

# United States Government Action Plan on Children in Adversity

A Framework for International Assistance: 2012–2017  
December 2012



# United States Government

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# Statement of National Policy

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The goal of the U.S. Government Action Plan on Children<sup>1</sup> in Adversity<sup>2</sup> is to achieve a world in which all children grow up within protective family care<sup>3</sup> and free from deprivation, exploitation, and danger.

The plan is grounded in evidence that shows a promising future belongs to those nations that invest wisely in their children, while failure to do so undermines social and economic progress.<sup>4</sup> Child development is a cornerstone for all development, and it is central to U.S. development and diplomatic efforts. The plan seeks to integrate internationally recognized, evidence-based good practices into all of its international assistance initiatives for the best interests of the child.<sup>5</sup>

Efforts to assist vulnerable girls and boys in low- and middle-income countries have often focused on single vulnerability cohorts and categories – for example, children affected by HIV/AIDS, in emergencies, or in the worst forms of child labor, including those who have been trafficked. Although current efforts have produced substantial benefits, this diffused approach can result in a fragmented response. Coordinated, multifaceted action can help ensure that children in adversity benefit fully from policies and services.

Public Law 109-95: The Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005 (PL 109-95) calls for a comprehensive, coordinated, and effective response on the part of the U.S. Government to the world's most vulnerable children. PL 109-95 also requires an interagency strategy. In accordance with the legislative mandate, an interagency coordination strategy was developed in 2006. However, interagency partners agree that the strategy required revision given the number of U.S. Government offices, departments, and agencies involved in international assistance to vulnerable children that were not included in the 2006 strategy, which focused on programming for children affected by HIV/AIDS. The 2006 strategy lacked clarity with regard to overarching guiding principles, goals, objectives, and outcome indicators.

In 2011, U.S. Government interagency partners actively began a process to establish whole-of-government guidance and a strategy for children in adversity. The process was informed by a U.S. Government Evidence Summit on Protecting Children Outside of Family Care, an interagency initiative under Public Law 109-95. A key result of the summit was the commitment of senior U.S. Government interagency leaders to establish guiding principles and a U.S. Government strategy for assistance to these children – the very first of its kind. This commitment was published in *The Lancet* on December 12, 2011.<sup>6</sup> Under the leadership of the U.S. Government Special Advisor for PL 109-95, an interagency team worked collaboratively over 10 months to develop this first-ever U.S. Government Action Plan on Children in Adversity.

The Special Advisor will work with interagency partners over the next 5 years to ensure that all U.S. Government activities under the plan are implemented by appropriate U.S. Government departments and agencies, integrated into relevant U.S. Government foreign policy initiatives, and enhanced through engagement with governmental and nongovernmental partners.

The U.S. Government Action Plan on Children in Adversity has three principal objectives and three supporting objectives to promote greater U.S. Government coherence and accountability for whole-of-government assistance to vulnerable children. They are as follows:

## Principal Objectives

- Objective 1** **Build strong beginnings:** The U.S. Government will help ensure that children under 5 not only survive, but also thrive by supporting comprehensive programs that promote sound development of children through the integration of health, nutrition, and family support.
- Objective 2** **Put family care first:** U.S. Government assistance will support and enable families to care for their children; prevent unnecessary family-child separation; and promote appropriate, protective, and permanent family care.<sup>7</sup>
- Objective 3** **Protect children:** The U.S. Government will facilitate the efforts of national governments and partners to prevent, respond to, and protect children from violence, exploitation, abuse, and neglect.

## Supporting Objectives

- Objective 4** **Strengthen child welfare and protection systems:** The U.S. Government will support partners to build and strengthen holistic and integrated models to promote the best interests of the child.
- Objective 5** **Promote evidence-based policies and programs:** The U.S. Government will devote resources to building and maintaining a strong evidence base on which future activities to reach and assist the most vulnerable children can be effectively planned and implemented. This evidence base will assist in the cost-effective utilization of program funds as well as the monitoring and evaluation of program effectiveness and long-term impact on children.
- Objective 6** **Integrate this plan within U.S. Government departments and agencies:** The U.S. Government will institutionalize and integrate the components of this plan in its diplomatic, development, and humanitarian efforts overseas.

The objectives of this plan facilitate and complement many of the priorities articulated in other U.S. Government strategic documents, including the National Strategy to Prevent and Respond to Gender-Based Violence Globally and the National Action Plan on Women, Peace and Security, which are paving the way forward on violence reduction. The USAID Counter-Trafficking in Persons Policy emphasizes increased investments to prevent trafficking and provide assistance to survivors, particularly in conflict- and crisis-affected environments where rates of child trafficking are high. The USAID Education Strategy recognizes the critical links between conflict, education, and development. The Education Strategy's Goal Three stresses the need to provide safe and secure education environments in crisis and conflict environments. These efforts are undertaken in concert with the Presidential Policy Directive on Global Development, which outlines a prioritization of development through partnership with other committed governments, use of data to target the most effective investments, promotion of transparency and accountability for results, and leveraging of multiple actors, including civil society and the private sector, for greater impact. With continued collaboration and coordination across U.S. Government departments, agencies, and external partners, we will do more to ensure that children survive and thrive.

