not limited to, highly vulnerable children.
- 62 Peace Corp Volunteers are not U.S. Government staff.
- 63 This does not include projects for highly vulnerable children in Africa funded through PEPFAR and other USAID bureaus, including Global Health (GH), Democracy, Conflict and Humanitarian Assistance (DCHA), and Economic Growth, Agriculture and Trade (EGAT).
- 64 This does not include projects for highly vulnerable children in Asia and the Middle East funded through other USAID bureaus, including Global Health (GH), Democracy, Conflict and Humanitarian Assistance (DCHA), and Economic Growth, Agriculture and Trade (EGAT).
- 65 USAID's E&E Bureau coordinates multi-year projects from a variety of funding sources. Projects in Belarus, Georgia, Azerbaijan, and Ukraine were funded through USAID DCOF. The \$3,750,000 above does not include these projects but does include FY 2008 funding for projects targeting vulnerable children in Russia.
- 66 This does not include projects for highly vulnerable children in the LAC region funded through PEPFAR and other USAID bureaus, including Global Health (GH), Democracy, Conflict and Humanitarian Assistance (DCHA), and Economic Growth, Agriculture and Trade (EGAT). The budget figure above includes \$2,500,000 for programs in Colombia, \$6,990,000 for programs in Haiti, \$2,561,000 for programs in Guatemala, \$2,800,000 for Central America and Mexico regional programs, and \$1,008,000 for programs in Jamaica.
- 67 This represents 40 percent of the total Food for Peace Title II program resources for FY 2008.
- 68 This total refers to FY 2008 funds allocated to OHA for OVC programming only.
-

- 69 This amount represents 73 percent of OFDA's total budget for health, protection, and nutrition programs for FY 2008. The vast majority of programming in these sectors is directed specifically toward highly vulnerable children.
- 70 Office of the Global AIDS Coordinator (OGAC) testimony to the House Committee on Foreign Affairs. April 24, 2007.
- 71 Statement from OGAC OVC Advisor. September 19, 2008.
- 72 E-mail from USAID Population Office Director. November 13, 2008.
- 73 USAID. "Working Toward the Goal of Reducing Maternal and Child Mortality." July 31, 2008.

ANNEX A: COMPREHENSIVE NOTES ON TABLE I: HIGHLY VULNERABLE CHILDREN: A GLOBAL PROFILE

Introduction

Table 1 provides the most comprehensive and up-to-date data currently available to quantify various categories of vulnerable children. There is currently no single global method to define and measure “highly vulnerable children,” the target population of PL 109-95. Instead, this table includes estimates of children who are vulnerable due to root causes – such as extreme poverty – and estimates of the number of children suffering the consequences of poverty, disaster, conflict, family dissolution, and other factors that threaten their physical and emotional well-being.

There are no credible estimates for a number of key categories of highly vulnerable children, such as street children or children who are food insecure. In other cases, the source(s) on which commonly used estimates were based was found unreliable. Not reflected in the table are gaps in our ability to collect data on other children who are equally as vulnerable. For example, there is no current estimate of the global number of children who are in psychological or social distress, or the number of children without the protection of a caring adult.

Despite the impressive amount of global data that is included in Table 1, huge gaps exist in our ability to estimate the total number of children who are highly vulnerable¹. Comprehensive and reliable data are needed to understand the size of this population and where they are located – to plan how to best reach these children with resources and services, and to monitor whether interventions are making a difference. USG agencies, as well as our external partners, need good data to monitor the effect of our joint efforts on reducing the vulnerability of the children who are the focus of our interventions. However, as is evidenced by the gaps in existing data, the challenges to quantifying the vulnerability of children are enormous, including:

1. The definitions used to describe and to count vulnerable children vary. Policymakers, programmers, donors, and researchers may focus on similar target groups but use different definitions to describe the children with whom they work.
2. It is often difficult to find the highly vulnerable children and, therefore, to “count” them. The situations that cause children to be vulnerable often reflect their position outside of mainstream society – sometimes they are participating in illegal activities. For the same reasons that it is difficult for child protection systems and service providers to find these children, it is difficult to “capture” them in data sets (e.g., trafficked children, children in the worst forms of child labor, and children associated with armed forces or groups). In addition, most population-based surveys generally use a system of data collection that relies on interviewing heads of households, which would preclude data on street children, institutionalized children, and other children outside of family care.
3. There is a great deal of overlap among various types of vulnerable children. Double counting would be a major threat to creating a summary statistic that represents “highly vulnerable children” if the summary statistic required that data be combined from various different data sets, such as those represented in Table 1.

The following are the criteria used to determine inclusion in Table 1:

- The number or percent is from a report supported by documented national household and community surveys or administrative data (DHS, MICS, AIS, income and living standards surveys, education administrative data, and UNHCR data).
- The number or percent is from a database supported by an organization with credible reputation (UN Population Division World Population Prospects database; UNESCO UIS database; EMDAT Emergency Disaster database, supported by WHO and USAID; ILO, SIMPOC, and UCW databases; and Internal Displacement Monitoring Center IDP database).
- The number or percent comes from a UN agency or World Bank official document, and the definition of the indicator is clear in that document (even if the sources and/or methodology for calculation are vague). It is assumed that numbers used in official UN and World Bank documents have already been vetted, and that those agencies stand behind them.
- Numbers or percents given on Web pages were not included unless they were validated by one of the inclusion criteria stated above.

Please note that the year given in the table is the year for the data in the original source, and not the year of the document publication. For example, for children living in extreme poverty (less than \$1.25/day) the year given for the global number and percent in the World Bank Indicators Poverty Supplement is 2005. The year given for each indicator refers to the most recent year available during the period of study specified in the source document.

Notes on the calculation of numbers and percents given in the Indicators of Table 1:

Many sources of information present estimates of vulnerable children as either percents or absolute numbers but not both. In these cases, the Futures Institute (FI) used what was given in the source (either a number or a percent) in combination with population estimates matching the source age, gender (if applicable), and geographic groupings to calculate a percent (if only an absolute number was provided in the source) or number (if only a percent was given). Unless the particular source material presented its own population estimates, the Futures Institute used the 2005 population estimates of the United Nations Population Division.

The Population Division of the United Nations Secretariat estimates the population of every country, as well as regional, developing country, and global totals. Global population estimates are released only for five-year cohorts (e.g., 0–4, 5–9, etc.), disaggregated by sex. For reference, the 2005 population estimates using five-year age cohorts from The Population Division of the United Nations Secretariat. *World Population Prospects*. 2008. (This will be abbreviated as UNPP. 2008.) Applicable to the table percent or number calculations are:

Total population [global]: 6,512,276,300
Child population [global] aged 0–14: 1,847,488,500
Child population [global] aged 0–4: 627,034,800

For age groups that do not break down by five-year cohorts (for example, many indicators for children are measured in terms of the population under age 18), the Futures Institute needed to splice out those age groups from the 2005 population estimates of the United Nations Population Division. Using the Spectrum model, the Futures Institute interpolated using the Beer's formula to obtain the population of children aged 2, 3, 4, 15, 16, and 17. These numbers were added to or subtracted from the cohorts of children aged 0–4², 5–9, and 10–14 to obtain the number of children aged 0–17, 5–17, and 2–14 needed to match the indicator age grouping given by the source in calculating the number of affected children from a percent or vice versa (if only number or percent was given in the source).

Using the methodology above, the child population groupings (not in five-year age cohorts) in 2005 based on UNPP. 2008. UNPP. 2008 were calculated by Futures Institute to be:

Child population [global] aged 0–17: 2,220,164,700
Child population [global], excluding West and Central Africa and South Asia aged 0–17: 1,426,381,700
Child population [global] aged 2–14: 1,590,749,800
Child population [global] aged 5–17: 1,593, 129,900
Child population [global] aged 2–14: 1,590,749,800
Child population [less developed regions] aged 0–17: 1,964, 458,700

Here is an example of one of the more complicated calculations of a percent from the absolute number given in the source:

Indicator 20: Children in institutional care. As the footnote for indicator 20 states, the number was given in the source (UNICEF. 2009. *Progress for Children: A Report Card on Child Protection*), and the percent was calculated by FI. You can see in Table 1 that the age group from the source is 0–17, and the coverage of the indicator is global, excluding West and Central Africa and South Asia. As no global population aged 0–17 (excluding West and Central Africa and South Asia) is given in the

source, this had to be calculated by FI to obtain a percent. The methodology above explains how the age grouping 0–17 was calculated from the five-year cohorts of the UNPP. 2008. After the 2005 0–17 age group was calculated globally, FI selected for Western Africa and South-Central Asia (the regional groupings from World Population Prospects that most closely match UNICEF’s West and Central Africa and South Asia groupings), and subtracted their 0–17 populations from the global 0–17 total. The resulting population is given above under child population [global] excluding West and Central Africa and South Asia aged 0–17. Thus, you have: $2,000,000$ (from source)/ $1,426,381,700 = 0.0014$ or .14%.

