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Second Annual Report to Congress

SUPPORTING HIGHLY VULNERABLE CHILDREN: PROGRESS, PROMISE AND PARTNERSHIP

December 2008

Cover:

On her way to school in Morocco, Miriam stops near her village's ancient walls and their message spelling out "welcome" in Arabic. Many girls like her will not continue their education after elementary school because the high school sits about 15 challenging miles on the other side of the mountain.

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ACRONYMS

ACDI-VOCA   A U.S.-based NGO merging two previous NGOs: Agricultural Cooperative Development International and Volunteers in Overseas Cooperative Assistance

AED   Academy for Educational Development

AEI   Africa Education Initiative

ARO   Assistance to Russian Orphans

ART   Antiretroviral therapy

BCN   Better Care Network

BRYCS   Bridging Refugee Youth and Children's Services (HHS)

CCC   Comprehensive care clinics

CDC   U.S. Centers for Disease Control and Prevention

CSI   Child Status Index

CSO   Civil society organization

DCHA   Bureau for Democracy, Conflict and Humanitarian Assistance (USAID)

DCOF   Displaced Children and Orphans Fund (USAID)

DFID   Department for International Development (U.K.)

DHAPP   HIV/AIDS Prevention Program (DOD)

DOD   U.S. Department of Defense

DOJ   U.S. Department of Justice

DOL   U.S. Department of Labor

DOS   U.S. Department of State

DOW   Doctors of the World

DRC   Democratic Republic of the Congo

DRL   Bureau of Democracy, Human Rights and Labor (DOS)

EGAT   Bureau for Economic Growth, Agriculture and Trade (USAID)

EPI   Expanded program for immunization

FANTA   Food and Nutrition Technical Assistance project (USAID)

FBO   Faith-based organization

FFP   Office of Food For Peace (USAID)

FY	Fiscal year
GAC	Global Action for Children
GBV	Gender-based violence
GDA	Global Development Alliance (USAID)
GMP	Growth monitoring and promotion
HHS	U.S. Department of Health and Human Services
HPI	Health Policy Initiative
HVC	Highly vulnerable children
IASC	Interagency Standing Committee
IATT	Interagency Task Team on Children and HIV and AIDS (UNICEF)
ICRC	International Committee of the Red Cross and Red Crescent
IDP	Internally displaced person
IeDEA	Epidemiological Database to Evaluate AIDS
IFPRI	International Food Policy Research Institute
IGA	Income generation activity
ILAB	Bureau for International Labor Affairs (DOL)
ILCSR	Office of International Labor and Corporate Social Responsibility (DOS)
ILO	International Labor Organization
IO	International organization
IOM	International Organization for Migration
IPEC	International Program on the Elimination of Child Labor (ILO)
IREX	International Research and Exchanges Board
KHANA	Khmer HIV/AIDS NGO Alliance
NFPCC	National Foundation for the Prevention of Cruelty to Children
NGO	Nongovernmental organization
NIAID	National Institute of Allergy and Infectious Diseases (HHS/NIH)
NICHD	National Institute of Child Health and Human Development (HHS/NIH)
NIH	National Institutes of Health
NIMH	National Institute of Mental Health (HHS/NIH)
OCFT	Office of Child Labor, Forced Labor and Human Trafficking (DOL)
OFDA	Office of U.S. Foreign Disaster Assistance (USAID)

OGAC	Office of the U.S. Global AIDS Coordinator (DOS)
OHA	Office of HIV/AIDS (USAID)
ORR	Office of Refugee Resettlement (HHS)
OTI	Office of Transition Initiatives (USAID)
OVC	Orphans and vulnerable children
PEP	Post-exposure prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PL	Public Law
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
PRM	Bureau of Population, Refugees, and Migration (DOS)
SEED	Support for Eastern European Democracy
SIFI	Sugar Industry Foundation, Inc., of the Philippines
SPOG	Senior Policy Operating Group
STCP	Sustainable Tree Crops Program
STRIVE	Supporting Transformation by Reducing Insecurity and Vulnerability with Economic Strengthening
SUSTAIN	Sharing U.S. Technology to Aid in the Improvement of Nutrition
TACT	Transnational Action Against Child Trafficking project
TIP	Trafficking in persons
TPDF	Tanzania People's Defense Force
UAC	Unaccompanied alien children
UNHCR	U.N. High Commissioner for Refugees
UNICEF	U.N. Children's Fund
UPDF	Uganda People's Defense Force
URM	Unaccompanied Refugee Minor
USAID	U.S. Agency for International Development
USDA	U.S. Department of Agriculture
USG	U.S. Government
WACAP	West Africa Cocoa/Agriculture Project
WFP	World Food Programme

December 2008

Dear Colleague:

As the new Special Advisor for Orphans and Vulnerable Children, I am pleased to submit the *Second Annual Report to Congress on PL 109-95, Supporting Vulnerable Children: Progress, Promise and Partnership.* I submit this report on behalf of colleagues in the U.S. Government (USG) and in our community of partners who are assisting the world's most vulnerable children.

The First Annual Report, submitted in September 2007, provided a baseline inventory of the USG agencies and departments that are assisting highly vulnerable children and the range and scope of their respective mandates, programs and activities. The Second Annual Report outlines USG agency progress between July 2007 and July 2008, and includes information on the number of children served, provides examples of promising approaches being used to implement the 2006 Strategy for Implementation of PL 109-95, describes how USG agencies are partnering and improving coordination, and outlines some of the challenges to more fully and effectively serve the world's most vulnerable children.

In addition, the report spotlights a handful of the millions of compassionate people who are providing daily care, support, and protection to vulnerable children. Assisting parents, caregivers, teachers, social workers, local leaders, volunteers, and many others to strengthen family and community capacity to nurture and care for their most vulnerable children is, of course, what PL 109-95 is all about.

Incremental progress during the upcoming year is possible provided that resources are available for the establishment of a PL 109-95 secretariat. A small unit devoted exclusively to PL 109-95 is essential given the magnitude of the orphans and vulnerable children in crisis, the scale and complexity of the response to the crisis by the USG and partners, and the necessity of maximizing the impact of available funding from the American taxpayer. In addition to accelerating and improving performance on statutory coordination, strategic planning, monitoring and evaluation, and reporting requirements, the secretariat will support USG efforts to accomplish priorities for fiscal year 2009–2010, including advocating programs that prevent orphanhood, preserve and strengthen families, and assist countries in strengthening the capacity to care for and protect their most vulnerable children.

I can assure you that American resources are making a tremendous difference in the lives of orphans and vulnerable children. I recently returned from four years in Namibia and can attest to the profound impact our support is having on young lives.

We thank you for your leadership and commitment to highly vulnerable children. It reflects the care and generosity of the American people.

Respectfully,

Gary Newton

Gary Newton
USG Special Advisor for Orphans and Vulnerable Children

EXECUTIVE SUMMARY

Young residents of a region in Senegal recovering from war.

This report summarizes activities U.S. Government (USG) agencies are undertaking together to improve programming for highly vulnerable children and the steps they have taken and plan to take to implement Public Law 109-95. It covers the period of July 2007 through July 2008 (the scope of PL 109-95 is described in Annex A).

In 2007–2008, the USG increased or sustained funding levels for many of the programs aimed at the most vulnerable children and their families (see Table II for a summary of the major USG service delivery programs that reach highly vulnerable children). During this period, the USG spent in excess of $5.9 billion on foreign assistance programs to improve the lives of the world's most vulnerable children and their families. Key agencies implementing these programs include the U.S. Departments of Agriculture, Defense, Health and Human Services, Labor, State, the U.S. Agency for International Development (USAID), and the Peace Corps.

USAID has dedicated significant time and human resources to improve PL 109-95 management this year. Under USAID leadership, the interagency committee for highly vulnerable children focused on the following activities:

- Co-convened a USG meeting to consider operations research investments and to identify gaps in knowledge on effective orphans and vulnerable children (OVC) programming.

- In response to one of the objectives of PL 109-95, conducted an inventory of indicators used by USG agencies with the goal of identifying a set of common indicators to allow for consistent reporting.

In July 2008, a full-time Special Advisor for Orphans and Vulnerable Children began work. He reports to the Office of the Assistant Administrator within USAID's Bureau for Global Health.

This report contains many examples of how USG agencies have worked together, as well as with international donors, nongovernmental organizations, and host countries, to learn from each others' experiences and to improve programming. Select reporting period highlights include examples drawn from each of the major areas of vulnerability for children (see Table I).

Despite the hot desert climate in the southern Tata province of Morocco, this girl is still smiling. And despite the hurdles that lie ahead – continuing education, balanced nutrition and finding clean water – she still smiles. Her hope and love of life are pervasive in Moroccan culture.

These examples affirm that USG departments and agencies are focusing attention on child protection, along with humanitarian services, in addition to delivery of key services, and that programs aimed at highly vulnerable children increasingly provide more than one service. Additionally, the past year has seen improvements in information exchange among USG agencies. Successful innovations are being expanded in order to improve programming and services. Departments and agencies have acknowledged the key challenges they face in collaborating together.

The indicators that USG agencies use to measure progress vary greatly. These variations encompass performance measures and definitions of the target group, reflecting the differing mandates of the agencies. These variations will be the basis for discussions among USG agencies on next steps.

TABLE 1: PL 109-95 ADDRESSES MAJOR CAUSES OF VULNERABILITY FOR CHILDREN

NATURAL DISASTERS

Children bear a heavy burden in natural disasters, such as flooding, earthquakes, and volcano eruptions. According to the 2007 annual report of the Office of U.S. Foreign Disaster Assistance, the USG responded to 77 disasters affecting more than 94 million people in 57 countries.

CONFLICT

In Darfur, Sudan, doors to education and a better life are being opened through USAID's Women Protection and Support Network. At the core of the project are 19 Women's Centers in eight camps in West Darfur, where women and girls go to develop skills, build knowledge, and receive emotional support to address stress and trauma.