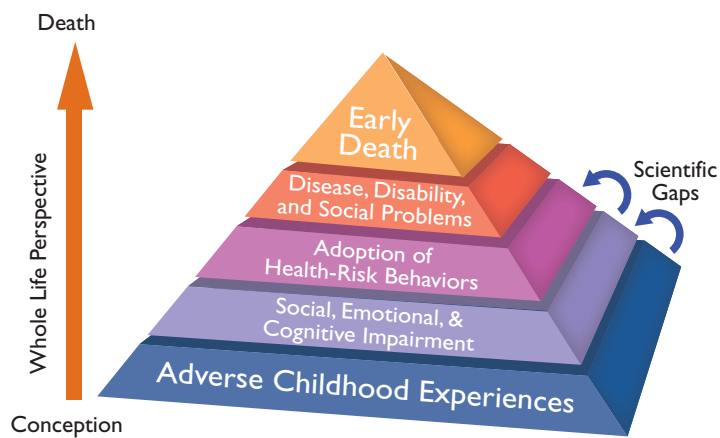
## THE GENDERED NATURE OF ADVERSITY

**Adversity is significant for both girls and boys, though experiences differ. For instance, girls are reported to suffer more sexual violence than boys, while boys are more likely than girls to be the victims of homicide and violence involving weapons and subjected to under-age recruitment into armed groups.<sup>8</sup> Among the 62 million children in hazardous work in the 15–17 age group, boys outnumber girls by two to one.<sup>9</sup> Girls are less likely to attend school and if the world had achieved gender parity at the primary level, there would be an additional 3.6 million girls in primary school.<sup>10</sup> Globally, up to 36 percent of girls and 29 percent of boys have been sexually abused; and 46 percent of girls and 20 percent of boys have experienced sexual coercion.<sup>11</sup> For many girls, the first experience of sexual intercourse in adolescence is unwanted and even coerced,<sup>12</sup> which is of particular concern in contexts of armed violence and conflict.<sup>13</sup> Girls face challenging transitions to adulthood if they experience early marriage, pregnancy, and childbirth.<sup>14</sup> Estimates indicate that one-third of women aged 20 to 24 in the developing world – more than 64 million women – were married or in union before the age of 18. The prevalence of female genital mutilation varies significantly from country to country, from nearly 98 percent in Somalia to less than 1 percent in Uganda. New evidence shows high prevalence in other countries, including Yemen, Iran, Syria, Oman, and Saudi Arabia.<sup>15</sup>**

# The Case for Protecting Children in Adversity

## The Need

Millions of children throughout the world live under conditions of serious deprivation or danger. Children who experience violence or are exploited, abandoned, abused, or severely neglected (in or out of families) also face significant threats to their survival and well-being as well as profound life cycle risks that have an impact on human, social, and economic development. The figure highlights influences throughout the lifespan of adverse childhood experiences on social, emotional, and physical well-being.<sup>16</sup> Children in the most dire straits include those without protective family care or living in abusive households, on the streets or in institutions, trafficked, participating in armed groups, and/or exploited for their labor. Many more live within fragile families and face a multitude of risks posed by extreme poverty, disease, disability, conflict, and disaster.<sup>17</sup>



Data source: ACE Study

## The Response

Protective and permanent family care and positive childhood experiences have beneficial immediate and long-term effects. Investments in evidence-based interventions, such as strengthening the economic status of families, preventing violence within and outside households, rescuing children from exploitive labor situations, and removing children from institutions and placing them into protective family care, are associated with reduced mortality, improved physical growth, higher IQ scores, less grade repetition, increased school completion, decreased future criminal activity, less drug use/abuse, fewer teen pregnancies, and higher earning potential.<sup>18</sup> Investments in early child care and developmental protection, with sustained support throughout adolescence and youth, can mitigate the deleterious impact of poverty, social inequality, gender biases, and disability discrimination, ultimately resulting in long-lasting gains that benefit children and youth, families, communities, and countries.<sup>19</sup>

## A Challenge

The United States' sustained commitment through investments and partnerships has resulted in important initiatives that have increased the impact of foreign assistance in many key areas, including impressive gains in child survival. This Action Plan on Children in Adversity signals a strong commitment to providing the integrated assistance required to ensure that children not only survive, but thrive.



While the Action Plan on Children in Adversity applies to U.S. Government assistance globally, it also identifies a more targeted starting point for these efforts: to achieve three core outcomes in at least six priority countries over a span of 5 years. In these countries, through U.S. Government collaboration with other government, international, private, faith-based, and academic partners, the plan calls for significant reductions in the number of:

1. Children not meeting age-appropriate growth and developmental milestones
2. Children living outside of family care by placing them in appropriate and protective family care
3. Children who experience sexual violence or exploitation

Advances toward these core outcomes will necessarily require prioritization of countries in which collective assistance across vulnerability categories can be harnessed at scale. The criteria for selection of priority countries will include the:

- Magnitude and severity of the problems to be addressed
- Partner country interest in participation, including commitments regarding monitoring and evaluation, as well as transparent reporting
- Potential to leverage bilateral, multilateral, and foundation investments
- Potential to leverage other U.S. development investments
- Regional diversity to maximize learning opportunities
- Level of economic development, with a focus on low- and middle-income countries

Designation will be based on consultations with Congress, U.S. departments and agencies, partner donor governments, and other stakeholders. To promote country ownership and ensure meaningful engagement in the additional and intensive effort required for transformational positive change in children's lives, host country governments will fully be part of discussions, planning, and negotiations from the outset.

## Results-Based Approach

The U.S. Government Action Plan on Children in Adversity has been created to promote coordinated, comprehensive, and effective assistance to prevent and respond to the needs of children facing severe deprivation, exploitation, and danger over the next 5 years. The plan also lays a solid path toward achieving the results mentioned previously by starting in selected priority countries. Specific entities within the U.S. Government, in collaboration with other actors, will support capacity development of governments and local organizations to measure children failing to reach growth and developmental milestones, living outside of family care (or placed in appropriate and protective family care), exploited in the worst forms of child labor, and experiencing sexual violence by promoting methodologies that produce nationally representative results that are comparable across countries and time, similar to what the Demographic and Health Surveys have done to document the great improvements in child survival over the past 30 years.

Establishing and sustaining such national surveillance systems to track these core results into the future are feasible. This plan promotes actions to help harness global efforts and build capacity to make this happen.

The plan also calls for measuring specific outcomes within target populations of U.S. Government-funded projects when feasible as well as tracking activities and important project-level outputs. The plan's emphasis on measurement reflects a key requirement of Public Law 109-95 for annual congressional reporting on whole-of-government efforts, including activities, expenditures, and results "in an objective and quantifiable form...to enhance the impact" and "to measure the effectiveness of United States assistance to orphans and other vulnerable children." Important aspects of measurement and accountability that are critical to the success of the plan are described in the Outcomes and Actions section near the end of the document.

## Objective 1. Build Strong Beginnings

“It is easier to build strong children than to repair broken men.”