For further clarity, here is an example of the calculation of a number from the percent given in a source:

Indicator 7: Children who are wasted. The percent was given in the source (UNICEF. State of the World’s Children: Special Edition Report. 2009). You can see in Table 1 that the age group from the source is 0–4, and the coverage of the indicator is global. As no global population aged 0–4 is given in the source, the 2005 global (five-year cohort) population aged 0–4 was taken directly from the World Population Prospects. That population is given above as 627,034,800. Thus, you have: $.13$ (or 13%) * $627,034,800 = 81,514,524$.

The Futures Institute used the year 2005 in all cases (except for indicators 1a,b, for which 2010 data were requested) to make the absolute levels of the indicators approximately comparable. Also, most of the indicators are reported with a lag. In many cases, a 2005 estimate of population was closer in time than 2010 or 2000.

(1) (a,b) Population

Source: Number for total population [global] from United Nations Population Division (UNPP). 2008. Number for children [global] aged 0–17 calculated by Futures Institute (FI) as described in the methodology above based on the population aged 0–19 from UNPP. 2008. Percent calculated by FI by dividing the number for children [global] aged 0–17 (numerator) by the 2010 estimate of the total population from UNPP. 2008 (denominator).

Basis²: Modeled estimates using extensive national survey data.

(2) Children who are highly vulnerable

The percent or number of children who are highly vulnerable is difficult to ascertain. Currently, the USG, UN, and partners are engaged in an ongoing effort to determine the feasibility of developing a measureable, cross-nationally applicable definition of “highly vulnerable children” or alternatively called “children in need of additional support,” and a related composite index or set of indicators that would allow estimates of the percent of children who are highly vulnerable – or in need of additional support – in a given country, and ultimately estimates of coverage and unmet need.

(3) Children living in extreme poverty (less than \$1.25 per day)(aged 0–14)

Source: Number and percent of total population living on less than \$1.25/day in 2005 from World Bank. World Development Indicators Poverty Data Supplement. 2008. Percent of children [developing countries] aged 0–14 living on less than \$1.25/day is assumed to be the same as for total population. Futures Institute calculated the number of children [developing countries] aged 0–14 living on less than \$1.25 a day by multiplying the percent of children [developing countries] aged 0–14 living on less than \$1.25 a day by the 2005 estimate of the child population [low and low-middle income countries] aged 0–14 from the World Bank Development Indicators online (accessed August 2009).

Basis: Modeled estimate using extensive national survey data.

The World Bank recommends using the percent of the population living on less than \$1.25 per day as a definition of extreme poverty. In the Poverty Data Supplement, the World Bank estimates the percent of the population in developing countries living in extreme poverty and the total population in developing countries living in extreme poverty, using 2005 purchasing power parity constant prices (newly released in 2008). The estimates are based on expenditure surveys and extrapolations to countries where expenditure surveys do not exist. The World Bank does not estimate ultra poverty for children in this source. The Futures

Institute assumed that the percent of children in extreme poverty is the same as the percent of adults in poverty. This is likely to be an underestimate since in general poor women have more children than wealthier women in developing countries³. The Futures Institute calculated the number of children aged 0–14 living in extreme poverty by multiplying the population of children living on less than \$1.25 a day [developing countries] aged 0–14 by the population of children [low and low-middle income countries] aged 0–14 from the World Bank World Development Indicators online⁴ (accessed August 2009).

(4) Children living in ultra poverty (less than \$0.50 per day) (aged 0–14)

Source: Number of total population [developing countries] living on less than \$0.50 a day from Ahmed, Akhter U., Ruth Vargas Hill, Lisa C. Smith, Doris M. Wiesmann, and Tim Frankenberger. 2007. *The World's Most Deprived: Characteristics and Causes of Extreme Poverty and Hunger*. 2020 Discussion Paper 43. International Food Policy Research Institute (IFPRI). October 2007. Percent of total population [developing countries] living in ultra poverty was calculated by FI by dividing the number of total population [developing countries] living on less than \$0.50 a day (numerator) by the total population [low- and middle-income countries] from the World Bank World Development Indicators online (denominator). Percent of children [developing countries] aged 0–14 living on less than \$0.50/day is assumed to be the same as for total population. Futures Institute calculated the number of children [developing countries] aged 0–14 living on less than \$0.50 a day by multiplying the percent of children [developing countries] aged 0–14 living on less than \$0.50 a day by the 2005 estimate of the child population [low- and low-middle-income countries] aged 0–14 from the World Bank Development Indicators online.

Basis: Modeled estimate using limited national survey data.

The number of total population living in ultra poverty comes from an expenditure analysis by IFPRI using techniques similar to those used in the World Bank analysis above, and based on estimates of the population living on less than \$1.08 per day in 1993 purchasing power parity constant prices.

Please note that because of the different methodology and sources for children in extreme poverty and children in ultra poverty, the latter indicator cannot be seen to be directly a sub-set of the former.

(5) Children who are stunted (aged 0–4)

Source: Percent from United Nations Children's Fund (UNICEF). *State of the World's Children: Special Edition Report*. 2009. Number calculated by Futures Institute by multiplying the percent of children who are stunted [global] aged 0–4 by the 2005 estimate of the child population [global] aged 0–4 from UNPP. 2008.

Basis: Extensive national survey data.

The UNICEF *State of the World's Children: Special Edition Report* presents the global percent of children who are stunted⁵ among all children aged 0–4, which is a population-weighted average calculated from DHS and MICS surveys (2003–2008). Stunting is a measure of chronic malnutrition.

(6) Children who are underweight (aged 0–4)

Source: Percent from UNICEF. *State of the World's Children: Special Edition Report*. 2009. Number calculated by Futures Institute by multiplying the percent of children who are underweight [global] aged 0–4 by the 2005 estimate of the child population [global] aged 0–4 from UNPP. 2008.

Basis: Extensive national survey data.

The UNICEF *State of the World's Children: Special Edition Report* presents the global percent of children who are underweight⁶ among all children aged 0–4, which is a population-weighted average calculated from DHS and MICS surveys (2003–2008). Please note that underweight according to the WHO Child Growth Standards was used here because it is a more accurate measure of underweight than the previous NCHS standard. *State of the World's Children 2009 Statistical Table Notes* state,

“In April 2006, the World Health Organization released the ‘WHO Child Growth Standards’ to replace the widely used National Center for Health Statistics/WHO reference population, which was based on a limited sample of [formula fed] children from the United States. The new standards are the result of an intensive study project involving more than 8,000 children from Brazil, Ghana, India, Norway, Oman and the United States. This is the first year that Table 2 includes underweight estimates according to the new ‘WHO Child Growth Standards’. It should be noted that due to the differences between the old reference population and the new standards, prevalence estimates of child anthropometry indicators based on these two references are not readily comparable.”

Underweight was previously thought to be a measure principally of acute malnutrition, but is now considered to stem from numerous causes. It is included in Table 1 because it is the anthropometric measure for MDG 1c.

(7) Children who are wasted (aged 0–5)

Source: Percent from UNICEF. State of the World’s Children: Special Edition Report. 2009. Number calculated by Futures Institute by multiplying the percent of children who are wasted [global] aged 0–4 by the 2005 estimate of the child population [global] aged 0–4 from UNPP. 2008.

Basis: Extensive national survey data.

The UNICEF State of the World’s Children: Special Edition Report presents the global percent of children who are wasted⁷ among all children aged 0–4, which is a population-weighted average calculated from DHS and MICS surveys (2003–2008). Wasting is a measure of acute malnutrition.

(8) Children who are food insecure (aged 0–17)

There are two principal alternate sources for data on food security, which could complement anthropometric measures of children:

[Possible] Source 1: World Food Programme (WFP). Projected Needs for WFP Projects and Operations. 2009

Basis: Modeled estimate using extensive administrative and WFP country office data.

The World Food Programme gives an estimate of 95,581,020 total persons that it expects will need WFP assistance in 2009. The World Food Programme does not present demographic breakdown by age. Therefore, to estimate the number of children aged 0–17 needing World Food Programme Assistance, the FI estimate of the 2005 child population [global] aged 0–17 based on UNPP. 2008 could be applied. Alternatively, a factor of 0.44 could be applied to the total population needing World Food Programme Assistance. The factor of 0.44 comes from: UNHCR. Global Trends: Refugees, Asylum Seekers, Returnees, Internally Displaced and Stateless Persons. 2009, Annex Table 13. It is the percentage of UNHCR’s total persons of concern [global] in 2008 that are under the age of 18.⁸

[Possible] Source 2: Food and Agricultural Organization (FAO). The State of Food Insecurity in the World. 2009.

Basis: Modeled estimate using extensive administrative and FAO country office data.

The Food and Agricultural Organization gives an estimate of 1.02 billion undernourished people in 2009. The number of undernourished children could be calculated in the same manner as suggested above for children in need of World Food Programme assistance.

However, it is unclear to what extent the “population in need of WFP assistance” and the “undernourished” population measure food insecurity, especially in regard to children. Therefore, no data are included in the table for food security. A consultative process involving the Food and Nutrition Technical Assistance II (FANTA–2) Project and FAO, among others, is ongoing to develop and field test the Household Food Insecurity Access Scale (HFIAS), which is based on the U.S. Household Food Security Survey Module. The UN Standing Committee on Nutrition Fact Sheet on Food and Nutrition Security Indicators: Household Food Insecurity Access Scale states:

“The HFIAS is a tool to assess whether households have experienced problems in food access in the preceding 30 days. The tool is composed of nine questions that ask about modifications households made in their diet or food consumption patterns due to limited resources to acquire food. It measures the severity of food insecurity in the past 30 days, as reported by the households themselves.”