REFUGEES

The U.S. Department of State's Bureau of Population, Refugees, and Migration is supporting a significant portion of the U.N. High Commissioner for Refugee's 2008 Iraq Situation Supplemental Appeal, which supports host countries as they seek to enlarge protection space to accept and host refugees.

EXPLOITIVE LABOR

In 2007, the U.S. Department of Labor's (DOL's) international child labor projects prevented or withdrew 229,000 children from exploitive child labor by providing them with education and training opportunities that served nearly 1.1 million children since the inception of DOL's program.

HIV/AIDS

In 2007, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) increased funding for orphans and vulnerable children (OVC) in the 15 focus countries, serving an estimated 2.7 million OVC. In addition, 2007 was the first year PEPFAR required partners to track and report on how many of the following seven key interventions they provided for OVC: food and nutrition, shelter and care, protection, health care, psychosocial support, education and vocational training, and economic strengthening.

POVERTY, ABANDONMENT, VIOLENCE, AND OTHER CAUSES

In 2007, the Displaced Children and Orphans Fund (DCOF) programmed $16 million in 16 countries. DCOF funds technical assistance for initiatives to benefit vulnerable children, especially children trapped by armed conflict, children on the streets or at risk of moving onto the streets, and children without family care or who are at risk of being placed in an institution.

Chapter I: Overview and Highlights of U.S. Government Programs Serving Highly Vulnerable Children

Bhutanese refugee middle school children in Timai Camp School in Nepal, a program supported by the U.S. Department of State's Bureau of Population, Refugees, and Migration.

During this reporting period, the U.S. Government (USG) increased or sustained funding levels for many of the programs in place to serve the most vulnerable children and their families. In fiscal year (FY) 2007, the USG spent more than $5.9 billion on foreign assistance programs to improve the lives of children and their families throughout the world. This chapter highlights some of the major activities during the reporting period.

U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

In fiscal year 2007, the U.S. President's Emergency Plan for AIDS Relief increased funding for orphans and vulnerable children (OVC) in the 15 focus countries, serving an estimated 2.7 million children. For all countries (focus countries and other bilateral program countries), PEPFAR committed $278.3 million in FY 2007 toward OVC programs. Similarly, it more than doubled funding for prevention of mother-to-child transmission of HIV ($214 million in FY 2007 in all countries) and for pediatric HIV/AIDS treatment and care ($126.5 million) (see Annex C for a country-by-country listing). In the 15 focus countries, PEPFAR supported training or retraining for nearly 215,000 individuals in caring for OVC, promoting the use of time- and labor-saving technologies, supporting income-generating activities, and connecting children and families to essential health care and other basic social services.

In FY 2007, for the first time, PEPFAR focused on improving quality of OVC programs by requiring partners to track and report on how many of the following seven key interventions they provided: food and nutrition, shelter and care, protection, health care, psychosocial support, education and vocational training, and economic strengthening. Of children made vulnerable by HIV/AIDS who received direct support from PEPFAR, nearly half received three or more of these services.

U.S. Department of Labor's (DOL) Child Labor Projects

Department of Labor's international child labor projects prevented or withdrew 229,000 children from exploitive child labor by providing them with education and/or training opportunities. This brought the total number of children protected or withdrawn from exploitive child labor since the inception of DOL's program in 1995 to nearly 1.1 million. Children served by these projects in Africa, Asia, Latin America, and the Middle East were working or at risk of working in places such as mines,

First grade students at a refurbished school in Tajikistan.

commercial plantations, and manufacturing workshops. Others were exploited or at risk of exploitation in trafficking, forced labor, debt bondage, involvement in armed conflict, and commercial sexual exploitation.

U.S. Department of State's (DOS) Trafficking in Persons (TIP)

Department of State continues to focus on victim protection, as an integral part of the USG's efforts to combat child trafficking. For instance, DOS' annual *Trafficking in Persons (TIP) Report* is an important diplomatic tool for continued dialogue about highly vulnerable children (HVC). The TIP Report provides guidance to help countries focus resources on prosecution, protection, and prevention programs and policies. The 2007 TIP Report indicates that diplomatic approaches to combating trafficking that rely on compliance with labor standards, if undertaken in a setting of inadequate enforcement, can be weak because these approaches fail to punish those responsible for trafficking.

DOS' Bureau of Population, Refugees, and Migration (PRM)

The programs, diplomatic engagement, and advocacy efforts by PRM on behalf of refugees, conflict victims, internally displaced persons, stateless individuals, and vulnerable migrants – many of whom are women and children – provide protection and assistance to those in need as well as seek to achieve durable solutions for many others. Specifically, 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. In addition, PRM is currently working with nongovernmental organization 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.

USAID Office of Food For Peace

Funding for food aid aimed at the most vulnerable populations, including Food For Peace Title II Emergency programs and the McGovern-Dole International Food for Education and Child Nutrition Program, increased 10 to 15 percent, although increasing food and shipping costs erased the impact of these increases. The Administration has requested an additional $395 million in PL 480 Title II Food Aid and $150 million in development assistance to help address the impact of high global food prices on food security. USAID has put together a Food Security Task Force to lead its efforts to address the immediate emergency needs and to support the longer term development programs necessary to mitigate the root causes of chronic food security, in collaboration with interagency counterparts, for a comprehensive USG response.

USAID's Displaced Children and Orphans Fund (DCOF)

In 2007, DCOF programmed $16 million in 16 countries. DCOF funds technical assistance for initiatives to benefit vulnerable children, especially children trapped by armed conflict, children on the streets or at risk of moving onto the streets, and children without family care or who are at risk of being placed in an institution. DCOF funds projects that demonstrate innovative tech-

niques that are replicable on a wider scale with the support of other donors.

U.S. Department of Health and Human Services' Office of Refugee Resettlement (ORR)

The Office of Refugee Resettlement provides post-arrival services to refugee adults, families, and children who are unable to safely repatriate to their country of origin or integrate into the country to which they fled. In FY 2007, ORR provided employment services to approximately 96,000 refugees, thus stabilizing many vulnerable refugee families in the United States by enabling caregivers to obtain work so that they were able to provide for their children.

Of refugees who arrived in FY 2007, about 43 percent were children under 18, including 65 unaccompanied refugee children. Asylees, Cuban and Haitian entrants, and victims of severe forms of human trafficking access ORR's refugee services and benefits; these groups are included in the above figures.

Table II summarizes the dollar value and numbers served in FY 2006 and 2007 for programs that provide direct services for HVC. Note that there are other programs, besides those shown in Table II, for which the focus is community capacity building, research, policy and advocacy, or information dissemination. Their activities are critically important and are discussed in this report, but are not included in the table.

TABLE II. SERVICE DELIVERY PROGRAMS FOR HIGHLY VULNERABLE CHILDREN AND THEIR FAMILIES/CAREGIVERS: FISCAL YEARS 2006 AND 2007[1, 2, 3]

Responsible Agency and Program	Commitments ($ millions)		Est. children served (thousands)		Family members/ caregivers served (thousands)		Countries	
	FY 2006	FY 2007	FY 2006	FY 2007	FY 2006	FY 2007	FY 2006	FY 2007
USAID/OFDA: Emergency support for victims of natural disasters and complex emergencies	$403.4 (includes disaster response, excludes disaster preparedness)	$368.7	16,063	11,058	24,094	16,587	55	57
USAID/FFP: Title II food aid to support victims of natural disasters and complex emergencies	$1,200 (emergency assistance only)	$1,437	20,900	12,500	17,100	10,200	42	30
DOS/PRM: Support for refugees, victims of complex emergencies, human trafficking	$994.5	$1,081					116 (est.)	116 (est.)
HHS/ORR: Services to support resettlement of refugees and unaccompanied refugee minors (URMs) in the U.S.	$569.4 (ORR total) $17.1 (URMs only)	$588 (ORR total) $17.8 (URMs only)	15.4 (ORR total) 0.6 (URMs only)	18.2 (ORR total) 0.6 (URMs only)			41 (URM only)	41 (URM only)
PEPFAR: HIV/AIDS-related care and support of OVC (focus countries)[4]	$152 (focus countries)	$262 (focus countries)	2,001	2,700			15	15
PEPFAR: infant/ pediatric AIDS $65 (focus countries)	$65 (focus countries)	$127 (focus countries)	45	86			15	15
PEPFAR: prevention of mother-to-child transmission[5]	$93 (focus countries)	$196 (focus countries)	54 infant HIV infections averted	56 infant HIV infections averted			15	15

[1] Figures do not include core funding for multilateral organizations that provide interventions for highly vulnerable children such as UNICEF, which received approximately $125.7 million in FY 2007 (Congressional Budget Justification, Foreign Operations, FY 2009).

[2] Questions regarding specific data should be directed to the corresponding organization.

[3] Blank fields indicate that data were not available at the time of publication.

[4] Figures as of August 2008.

[5] Figures as of August 2008.

Responsible Agency and Program	Commitments ($ millions)		Est. children served (thousands)		Family members/ caregivers served (thousands)		Countries	
	FY 2006	FY 2007	FY 2006	FY 2007	FY 2006	FY 2007	FY 2006	FY 2007
PEPFAR: treatment, care, support for PLWHA[6,7]	Care and support: $198 Treatment: $881 (focus countries)	Care and support: $393 Treatment: $1,363 (focus countries)	Care and support: 4,500 Treatment: 822	Care and support: 6,600 Treatment: 1,400	2,500	3,900	15	15
USDA: McGovern-Dole Int'l Food For Education & Child Nutrition	$86	$98					15	15
USAID: Child Survival and Health Grants	$17.5	$18.3			11,200 children under 5 and women	13,200 beneficiaries	40	40
DOL/OCFT: Reduction of exploitive child labor	$61	$60	239,000	229,000			123 active projects	112 active projects
DOD/CoCom: Disaster relief, emergency response, humanitarian projects, mine action activities	$184.3						99	

[6] Figures as of August 2008.
[7] Figures reflect treatment, care, and support for adults and children. Pediatric treatment funding is a subset of all treatment funding.