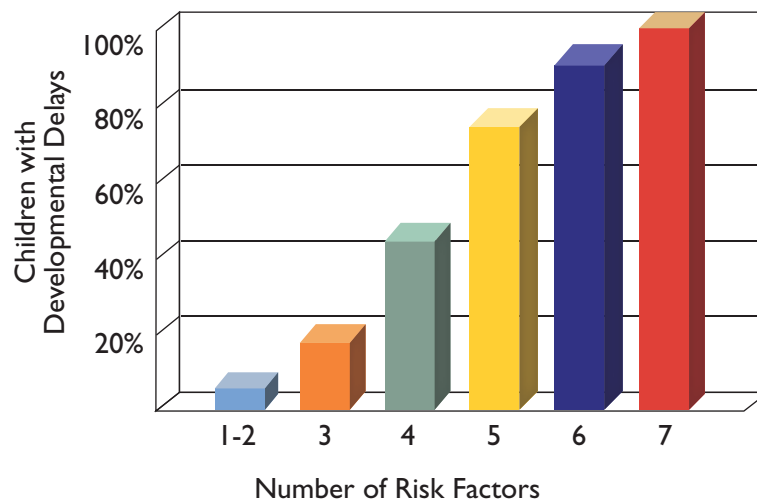
*Frederick Douglass*

**The U.S. Government will help ensure that children under 5 not only survive, but also thrive by supporting comprehensive programs that promote sound development of children through the integration of health, nutrition, and family support.**

In lower- and middle-income countries, an estimated 200 million children under 5 years of age – more than 30 percent of the world’s children – fail to reach their developmental potential, limiting their future ability to contribute to their communities and families or obtain gainful employment.<sup>20</sup> Evidence-based investments early in the lives of children are cost-effective and successful, mitigating the risk factors that cause long-term harm.<sup>21</sup>

Early childhood health and developmental protections,<sup>22</sup> which link the young child’s cognitive, social/emotional, language, and motor development with stable and supportive caregiving, help break cycles of poverty and inequality, particularly among the most vulnerable children.<sup>23</sup> Although not the only time to provide developmental support,<sup>24</sup> return on investment for human capital growth is greatest in children’s early years.<sup>25</sup> Failure to address adversity at this time leads to lifelong deficiencies. Toxic stress, ill health, and chronic undernutrition leave children vulnerable to many risks, impair cognitive function, stunt physical growth, and reduce lifetime earning potential. When children experience responsive relationships – including a secure attachment with a permanent primary caregiver – and an environment rich with stimulation, they are more likely to thrive and grow up to be productive adults.<sup>26</sup>

**Significant Adversity Impairs Development in the First 3 Years**



Data source: Barth, et al. (2008)

Graph courtesy of the Center on the Developing Child at Harvard University

Recognizing the increased health risks for children in adversity, the U.S. Government’s Global Health Initiative, Feed the Future, and the U.S. President’s Emergency Plan for AIDS Relief include goals to develop, evaluate, and implement approaches to reach chronically underserved children. In light of the mounting evidence of the long-term effects of severe adversity in early childhood,<sup>27</sup> comprehensive strategies that incorporate promotion of secure and stimulating relationships, safeguarding against malnutrition during the critical 1,000 days between pregnancy and age 2, and other lifesaving health services are essential to the future success of communities and nations.<sup>28</sup> Programs that are designed to target and support critical periods in development and are scalable to a national level lay the foundation for a healthy society in which children have greater opportunities to grow up as healthy and productive adults.<sup>29</sup>

Below are the specific outcomes that the U.S. Government aims to achieve within targeted subpopulations.

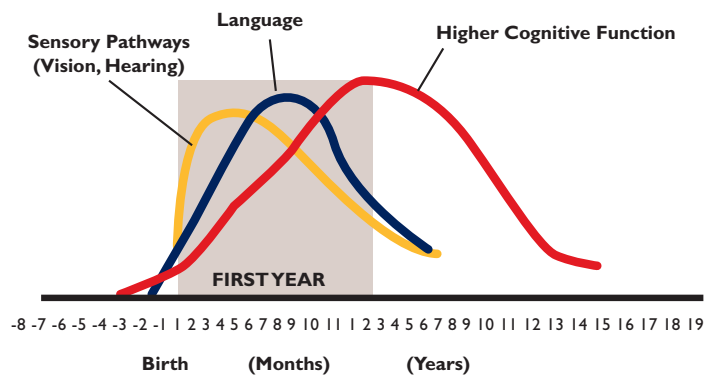
- Outcome 1.1:** The percentage of children achieving age-appropriate growth and developmental milestones is increased.
- Outcome 1.2:** The percentage of children under 5 years of age demonstrating secure attachment with a primary caregiver is increased.
- Outcome 1.3:** The number of U.S. Government-funded programs that integrate health, nutrition, developmental protections, and caregiving support is increased.

To support these outcomes, relevant U.S. Government departments and agencies have committed to taking certain actions, which are listed in the table at the end of this document.

## CHILDREN IN ADVERSITY: THE DAMAGING EFFECTS OF TOXIC STRESS

Major advances in neuroscience, molecular biology, genomics, psychology, and other fields now help us to understand better how significant adversity early in life gets into the body and has lifelong, damaging effects on learning and behavior and both physical and mental health. Chronic or excessive activation of the body’s stress response systems, in the absence of the buffering protection of responsive human relationships, is known as “toxic stress.” The biological consequences of toxic stress on early brain development are no less real than the damaging effects of poor nutrition or exposure to lead. Early interventions in the first 2 to 3 years of life are profoundly important and can reduce the number and severity of adverse experiences and strengthen relationships that protect young children from the harmful effects of toxic stress.<sup>31</sup>

## Human Brain Development Synapse Formation Dependent on Early Experiences (700 per second in the early years)



Data source: C. Nelson (2000); Graph courtesy of the Center on the Developing Child at Harvard University