HFIAS reflects the household experience of food access problems during the previous month. Increasing prevalence of food insecurity as measured with HFIAS can identify seasonal food insecurity or an impending food crisis, and can be used to monitor changes in food security over time.

Compared to indicators of nutritional status (e.g., anthropometry), HFIAS is specific to food consumption aspects; it is not influenced by health and care aspects, as it refers to modifications of the diet pattern specifically due to lack of resources to access food.

Field tests of the HFIAS have shown that many of the questions were not understood the same way across cultures, and thus an accurate measure of food security is not yet available.

(9) Children who die before age 1

Source: Percent from UNICEF. State of the World’s Children: Special Edition Report. 2009. Number calculated by Futures Institute by multiplying the percent of children who die before age 1 [global] by the estimate of births in the same source.

Basis: Extensive national survey data.

The UNICEF State of the World’s Children: Special Edition Report presents the percent of children who die before age 1. The percents for most developing countries are based on the most recent surveys from the Demographic and Health Surveys or the Multiple Indicator Cluster Surveys.

(10) Children 0–4 who die before age 5

Source: Percent and Number from UNICEF. State of the World’s Children: Special Edition Report. 2009.

Basis: Extensive national survey data.

The UNICEF State of the World’s Children: Special Edition Report presents both the percent and number of children dying before age 5. The percents for most developing countries are based on the most recent surveys from the Demographic and Health Surveys or the Multiple Indicator Cluster Surveys.

(11) Children living with HIV (aged 0–14)

Source: Number from Joint United Nations Programme on HIV/AIDS (UNAIDS). AIDS Epidemic Update. 2009. Percent calculated by FI by dividing the number of children living with HIV [global] aged 0–14 (numerator) by the estimate of the child population [global] aged 0–14 from UNPP. 2008 (denominator).

Basis: Modeled estimate using extensive national survey data.

These estimates from UNAIDS include all children under age 15 with HIV infection, whether or not they have developed symptoms of AIDS, for the year 2008. These have been produced and compiled by UNAIDS/WHO. The general methodology and tools used to produce the country-specific estimates have been described in a series of papers in Sexually Transmitted Infections 2008; 84 (Suppl 1) “Improved data, methods and tools for the 2007 HIV and AIDS estimates and projections,” and in Sexually Transmitted Infections 2006; 82 (Suppl 1). They have been shared with national AIDS programs for review and comments, but are not necessarily the official estimates used by national governments.

(12) (a,b) Children who have had an early sexual debut (aged 15–19)

Source: Percent from UNICEF, UNAIDS, World Health Organization (WHO). 2009. Children and AIDS: Fourth Stocktaking Report. 2009. Number calculated by FI by multiplying the percent of children who have had an early sexual debut [developing

countries, excluding China] aged 15–19 [by gender] by the estimate of the child population [less developed regions, excluding China] aged 15–19 [by gender] from UNPP. 2008.

Basis: Limited national survey data for males, and extensive national survey data for females.

The Fourth Stocktaking report gives a percentage for females and for males aged 15–19 who say they had sex before age 15 for developing countries, excluding China. However, it should be noted that country data that make up these percentages come principally from sub-Saharan Africa and South Asia.

(13) Children who are disabled (aged 0–17)

Source: Percent of total population that is disabled from Mont, D. for the World Bank. *Measuring Disability Prevalence*. 2007. Percent of children disabled is assumed to be the same as percent of total population disabled. Number of children disabled calculated by FI by multiplying the percent of children who are disabled [global] aged 0–17 by the FI 2005 estimate of the child population [global] aged 0–17 based on the UNPP. 2008.

Basis: Expert opinion [likely] from limited case studies.

The 2007 report *Measuring Disability Prevalence* by Mont, D. for the World Bank estimates that 10–12% of the total population is disabled⁹. Futures Institute thus applied 11% to the FI 2005 estimate of children aged 0–17 based on the 2008 UN World Population Prospects to arrive at 244 million. UNICEF uses a figure of 150 million children disabled, which comes from Landsdown, G. for UNICEF and the UN General Assembly Special Session on Children. 2001. *It is Our World Too! A Report on the Lives of Disabled Children*. That figure was established using an estimate of 10% of the total population disabled (which in turn comes from an expert guesstimate in the 1970s by Rehabilitation International on data from developed countries, as cited by DisabilityWorld.org at http://www.disabilityworld.org/06-08_03/children/unicef.shtml) and a population of 6 billion persons, which is roughly the global population in the year 2000.

The World Bank estimate of 10–12% was used because it is more recent, it is based on surveys from developing countries, and the World Bank has been involved in the recent analysis of disability measurement methodology with the UN Washington City Group on Disability Statistics. The number calculated by Futures Institute was chosen over the 150 million number used by UNICEF because the year selected (2005) for the child population to which the disability prevalence is applied is more recent and thus accounts for the large growth in the population of children since 2000.

Please note that UNICEF does include measurement of disabled children 1999–2007 in the 2009 *State of the World's Children Report*, which they define as the percentage of children 2–9 years old with at least one reported disability (i.e., cognitive, motor, seizure, vision, hearing, or speech). However, there is no global percentage and only East Asia and the Pacific has a regional percentage.

(14) Children who lack adequate shelter¹⁰ (aged 0–17)

Source: Number and percent from UNICEF. *State of the World's Children*. 2005. Percent confirmed by FI, by dividing 640,000,000 children into the FI 2005 estimate of the child population [less developed regions] aged 0–17 based on UNPP. UNPP. 2008.

Basis: Limited national survey data.

Work was commissioned in 2003 by UNICEF through the University of Bristol and the London School of Economics to assess severe deprivation in children (seven indicators, of which lack of adequate shelter was one), and resulted in the following study: Gordon, David, et al., *Child Poverty in the Developing World*, The Policy Press, Bristol, UK. 2003. To obtain the 2005 number and percent of children in poverty, UNICEF updated the original Gordon et al. study data using Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS).

(15) (a,b,c) Children who have experienced psychological aggression¹¹ at home, children who have experienced minor physical punishment¹² at home, and children who have experienced severe physical punishment¹³ at home (aged 2–14)

Source: Percents from UNICEF. *A World Fit for Children: A Statistical Review*. 2007. Numbers calculated by FI by multiplying the percent of children who have experienced psychological aggression, minor or severe physical punishment [global] aged 2–14 by the FI 2005 estimate of the child population [global] aged 2–14 based on UNPP. 2008.

Basis: Limited national survey data.

Please note that these indicators only refer to abuse “at home.” Global numbers could not be found for an inclusive measure of psychological or physical abuse that children encounter at home, in school, in the workplace, or in other settings outside the home.

(16) (a,b) Girls and boys who have experienced sexual abuse (aged 0–17)

Source: Numbers from United Nations (UN). General Assembly Sixty-First Session, Promotion and Protection of the Rights of Children A/61/299. 2006. Percent calculated by FI by dividing the number of children who have experienced sexual abuse [global] aged 0–17 [by gender] (numerator) by the FI 2005 estimate of the female and male child populations [global] aged 0–17 based on UNPP. 2008. (denominator).

Basis: Meta-analysis of 604 articles using author, defined-criteria for child sexual abuse.

The UN General Assembly Sixty-First Session report cites its source for the number of female and male children who have experienced sexual abuse¹⁴ as: Global Estimates of Health Consequences due to Violence against Children, based on estimates by G. Andrews et al., Child sexual abuse, chapter 23 in M. Ezzati et al. *Comparative Quantification of Health Risks: Global and regional burden of disease attributable to selected major risk factors* Geneva, World Health Organization, vol. 2, pp. 1851-1940. 2004 and using data of the Population Division of the United Nations Department of Economic and Social Affairs for population under 18 years.

(17) Child marriage: Women aged 20–24 who were married or in union before age 18

Sources: Percent from UNICEF. *State of the World’s Children: Special Edition Report*. 2009. Number calculated by FI by multiplying the percent of women who were married or in union before age 18 [developing countries, excluding China] aged 20–24 by the 2005 estimate of the female population [less developed regions, excluding China] aged 20–24 from UNPP. 2008.

Basis: Extensive national survey data.

(18) (a,b,c) Children who have lost one or both parents due to all causes, children whose mother has died due to any cause, and children whose father has died due to any cause (aged 0–17)

Source: Numbers from UNICEF, UNAIDS, and WHO. *Children and AIDS: Fourth Stocktaking Report*. 2009. Percent calculated by FI by dividing the number of children who have lost one or both parents, their mother, or their father [global] aged 0–17 (numerator) by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008 (denominator).

Basis: Modeled estimates based upon extensive national survey data.

The Fourth Stocktaking Report cites “unofficial UNAIDS estimates” as the source for the orphan numbers. The orphan numbers in the Fourth Stocktaking Report are updated estimates calculated by UNAIDS using the Spectrum program, based on the latest data from the United Nations Population Division on population size, age, structure, and mortality. They are somewhat higher than previous estimates because of the new data. These estimates suggest that the total number of orphans has been relatively stable over the past few years.