Chapter II: The U.S. Government Approach to Serving Highly Vulnerable Children: A Strategy Defined

These children living in a Ghanaian fishing village benefit from a U.S. Department of Labor antitrafficking program.

The 2006 Strategy for Implementation of PL 109-95 outlined seven parameters for programming assistance for highly vulnerable children (HVC):
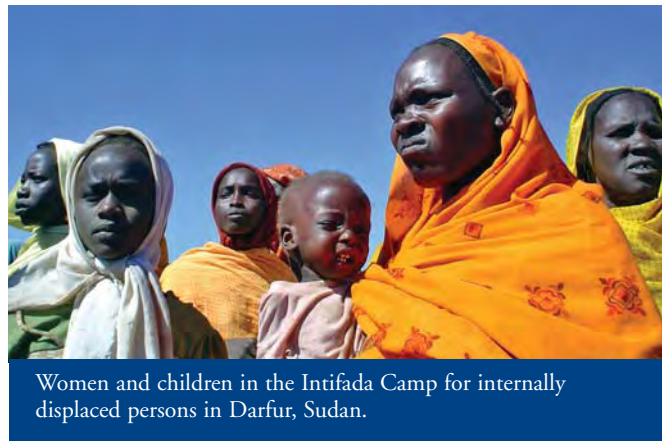
1. Focus on stressed communities

2. Reliance on local institutions or communities to determine the most vulnerable children and to determine the most-needed services

3. Preference for family/household care rather than institutional care

4. Preference for a development approach that creates ownership and limits dependency

5. Adherence to the five key strategies of the *Framework for Protection, Care and Support of Orphans and Vulnerable Children Living in a World of HIV and AIDS*

6. Strengthening of partnerships and knowledge exchange between implementing organizations that are primarily child centered and those that focus on economic empowerment

7. Taking gender into consideration

This chapter describes activities now under way that fulfill each of these parameters. These and other similar activities are increasing USG knowledge of good practices in programming for HVC. Some are projects of individual USG agencies, while others exemplify cooperative efforts among USG agencies and between the USG and international agencies or NGOs.

1. Focus on stressed communities

Because stable communities are more likely to be able to provide services, the USG in general gives higher priority to HVC in communities under stress. One of the highest priorities for USG assistance is Darfur, where years of conflict have resulted in the displacement of thousands of families into camps for refugees and internally displaced persons (IDPs).

Refugee and IDP women and children have special protection needs, including against sexual and physical abuse, exploitation, separation from families, forcible recruitment, discrimination in the delivery of goods and services, and deprivation of education.

Women and children in the Intifada Camp for internally displaced persons in Darfur, Sudan.

Example: Education for Stressed Communities
Karima came to Mornei camp in West Darfur with her family in early 2004 when she was 13 years old. Karima enrolled in a basic knowledge class offered by Save the Children U.S. through the USAID-supported Women Protection and Support Network. At the core of the project are 19 Women's Centers in eight West Darfur camps, where women and girls develop skills, build knowledge, and receive emotional support to address stress and trauma. With the education she received at the Women's Center, she has been able to successfully enroll in the formal school next to the center in Mornei.

The Department of State Bureau of Population, Refugees, and Migration (DOS/PRM) also supports primary education, child protection, vocational projects, and some secondary education for Darfurian Sudanese children and adolescents through NGO implementing partners in Chad.

2. Reliance on local institutions or communities to determine the most vulnerable children and to determine the most-needed services

Because conditions that affect children's vulnerability are unique to each country and community situation, engaging community members in identifying the most vulnerable children and assessing their needs help to ensure effective resource use.

Example: Locally Determined Standards Define Quality for Essential Children's Services
During fiscal year 2007, PEPFAR implementing agencies engaged local communities in the development of quality standards for the essential services they deem most important in programming for OVC. Governments, local communities, civil society, and the children themselves participated in determining priorities and

developing standards that ensure that children are being reached with quality services. Engaging government, NGOs, communities, and children in the process ensures that the quality standards are appropriate to the service and to the area. Standards have been developed or are under way in many of the focus countries. In Namibia, the Ministry of Gender and Child Welfare took the lead, engaging local governments, civil society organizations, and 36 representative children to develop guidelines.

3. Preference for family/household care rather than institutional care

When feasible, assistance programs are designed to enable vulnerable children to remain in a family situation where they can form bonds with consistent, loving caretakers. For this reason, the USG views family reunification or placement within the extended family as the first option to consider. Alternative family-based options, such as adoption (preferably domestic, but also including inter-country), are an appropriate permanency option for children who cannot be reunited with kin, while temporary institutional care is considered only when other family-based options have failed. To ensure that appropriate alternative care options are available and accessible, the USG supports professional efforts to strengthen the child protection and welfare policy and regulatory frameworks of countries where there are significant numbers of orphans and other highly vulnerable children. The USG also works to strengthen the human and institutional capacities of both governmental organizations and NGOs to ensure that these policies and mechanisms are implemented effectively on behalf of children.

Example: Enabling Children to Grow Up in Families
The USAID-supported Assistance to Russian Orphans (ARO) program, implemented through the International

Research and Exchanges Board and the National Foundation for the Prevention of Cruelty to Children, provides technical assistance to support regional child welfare reform activities and promote family-based care. An ARO-developed reform program launched in 2007 in Tomsk oblast is refocusing service providers on preventing child abandonment. Results from 2007 show the number of children in institutions fell by 5.6 percent, and the number of children moved from institutions into foster families increased – from just two in 2006 to 42 in 2007. Experts estimate that as a result of this reform program, child abandonment in the region will drop by half by 2010, and the region will save at least $14.5 million per year. The regional government is now scaling up this program.

Example: Family Reunification for Refugee Children in the United States
The HHS Unaccompanied Refugee Minor (URM) program, administered by the Office of Refugee Resettlement

USAID's Assistance to Russian Orphans program has helped place these children with a family.

(ORR), is the world's only program designed to resettle unaccompanied refugee children referred by the U.N. High Commissioner for Refugees from overseas refugee processing operations. During FY 2007, about 600 youths from 41 countries were served, 75 percent of whom had arrived as refugees. Because a preference for family-based care guides the URM program, 69 percent of youths are placed in foster or kinship homes. In addition, 25 percent of URMs, older teenagers, and young adults who voluntarily continue in the program after turning 18 are in independent or semi-independent living settings, and 6 percent of URMs access specialized placements according to their needs, such as group care programs and residential treatment.

4. Preference for a development approach that creates ownership and limits dependency

While humanitarian needs often dictate the direct provision of essential services to save the lives of HVC, the USG gives priority to directing resources in ways that strengthen the ability of local communities and indigenous institutions so that they can continue to meet these needs themselves. This often requires assistance aimed at building the capacities of communities and institutions.

Example: Strengthening Families by Promoting Income Generation
PEPFAR in Ethiopia partners with local communities and the private sector, including the Coca-Cola Company, to help more than 200,000 OVC and their guardians generate income, access education, and live healthy lives. Programs identify viable business opportunities and provide training, access to credit, and savings opportunities to support family income so that families can stay healthy and keep children in school. They support economic growth programs that assist HIV-positive beneficiaries in generating income in order to care for

Older OVC, pictured with their vocational training instructor, learn bricklaying trade skills at the PEPFAR-supported KAYEC Skills Training Centre in Namibia.

their families while also meeting costs associated with their care and treatment.

5. Adherence to the five key strategies of the Framework for Protection, Care and Support of Orphans and Vulnerable Children Living in a World of HIV and AIDS

While these internationally accepted strategies were designed for children affected by HIV/AIDS, in most cases they are relevant to USG programs for children made vulnerable by other causes. The strategies are:

• To strengthen capacity of families to protect and care for vulnerable children by prolonging the lives of parents and providing economic, psychosocial, and other support.

• To mobilize and support community-based responses.

• To ensure access for vulnerable children to essential services, such as education, health care, birth registration, and others.

• To ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities.

• To raise awareness at all levels through advocacy and social mobilization to create a supportive environment for HVC and their families.

Example: Partnering With Host Governments and Communities to Address the Most Vulnerable
The Jali Watoto program of Tanzania, managed by PACT with PEPFAR funding, follows the "five key strategies" approach by strengthening communities and ensuring local ownership in addressing the needs of OVC, prioritizing family and household care, and fighting stigma against people living with HIV/AIDS. The program is rooted in the Tanzania National Plan of Action for Most Vulnerable Children, launched in Dar es Salaam in February 2008 by First Lady Salma Kikwete and First Lady Laura Bush. Jali Watoto provides grants to districts to identify the most vulnerable children and establish Most Vulnerable Children Committees.

Levina and Grace, orphaned by HIV/AIDS and living with a grandmother, are project beneficiaries. Levina remembers, "After the death of our parents, we had real problems as our grandmother was unable to provide us with food and other things… Life became so difficult that we could not afford to attend school regularly…" When Jali Watoto came along, "We were supplied with

school uniforms and other school materials…. We were able to go to school in our village and be with our friends and go on with our studies. We are now happy in school, our teachers like us, and our performance is good."

6. Strengthening of partnerships and knowledge exchange between implementing organizations that are primarily child centered and those that focus on economic empowerment

Child-centered implementing organizations often lack expertise in addressing economic issues that households with HVC face. Similarly, organizations that specialize in economic empowerment typically do not address social and health needs of children. Consequently, development of partnerships, shared training, and exchange of information among these different groups can increase program effectiveness.

Example: Guiding Best Practices in Household Economic Strengthening
To begin to address this gap, USAID's Microenterprise Development Office funded the development of a guidance document, *Economic Strengthening for Vulnerable Children*, based on field studies of economic strengthening projects intended to benefit HVC in Kenya and Uganda. The guide provides a set of principles and technical recommendations to aid program designers in developing and implementing economic strengthening activities aimed at highly vulnerable children and their families, based on experience to date.