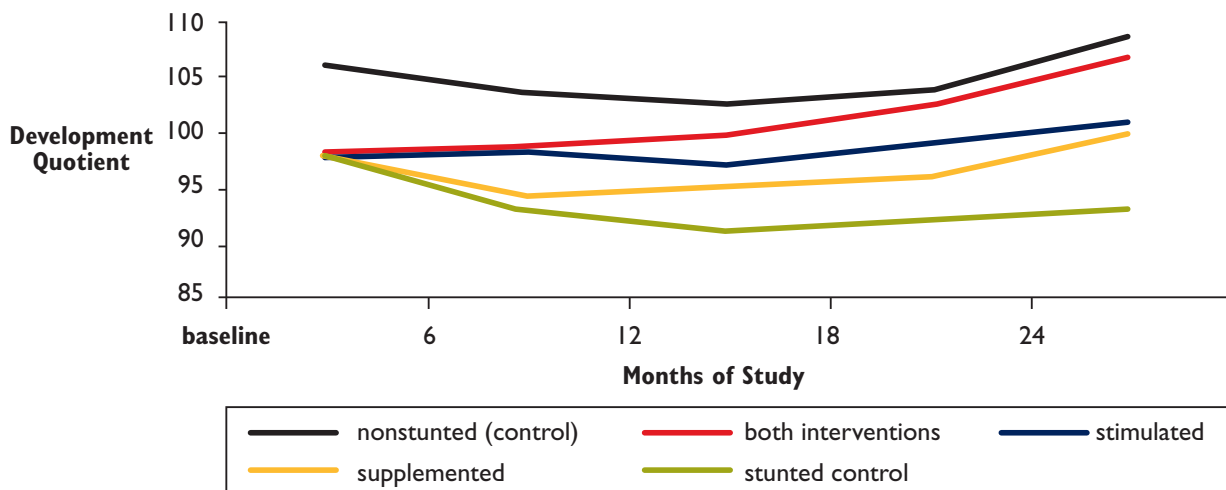
*The development that occurs during the first years of life is critically important for children’s well-being. During this period, the brain has maximum plasticity, and each experience shapes its growth. Exposure to chronic adversity in early life leads to toxic levels of stress and permanent changes to brain architecture. This has damaging effects on learning, behavior, physical, and mental health and ultimately limits future opportunities and perpetuates the cycle of poverty.<sup>30</sup>*

## 1,000 Days

The right nutrition early in life, particularly during the 1,000 days between a woman's pregnancy and her child's second birthday, lays the foundation for a person's lifelong health and future development. The quality of children's nutrition during this critical 1,000 days also has enormous, long-term macroeconomic implications. Child malnutrition is a serious drain on economic productivity – in some cases, it costs as much as 11 percent of a country's GDP – and it imposes staggering health costs on already financially burdened countries.<sup>32</sup> It also undermines the investments we make in all other global health, agriculture, and economic development priorities.

Helen Keller International's (HKI's) YALLANDO KLEYA Child Survival Project (2004-2009) was implemented in the Diffa Region of the eastern part of Niger, an isolated part of the country with extremely high levels of under-5 mortality and child undernutrition, and very little government and NGO assistance. With support from USAID's Child Survival Health Grants Program, HKI built the capacity of health centers and community women's groups to deliver the Essential Nutrition Actions – a core package of high-impact, nutrition-related interventions reinforced with behavior change communications activities. Community radio broadcasts strengthened key messages about optimal nutrition practices. Health workers were trained to provide essential nutrition services and trained community volunteers to counsel mothers so they would adopt more healthful dietary practices during the critical 1,000-day window from pregnancy to age 2. The initiation of breastfeeding within 1 hour of birth increased from 55 percent to 85 percent, while reports of substances other than breast milk given at birth fell from 90 percent to 51 percent. Major increases in exclusive breastfeeding during the critical first 6 months were also reported, and complementary feeding improved as the introduction of appropriate foods to children aged 6 months to 9 months increased from 40 percent to 72 percent. The feeding of vitamin A-rich foods increased markedly, with the proportion of children consuming adequate amounts increasing from 17 percent to 64 percent. The prevalence of anemia among pregnant women fell from 40 percent to 7 percent and from 73 percent to 51 percent among children aged 6 months to 23 months.

Development Quotient (DQ) of Stunted Children Receiving Nutrition Supplement Only, Early Stimulation Only, or Both



Data source: Grantham-McGregor, et al. (1997)

Note: DQ at baseline age (between 9 months and 24 months) and at 6-month intervals to 24 months

*Evidence, like these results from a randomized control trial with stunted children in Jamaica, shows that early childhood interventions that address stimulation in conjunction with nutrition and health services reap higher returns than either alone.<sup>33</sup>*

## The Essential Package<sup>34</sup>

CARE, Save the Children, and the Consultative Group on Early Childhood Care and Development, in conjunction with a multitude of stakeholders in both the early childhood development and HIV fields, spearheaded the development of the Essential Package (EP) to promote integrated programming for vulnerable children and caregivers, linking the provision of health services with targeted support for caregivers. The EP was originally developed for use in sub-Saharan Africa in communities with a high burden of HIV/AIDS, and it is being adapted to various countries and contexts where children are affected by other types of adversity brought on by poverty, conflict, and emergencies.

The Essential Package includes four key building blocks:

1. Fostering positive caregiver-child interaction
2. Using developmentally appropriate approaches to enhance children's overall well-being
3. Supporting linkages to broader systems of integrated care
4. Eliminating barriers to care and support

While implementation is still in the early stages, a 6-month field validation shows compelling results:

- Nearly 100 percent of children in the Zambia programs received needed health services, and primary caregivers knew how to access HIV testing and treatment.
- The percentage of primary caregivers in Mozambique who had suffered acute or chronic illness in the past month dropped from 71 percent to 52 percent, and the percentage of children who were provided play materials by their caregivers increased from 44 percent at the start of the program to 76 percent.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), through the U.S. Agency for International Development (USAID), will be helping to expand implementation of the Essential Package in additional countries in sub-Saharan Africa in 2012–2013.

## Objective 2. Put Family Care First

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“Any proposed programs should respect the primacy of the family.”<sup>35</sup>

*James J. Heckman, Nobel Laureate in Economics*

**U.S. Government assistance will support and enable families to care for their children; prevent unnecessary family-child separation; and promote appropriate, protective, and permanent family care.**

There is universal agreement that optimal support for a child comes from a caring and protective family.<sup>36</sup> *The Convention on the Rights of the Child*,<sup>37</sup> a normative legal framework in countries where U.S. international assistance is applied, affirms that the family has primary responsibility to protect and care for the child and that governments have the responsibility to protect, preserve, and support the child-family relationship. *The Guidelines for the Alternative Care of Children*,<sup>38</sup> welcomed by the U.N. General Assembly on November 20, 2009, emphasize the primacy of the family as the fundamental group of society and the natural environment for the growth, well-being, and protection of children. The guidelines indicate that efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents or, when appropriate, other close family members.