Please note that the DHS and MICS data used for input into the Spectrum program seem to be fairly accurate in estimating the number of paternal orphans but under-estimate maternal orphans. After a child has been living with a foster mother for a while she tends to report that the child is hers, not an orphan. This has been demonstrated using cohort studies to see serial reports on the same child. One publication addressing this is Nyamukapa L Robertson, S Gregson, C Madanhire, N Walker, P Mushati, G

Garnett and C. Discrepancies Between UN Models and DHS Survey Estimates of Maternal Orphan Prevalence: Insights From Analyses of Survey Data from Zimbabwe, *Sex. Trans. Inf.* 2008;84;i57-I 62.

(18) (d) Children both of whose parents have died due to any cause (aged 0–17)

Source: Number calculated by FI based upon UNICEF, UNAIDS, and WHO. Children and AIDS: Fourth Stocktaking Report. 2009. Percent calculated by FI by dividing the number of children both of whose parents have died due to any cause [global] aged 0–17 (numerator) by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008 (denominator).

The Fourth Stocktaking Report does not give a specific number for children both of whose parents have died due to any cause (double orphans). However, the formula for calculating children who have lost one or both parents due to all causes (total orphans) is:

Total orphans (d) = maternal orphans (a) + paternal orphans (b) – double orphans (c)

Given that we know d, a, and b, it is possible to solve for c. Thus:

$163,000,000 = 55,300,000 + 126,000,000 - ?$

or

$55,300,000 + 126,000,000 - 163,000,000 = 18,300,000$

(19) Children who have lost one or both parents due to AIDS (aged 0–17)

Source: Number from UNICEF, UNAIDS, and WHO. Children and AIDS: Fourth Stocktaking Report. 2009. Percent calculated by FI by dividing the number of children who have lost one or both parents due to AIDS [global] aged 0–17 (numerator) by the 2005 FI estimate of the child population [global] aged 0–17 based on UNPP. 2008 (denominator).

Basis: Modeled estimate based upon limited national survey data.

In the past, the calculation of children who have lost one or both parents due to AIDS was made by a consultative group within UNAIDS. These estimates are produced by the Spectrum program as part of the process by which UNAIDS prepares country and global HIV/AIDS estimates. They are prepared by country teams and reviewed by UNAIDS staff.

(20) Children in institutional care¹⁵ (aged 0–17)

Source: Number from UNICEF. Progress for Children: A Report Card on Child Protection. 2009. Percent calculated by FI by dividing the number of children in institutional care [global, excluding West and Central Africa and South Asia] aged 0–17 (numerator) by the FI 2005 estimate for the child population [global, excluding Western Africa and South-Central Asia] aged 0–17 based on UNPP. 2008 (denominator).

Basis: Modeled estimate from limited administrative and international organization data, country reports for the Second International Conference on Children and Residential Care, and UNICEF country office estimates.

Please note that only the countries of Central and Eastern Europe and the Commonwealth of Independent States have been tracked comprehensively, through the TransMONEE database of the UNICEF Innocenti Research Center. For the regions of Latin America and the Caribbean, Middle East and North Africa, Eastern and Southern Africa, and East Asia and the Pacific, country data for the Progress for Children Report was provided by national estimates, UNICEF country offices, or country reports prepared for the Second International Conference on Children and Residential Care. South Asia and West and Central Africa had no data available. The global number should thus be interpreted with caution.

(21) Children of (living on) the street (aged 0–14)

[Possible] Source: Stover, J, et al. Coverage of Selected Services for HIV/AIDS Prevention, Care, and Treatment in Low- and Middle-Income Countries in 2005. 2006.

Basis: Expert opinion.

This is the only source of survey data on street children that could be found, the estimates coming from a survey of country experts on HIV/AIDS prevention services conducted between 2003 and 2005. However, it appears from the widely varying numbers reported by country that there may have been some respondent reporting bias, difference in interpretation of the definition of street children¹⁶, and/or unfamiliarity with the specific issue of street children. Therefore, no number of children living on the street is included in Table 1.

(22) Children on (working and living on) the street (aged 0–17)

No clear source could be identified. Thomas de Benítez (for the Consortium on Street Children) writes in the 2007 State of the World's Street Children: Violence,

“Estimating numbers of ‘street children’ is fraught with difficulties. In 1989, UNICEF estimated 100 million children were growing up on urban streets around the world. 14 years later UNICEF reported: ‘The latest estimates put the numbers of these children as high as 100 million’ (UNICEF, 2002: 37). And even more recently: ‘The exact number of street children is impossible to quantify, but the figure almost certainly runs into tens of millions across the world. It is likely that the numbers are increasing’ (UNICEF, 2005: 40–41). The 100 million figure is still commonly cited, but has no basis in fact (see Ennew and Milne, 1989; Hecht, 1998; Green, 1998). Similarly, it is debatable whether numbers of street children are growing globally or whether it is the awareness of street children within societies which has grown. While there are understandable pressures for policies to be informed by aggregate numbers, estimates of street child populations, even at city levels, are often hotly disputed and can distract rather than inform policy makers.”

In regard to the quote above, State of the World's Children 1989 was found and downloaded. However, no reference to street children can be found in that report. Given that few other documents from 1989 are available electronically for a keyword search on street children, the 1989 source and origin of the 100 million number is at present a mystery. The reference above to UNICEF 2002 is for State of the World's Children 2003, which in turn cites Serrano, Alfonso F, ‘Education Crucial for Street Kids’, On the Record for Children, (vol. 3, no. 14, New York, 10 May 2002, p. 7.) as the source. However, we have been unable as yet to obtain the Serrano source to determine how/if the 100 million number was calculated there. In addition, as original sources can not be found, it is further unclear what ages street children cover and the exact indicator definition. The uncertainty of this number negates inclusion in the table.

(23) Children whose births are not registered¹⁷ (aged 0–4)

Source: Percent and number from UNICEF. State of the World's Children: Special Edition Report. 2009.

Basis: Extensive national surveys and administrative data.

(24) Children out of school (primary aged)

Source: Number from United Nations Educational, Cultural, and Scientific Organization (UNESCO), Education For All Global Monitoring Report. 2009. Percent calculated by FI by dividing the number of children out of school [global] of primary age (numerator) by the UNESCO number for primary school age children in the same source (denominator).

Basis: Extensive administrative data and national surveys.

Please note that in the UNESCO 2009 report Education for All and the UNESCO Institute for Statistics database, the percent of primary aged children out of school DOES NOT equal 100-net enrollment rate (NER). The 2005 UNESCO/UNICEF Joint Publication “Children Out-of-School: Measuring Exclusion from Primary Education states that,

“The joint estimate of the number of children out of school considers the whole school year and not a specific point in time. Children are considered to be out of school if they had no exposure to school during the school year in question. All other children are considered to be participating in school if they attended at any point during the reference period, no matter to what extent they were absent or whether they later dropped out. To avoid confusion with the concepts of enrolment and attendance, this report uses the term participation to denote being in school.”

How can this definition of in school or participation lead to comparable results when applied to administrative and household survey data? Enrolment data provide the number of children enrolled or registered in school. This is measured differently across countries. Definitions used for international data collections emphasise that the unit of measurement are pupils enrolled, meaning that children registered more than once should be counted only once and that registration is linked to a pupil. Enrolment data potentially differ from the definition above in three ways. They can:

- overstate participation by counting registered children who never attend school;
- underestimate participation by missing children who attend school without being registered; and
- underestimate participation when enrolment is counted at the beginning of the school year while some children register later in the school year.

Household surveys allow the estimation of school attendance in two ways: current attendance, the most commonly used estimate, and attendance at some point during the school year, which is the estimate used for this methodology. The latter is based on the parents' or guardians report as to whether the child is currently at school or, if not, whether the child attended school at some time during the school year. If the answer to either question is "yes", the child is considered to have attended in the reference school year, even if currently absent or out of school.

[In calculating the number of primary school aged children out-of-school] First, the number of out-of-school children is calculated for each country. Wherever possible, the calculation is made from both data sources. The method of calculation used depends on the data source.

- With administrative data, the number of out-of-school children is calculated as the difference between the total number of children in the primary school-age population and the number of those children reported as enrolled in either primary or secondary education. (Total population of primary school-age children – number of primary school-age children enrolled in primary or secondary education = number of out-of-school children.)
- With household survey data, the percentage of out-of-school children in the sampled school-age population is calculated. Then, the percentage is applied to the national number of children of primary school age.
- In both cases, the primary school-age population is based on data provided by the UN Population Division.

The second step is to decide which data result should be selected for the global estimate.”

In comparison to the UNESCO 2009 Education for All Report estimation of 75.2 million primary aged children out of school, UNICEF has an estimation of 100.7 million primary aged children out of school. This is due to differences between the two organizations in the criteria for selection of source data by country.

Please note also that the estimates in the World Bank EdStats database come from the UNESCO UIS database. The World Bank has added a household survey module to its EdStats database that links the user to household surveys by country with education data; however, the World Bank has not produced independent country or global estimates for out-of-school children.