7. Taking gender into consideration
The gender of a vulnerable child and of his or her caretaker can have a major impact on access to essential services as well as program structure. USG agencies strive to design programs with these differences in mind.

Example: Helping Highly Vulnerable Girls Stay in School
The Department of Labor (DOL) Office of Child Labor, Forced Labor and Human Trafficking program in Burkina Faso built latrines at schools attended by children at high risk of entering into exploitive labor situations. Separate lavatory facilities for girls and boys are rare in stressed communities. This measure gave girls the privacy they needed to continue attending school.

Example: Responding to Gender-Based Violence in Conflict Settings
Girls who have been associated with fighting forces are often subjected to gender-based violence (GBV). With funding from the Department of State Trafficking in Persons (DOS/TIP), USAID, in collaboration with UNICEF and the Italian NGO Cooperazione Internationale, provides direct technical and financial assistance for the safe reintegration of children in Ituri District, Democratic Republic of the Congo who were abducted or otherwise associated with a fighting force. About half are girls, most having been subjected to GBV. The program provides medical, psychosocial, socioeconomic, and legal services tailored to their needs.

Chapter III: Improving Interagency Coordination of Programs for Highly Vulnerable Children

This desperate mother traveled from her village in Nepal to Mumbai, India, hoping to find and rescue her teenage daughter who was trafficked into an Indian brothel. Nepalese girls are prized for their fair skin, and are lured with promises of a "good" job and the chance to improve their lives.

This chapter describes USG efforts to implement PL 109-95, including enhancing the role of the Special Advisor for Orphans and Vulnerable Children (referred to in this report as the Special Advisor), improving interagency collaboration, expanding the range of services to highly vulnerable children, and taking steps to implement a USG-wide strategic information system.

Management of the PL 109-95 Mandate

During the reporting period, USAID accomplished three important tasks: 1) initiated data gathering and analysis for development of a strategic information system; 2) began developing country profiles for use by country-level interagency coordinating committees for highly vulnerable children; and 3) continued analyzing of the challenges and lessons learned to improve USG programming for highly vulnerable children.

Impact of the "Convening Authority" of the Special Advisor

The convening authority of the Special Advisor has led to first-time interagency collaboration in several key areas. For example, after agreeing on the need to better understand what is working in programming for AIDS-affected orphans and vulnerable children, USG agencies came together to organize a meeting of international participants (co-sponsored by the HHS/NIH National Institute of Mental Health [NIMH] and USAID/OHA) to discuss current orphans and vulnerable children research studies, strategic and operational knowledge gaps, priorities in addressing these gaps, and effective use of USG resources for future research and program evaluation around OVC.

Interagency coordination meetings served as a forum to disseminate innovations such as the Child Status Index (see the innovations section of this report) and engage USG agencies in a dialogue about the process for developing a strategic information system that was mandated by PL 109-95.

Collaboration to Increase Effectiveness of Programs for Highly Vulnerable Children

The activities described in the sections below demonstrate how USG agencies are increasing collaboration with one another, international organizations, host countries, civil society, and the private sector to leverage assistance and increase effectiveness of programming for highly vulnerable children. While agency coordination at all levels is important, program and policy collaboration at the field level is particularly critical to ensure that services are not duplicated and that the many needs of

Mother and child at home in a small town outside Jaisalmer, India.

highly vulnerable children are met effectively and efficiently.

Highlights of USG Interagency Cooperation

USG agencies have made good progress in improving coordination and joint programming during the past year. PEPFAR, in particular, has made strong efforts to link its HIV/AIDS programs for vulnerable children with those of other U.S. agencies.

PEPFAR and USAID's Office of Food For Peace (FFP)

Recognition of the critical importance of appropriate nutrition to maintain the health of people living with HIV/AIDS (PLWHA), as well as for HIV- and AIDS-affected orphans and vulnerable children, has led to a series of collaborative activities between USAID's Office of Food For Peace (FFP) and PEPFAR to address malnutrition among people living with HIV/AIDS.

A joint PEPFAR-FFP collaboration in Uganda partners with University Research Corporation, Save the Children, A U.S.-based NGO merging two previous NGOs: Agricultural Cooperative Development International and Volunteers in Overseas Cooperative Assistance (ACDI-VOCA), and Sharing U.S. Technology to Aid in the Improvement of Nutrition (SUSTAIN), working closely with the Food Technology Department of Makerere University and several collaborating organizations. Together, they provide technical and financial

support to the Ministry of Health, community-based organizations and NGOs, PLWHA networks, and USG implementing partners and district health teams to integrate food and nutrition interventions in HIV/AIDS prevention, care, and treatment programs; develop nationally acceptable Ready-to-Use Therapeutic Foods using locally available ingredients; and establish a system for effective development and delivery of these foods to severely malnourished people living with HIV/AIDS, including orphans and other children affected by HIV/AIDS.

PEPFAR and the President's Africa Education Initiative (AEI)
CHANGES2, a USAID/PEPFAR-funded program implemented by the American Institutes for Research, provides scholarships, livelihood training, peer education, and support to HIV-affected orphans and vulnerable children in secondary school in Zambia. CHANGES2 leverages funds from the AEI girls' scholarship program in six target provinces. In 2007, 5,149 students in 177 high schools in six of the nine Zambian provinces were supported. Scholarship recipients are HIV-affected students in grades 10–12, many of whom live in child-headed households or with elderly grandparents. Seventy percent of scholarships are given to girls. AEI provides scholarships to girls through grade 9, and CHANGES2 gives scholarships to those who complete grade 9 and qualify for high school.

PEPFAR and the U.S. Department of Labor
A DOL-supported project in Uganda and Zambia seeks to prevent hazardous and exploitive child labor among boys and girls affected by HIV/AIDS. The project targets 1,600 children affected by HIV/AIDS for withdrawal and another 2,000 for prevention from working in commercial sexual exploitation, domestic service, agriculture, and the informal sector. Key activities include education, counseling and health care, and training for organizations dealing with child labor and HIV/AIDS issues.

The U.S. Departments of Labor and State and USAID/DCOF
In 2007, USG agencies took several steps to ensure a coordinated approach to the problem of child soldiers. The Children in War Web site, a USG-accessible online resource, was created to foster interagency cooperation in interventions for child soldiers. DOS/DRL manages the site with content contributions from other USG agencies. DRL co-hosted a USG seminar on child soldiers, attended by more than a dozen USG entities, to discuss the gaps in policy and programming and to develop a common understanding of the best policies and practices to eliminate the forcible recruitment of child soldiers worldwide.

Highlights of International Cooperation
Those USG agencies that have the mandate to coordinate with U.N. agencies already have close working relationships with them: DOS with UNHCR, DOL with the International Labor Organization (ILO), USAID's FFP with the World Food Programme (WFP), as well as its Office of HIV/AIDS with UNICEF. USG agencies are broadening their efforts to collaborate with international agencies where opportunities present themselves on the ground.

State/PRM and the U.N. High Commissioner for Refugees (UNHCR)
PRM supports the protection mandates of UNHCR and the International Committee of the Red Cross and Red Crescent (ICRC) and advocates on behalf of refugee children in a variety of settings. As PRM's largest partner and policy setter on refugee issues, UNHCR continues to be the principal vehicle through which PRM seeks to achieve joint objectives related to refugee children. The 2008 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. The policy goals that help to shape PRM's funding activities for refugee children include several areas of concern that correspond with UNHCR's five commitments to refugee children: education, prevention and response to sexual exploitation and abuse, separation from families and caregivers, military recruitment, and special needs of adolescents.

PEPFAR, UNICEF, DFID, Other Donors, and NGOs
To increase community involvement in designing and implementing programs, the Interagency Task Team on Children and HIV and AIDS has commissioned production of a guide on good practices that enable more funding to reach orphans and vulnerable children directly at the community level. This guide recognizes that communities – including civil society – have an important role in increasing the accountability of government, mobilizing communities, challenging exclusion and AIDS-related stigma and discrimination, and delivering services to groups that governments cannot reach. Engaging communities in the care of HIV- and AIDS-affected children is not easy; it requires motivating communities, equipping them with the skills and tools they need to provide services, and empowering them to feel they have the authority to protect these children's rights.

Refugee girl from the Central African Republic being registered in Chad, where she will receive protection and assistance from the Office of the U.N. High Commissioner for Refugees, supported by State/PRM.

DOL and UNICEF

In Nepal, DOL/OCFT provided funds in 2007 for the reintegration of former child soldiers, and leveraged further funds from UNICEF to expand its activities to other districts. World Education is now working with six NGO partners in eight districts across Nepal to provide educational and reintegration support to children associated with armed forces or armed groups. World Education's involvement is part of a massive nationwide child protection initiative led by UNICEF, which is also playing a critical advocacy role with the government and the Maoists to gain the release of children and youth who are still being held in Maoist army cantonments. Capacity development of partner NGOs to deal with this specialized and sensitive target group has been the main focus of activities, along with the identification of those youth in the community that are no longer living in the cantonments. To date, more than 700 such youth have been identified and are being assessed for priority services including educational support.

PEPFAR, Global Fund, World Food Programme (WFP), and NGOs

The Khmer HIV/AIDS NGO Alliance (KHANA) works with the WFP and the Cambodian Ministry of Health to complement PEPFAR- and Global Fund to Fight AIDS, Tuberculosis and Malaria-supported home-based care activities with food and other social support to orphans

and vulnerable children. Thirty-one KHANA partners work with orphans and vulnerable children in 17 provinces in Cambodia, and have reached approximately 17,000 orphans and vulnerable children, of whom an estimated 3,900 under age 14 are living with HIV. National and local policies exempt orphans and vulnerable children from school fees and school uniforms, and materials are provided where needed. To prevent long-term dependence on food support, small grants to develop income generation activities (IGAs) such as livestock raising, home gardening and small businesses are available.