Strengthening families is a first priority. Supporting impoverished families struggling to provide care may involve increasing their income-generation potential, providing cash transfers, or linking families to appropriate treatment or psychosocial support. Making primary education equally accessible for girls and boys, safe, and genuinely free has impact. Household poverty and the cost of education can be significant factors in a parent’s decision to place a child in institutional care, exploitive labor situations, or early marriage. Treatment for a parent’s alcohol or substance abuse and HIV prevention and AIDS treatment, when needed, are fundamentally important interventions, as they preserve the lives of parents and caregivers.<sup>39</sup> Educating caregivers about protective care helps to prevent children from being exploited, abused, or neglected and to ensure that children’s nutrition and education needs are met.

Below are the specific outcomes that the U.S. Government aims to achieve within targeted sub-populations.

**Outcome 2.1:** The percentage of children living within appropriate, permanent, and protective family care is increased.

**Outcome 2.2:** The percentage of children living in institutions is reduced.

**Outcome 2.3:** The percentage of families providing adequate nutrition, education opportunities, care, and protection for their children is increased.

To support these outcomes, relevant U.S. Government departments and agencies have committed to taking certain actions, which are listed in the table at the end of this document.

## DATA ON ORPHANS AND ORPHANAGES

- The U.N. defines an “orphan” as a child who has lost one or both parents. According to this definition, there are 153 million orphans worldwide, of which 17.8 million have lost both parents. More than 88 percent of “orphans” have a living parent.<sup>40</sup>
- Most orphaned children continue to live in families – typically with a surviving parent or sibling or members of their extended family.<sup>41</sup>
- The number of “orphanages” or residential institutions and the number of children living in them is unknown. Reportedly low estimates indicate that anywhere between 2 million and 8 million children are in institutional care.<sup>42</sup> Studies suggest that a significant percentage of children in orphanages have one or both living parents.<sup>43</sup> Most children living in institutions have been placed there due to extreme poverty or disability rather than parental death or abandonment.<sup>44,45</sup>
- Institutionalization can lead to serious developmental, emotional, and social problems.<sup>46</sup>
- Placing children in protective family care results in better outcomes and is significantly less expensive than institutional care.<sup>47</sup>

### Keeping Children in Families in Russia

More than 2,150 institutions house almost 100,000 children aged 4 to 16 in Russia. Additionally, 15,000 infants and toddlers ages 0 to 4, 80 percent of whom have developmental delays, reside within “baby homes.” Approximately 90 percent of Russia’s 700,000 registered orphans have at least one living parent, yet the inflow of children into orphanages has remained stable for years.

To support efforts to prevent child abandonment and shift away from institutionalization, USAID supports child welfare projects focused on early crisis intervention and case management. One program, Compass for Childhood, also addresses the underlying causes of child abandonment: poverty, unemployment, and disability discrimination.

The results are promising. In Siberia, the number of infants abandoned has been reduced by 58 percent. In other priority regions, the number of abandoned children has decreased by 46 percent, and the number of children in family care has increased by 120 percent. The Government of Russia has calculated that each prevented abandonment results in \$5,000 per year in cost savings.

### Safely Reintegrating Children Living on the Street

Street children around the world are particularly vulnerable to human trafficking because they lack social and family support. The U.S. Department of State Office to Monitor and Combat Trafficking in Persons funds Casa Alianza to provide phased-in support to help children reintegrate into their families and communities. Located in Mexico City, Casa Alianza uses a four-pronged approach, including education, public policy advocacy, legal assistance, and a residential shelter. This comprehensive and individualized approach helps to restore the physical and mental health of children while providing them with income-generating skills and legal support. The best interests of the child guide every effort, beginning with a risk assessment to determine the feasibility of family reintegration. To help children transition into family life, Casa Alianza conducts pre-reintegration visits monitored by a trained staff person. Once the child is returned to his or her family, a minimum follow-up of 2 years allows for continued support and services as well as the identification of children at-risk of being re-trafficked. If it is determined that it is not in a child’s best interest to rejoin his or her family, Casa Alianza identifies alternative long-term care solutions. In 5 years, nearly 90 percent of children served by Casa Alianza have been successfully reintegrated into their communities and protected from the dangers of living on the streets.

## Responding to the Needs of Children Outside of Family Care in Emergencies

Conflict and disaster impact hundreds of millions of persons around the globe each year, half of whom are children. Emergencies increase children's vulnerability to death, injury, illness, violence, exploitation, abuse, trafficking, and separation from their families.

Prevention of and response to such complex and critical issues require a coordinated effort among a range of humanitarian entities, including U.N. agencies, national government bodies, nongovernmental organizations, and donors. Those on the ground are able to draw on proven and effective global standards to inform their work, including the *Inter-Agency Guiding Principles on Unaccompanied and Separated Children* and the *Guidelines for the Alternative Care of Children*. These standards provide detailed guidance on identification, documentation, family tracing, verification, reunification, and follow-up. As one of the largest donors to child protection programming globally,<sup>48</sup> the U.S. Government has played a critical role in making the following important processes and programs available to children affected by conflict and disaster.

- Within the 6 months following the Asian tsunami, humanitarian partners in Aceh helped to identify close to 3,000 separated and unaccompanied children and reunite nearly 2,500 of them with their relatives.<sup>49</sup>
- Tracing and family reunification were conducted throughout the 12 years of war in Sierra Leone, and UNICEF reports that of the children who remained separated at the end of the war (including former child soldiers), 98 percent were reunited with their immediate or extended families.<sup>50</sup>
- Following the Rwandan crisis of 1994, more than 100,000 children were registered as unaccompanied. Nearly half of these children were reunited with their families as tracked through a centralized database. Reports indicate that many more were reunited through informal systems.<sup>51</sup>

## Economic Strengthening – Plus<sup>52</sup>

*Research has helped to identify a combination of interventions that effectively lift vulnerable households out of poverty and improve caregiving environments, resulting in positive and measurable outcomes for children in Burundi.*

USAID funded a project that incorporates a 3-year randomized impact evaluation in Burundi to explore two intervention pathways: increasing household wealth and improving caregiver-child relationships to expand the evidence base behind strategies intended to increase developmental protections for children affected by poverty and armed conflict. The impact evaluation, requested by the solicitation for proposals, was designed into the project.

The 3-year evaluation process is testing a village savings and loans association (VSLA) intervention to strengthen households' economic status and, for a randomly selected group of VSLA participants, an added family-based discussion component (VSLA-Plus). Two questionnaires were created: one for adult caregivers and a separate one for children, administered at baseline (2010), mid-term (2011), and end-line (planned for later in 2012). Highlights from the mid-term evaluation are below.