(25) Children out of school (secondary aged)

[Possible] Source: United Nations Educational, Cultural, and Scientific Organization (UNESCO), Education for All Global Monitoring Report. 2009.

Basis: Extensive administrative data.

The UNESCO 2009 report presents neither the number nor the percent of secondary school aged children out-of-school. However, both UNESCO and UNICEF report the net enrollment ratio for secondary school aged children, and the number of secondary school aged children. The net enrollment ratio is the number of children enrolled in secondary school divided by the number of secondary school aged children. A proxy for secondary aged children out of school as 100 minus the net enrollment ratio. Please note, however, that the proxy of secondary aged children out of school (i.e., not enrolled in secondary school) is a

poor one because it does not match the methodology used to calculate out of school for primary school, the main issues being that it only includes secondary aged children enrolled in secondary school (and not secondary aged enrolled in tertiary or vocational school) and the data for upper secondary education is unreliable for some countries. If 100-NER is used as a proxy, from the 2009 UNESCO report, 42% of secondary aged children are not enrolled in secondary school. Using the secondary aged population from the report, this yields 328,707,540 children.

If the proxy for secondary out of school is not acceptable, and a second indicator for education is desired, one possibility is the youth literacy rate¹⁸ by gender. This indicator is well reported (sources include census, household, and labor force surveys) and gives a measure of current access to learning at the primary level, retention of primary education, and gender disparity at the global level. It does not, however, give a good measure of education beyond the primary level, or of vulnerability of children due to the poor education of their adult caregivers. The UNESCO 2009 report gives a 2006 youth literacy rate of 91% for males and 86% for females.

(26) Child laborers (aged 5–17)

Source: Number and percent from International Labour Organization (ILO). *The End of Child Labor: Within Reach*. 2006.

Basis: Extensive national surveys and case studies.

The 2004 estimate for child laborers¹⁹ (and children in hazardous work below from the same source) is, according to the ILO 2006 *The End of Child Labor Report*,

“... based on data taken from national SIMPOC surveys on child labour; the World Bank’s Living Standards Measurement Study (LSMS) surveys; the Multiple Indicator Cluster Surveys (MICS) conducted by the United Nations Children’s Fund (UNICEF); labour force surveys; and the United Nations Population Division. Survey data were also provided by the inter-agency Understanding Children’s Work (UCW) Project.”

The estimate of child laborers was taken from the ILO 2006 *The End of Child Labour Report*, rather than UNICEF’s more recent 2008 estimate of child laborers from *State of the World’s Children: Special Edition Report* because: 1) it includes children 15–17, which is important particularly in regard to hazardous work, 2) the ILO uses a more comprehensive set of data sources than UNICEF (which uses only DHS and MICS data), and 3) the definition of child laborers used by ILO matches more closely the definitions contained in ILO conventions No. 138 and 182 (UNICEF sets a boundary of 28 hours of domestic work for inclusion in child labor, which is not specifically included in the ILO conventions)²⁰.

(27) Children in hazardous work, excluding children in unconditional worst forms of labor (aged 5–17)

Source: Number and percent from ILO. *The End of Child Labor: Within Reach*. 2006.

Basis: Extensive national surveys and case studies.

The data on children in hazardous work cited is from 2004, in Table 1.1 of the ILO 2006 report, *The End of Child Labour*. There is data in the report for both 2000 and 2004; the most recent data were used here.

At times, statistics for “worst forms of labor,” “hazardous work,” and “unconditional worst forms of labor” seem to be cited interchangeably by the media and some organizations outside of the ILO. Care must therefore be taken when looking at sources outside of the ILO that cite global numbers on these topics, even if those citations include references to ILO literature. For clarity, the ILO publication *ILO. A Future Without Child Labor*. 2002. states:

“The adoption of Convention No. 182 helped to focus the spotlight on the urgency of action to eliminate, as a priority, the worst forms of child labour, which it defines as:

- (a) all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;*
- (b) the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;*
- (c) the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;*
- (d) work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children (Article 3).*

A distinction can be drawn between two categories of the worst forms of child labour:

- those that this report terms the “unconditional” worst forms of child labour, referred to in Article 3(a) - (c) above of Convention No. 182, that are so fundamentally at odds with children’s basic human rights that they are absolutely prohibited for all persons under the age of 18;*
- hazardous work (referred to above as (d)), as defined by national legislation, that may be conducted in legitimate sectors of economic activity but that is nonetheless damaging to the child worker.”*

(28) Children in unconditional worst forms of labor (aged 5–17)

Source: Number from ILO. A Future Without Child Labor. 2002. Percent calculated by FI by dividing the number of children in unconditional worst forms of labor [global] aged 5–17 (numerator) by the FI 2005 estimate of the child population [global] aged 5–17 based on UNPP. 2008 (denominator).

Basis: Modeled estimate [likely] from limited case studies, administrative data, and expert opinion.

The number of children in unconditional worst forms of labor²¹ cited in the ILO 2002 report, A Future Without Child Labour does not have clear documentation on calculation or source of data. The report states only (page 16) that,

“For the worst forms of child labour, global estimates were based on an assessment and aggregation of existing national and regional estimates for each worst form....from a wide range of sources, which were collected, screened and validated to ascertain which were considered sufficiently reliable for inclusion in the overall calculation. These estimates may significantly underestimate the numbers of children involved in these hidden forms of labour. They must therefore be treated with caution.”

There is no updated number in 2004, as there is for hazardous work.

(29) Children in prostitution and pornography (aged 5–17)²²

Source: Number from ILO. A Future Without Child Labour. 2002. Percent calculated by FI by dividing the number of children in prostitution and pornography [global] aged 5–17 (numerator) by the FI 2005 estimate of the child population [global] aged 5–17 based on UNPP. 2008 (denominator).

Basis: Modeled estimate [likely] from limited case studies, administrative data, and expert opinion.

The report ILO. A Future Without Child Labor. 2002 states there are 1.8 million children in prostitution, and the production of pornography or pornographic performance. The data source is the same as for children in unconditional worst forms of labor.

Several other sources also cite statistics for child prostitution. End Child Prostitution, Child Pornography, and Trafficking in Children for Sexual Purposes (ECPAT International) is one of the authorities on the issue, and has special consultative status with the Economic and Social Council of the United Nations (ECOSOC). Although ECPAT tracks progress by country via categories of actions to be taken by governments and civil society against commercial child sexual exploitation²³, there are no

global or country numbers of children in these reports, the annual reports of ECPAT, or the EXPAT. Questions and Answers about the Commercial Sexual Exploitation of Children. 2008. The report ECPAT. Stop Sex Trafficking of Children and Young People. 2009 cites a global figure of 1.2 million children worldwide trafficked for sexual exploitation; however, that number is specific to trafficking and not prostitution and pornography. It is also questionable that this number is truly specific in regard to sex trafficking, since the source is cited as UNICEF. http://www.unicef.org/media/media_40002.html. 2007. That Web site cites children trafficked in general (not sex trafficking alone), and the source traces back through UNICEF. Press Release Day of the African Child. 2007, which cites from <http://www.ilo.org/ipecc/Campaignandadvocacy/WDAACL/2003/lang--en/index.htm> (World Day Against Child Labor 2003), and eventually back to the report ILO. A Future Without Child Labour. 2002.

Obtaining reliable statistics is challenging given the underground nature of the crime, circular reporting, frequent definitional difficulties, and the lack of consistent data collection across countries.

(30) Children in other illicit activities (in particular production and trafficking of drugs)²⁴ (aged 5–17)

Source: Number from ILO. A Future Without Child Labour. 2002. Percent calculated by FI by dividing the number of children in illicit activities [global] aged 5–17 (numerator) by the FI 2005 estimate of the child population [global] aged 5–17 based on UNPP. 2008.

Basis: Modeled estimate [likely] from limited case studies, administrative data, and expert opinion.

The reasons for caution on interpretation of the source data are the same as for indicator 28: Children in unconditional worst forms of labor.

(31) Forced labor as a result of trafficking (aged 0–17)²⁵

Source: ILO. A Global Alliance Against Forced Labor: Global Report Under the Follow-up to the ILO Declaration on Fundamental Principles and Rights at Work. 2005. The Global Alliance against Forced Labor reports that 2.45 million people are in forced labor as a result of trafficking. The report estimates that 40 to 50 percent of those are children. FI applied 45% to 2.45 million to arrive at 1,102,500 children in forced labor as a result of trafficking. Percent calculated by FI by dividing the number of children in forced labor as a result of trafficking [global] aged 0–17 (numerator) by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008 (denominator).

Basis: Modeled estimate [likely] from limited administrative data, case studies, and expert opinion.

An update to the 2005 ILO Report was recently published. However, it does not include numbers. ILO. The Cost of Coercion. 2009 states,

“A repeat of the first global estimate would be premature. The methodology, which involved extrapolations from real cases of forced labour reported over a ten-year period, meant that repeating the exercise so soon afterwards would have limited value. Instead, this Report captures the basic trends of forced labour over the past four years, including the main patterns and geographical incidence of forced labour abuse, and also the law and policy responses, and presents the main challenges to be faced in the years ahead.”