Highlights of In-Country Interagency Cooperation

In the past year, USAID headquarters staff have facilitated in-country interagency meetings on highly vulnerable children in Uganda and Ethiopia. These meetings brought together all the agencies in the country working on issues of highly vulnerable children, enabling them to learn more about each others' programs and to begin coordinating efforts with a view to parallel programming when possible. Under the direction of USAID, the Health Policy Initiative is gathering information to create country profiles for U.S. Missions in Uganda, Ethiopia, and Cambodia to identify all USG assistance to highly vulnerable children.

Promotion of Public-Private Partnerships

PL 109-95 promotes partnership among private and public sectors to improve the plight of highly vulnerable children. Through public-private partnerships, the USG is mobilizing the ideas, efforts, and resources of governments, businesses, and civil society for the betterment of highly vulnerable children. Many promising public-private partnerships are under way, including the following examples:

• In the Philippines, a DOL/OCFT-funded project implemented by ILO/International Program on the Elimination of Child Labor (IPEC) partners with the private sector Sugar Industry Foundation, Inc. (SIFI) to raise awareness of child labor in the sugar cane plantations and to provide education to vulnerable children and training opportunities to their families. SIFI has provided its resources to enrich adult employment opportunities for families vulnerable to child labor and to continue livelihood, education, and advocacy programs started under the project.

• Through a public-private partnership with PEPFAR, Standard Bank is loaning its personnel and expertise

in financial management and reporting to improve the capacity of South African NGOs supported by PEPFAR, including NGOs working with orphans and vulnerable children. Child Welfare is the largest NGO of its kind in South Africa, with more than 150 affiliates, yet it had few formal policies and processes in place for financial management and reporting. Today, with temporary placement of Standard Bank's personnel at Child Welfare, these systems are being developed. The project began in October 2007, and already Child Welfare has reduced reporting delays from nine months to fewer than 12 weeks, a good indication that financial systems are improving.

- CARE's Sport for Social Change Initiative, funded by USAID/DCOF, has developed an active partnership with Nike, Inc., for the Sport for Social Change Network. This emerging global network of organizations uses sport as a vehicle to address issues facing highly vulnerable youth, including leadership development; health issues, particularly HIV/AIDS; conflict resolution; and economic strengthening. There are 90 local partners in Kenya, Brazil, and South Africa, and the number joining the network continues to grow.

- In 2007, with funds from DCOF and Johnson & Johnson Corporation, Doctors of the World (DOW) piloted effective HIV prevention interventions for Russian street children, based on outreach activities, a case-management approach, behavior change communications and a peer education programs to reach almost 500 street and vulnerable youth. Among those served by DOW, HIV prevention knowledge improved by 30 percent, and use of prevention practices increased by 70 percent. DOW has also successfully leveraged funding and in-kind support from the MAC AIDS Fund (Estée Lauder) and St. Petersburg City Government.

Partnering With Host Country Governments
Wherever possible, USG agencies strive to promote, support, and improve national efforts to take responsibility for highly vulnerable children, whatever the sources of vulnerability. Except for countries in crisis, or those demonstrating unwillingness to address issues of trafficking, child labor, and child soldiers, governments should be primarily responsible for coordinating both local and donor efforts to bring relief to these children.

Partnering on National Plans of Action
PEPFAR supports numerous countries in developing and implementing National Plans of Action for HIV- and AIDS-affected children. These plans result from commitments made in the Cape Town Declaration, adopted in September 2004 at the African-European Consultation on Children Orphaned and Made Vulnerable by HIV/AIDS in Africa. In some countries, other kinds of national plans related to orphans and vulnerable children are in process or completed, including: for example, National Development Plans, National Plans of Action for HIV/AIDS, and National Plans of Action for Children. These plans help to shape specific programs.

This past year, the DOL assisted the Government of Indonesia to develop its own National Plan of Action and the Development of the Time-Bound Program for the Elimination of the Worst Forms of Child Labor.

Partnerships in Research
The NIH's National Institute of Child Health and Human Development (NICHD) engages in a variety of partnerships with governmental and nongovernmental institutions to improve knowledge and practice in programs for highly vulnerable children. These include, among others:

- Partnerships for infrastructure development in social and behavioral science research on HIV/AIDS (active in the DRC, Ghana, Kenya, Malawi, South Africa, Tanzania, and Zambia)

- The Global Network for Womens and Childrens Health Research (active in Argentina, Brazil, Chile, DRC, Guatemala, India, Pakistan, Uruguay, Tibet Autonomous Region, and Zambia)

Through their community's participation in a DOL-funded educational pilot project in Guatemala, 10-year-old twins Dominga and Diego are now attending school.

Courtesy of the U.S. Department of the Navy, this photo shows Indonesian child survivors of the December 2004 tsunami.

- The Domestic and International Pediatric/Perinatal HIV Clinical Studies Network (active in Brazil, Bahamas, and Argentina)

- The Zambia Exclusive Breastfeeding Study, which has developed guidance for balancing infant nutritional needs against the risk of HIV acquisition from infected breastfeeding mothers, and has also conducted PEPFAR-supported operational research on delivery of care

Partnerships in Service Delivery

The Program for Reducing Abandonment of Children in the Democratic Republic of the Congo, supported by DCOF and Save the Children UK, helps link service delivery with policy. The program works with the DRC Government to assist children who have been separated from or abandoned by parents or caregivers, as well as children who have suffered from accusations of witchcraft or unjust imprisonment. In its first year, the program has reunified more than 1,100 children with their families, obtained the release of 350 illegally imprisoned children, and sensitized more than 25,000 religious leaders, parents, children, community members, and decisionmakers on the means of protecting children and ensuring their rights. Through the sensitization activities and a readiness to bring to trial those responsible for the abuse and maltreatment of children (including parents and preachers), particularly in cases involving accusations of witchcraft, the program has made significant progress. It is no longer possible to publicly denounce a "child witch" in Mbuji-Mayi without fear of legal reprisals.

The Department of Defense, through PEPFAR, has engaged the military establishments in African countries with high HIV prevalence to address the needs of military orphans and vulnerable children. These include children of military personnel and, in some cases, children and extended family members from local communities who have been taken in by military personnel living in barracks.

- The Zambian Defense Force, in partnership with CARE International and Project Concern, is providing school services and psychosocial support to military orphans and vulnerable children.

- The Kenya Department of Defense has identified more than 1,000 military OVCs and is training social workers within its ranks to link these children to local NGOs for services.

- The South African Military Health Service partnered with local NGOs in four provinces to complete community needs assessments of military children affected by HIV/AIDS. The results are guiding development of interventions addressing HIV/AIDS prevention and the care of these children.

- The Tanzania People's Defense Force (TPDF) has launched a pilot project and needs assessment of military involvement in OVC support. Early findings will be used to develop a strategic plan for OVC service provision and TPDF involvement in linking military OVC to their original communities.

Tapping the Skills of Civil Society Organizations

All of the USG agencies that serve highly vulnerable children rely heavily on the NGO community, both international and community-based, to implement programs. Civil society organizations, including private voluntary organizations and communities, often have a far greater ability to identify and reach out to the most vulnerable populations, who might otherwise be missed by official government services. Nearly all of the examples cited in this report, regardless of what agency funded them, relied on NGOs as critical implementing partners.

The table in Annex C shows how many local and international partners participate in USG-funded HIV/AIDS programs for OVC and PMTCT.

NGO partners and advocacy groups have reviewed this report. Their comments are found in Annex D.

Chapter IV: Facing the Challenges in Programming for Highly Vulnerable Children

An internally displaced girl draws water from a polluted river in Afghanistan, near the camp at Moghol-Gheshlagh, where she has settled among families who fled the progression of the Taliban.

After four years of PEPFAR programming for orphans and vulnerable children and many years of programming for children made vulnerable by other causes, USG agencies have gained an appreciation of the challenges involved in serving these children and have designed their programs to overcome some of these challenges. Challenges come in two forms: those that affect all programming for highly vulnerable children, regardless of whether USG agencies work independently or in cooperation with other agencies, and those that result from the individual mandates of USG agencies and complicate interagency collaboration. In reviewing USG progress in implementing PL 109-95, it is important to take both types of challenges into consideration.

Challenges Affecting All Programming for Highly Vulnerable Children

Stigma

Targeting the most vulnerable children can draw undue attention to their status and stigmatize them in their communities or among their peers. This is an often-documented concern for children orphaned by HIV/AIDS because families and communities view such children as "unclean" or bringing misfortune to the village, but it is also relevant to children made vulnerable by other causes. For example, evidence has shown that when former child soldiers are targeted, a double-edged stigma is created. Community and family perceptions that they are exceptionally dangerous or otherwise "damaged" are reinforced, and an impression is created that children who perpetrated crimes are being rewarded. In addition, targeting only some groups of vulnerable children, such as those orphaned by AIDS, in a situation of widespread poverty may result in communities actually resenting these orphans for any special treatment they receive.

The most effective interventions for promoting long-term positive social and economic assimilation are those made available to all vulnerable children and not just a selective subgroup. However, widening the pool of children served, especially in places where there are large numbers of vulnerable children from a variety of causes, risks increasing program costs beyond mandated budgets.

USG agencies use different approaches to stretch limited resources across multiple groups without stigmatizing individuals. School block grants in countries such as Tanzania, for example, provide items like lab equipment that benefit all students in exchange for fee waivers for the most vulnerable students, including children who have lost one or both parents to AIDS. Similarly, obtaining government approval for removal of school fees for all elementary students makes it possible for the most vulnerable children to attend school without stigmatizing them in the process.

The Global Food Crisis

The rapid increase in food prices globally has a dual impact on the most vulnerable populations: Donor dollars buy less food, and as local foods become more expensive, more families experience a food deficit. In the past year, the price of rice has grown by more than 100 percent and the price of wheat by 130 percent. Such increases, in addition to the rising price of fuel and transport, mean that even significant dollar increases in food assistance do not cover the gap. There are no quick fixes for this problem, but USG agencies have placed substantial emphasis on helping the most vulnerable families through economic strengthening and livelihood interventions to make them more resilient to food price increases.