- Participation in VSLA and VSLA-Plus increased consumption expenditures, a key indicator of welfare, by more than 20 percent in rural regions of Africa, where most people do not earn any income or have highly irregular incomes. As a result, VSLA participation led to a 14 percent reduction in the percentage of families living below the poverty line, and household assets increased roughly to the equivalent of "an extra head of cattle."
- Participation in VSLA-Plus reduced harsh discipline by up to 64 percent. Households that participated in the VSLA-Plus intervention showed a 20 percent reduction in verbal discipline and a 50 percent drop in hitting children. Hitting with a stick or another hard object fell by 64 percent.
- Participation in VSLA-Plus increased child well-being and protection by 20.5 percent. While the aggregate well-being score did not change in the control households, the child survey indicated a 6 percent increase in VSLA-only households and 20.5 percent for children whose parents also benefited from the VSLA-Plus modules. Adding the VSLA-Plus component also decreased children's distress and aggression and reduced the incidence of family problems (reported intoxication of family members, violence among family members, adult family members selling household property without consent).

Overall, results from the mid-term evaluation are encouraging. The household economic strengthening activities have increased both financial and physical assets, and there are clear, positive results indicating that adding the family discussion sessions improved the protection, development, and well-being of vulnerable children in postconflict Burundi. The findings support efforts to scale up these interventions.



## Objective 3. Protect Children from Violence, Exploitation, Abuse, and Neglect

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“Safety and security don’t just happen; they are the result of collective consensus and public investment. We owe our children, the most vulnerable citizens in our society, a life free of violence and fear.”

*Nelson Mandela*

**The U.S. Government will facilitate the efforts of national governments and partners to prevent, respond to, and protect children from violence, exploitation, abuse, and neglect.**

Evidence shows that violence against and exploitation of children and women – which often occur together and share common risk factors<sup>53,54</sup> – can be prevented.<sup>55</sup> Children who witness violence are significantly more at risk for health problems, anxiety disorders, poor school performance, and violent behavior. Women who experience violence from their partners are less likely to earn a living and less able to care for their children.<sup>56</sup> In the same way that public health efforts have prevented and reduced pregnancy-related complications, infant mortality, infectious diseases, and illnesses, the factors that contribute to violent and abusive responses – attitudes and behavior or social, economic, political, and cultural conditions – can be changed.<sup>57</sup> There are strong relationships between levels of violence and exploitation and modifiable conditions, including:

- Developing safe, stable, and nurturing relationships between children and both male and female parents and caregivers
- Strengthening the economic status of households and involving both female and male caregivers
- Increasing equitable access to essential services
- Reducing access to and use of alcohol, illegal drugs, and weapons
- Developing life skills in children and youth and facilitating second chance opportunities that build resilience and leverage assets
- Promoting gender equality to prevent violence against girls and women
- Changing cultural norms and social attitudes that promote violence, especially by integrating violence prevention efforts into a broad range of sector programs
- Supporting care and support programs for survivors and initiatives to reverse under-reporting of violence, exploitation, abuse, and neglect
- Reducing the stigma and discrimination faced by children with disabilities

Protection interventions aim to prevent children from experiencing violence, exploitation, abuse, and neglect and respond to those who have survived such experiences. Interventions are supported and implemented by families, community and youth groups, governments, traditional leaders, teachers, social workers, nongovernmental organizations, faith-based groups, multilateral organizations, donors, and even children themselves. Effective interventions build on children’s and caregiver’s strengths and participation and consider the ways in which risks and opportunities vary according to sex; age; and social, cultural, and environmental contexts. Adults in caregiving roles have a fundamental influence on a child’s coping abilities, as do peer and community support and acceptance.<sup>71</sup> Individual, familial, and community sources of support are increasingly recognized as central to supporting child protection and well-being in low-income settings.<sup>72</sup>

## Rescuing Children from Hazardous Work in Garbage Dumps

In Ecuador, for many years children worked in garbage dumps where they were exposed to toxic substances and the risk of physical injuries and disease. In 2007, the Government of Ecuador announced a national goal to eliminate child labor in city garbage dumps as the first form of child labor to be eradicated in the country.

Since 1998, projects funded by the U.S. Department of Labor (USDOL) have worked to strengthen Ecuador's national capacity to combat child labor. These projects have improved data collection on child labor, strengthened inter-institutional coordination, trained authorities on child labor laws and issues, designed and implemented awareness-raising campaigns, facilitated the incorporation of child labor into institutional agendas, created a special unit for monitoring and inspection of child labor as part of the National Child Labor Steering Committee as well as a system of community oversight, and improved access to and quality of education for out-of-school children and children at risk of dropping out of school to work.

Building upon these previous efforts, governmental, private sector, and civil society organizations undertook a collaborative and comprehensive approach to eliminating child labor in garbage dumps by conducting increased inspections for child labor in landfills. They also guaranteed access to educational, health, and recreational services. A 2008 baseline survey found about 2,000 children across the country to be working in garbage dumps. During 2010–2011, 2,160 children and adolescents who were found working in landfills were provided with a variety of services to keep them out of work and to increase life opportunities. In May 2011, the government conducted inspections across the country and found no children working in garbage dumps. Although civil society organizations assisted with the initial implementation and with linking children to relevant services, the government is now responsible for ensuring children remain out of work in landfills and has established a protocol to maintain garbage dumps without child labor by removing and assisting children or adolescents who are found working there. Local governments are responsible for the continual monitoring of landfills to ensure that children do not return to work there.

The Interagency Committee on Child Labor systematically documented the elimination of child labor in garbage dumps and developed guidelines, so the strategy could be applied to other forms of child labor in Ecuador and other countries. Furthermore, a USDOL-funded project in Peru has recently facilitated an exchange of this positive experience with government officials from Peru and Bolivia to aid in applying these strategies in these countries.

Protection must be closely linked with other sectors, particularly health, education, labor, social welfare, security and justice, and emergency and humanitarian response. This concept of integration is key not only within this document, but also the National Action Plan on Women, Peace and Security; the National Strategy to Prevent and Respond to Gender-Based Violence Globally; and the USAID Counter-Trafficking in Persons Policy. In order to fully tackle issues of violence, exploitation, abuse, and neglect of populations, U.S. Government actors and external partners will work in a collaborative manner to ensure that mutually reinforcing interventions are established.