The United Nations Office of Drugs and Crime also recently published a report on trafficking, which states that 14,909 victims of trafficking were identified by state authorities between 2003 and 2007, of whom 22% are children. Thus, it is estimated that the number of children identified by state authorities between 2003 and 2007 is 3,280. These data are not reported in Table 1 because it is severely limited by 1) the sparse existence and insufficient scope of national laws on trafficking, 2) the inability of countries to detect and prosecute offenders, and 3) deficient data collection and recording capacities.

Please note that the report from ILO. Child Trafficking: The ILO’s Response through IPEC. 2007 quotes a figure of 1.2 million children trafficked, which comes from ILO. Every Child Counts. 2002, which in turn has the same statistic for child trafficking (and other unconditional worst forms of labor) as ILO. A Future Without Child Labour. 2002. The FI calculation of 1.1 million children trafficked based on ILO. Global Alliance Against Forced Labor. 2005 was used in Table 1 because it is based on more

recent data (a time period of 1995–2004) and an updated methodology for tracking forced and bonded labor (which includes trafficking) that the ILO. The Cost of Coercion. 2009 Report will use for future tracking of forced and bonded labor.

(32) Children associated with armed forces or groups (aged 0–17)

Source: Number from United Nations General Assembly. Fifty-fifth Session: Children and Armed Conflict A/55/163-S/2000/712. 2000. Percentage calculated by FI by dividing the number of children associated with armed forces or groups [global] aged 0–17 by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008.

Basis: Expert opinion or modeled estimate based on limited case studies.

This estimate of 300,000 child soldiers made in the report was made without reference to the method for calculation. It is probable that the supporting documentation comes from Machel, G. for the United Nations. Fifty-first Session: Impact of Armed Conflict on Children. 1996, a report for which a series of 24 case studies was conducted that cover conflicts over the 30 years previous to the report. However, no number of child soldiers is given in the Graca Machel report. The Coalition to Stop the Use of Child Soldiers, which no longer quotes a number for child soldiers, was contacted directly to obtain further information on the difficulties involved in tracking child soldiers and to clarify the terminology for the indicator. Lucia Withers writes:

“The numbers of child soldiers at any given time is virtually impossible to establish. For example, military commanders frequently conceal children or deny access to observers. Armed groups frequently operate in dangerous, inaccessible zones to which observers do not have access and many children perform support roles and are therefore not visible in military operations.

The way in which children are recruited also prevents accurate documentation. Children are recruited both formally and informally. In some situations they stay in their communities and report only when required and often for short periods of time, for example when fighting escalates or to build strength while negotiating a demobilization package. Child soldiers also shift between groups or are released and then recruited by a different group. Many children are killed or die of injuries sustained or illnesses caused by the hardships of military life. Child soldiers often reach the age of 18 while in the ranks and are no longer considered children. The years spent as a child soldier then become invisible....

The term ‘child soldiers’ is widely used, but it is more appropriate to use the term ‘children associated with an armed forces or groups’—this covers all scenarios – i.e. membership of both armed forces and armed groups and forced or voluntary recruitment. It also captures the broader role that children perform in military forces i.e not only as gun-carrying combatants, but as porters, guards, cooks, messengers, spies etc. It might be useful to look at the definition of terms in the Paris Principles on Children Associated with Armed Forces or Armed Groups²⁶ which has been endorsed by some 66 governments to date.”

The age group for children associated with armed forces or groups in ILO. A Future Without Child Labour. 2002 is given as 5–17; however, the Fifty-fifth Session: Children and Armed Conflict Report from 2000 cites “children under the age of 18,” and thus that is what is used in Table 1.

(33) Refugee children (aged 0–17)

Source: Total number of refugees from UNHCR. 2008 Global Trends: Refugees, Asylum Seekers, Returnees, Internally Displaced and Stateless Persons. 2009. Futures Institute calculated the number of refugee children by multiplying the total number of refugees [global] by 44%, which is the percent of the total persons of concern who are aged 0–17 from UNHCR. Global Trends: Refugees, Asylum Seekers, Returnees, Internally Displaced and Stateless Persons. 2009, Annex Table 13. Percent of children [global] who are refugees was calculated by FI by dividing the number of children who are refugees [global] aged 0–17 (numerator) by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008 (denominator).

Basis: Extensive administrative and UNHCR country office data.

Annex Table 2 of the 2009 UNHCR report Global Trends: Refugees, Asylum Seekers, Returnees, Internally Displaced and Stateless Persons reports the total number of refugees²⁷. In general, UNHCR does not collect demographic information on

refugees. However, the authors of the report estimate (page 2) that 44% of refugees are aged 0–17. This percentage comes from Annex Table 13, which reports that 44% of the total persons of concern to UNHCR in 2008 were under age 18.

(34) Internally displaced children (as a result of conflict or persecution) (aged 0–17)

Source: Total number of internally displaced people as a result of conflict or persecution: Internal Displacement Monitoring Centre (IDMC). Internal Displacement: Global Overview of Trends and Developments, 2008. 2009. Futures Institute calculated the number of internally displaced children as a result of conflict or persecution [global] aged 0–17 by multiplying the total number of internally displaced people as a result of conflict or persecution [global] by 44%, which is the percent of total population of concern who are aged 0–17 from UNHCR. Global Trends: Refugees, Asylum Seekers, Returnees, Internally Displaced and Stateless Persons. 2009, Annex Table 13. Percent calculated by FI by dividing the number of internally displaced children as a result of conflict or persecution [global] aged 0–17 (numerator) by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008 (denominator).

Basis: Extensive administrative, and UN and NGO country office data.

The IDMC report Internal Displacement: Global Overview of Trends and Developments, 2008 was used because UNHCR only collects data on internally displaced persons²⁸ it assists, and refers those looking for information on total IDPs to the IDMC. The IDMC report does not have demographic information on IDPs. However, the authors of the UNHCR 2008 Global Trends report estimate that 44% of refugees are aged 0–17, for the same reason cited above under refugee children.

The adequacy of data for the number of children internally displaced by conflict or persecution is problematic because, as stated in the IDMC report:

“...profiles of IDP populations were still generally scarce in 2008. Only in six out of the 52 countries surveyed (or 56 ‘situations’ including, for example, Darfur and Southern Sudan) were there up-to-date information on IDPs, which gave either their disaggregated numbers or their location. Only in two countries, Azerbaijan and Colombia, was there information on both. For the most part, across countries and in all regions, only rough estimates were available. While the collection of core data on IDPs is generally considered to be a responsibility of national authorities, only four governments had profiled IDPs in a comprehensive manner, for a number of reasons. In emergency settings, data collection may have been viewed as too challenging, while populations in situations of protracted displacement may have often disappeared from the radar of national protection agencies. In some cases, the government may not have acknowledged the displacement situation at all (see the section on national responses to displacement). In others, data may have been available only for certain parts of the country, as some areas with IDPs are not under government control.”

However, the IDMC data are the best and only comprehensive global data on IDPs.

(35) Children affected by natural disaster (aged 0–17)

Source: Total number of persons affected by natural disaster: Centre for Research on the Epidemiology of Disasters (CRED). Annual Disaster Statistical Review 2008. 2009. Futures Institute calculated the percent of total population affected by natural disaster by dividing the total population affected by natural disaster [global] (numerator) by the 2005 estimate of total population [global] from United Nations Population Program. UNPP. 2008 (denominator). The percent of children affected by natural disaster is assumed to be the same as that for total population. The number of children affected by natural disaster was thus calculated by FI by multiplying the percent of children affected by natural disaster [global] aged 0–17 by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008.

Basis: Extensive UN and NGO country office, insurance company, and press data.

In 2008, 354 natural disasters were recorded in the International Emergency Disasters Database (EM-DAT) and 214 million people were affected in total²⁹. The Annual Disaster Statistical Review states,

“The database is compiled from various sources, including UN agencies, non-governmental organizations, insurance companies, research institutes and press agencies. Priority is given to data from UN agencies, followed by OFDA, governments and the International Federation of Red Cross and Red Crescent Societies. This prioritization is not only a reflection of the quality or value of the data, but it also reflects the fact that most reporting sources do not cover all disasters or have political limitations that can affect the figures.”

It is unclear if there is an issue of the same people being affected by more than one disaster (for example an earthquake then resulting tsunami, or extreme weather and resulting drought or flood), and thus being “double-counted.” The Annual Disaster Statistical Review does state that *“The entries [into the EM-DAT database] are constantly reviewed for redundancy, inconsistencies and incompleteness.”*

(36) Children internally displaced by natural disaster (aged 0–17)

Source: Total number of persons internally displaced by natural disaster: Office of the Coordination of Humanitarian Affairs (OCHA). Forced Migration Review #20. 2004. <http://www.fmreview.org/FMRpdfs/FMR20/FMR2021.pdf>. Futures Institute calculated the percent of total population internally displaced by natural disaster by dividing the total number of persons internally displaced by natural disaster [global] (numerator) by the 2005 estimate of total population [global] from United Nations Population Program. UNPP. 2008 (denominator). Percent of children internally displaced by natural disaster is assumed to be the same as the percent of persons internally displaced by natural disaster. The number of children internally displaced by natural disaster was calculated by FI by multiplying the percent of children internally displaced by natural disaster [global] aged 0–17 by the FI 2005 estimate of the child population [global] aged 0–17 from UNPP. 2008.