Food Assistance in the Fight Against HIV

HIV-affected populations often cite food as one of their greatest needs. HIV can cause and worsen food insecurity and malnutrition among infected and affected populations, including orphans and vulnerable children.

Example: I-Life Consortium

During fiscal year 2007 in Malawi, the I-LIFE consortium reached more than 9,000 households who hosted orphans or had chronically ill household members. With the inclusion of these vulnerable households in a range of development activities, such as home gardening, irrigation and village savings and loans groups, beneficiaries were able to improve their livelihood capacities to a level where they could graduate from food assistance.

Finding and Serving Hard-to-Reach Children

Some groups of children are particularly difficult to reach, including stateless children, children in countries with political or civil instability, military children (because of issues of access to military bases), children in places where government is distrusted, and children in remote areas where host country social services are particularly weak. USG agencies have used a variety of approaches to address access problems, including collaboration with local experts who are trusted by the communities and authorities; heavy reliance on international NGOs and their local partners for program implementation; and in the case of military children, when denied military base access, set up of projects in neighborhoods near military bases, where many military families live and retire.

Example: DOD and USAID

Due to the difficulty in reaching highly vulnerable children (HVC) in military families, the DOD HIV/AIDS Prevention Program (DHAPP) is partnering with USAID to investigate the unique characteristics of military HVC and the obstacles to service provision in military communities in seven target countries (Zambia, Kenya, Tanzania, Nigeria, Senegal, Uganda, and South Africa). The results will be used to develop a military HVC programming guide that accurately reflects their needs.

Incorporating Child Protection into Broader Programs

Increasing numbers of orphans and a subsequent breakdown in traditional extended family safety nets have encouraged more agencies and organizations to look for ways to integrate child protection interventions into their programs.

Example: UNICEF, USAID and NGOs

UNICEF is taking the lead in global advocacy to bring attention to child protection issues and alternative care. In 2007, UNICEF, in consultation with USAID, key implementing NGO partners, and other donors, published *Enhanced Protection for Children Affected by AIDS* to shed light on protection issues. The report concludes that "Protection for children affected by AIDS requires strengthening national and community-level responses for all vulnerable children. Governments and civil society organizations, as well as their partners, can make real progress towards this goal by enhancing social protection, legal protection and justice, and alternative care. This work must be underpinned by efforts to address the silence and stigma that allow HIV-related discrimination, abuse and exploitation of children to continue."

Challenges to Improved Interagency Cooperation

In preparation for this year's report, the Special Advisor asked members of the Interagency Committee on Orphans and Vulnerable Children to cite what they felt were the biggest challenges for achieving interagency cooperation in programming for highly vulnerable children and their families, and then to suggest avenues to overcome those challenges.

Reaching Vulnerable Children Who Are Not Within the Mandates of Particular USG Programs

Most funding for highly vulnerable children is earmarked for a specific vulnerability such as HIV/AIDS, trafficking, exploitive labor, or refugee or IDP status. Vulnerability can be highly contextual, making interven-

tion essential to successful programs for select groups but not for all. For example, HIV treatment services are critical for small subpopulations of children within concentrated epidemics but may be of little benefit to a broader population of children living in poverty. As a result, it is often challenging to plan limited resources to assist all children within certain communities who live in vulnerable circumstances. While the challenges of specified funding are likely to remain, USG agencies are looking for innovative ways to ensure coverage of larger numbers of vulnerable children.

Restrictive Funding Streams, Differing Program Mandates

Program uses for the funding accounts legislated for highly vulnerable children are often limited to those made vulnerable by a particular cause. Even within a single agency, such as USAID, different funding accounts have different mandates. This yields two unintended consequences: limiting the scope of programs some USG personnel and partners can engage with for highly vulnerable children, as well as limiting the type of communities within which they work.

To achieve maximum impact and cost effectiveness, a program must be located where a large number of the targeted beneficiaries reside. Program focus areas are often determined at the request of the related host-country technical ministries, which tend to divide geographic areas among different donors. For this reason, USG-supported programs that focus on basic education, maternal and child health services, or economic strengthening may not be in the same geographic areas as other particularly vulnerable populations. This makes it difficult to co-locate programs aimed at children made highly vulnerable by, say, trafficking in the mining industry, with broader development programs aimed at more densely populated poor communities near urban areas.

Where USG agencies have been able to write parallel grants directed at the same highly vulnerable populations, this has worked well. However, differing mandates for different programs, limits on how funds can be used, and host country priorities for where USG support for various development programs is implemented all make for important limitations on co-financing for specific groups from different funding sources. Thus, multisector initiatives or wraparound programs are difficult to achieve. Wraparound services can be achieved at the local community level by engaging the various local government entities and service providers – whether or not their funding comes from the USG – to undertake

Ugandan children in a camp for internally displaced persons.

set of monitoring and evaluation practices of USG agency programs does not readily lead to a common set of indicators that can be aggregated government-wide.

HPI gathered information about each agency's organizational mandates with respect to highly vulnerable children, operational definitions of the children in their target groups, descriptions of programs/services offered, monitoring and evaluation indicators used to report on programs/services, descriptions of the data collection process (sources as available) and reporting cycles, level of data aggregation, and relevant monitoring and evaluation documentation, i.e., annual reports.

- USG departments, bureaus, and offices use a diversity of indicators in their monitoring and evaluation reporting systems. In some cases, "overarching" program/agency indicators are reported; in others, more project-specific indicators are included. Many programs include children in a broader population of highly vulnerable populations and do not report them separately. Even the definition of "children" varies from agency to agency.

- Monitoring and evaluation data at the country level are generally collected by implementing partners (very often international NGOs) and reported upward to the relevant USG funding agencies or donors. As funding agencies have different reporting requirements, there are cases where useful data are reported to one agency but not another.

- Agencies and their implementing partners have significant reporting burdens, and the PL 109-95 legislation provides no additional resources that could be used to adapt reporting systems or collect new information.

Thus, based on the work that HPI has done to identify the universe of definitions and indicators now used by agencies and their implementing partners, there are two potential ways to proceed:

- Rather than attempt to modify and aggregate indicators to fit into a single model, the USG agencies could decide to select two or three similar indicators already in their own reporting systems that they could provide to the Special Advisor each year for inclusion in the annual report. In this way, the USG agencies would have a comprehensive set of indicators on support for highly vulnerable children that can be compared from year to year, and together would give a sense of the whole of U.S. assistance.

needs assessments of the highly vulnerable children in their communities, to map available services, and to coordinate locally to make these services available.

The Human Resources Cost of Collaboration
Interagency coordination to identify and implement specific programs jointly involves more up-front negotiations among agencies and implementing partners, as well as more reporting, at both the headquarters and field levels. This is challenging given PL 109-95's limited resources.

Differing Reporting and Monitoring and Evaluation Requirements
To begin the process of developing a USG-wide strategic information system, the Special Advisor requested the USAID Health Policy Initiative (HPI) project to carry out a study of key USG agencies and their monitoring and evaluation indicators for programs for highly vulnerable children. HPI was tasked with compiling an inventory of highly vulnerable children indicators used by USG agencies and identifying a set of "common denominator" indicators that would be suitable to support annual PL 109-95 reporting. However, the diverse

- Alternatively, representatives of the USG agencies could meet and attempt to negotiate minor modifications to their indicators, or ask their implementing partners to report upward on some of the indicators they collect locally but do not normally forward to headquarters in order to develop a set of indicators that can be aggregated, at least to some extent, among USG agencies.

Difficulties in Making Information Easily Accessible to Agencies Working With Highly Vulnerable Children

Such information can help prevent duplication and enable entities to learn from one another and leverage experiences and expertise. One of the objectives of PL 109-95 is to improve information exchange among agencies. Through the preparation of the annual PL 109-95 report and the periodic meetings of the Interagency Committee of Orphans and Vulnerable Children, some progress has already been made in bringing together the major USG players and sharing information on good practices. Other resources also exist: Web sites and annual reports for each of the major USG programs; information exchanges such as the Better Care Network, the Washington Network on Children and Armed Conflict, and the Children and Youth Economic Strengthening Network; and specialized Web sites and listservs for particular types of vulnerable children (e.g., the child soldiers Web site noted earlier and various HIV/AIDS-affected OVC Web sites, including ovcsupport.net, initiated by USAID and managed by two civil society organizations working with orphans and vulnerable children). But, these are not geared to provide continuous information exchange across a range of issues.

These four boys at the SOS Childrens Village in Vishakhapatnum, India, receive family-based, long-term care and other forms of support so they will be able to live independently in the future.

Chapter V: Innovations

Peruvian children outside their home in a small Andes village.

Several innovative activities are under way from individual USG agencies, which have strong potential for application by other agencies, and may introduce new opportunities for cooperation.

Mapping of Services for Vulnerable Children

In order to ensure that a full range of services is available to OVC and their families, PEPFAR has begun a pilot program that maps the services available from each PEPFAR-supported service provider in a given area and establishes a referral system among the various providers. The program, under way in Mozambique, Ethiopia, and Malawi, will develop a model for replication based on the experiences of these countries. Initial results indicate that the process has enabled children to receive three or more types of services – something the service providers had not considered conceivable in the past – and has improved relations among local service organizations and government.

The graphic below gives an indication of the types of information that are mapped, so as to match services to identified needs. For example, an NGO that provides food support to vulnerable populations can use the results of mapping to connect highly vulnerable children to other services they may need such as health care or economic support.

Identifying Research Priorities for HIV/AIDS-Affected Children

Identifying research priorities and gaps with respect to the most vulnerable children is paramount to the design of effective programming responses. This task is challenging as research on the well-being of children who are made vulnerable by HIV/AIDS and other causes is limited, scattered, and often unpublished. In response to the need to consolidate evidence-based research on highly vulnerable children, NIMH and USAID's Office of HIV/AIDS hosted a conference in March 2008, Children Rendered Vulnerable by HIV/AIDS, in sub-Saharan Africa: Developing a Research Agenda.