Below are the specific outcomes that the U.S. Government aims to achieve within targeted subpopulations.

- Outcome 3.1:** The percentage of children who experience violence, exploitation, abuse, and neglect is reduced.
- Outcome 3.2:** The percentage of children who receive appropriate care and protection after experiencing violence, exploitation, abuse, or neglect is increased.
- Outcome 3.3:** The percentage of target population that views violence, exploitation, abuse, or neglect of children as less acceptable after participating in or being exposed to U.S. Government programming is increased.
- Outcome 3.4:** The percentage of countries that ratify and implement relevant conventions or formally adopt internationally recognized principles, standards, and procedural safeguards to protect children from violence, exploitation, abuse, and neglect is increased.

To support these outcomes, relevant U.S. Government departments and agencies have committed to taking certain actions, which are listed in the table at the end of this document.

## Safe Schools<sup>73</sup>

USAID's Safe Schools initiative in 60 communities in Ghana and Malawi significantly reduced school-related gender-based violence while also supporting the longer-term goal of improving educational attainment and reducing negative health outcomes for children. As a result of the initiative:

- Teachers were more aware of how to report a violation related to school-related gender-based violence. Prior to the Safe Schools program, 45 percent were aware of reporting procedures. After the intervention, more than 75 percent knew how to report a violation.
- Teachers' attitudes toward acceptability of physical violence changed. In Malawi, prior to the intervention, 76 percent of teachers believed whipping boys was unacceptable; afterwards, approximately 96 percent of teachers believed it was unacceptable.
- Teachers' awareness of sexual harassment of girls and boys at school increased. In Ghana, prior to project involvement, roughly 30 percent of teachers agreed that girls could experience sexual harassment at school. As a result of the program, that number increased to nearly 80 percent. Teachers' belief that boys could experience sexual harassment increased from 26 percent to 64 percent.
- Students became more aware of their right not to be hurt or mistreated. In Ghana, the percentage of students agreeing with the statement "You have the right not to be hurt or mistreated" increased from 57 percent to 70 percent.

The Safe Schools pilot was scaled up to include activities in the Dominican Republic, Senegal, Yemen, Tajikistan, and the Democratic Republic of the Congo and programs are ongoing. To further expand coverage, USAID formed a partnership with the Peace Corps to use the Safe Schools materials and train volunteers on how to create a safe classroom environment, integrate gender-equitable practices into teaching and classroom management, and promote primary school reading.

## CHILDREN'S EXPOSURE TO VIOLENCE, EXPLOITATION, AND ABUSE

Violence against children is pervasive, particularly in settings where children should be safe and protected, including homes and schools.

- Critically large numbers of children – 150 million girls and 73 million boys – have experienced forced sexual intercourse or other forms of sexual violence.<sup>58</sup>
- It is estimated that females are 58 percent of trafficking victims and 98 percent of sexual exploitation victims.<sup>59</sup>
- Approximately 115 million children are engaged in hazardous work,<sup>60</sup> and 5.5 million children are in forced labor.<sup>61</sup> Children in rural areas – girls in particular – begin agricultural labor as young as 5 to 7 years old.<sup>62</sup>
- More than 13 million children are internally displaced as a result of conflict or persecution.<sup>63</sup>
- Armed conflict is robbing 28 million children of an education by exposing them to widespread sexual violence, targeted attacks on schools, and other abuses.<sup>64</sup>
- An estimated 300,000 children are associated with armed forces or groups.<sup>65</sup>
- Between 133 million and 275 million children worldwide are estimated to witness domestic violence annually.<sup>66</sup>
- Approximately one-third of all children experience severe discipline at home.<sup>67</sup>
- Roughly one-third of women 20 to 24 years of age in the developing world were married as children.<sup>68</sup>
- The prevalence of female genital mutilation varies significantly from country to country, from nearly 98 percent in Somalia to less than 1 percent in Uganda.<sup>69</sup>
- In South Africa, 32 percent of disclosed rape cases experienced by children under 15 years of age found school teachers to be responsible.<sup>70</sup>

## Together for Girls

Launched in 2009, Together for Girls (TfG) is a unique partnership that brings together the private sector, including the Nduna Foundation, BD (Becton Dickinson and Company), the CDC Foundation, and Grupo ABC; five United Nations organizations: UNICEF, UNAIDS, UNFPA, UN Women, and WHO; and the U.S. Government through the U.S. Centers for Disease Control and Prevention (CDC), PEPFAR, USAID, Peace Corps, and the Departments of State and Defense. The partnership focuses on three pillars:

1. Conduct national surveys and collect data to document the magnitude and impact of sexual violence.
2. Support coordinated program actions informed by data at the country level with interventions tailored to address sexual violence focused on girls but also boys.
3. Lead global advocacy and public awareness efforts to draw attention to the problem and promote evidence-based solutions.

Since 2009, National Violence against Children Surveys have been completed in four countries: Kenya, Swaziland, Tanzania, and Zimbabwe. One is currently under way in Haiti. Additional countries in Asia, Africa, and the Caribbean have initiated the process or expressed interest. Most importantly, cooperative efforts bolstered by the results of the national surveys have resulted in local investment and progress, and working with governments and civil society, TfG is taking practical and effective steps to stop sexual violence against children.

Survey results in Swaziland indicated that one-third of girls had experienced sexual violence as a child. This and other data from the survey led to critical actions, such as introduction and passage of legislation on violence and sexual offenses, establishment of child-friendly courts for testimony on sexual violence, and integration of sexual offense units trained to work with children in 75 percent of police stations in the country. Significant actions driven by the Tanzania survey results are on page 19 of this Action Plan.

## Objective 4. Strengthen Child Welfare and Protection Systems

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“American assistance has saved millions of lives and helped people around the world provide a better future for their children, but we have too often focused on service delivery rather than systematic change. . . . We are changing the way we do business, shifting from aid to investment – with more emphasis on helping host nations build sustainable systems.”

*Leading through Civilian Power: The First Quadrennial Diplomacy and Development Review, 2010*

### The U.S. Government will support partners to build and strengthen holistic and integrated models to promote the best interests of the child.