Basis: Expert opinion from undocumented sources.

The number given in the 2004 OCHA Forced Migration Review #20 is 20–25 million, so 22.5 million was used. There is no documented source for the 20–25 million number.

NOTES;

1. Age ranges such “aged 0–4” includes all children from birth to the last day of their fourth year. “Aged 5–9” would be all children from the first day of their fifth year to the last day of their ninth year.
2. “Basis” refers to the percent or number given in the source, and not the calculations used to generate the corresponding number (if a percent was given in the source) or percent (if a number was given in the source). “Extensive” indicates that the source used data from 50 or more countries. “Limited” indicates that the source used fewer than 50 countries. The data quality for a global indicator is only as good as the national survey(s), administrative data, expert estimate, or other sources available for each country. It is not appropriate to document here all issues with the comprehensiveness and accuracy of various national survey instruments, or the limitations of each survey at the country level by indicator. Further specificity in that regard can be found from the sources given for each indicator and associated published literature. For the indicators that are not commonly reported (such as children in forced labor as a result of trafficking), the text of the notes provides further description of data limitations.
3. Demographic and Health Surveys. 2009. Statcompiler run on total fertility rates disaggregated by wealth status. <http://www.statcompiler.com/> accessed 13 September 2009.
4. Number of children aged 0–17 is not available.
5. Percentage of children aged 0–59 months who are below minus two standard deviations from median height for age of the WHO Child Growth Standards.
6. Percentage of children aged 0–59 months who are below minus two standard deviations from median weight for age of the WHO Child Growth Standards.
7. Percentage of children aged 0–59 months who are below minus two standard deviations from median weight for height of the WHO Child Growth Standards.
8. Persons of concern to UNHCR includes: (a) refugees; (b) asylum seekers; (c) IDPs; (d) refugees who have returned home (returnees); (e) IDPs who have returned home; (f) stateless persons; and (g) other people who do not fall under any of the above categories but to whom the Office extends its protection and/or assistance activities. In 2007, two additional sub-categories were introduced: (1) people in refugee-like situations (included under refugees); and (2) people in IDP-like situations (included under IDPs).
9. Disability has often been defined as a physical, mental, or psychological condition that limits a person's activities. However, work is now being conducted through the UN Washington City Group on Disability Statistics to better define disability according to interaction of a person's functional status with the physical, cultural, and policy environments (and thus disability is defined not just by the person but also by the environment). In addi-

tion, work is continuing on trying to 1) establish more than one disability prevalence (for example, disabled and severely disabled), which would more clearly account for the vast differences in the extent of disability; 2) address the special methodological considerations in regard to children (two major factors being that disability can evolve through childhood and adolescence, and assessing if incidence of disability may be higher in children due to risk of accidents, drugs, and other risk-taking behavior); and 3) field test surveys that can be administered to those with mental handicaps and/or children.

10. Adequate shelter is defined as fewer than five people per room and having flooring material (other than mud).
11. Includes shouting, yelling, and screaming at the child, and addressing her or him with offensive names.
12. Minor physical punishment includes shaking the child and slapping or hitting him or her on the hand, arm, leg, or bottom.
13. Severe physical punishment includes hitting the child on the face, head or ears, or hitting the child hard or repeatedly.
14. Sexual abuse is defined in the document as forced sexual intercourse or other forms of sexual violence. Further clarity on these definitions is found in UNICEF/IASC. 2002. Report of the Inter-Agency Standing Committee Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises. "Sexual abuse" is defined as actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force, or under unequal or coercive conditions; "sexual exploitation" is defined as any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially, or politically from the sexual exploitation of another
15. Browne, K., et al. 2005. A European Survey of the Number and Characteristics of Children Less than Three Years Old in Residential Care at Risk of Harm. Adoption and Fostering defines institutional care as: residential health or social care facilities with 11 or more children, where children stay for more than three months without a primary caregiver. The UNICEF Innocenti TRANSMONEE database for CEE/CIS defines residential care as: children in infant homes, orphanages, boarding homes and schools for children without parental care or poor children, disabled children in boarding schools and homes, family-type homes, SOS villages, etc. (with some exceptions by country, according to national reporting definitions). The UNICEF 2009 Concept Note on Child Care System Reform – "Commitment, Partnership, and Action" defines formal care as: any type (public or private) of residential care or alternative family-based care for children who are without parental care (such as, for example, foster and guardianship care) on a permanent or temporary basis. The definition does not include day care services.
16. A widely accepted set of definitions, commonly attributed to UNICEF (http://www.unicef.org/evaldatabase/files/ZAM_01-009.pdf), divides street children into two main categories:
 1. Children on the street are those engaged in some kind of economic activity, ranging from begging to vending. Most go home at the end of the day and contribute their earnings to their family. They may be attending school and retain a sense of belonging to a family.
 2. Children of the street actually live on the street (or outside of a normal family environment). Family ties may exist but are tenuous and are maintained only casually or occasionally.
17. Children whose birth is registered is defined as children whose birth certificate was seen by the interviewer or whose mother or caretaker says the birth has been registered. In the case of MICS surveys, data refer to children alive at the time of the survey.
18. The number of persons aged 15 to 24 years who can both read and write with understanding a short simple statement on their everyday life, divided by the population in that age group. Generally, "literacy" also encompasses "numeracy," the ability to make simple arithmetic calculations.
19. "Child labour" as defined by ILO. 2006. The End of Child Labour excludes all those children aged 12 years and older who are working only a few hours a week in permitted light work and those aged 15 years and above whose work is not classified as "hazardous." The concept of "child labour" is based on the ILO Minimum Age Convention, 1973 (No. 138), which represents the most comprehensive and authoritative international definition of minimum age for admission to employment or work, implying "economic activity."
20. The ILO Web site on domestic labor (<http://www.ilo.org/ipec/areas/Childdomesticlabour/lang--en/index.htm>) states, "given its [child domestic work] hidden nature and the characteristics of the employment relationship it is very difficult to draw the line between 'legitimate domestic work' and its exploitative forms.... Although it does not explicitly define child domestic labour as a worst form of child labour, Convention No.182, ratified by 163 countries as of 2006, includes a number of important provisions that are applicable to it.... Both Conventions encourage countries to compile a list of hazardous child labour and many countries have included domestic labour in the list."
21. For definition, see "a" through "c" under children in hazardous work (indicator 27).
22. The Optional Protocol on the Sale of Children, Child Prostitution, and Child Pornography defines child prostitution as "the use of a child in sexual activities for remuneration or any other form of consideration," and pornography as "any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for sexual purposes."
23. Commercial sexual exploitation of children is defined by the Declaration and Agenda for Action Against Commercial Sexual Exploitation of Children as "A fundamental violation of children's rights. It comprises sexual abuse by the adult and remuneration in cash or kind to the child or a third person or persons. The child is treated as a sexual object and as a commercial object. The commercial sexual exploitation of children constitutes a form of coercion and violence against children, and amounts to forced labour and a contemporary form of slavery." ECPAT. 2008. Questions and Answers about the Commercial Sexual Exploitation of Children includes children in prostitution, pornography, trafficking of children for sexual purposes, child-sex tourism, and in some case child marriage is included in that definition. It also states that children can be sexually exploited through domestic servitude and bonded labor.

-
24. Noguchi, Y. 2008. The Use of Children in Illicit Activities as a Worst Form of Child Labor: A Comment on Article 3(c) of ILO Convention 182 in Nesi, G. et al. 2008. Child Labor in a Globalized World: a Legal Analysis of ILO Action states that the term “illicit” was used over “illegal” because “an activity of drug trafficking not prohibited by national law would fall outside the scope” of “illegal”; and clarifies that: “Recommendation 190, which supplements C.182, in Paragraph 12, refers to another example: ‘or activities which involve the unlawful carrying or use of firearms or other weapons’. Being a Provision of a Recommendation, it does not have binding force, but offers insight into the types of activities – namely activities involving armed violence – in which the use of a child should be stopped immediately.
25. “Severe forms of trafficking” is defined by the U.S. Government under Public Law 106-386, the Trafficking Victims Protection Act of 2000, as, “a.) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or b.) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.”
- This definition is in compliance with the UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, which provides the following definition: “Trafficking in persons means the recruitment, transportation, transfer, harboring or receipt of persons: by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, or the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.” Note: This is the globally accepted definition of the trafficking phenomenon. To date, 135 countries have ratified the Protocol. The instrument aims inter alia to distinguish the exploitation-based offense of human trafficking from the movement-based crime of alien smuggling.
26. The Paris Principles Definition: “A child associated with an armed force or armed group” refers to any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys, and girls used as fighters, cooks, porters, messengers, spies, or for sexual purposes. It does not only refer to a child who is taking or has taken a direct part in hostilities.
27. Refugees include individuals recognized under the 1951 Convention relating to the Status of Refugees; its 1967 Protocol; the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa; those recognized in accordance with the UNHCR Statute; individuals granted complementary forms of protection; or those enjoying “temporary protection.” The refugee population includes people in a refugee-like situation.
28. Internally displaced persons are people or groups of individuals who have been forced to leave their homes or places of habitual residence, in particular as a result of, or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural- or human-made disasters, and who have not crossed an international border. For purposes of UNHCR’s statistical tables, this population only includes conflict-generated IDPs to whom the Office extends protection and/or assistance. Therefore, for the UNHCR 2008 Global Trends Report that includes all IDPs, the total IDP number is drawn from: Internal Displacement Monitoring Centre. 2009. Internal Displacement: Global Overview of Trends and Developments, 2008. The IDP population includes people in an IDP-like situation.
29. Total affected is defined as the sum of those injured, homeless, and affected. Injured is defined as the number of people suffering from physical injuries, trauma, or an illness requiring immediate medical treatment as a direct result of a disaster. Homeless is defined as the number of people needing immediate assistance for shelter. Affected is defined as the number of people requiring immediate assistance during a period of emergency; this may include displaced or evacuated people.