The conference brought together USG agencies, NGOs, UNICEF, representatives from the Joint Learning Initiative on Children and AIDS, donor organizations, both PEPFAR and NIH/NIMH research grantees, and academics to identify gaps in the international research agenda related to children orphaned or made vulnerable by HIV/AIDS and to develop a list of priorities that will help address these gaps. In addition to exploring topics, such as program sustainability, scaling up successful interventions, and cost measures, themes considered throughout the meeting included using research to improve the effectiveness of current programs for children and families affected by HIV/AIDS, effectively leveraging USG resources to complement existing

MAP OF INFORMATION USED TO MATCH SERVICES TO IDENTIFIED NEEDS
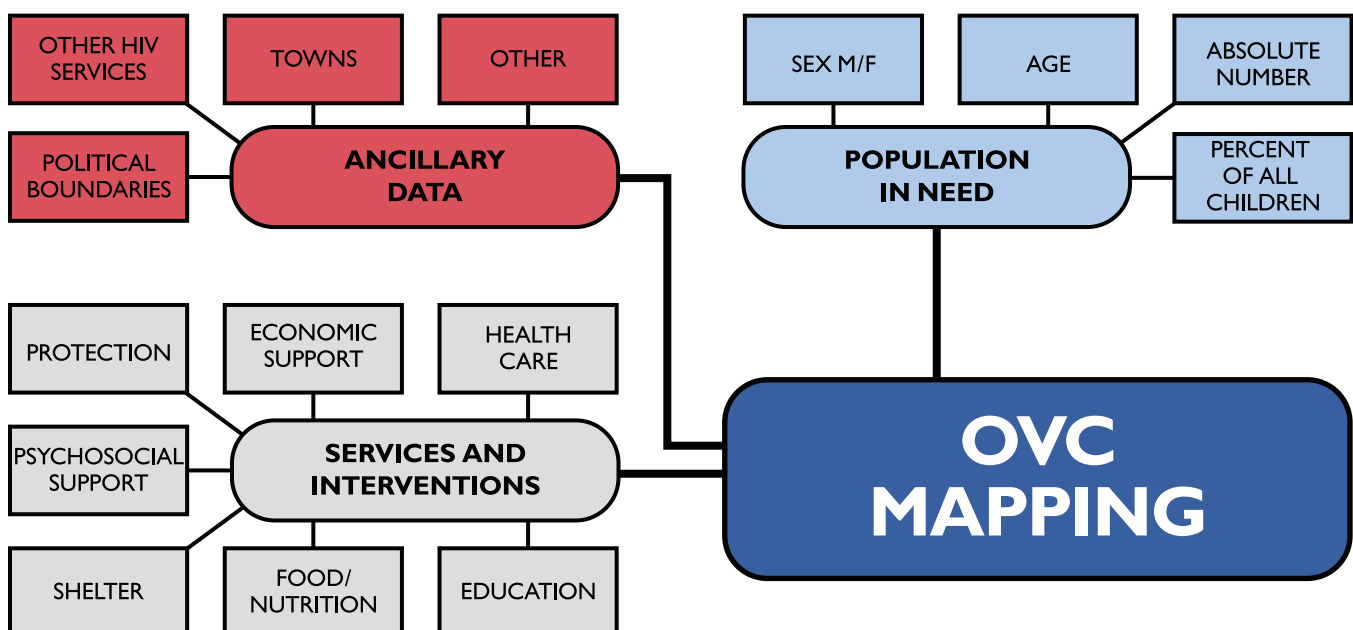
research, and striking an appropriate balance between dedicating resources to local communities and structures and supporting government responses.

The Child Status Index

In 2006 and 2007, the Office of the U.S. Global AIDS Coordinator initiated development of a Child Status Index (CSI) to assist in monitoring the well-being of children and evaluating OVC programs that serve them.

A community-based participatory research approach was used to develop this index to make it a simple and intuitive assessment tool for use by community personnel who work directly with children and their guardians. Five communities in Kenya and Tanzania participated in the concept, design, content, and field-testing of the CSI.

The graphic on this page shows the broad categories covered by the CSI. A child's situation can be graded in each category from good to very bad. For example, in food security, a "good" or 4 score is awarded if the child is well fed and eats regularly. A "very bad" or 1 score is awarded if the child rarely has enough to eat and goes to bed hungry most nights.

The CSI can be readily adapted for other purposes, e.g., for evaluating children who have been affected by natural or man-made disasters or for conducting population-based surveys of child well-being. The information it generates can be adapted to evaluate program, community, or national impact on the well-being of children who are receiving care. In this way, information derived from the CSI can be useful to those who are engaged in practice and policy decisions at a community or national level.

Supporting Transformation by Reducing Insecurity and Vulnerability with Economic Strengthening (STRIVE): A Program to Benefit Vulnerable Children

USAID's STRIVE program will identify and demonstrate effective means of improving the economic circumstances of vulnerable children and youth through

BROAD CATEGORIES COVERED BY THE CHILD STATUS INDEX

1. FOOD & NUTRITION	2. SHELTER & CARE	3. PROTECTION
(a) Food Security	(a) Shelter	(a) Abuse & Exploitation
(b) Nutrition & Growth	(b) Care	(b) Legal Protection
4. HEALTH	**5. PSYCHOSOCIAL**	**6. EDUCATION & WORK**
(a) Wellness	(a) Emotional Health	(a) Performance
(b) Health Care Services	(b) Social Behavior	(b) Education/Work

economic development programs for their caregivers and/or youth themselves. Between 2008 and 2012, this $16 million program will implement an estimated five field projects working in sub-Saharan Africa and Asia, focusing on savings-led finance, workforce development models, and value chain development.

As noted in one of PL 109-95's central parameters, many programs aimed at providing services to highly vulnerable children, while providing excellent non-economic support to these children, fail to address adequately the issue of economic vulnerability. STRIVE explores how different types of economic development programs can be designed and adapted to ensure that children and orphans benefit from increases in household or personal income.

ANNEXES

A girl laughs on the stairs at a children's home in Bucharest, Romania.

ANNEX A: THE SCOPE OF PUBLIC LAW 109-95

USAID is the lead agency supporting PL 109-95, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act, signed by President Bush in November 2005 and enacted because of the need to more effectively coordinate USG assistance for orphans and vulnerable children, particularly — but not limited to — those affected by HIV and AIDS. To improve effectiveness of USG assistance, the law calls for:

- Provision of assistance to orphans and other vulnerable children that provides for a range of essential services and emphasizes assistance to families and communities in mobilizing resources.
- Establishment of a monitoring and evaluation system to measure effectiveness of USG assistance to orphans and other vulnerable children.
- Appointment of a Special Advisor for Assistance to Orphans and Other Vulnerable Children to oversee implementation of PL 109-95.
- Development of a strategy that identifies the agencies providing assistance, institutes coordination mechanisms, and describes the system by which USG assistance will be monitored (referred to in this report as the "strategic information system").
- Creation of annual reports, of which this is the second, to inform Congress of progress in implementation of the law.

USAID is working with multiple USG agencies to address the needs of highly vulnerable children by:

- Improving coordination among government agencies and with nongovernmental partners and donors.
- Strengthening country-level coordination and programming, with a focus on community-based responses.
- Improving the targeting of resources through comprehensive monitoring and evaluation.
- Compiling and disseminating best practices to country teams and implementing partners.

WHICH USG AGENCIES AND PROGRAMS ARE INCLUDED

The first PL 109-95 report to Congress, submitted in September 2007, listed the agencies involved in activities to improve the lives of highly vulnerable children and the programs that the agencies implement. Only those programs that specifically target highly vulnerable populations (children and their caretakers) are included. Development programs that serve broader groups, which may include highly vulnerable children but are not targeted to them, are not included in this report. The list has not been expanded since last year and is summarized in Annex B of this report.

ANNEX B: AGENCIES AND DEPARTMENTS INCLUDED IN THE PL 109-95 UNIVERSE

USG Executing Agency or Office	Program	PL 109-95 Target Group
State Department/Office of the U.S. Global AIDS Coordinator (OGAC) – coordinating and approving all global HIV/AIDS activities of the USG	U.S. President's Emergency Plan for AIDS Relief (PEPFAR): Orphans and Vulnerable Children	Children under age 18 orphaned or made vulnerable by HIV/AIDS
	PEPFAR: Pediatric AIDS	HIV-positive children
	PEPFAR: Prevention of Mother-to-Child Transmission (PMTCT)	HIV-positive pregnant women at risk of passing the infection to their unborn and newborn children
	PEPFAR: Treatment, Care, and Support for People Living with HIV and AIDS (PLWHA)	People with HIV and AIDS whose worsening condition may prevent them from providing adequate care to their children
	PEPFAR: Contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria	All target groups listed above
State Department/Office to Monitor and Combat Trafficking in Persons (G/TIP)	Trafficking in Persons	Children separated from their families through human trafficking
State Department/Bureau of Population, Refugees, and Migration (PRM)	Protection and support for refugees, victims of conflict, and vulnerable migrants	Children and families made vulnerable because of status as refugees, conflict victims, or internal displacement
Department of Labor/Bureau of International Labor Affairs/Office of Child Labor, Forced Labor and Human Trafficking	Monitoring and combating exploitive labor practices, focusing on the worst forms of child labor, forced labor, and human trafficking	Children subjected to the worst forms of exploitive labor, or in danger of being subjected to them
U.S. Agency for International Development (USAID)/Bureau for Democracy, Conflict and Humanitarian Assistance(DCHA)/Office of U.S. Foreign Disaster Assistance (OFDA)	Emergency humanitarian assistance	Children and their families affected by natural disasters and complex emergencies
USAID/DCHA/Office of Food For Peace	Title II emergency food assistance	Children and their families affected by natural disasters and complex emergencies

USG Executing Agency or Office	Program	PL 109-95 Target Group
USAID/DCHA/Displaced Children and Orphans Fund (DCOF)	Highly vulnerable children by multiple causes	Children most at risk and vulnerable, such as those affected by armed conflict, street children, disabled children, and other children separated from appropriate caregiving situations
USAID/DCHA, Office of Transition Initiatives (OTI)	Transition initiatives	Youth in countries emerging from conflict situations who need to be reintegrated with their communities or are at risk of engaging in activities that could undermine peace
USAID/Bureau for Global Health	Child Survival and Health Grants Program	Children and their families in highly vulnerable populations, including poor and marginalized groups
	Child Blindness Grants	Vision-impaired children or children at high risk of becoming vision impaired
Department of Agriculture	McGovern-Dole International Food for Education and Child Nutrition Program	Children and their mothers whose nutritional and poverty status threatens their ability to attend and stay in school
HHS/CDC	Health problems in complex emergencies	Women and children in humanitarian emergencies threatening their health
HHS/National Institutes of Health (NIH), including the National Institute of Mental Health, the Fogarty International Center, the National Institute of Allergy and Infectious Diseases (NIAID), and the National Institute of Child Health and Human Development	Research, training and collaboration	Highly vulnerable children affected by health issues, including children made vulnerable by HIV and AIDS and children infected with HIV
HHS/Administration for Children and Families/Office of Refugee Resettlement	Antitrafficking in persons	Victims of a severe form of human trafficking, including child trafficking victims, in the U.S.
HHS/Administration for Children and Families/Office of Refugee Resettlement	Unaccompanied alien children (UAC)	Unaccompanied alien children apprehended in the U.S. and placed in federal custody due to immigration violations
HHS/Administration for Children and Families/Office of Refugee Resettlement	Bridging Refugee Youth and Children's Services	Refugee families, youth, and children resettling in the U.S.

Country	Program Area	Non-Local										Total
		FBO	Host	Multi-lateral	NGO	Other USG	Own Agency	Para-statal	Private	TBD	Univ-ersity	
Botswana	PMTCT				1		1		1	5	2	10
Botswana	OVC	2			2		4		1	1		10
Cote d'Ivoire	PMTCT				1		1		2	1	1	6
Cote d'Ivoire	OVC	1			6		1		1	2	1	12
Ethiopia	PMTCT			2	5	1	2			7	4	21
Ethiopia	OVC	2		2	6		2		2	9		23
Guyana	PMTCT	1			1		2					4
Guyana	OVC	1		1	1		1					4
Haiti	PMTCT	2			3					1	1	7
Haiti	OVC	2		1	6					1	1	11
Kenya	PMTCT				11		1		1	2	2	17
Kenya	OVC	4		1	11		1			2	3	22
Mozambique	PMTCT	1		1	6	1	1		3	5	4	22
Mozambique	OVC	4		2	5		2		1	8		22
Namibia	PMTCT				1		1				1	3
Namibia	OVC				4		2			2		8
Nigeria	PMTCT	1			3		4		1	5	3	17
Nigeria	OVC	3			7		4	5	4		4	27
Rwanda	PMTCT	1		1	7	1	1			3	1	15
Rwanda	OVC	1			5		1			4		11
So. Africa	PMTCT		1		8						1	10
So. Africa	OVC		1		6		3			6	2	18
Tanzania	PMTCT	1			5		2		2		3	13
Tanzania	OVC	1			6	1	2		1	3	1	15
Uganda	PMTCT	1			3		2		1	3	1	11
Uganda	OVC	3			10	1	3		3	4		24
Vietnam	PMTCT				1		2			3		6
Vietnam	OVC	1			3		2		1	1		8
Zambia	PMTCT	1		1	5		1			2	1	11
Zambia	OVC	5			7		1			3		16

Fiscal Year 2008 Number of Prime Partners for PMTCT and OVC by Country, Partner Type, and Non-Local Status

		Local										
Country	Program Area	FBO	Host	Multi-lateral	NGO	Other USG	Own Agency	Para-statal	Private	TBD	Univ-ersity	Total
Botswana	PMTCT	1	1									2
Botswana	OVC	1	3									4
Cote d'Ivoire	PMTCT				1							1
Cote d'Ivoire	OVC		2		5				1			8
Ethiopia	PMTCT				2							2
Ethiopia	OVC	1	1		5				1			8
Guyana	PMTCT		1						1			2
Guyana	OVC				1							1
Haiti	PMTCT		1		3							4
Haiti	OVC	1			1							2
Kenya	PMTCT	2	1	1	3			1	1		3	12
Kenya	OVC	4			2			1	2			9
Mozambique	PMTCT		1								1	2
Mozambique	OVC	1			2							3
Namibia	PMTCT		1					1	1			3
Namibia	OVC	2			1							3
Nigeria	PMTCT											0
Nigeria	OVC				4							4
Rwanda	PMTCT		1		1							2
Rwanda	OVC											0
So. Africa	PMTCT				11			1	4		4	20
So. Africa	OVC	6	2		23				1		2	34
Tanzania	PMTCT	1	4		3				2			10
Tanzania	OVC	3			7				1			11
Uganda	PMTCT		2		3						1	6
Uganda	OVC	1			3						1	5
Vietnam	PMTCT		2									2
Vietnam	OVC		2									2
Zambia	PMTCT	1	4		2							7
Zambia	OVC				2						1	3

ANNEX D: GLOBAL ACTION FOR CHILDREN AND NGO COMMENTS ON SECOND ANNUAL REPORT TO CONGRESS, *SUPPORTING HIGHLY VULNERABLE CHILDREN: PROGRESS, PROMISE AND PARTNERSHIP*

Global Action for Children and the NGO community are grateful to USAID for the opportunity to comment upon the draft of the Second Annual Report to Congress. We hope for continued collaboration and open communication so as to best provide for the needs of orphans and highly vulnerable children around the world.

After review of the USAID draft report, GAC was pleased to compile civil society commentary and recommendations for inclusion in the final draft.

Positive progress:

1. Special Advisor appointment: The July 2008 appointment of a Special Advisor is an important development with regard to effective implementation of PL 109-95, as this position will manage and coordinate the U.S. Government's work for highly vulnerable children and maintain open lines of communication with the NGO community.

2. Greater focus on high-impact region: It is a positive development that USAID (using PEPFAR funding) has placed a Technical Advisor for OVC in the Southern Africa Regional HIV/AIDS program, as this region has been impacted by the HIV/AIDS epidemic to the largest degree.

3. U.S. Government parameters for HVC programming: We are particularly supportive of parameters 2 and 3, underscoring the need for inclusion of communities and local institutions in determining need and the preference for family/household care over institutional care.

4. Local government inclusion: Efforts to include local governments in planning and coordinating activities are encouraging, as this provides ownership and sustainability and can better address the needs of each individual population and community served.

Problematic language, areas in need of improvement or emphasis in the report:

1. Lack of commitment to monitoring and evaluating: We are gravely disappointed that the report states that "A key tenet of the U.S. Government effort to develop a government-wide information system is to require no new or additional reporting other than what agencies already collect." Delivering this message to agencies is not helpful. While we realize that PL 109-95 offers no additional resources, we feel the message that "no new or additional reporting" will be required from agencies is absolutely the wrong message to be sending to agencies. There needs to be a high-level and dedicated commitment by the U.S. Government to delivering on the law, and a key component of the law is to coordinate, monitor, and evaluate what OVC programs are doing.

   We are disappointed that in the "Looking Forward" section, again that lack of commitment to creating a strategic information system is very apparent with the use of the following phrase: "The main objectives for PL 109-95 implementation in the coming year are as follows: continue to work to develop a strategic information system." We would urge this section to be phrased as "the U.S. Government will complete a strategic information system within the next year" instead. Three years have passed since the enactment of PL 109-95, and failing to deliver on one of the most important goals of the law for the fourth year in a row simply is not good enough. Too much time has already passed.

   While we understand that "The diverse set of monitoring and evaluation practices of the U.S. Government agency programs does not readily lead to a common set of indicators that can be aggregated government-wide," this does not mean that it cannot be done. It will be difficult, yes, but it is simply too important to ignore any longer.

   We are also keenly aware that the lack of funding has been a huge impediment to full compliance, and we are doing all we can to change this fact. Having said that, stronger leadership and greater commitment to delivering on the goals of the legislation are absolutely in order and we urge our U.S. Government partners to take these issues on in a way that will ensure success. We also call upon the next administration to prioritize orphans and vulnerable children in the way they deserve.

2. Lack of articulated strategy: A key component of PL 109-95 called for the U.S. Government to create a comprehensive strategy to address the issues facing OVC. The section of the report on general approaches illustrates some

important key approaches to HVC, but we are disappointed that many of the examples in the report seem to emphasize the country-by-country case studies without providing context on the broader impact, strategy, and activities being supported. A full three years after the enactment of the OVC law, no comprehensive strategy has been crafted by the U.S. Government for these children.

3. Problematic portrayal of scope of vulnerable children: We take exception to the problematic and misleading comment that highly vulnerable children comprise a small percentage in stable communities and that those communities have resources to provide their own services, allowing the U.S. Government to instead focus on stressed populations due to disease, famine, disaster, etc. While it is important to pay special attention to stressed populations, highly vulnerable children lack access to services in "stable" communities, as exemplified by the plight of disabled children and foster children.

4. Vulnerable children left out of PEPFAR/FFP framework: The PEPFAR/FFP framework mentioned only talks about HIV. It doesn't mention support for other vulnerable children.

5. Interagency coordination ramp up has not occurred: It is a disappointment that plans cited in the first report to ramp up interagency coordination on OVC in at least three countries have gone virtually nowhere.

6. Ongoing need for research: There is a great need for research on the challenges faced by OVC and the best practices in addressing those challenges. The latter part of the report underscores the need for research in the OVC arena, stating that "Identifying research priorities and gaps surrounding concerns of the most vulnerable children is paramount to the design of effective programming response. This task is challenging as research on the well-being of children who are made vulnerable by AIDS and other causes is limited, scattered, and often unpublished."

NGO comments compiled by R. Harris, Global Action for Children.

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