ANNEX B: NGO COMMENTS ON THE THIRD ANNUAL REPORT TO CONGRESS ON PL 109-95

[Note: the following comments were submitted by Global Action for Children (GAC) and the NGO community with which it works, specifically, the Orphans and Vulnerable Children Policy Group and the Orphans and Vulnerable Children Task Force.]



ORPHANS AND VULNERABLE CHILDREN
POLICY GROUP

The NGO community has been working for years to raise awareness with the United States Government about the particular needs and challenges faced by the world's most vulnerable children. These efforts culminated legislatively in 2003 with the 10 percent set aside of global HIV/AIDS funding for Orphans and Vulnerable Children (which was reauthorized in 2008 for five more years) and in 2005 with the enactment into law of the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act, now Public Law 109-95. That law demonstrated the first-ever comprehensive U.S. response to the crisis facing the world's children.



A key element of PL 109-95 was its establishment of a monitoring and evaluation system to measure the effectiveness of United States assistance to orphans and other vulnerable children. It also authorized the establishment of performance goals and indicators to ensure the best use of that assistance.

Another key element of PL 109-95 was the establishment of the position of Special Advisor for Assistance for Orphans and Vulnerable Children who would be responsible for 1) developing a strategy for coordinating, implementing, and monitoring assistance programs for orphans and vulnerable children, 2) coordinating all United States assistance to orphans and other vulnerable children among United States departments and agencies, 3) prioritizing the most vulnerable children, 4) disseminating best practices to agencies and missions and 5) reporting annually to Congress.

While child advocates were thrilled with the enactment of PL 109-95, we were also painfully aware that its policy directives came without funding to facilitate their implementation. Indeed, for three years following enactment of Public Law 109-95, very little progress on its key directives took place.

Then in August 2008, the first full-time Special Advisor, Gary Newton, was appointed and movement began. With the release of the Third Annual Report to Congress on Public Law 109-95, it is clear that significant strides forward have occurred over the past 14 months. The NGO community welcomes these developments and supports Mr. Newton and his team as they move forward.

This report, unlike reports one and two, provides a comprehensive picture of U.S. support for orphans and other highly vulnerable children. For the first time, we are given an estimated amount of funding (\$2 billion), which is being provided to implementing partners for projects to assist vulnerable children and an estimated amount (\$2.7 billion) for programs that complement and are strategically linked to the goals of PL 109-95. While a number of these programs are not technically "OVC" programs, it is useful to have this information. We do encourage future reports to include more robust information on services aimed to prevent the transmission of HIV among highly vulnerable children, particularly among girls. This is a critical component that United States government programs should address.

We also now know, thanks to the report, that the U.S. is supporting 2,044 projects to assist vulnerable children and their families in 113 countries. In addition, the report provides a global profile of vulnerable children as well as maps showing which countries are receiving U.S. assistance for highly vulnerable children and how many U.S. agencies are in each country. This is an

unprecedented compilation of information and is particularly helpful in placing orphan-hood due to AIDS in context, strengthening the case for broadening targeted criteria in United States OVC programming.

Mr. Newton has also put forward a strategy and work plan to focus interagency work and even succeeded in establishing a secretariat in order to continue progress on implementing PL 109-95. This is a very exciting development. As the NGO community, we are also pleased by the development of an interactive database with reliable information on highly vulnerable children and very much look forward to the hiring of an M&E specialist by the secretariat to take this system to the next level. Ultimately, of course, the goal is to understand how well our assistance is working for vulnerable children (and in particular “OVC”), and where it might not be working as effectively as it could be, so that modifications can be made.

Another important component highlighted in the report is the role of cash transfers as one aspect of a comprehensive social protection program for highly vulnerable children. The PL 109-95 secretariat’s pledge to explore the role of cash transfers within the U.S. government’s programs is very encouraging, and we hope to see more information on this in the future.

Finally, we would like to highlight and echo the report’s emphasis on the importance of poverty as the primary indicator of a child’s vulnerability, rather than orphan-hood. This point is so often missed in public discourse about these children.

As we look to the future, we would like to commend Mr. Newton and his team for the ambitious opportunities and priorities laid out for 2009–2010. Child advocates and the NGO community are very much looking forward to continuing our collaboration with the secretariat over the coming year to ensure the realization of these important goals.

ACRONYMS

ABC	Abstain, Be Faithful, Correct and Consistent Use of Condoms
AED	Academy for Educational Development
AEI	Africa Education Initiative
AFR	Africa
AME	Asia and the Middle East
ARO	Assistance to Orphans
ART	Antiretroviral Treatment
ARV	Antiretroviral Drug
CA	Bureau of Consular Affairs
CDC	U.S. Centers for Disease Control and Prevention
CPC	Child Protection Committee
CTX	Cotrimoxazole
DCOF	Displaced Children and Orphans Fund
DHAP	U.S. Department of Defense HIV/AIDS Prevention Program
DHAPP	HIV/AIDS Prevention Program
DoD	U.S. Department of Defense
DoL	U.S. Department of Labor
DoS	U.S. Department of State
DPT	Diphtheria
DRL	Bureau of Democracy, Human Rights and Labor
E&E	Europe and Eurasia
EDC	Education Development Center
EGAT	Bureau for Economic Growth, Agriculture and Trade
F	Director of Foreign Assistance
FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Spectrum Disorders

FBO	Faith-based Organization
FDA	U.S. Food and Drug Administration
FFP	Food for Peace
FI	Futures Institute
FIC	Fogarty International Center
FP/RH	Family Planning and Reproductive Health
FTS	Free the Slaves
FY	Fiscal Year
G/TIP	Office to Monitor and Combat Trafficking in Persons
GINA	Gender Informed Nutrition Alliance
GIS	Geographic Information Systems
HBC	Home-based Care
HHS	U.S. Department of Health and Human Services
HIVOS	Humanist Institute for Development Cooperation
HRSa	Health Resources and Services Administration
HTP	Harmful Traditional Practices
IATT	Interagency Task Team
ICATAP	Inter-Country Adoption Training and Technical Assistance Program
ICBF	Colombian Family Welfare Institute
ILAB	Bureau of International Labor Affairs
IO	International Organization
IOM	International Organization for Migration
IRI	Interactive Radio Instruction
IWG	Interagency Working Group
JAM	Joint Aid Management
JHU	Johns Hopkins University
JLICA	Joint Learning Initiative on Children and HIV/AIDS
LAC	Latin America and the Caribbean

M&E	Monitoring and Evaluation
MGECW	Namibia's Ministry of Gender Equality and Child Welfare
MLHSS	Guyana's Ministry of Labor, Human Services and Social Security
MOE	Ministry of Education
NCCAM	National Center for Complementary and Alternative Medicine
NEI	National Eye Institute
NGO	Nongovernmental Organization
NHGRI	National Human Genome Research Institute
NHLBI	National Heart, Lung and Blood Institute
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIAID	National Institute of Allergy and Infectious Diseases
NIDCD	National Institute on Deafness and other Communication Disorders
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIEHS	National Institute of Environmental Health Sciences
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NINDS	National Institute of Neurological Disorders and Stroke
NINR	National Institute of Nursing Research
NOAS	Need of Additional Support
OCI	Office of Children's Issues
OFDA	Office of U.S. Foreign Disaster Assistance
OHA	Office of HIV/AIDS
OP	Operational Plan
OVC	Orphans and Vulnerable Children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PL	Public Law
PMI	President's Malaria Initiative
PPR	Performance Plan and Report Guidance

PRM	Bureau of Population, Refugees and Migration
QI	Quality Improvement
RHAP	Regional HIV/AIDS Program
ROADS	Regional Outreach Addressing AIDS through Development Strategies
SADC	Southern Africa Development Community
STI	Sexually Transmitted Infection
TPDF	Tanzanian People's Defense Force
UN	United Nations
UNHCR	UN High Commissioner for Refugees
UPDF	Ugandan People's Defense Force
USAID	U.S. Agency for International Development
USCIS	Department of Homeland Security's U.S. Citizenship and Immigration Services
USG	U.S. Government
YWJ	Youth: Work Jordan

U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523
www.usaid.gov