Effective and well-functioning child welfare and protection systems are vital to a nation’s social and economic progress,<sup>74</sup> enabling children to access essential services – such as birth registration programs, education and health cost waivers, and social protection programs, including cash transfers and social insurance – and to exercise basic rights.<sup>75</sup> Protection services prevent and respond to child abuse, exploitation, and neglect, both within and outside the home, and include assistance intended to educate and support parents and caregivers, strengthen community protection mechanisms, facilitate investigations into allegations of abuse and neglect, and provide appropriate care for children separated from their families of origin. Child welfare and protection supports families and promotes the capacity of communities to care for and protect children.

Strong child welfare and protection systems are as important to the success of U.S. development programs as are strong health systems. In many countries, child welfare and protection systems are neglected, understaffed, and under-resourced. The human resource constraint is critical.<sup>76</sup> Even in disaster settings, opportunities exist to build and strengthen these systems.

Below are the specific outcomes that the U.S. Government aims to achieve.

- Outcome 4.1:** The percentage of children who have legal documentation and birth registration is increased.
- Outcome 4.2:** The number of laws, policies, and practices in partner states that promote and strengthen child welfare and protection at household, community, and national levels is increased.
- Outcome 4.3:** National and local human resource capacity for child welfare and protection is increased.
- Outcome 4.4:** The number of national and community systems effectively monitoring child welfare and protection concerns, programs, and outcomes is increased.

To support these outcomes, relevant U.S. Government departments and agencies have committed to taking certain actions, which are listed in the table at the end of this document.

## **ALL CHILDREN COUNT, BUT NOT ALL CHILDREN ARE COUNTED**

Birth registration is imperative for governments to create and monitor national population statistics. Improved birth registration records contribute to statistical data that are crucial for planning, decision making, and monitoring actions and policies aimed at promoting a culture of protection for children.

- In less developed countries, only half of children under 5 have their births registered.
- Non-registration is most prevalent in sub-Saharan Africa and South Asia, where over 64 percent of children under 5 do not have their birth registered.
- For Asia and the Pacific, the Middle East and North Africa, and the Latin America/Caribbean region, the rates of children who are not registered by their fifth birthday are 29 percent, 23 percent, and 10 percent, respectively.<sup>77</sup>

## **What Is a Child Welfare and Protection System?**

A well-functioning child welfare and protection system has the following:

- Strong leadership and governance, including strong policies, legislation, and regulations
- Effective coordination and networking mechanisms to ensure commitment and collaboration among key stakeholders, leaders, sectors, and services
- Good service models and delivery mechanisms for identifying vulnerable children, supporting child well-being, and preventing and responding to abuse, exploitation, neglect, and family separation
- Adequate financing to ensure continuity and sustainability of services
- Effective information management and accountability systems
- A well-performing workforce

Child welfare and protection systems can also be understood as having formal and informal components, which may not always connect or coordinate. In some countries, coordination between the more formal, national, or government-led elements of the system (e.g., laws, policies, finance, workforce, etc.) and the more informal is complicated by a difference in values, beliefs, and expectations.

## **Strengthening the Social Welfare Workforce**

Over the past 6 years, PEPFAR has provided critical support to more than 4 million children, most of whom live in sub-Saharan Africa. There has been a growing interest in strategies to strengthen primarily health systems and social welfare systems. PEPFAR has funded several social welfare workforce assessments, training programs, and other projects. Additional initiatives supported by UNICEF, DFID, and others have contributed to the development of a growing body of knowledge and resources to support efforts to strengthen the social welfare workforce and systems in sub-Saharan Africa. The results of these initiatives indicate that successful efforts require a multifaceted approach, including strategies to improve planning for, development of, and support to the social welfare workforce. Some results include:

- In Malawi, the Ministry for Gender, Children and Community Development is establishing separate Departments of Gender Affairs, Child Development, Community Development, and Social Welfare. Mozambique is seeking to fill social work vacancies. In Zimbabwe, the Council of Social Work is working closely with the Department of Social Services to operationalize by-laws allowing private social workers to carry out specific statutory functions previously carried out by public social workers, which would enhance the capacity of the public social welfare workforce without establishing new public social service posts.
- Several countries have introduced new social work certificate, diploma, and degree programs. In Mozambique, a new certificate-level training program for community workers has been translated into Portuguese, endorsed by the Ministry of Social Action, and submitted to the National Accreditation Board. Malawi is in the process of finalizing a social work diploma and degree programs. South Africa is likewise launching a new Child Care Worker Degree program. The Regional Psycho-social Support Initiative has developed a new diploma program for community-based work with children and youth, modeled after its certificate-level Situated Supported Distance Learning Program.
- The Tanzanian Association for Social Workers and other key stakeholders have formed a task force with the intention of developing a social work council to regulate social service professions. In Uganda, the National Association of Social Workers has likewise been revived and supported to register and mobilize members as well as to assess and monitor the workforce size, categories of occupations, and training.

## Mapping and Assessing National Child Protection Systems

Numerous countries around the world have recently completed or launched a mapping and assessment of their national child protection systems to understand better the formal and informal mechanisms that prevent and respond to child violence, abuse, exploitation, and neglect. Approximately, 18 countries in eastern and southern Africa have been mapping and assessing their child protection systems, often with UNICEF or NGO support. These analyses have focused on the policies, structures, practices, and resources available within national and community-level child protection systems, showing significant variability between and within regions, as well as differences between urban, peri-urban, and rural environments and in humanitarian contexts.

- Kenya's mapping and assessment of its child protection system<sup>78</sup> found that the formal sector is becoming an increasingly important part of child protection through the creation of Area Advisory Councils that represent multiple stakeholders (formal and informal) and the aggressive expansion of its network of child protection officers. Kenya has accordingly prioritized its downstream child protection efforts around related policy reforms, human resources training, and capacity to improve service delivery, strengthened system coordination and organization, information and advocacy efforts, and increased capacity of the justice system to respond appropriately to children's needs.
- Somaliland used its 2011 mapping and assessment process to establish a single coordinating task force to address child protection priorities, with a heavy focus on community dialogue, knowledge management and capacity building, and improved service delivery.<sup>79</sup>
- Malawi, Tanzania, Zambia, and others have developed community-based programs that also have strong engagement and involvement of the formal sector through human resources strengthening, improved information and advocacy efforts, and the development and scaling up of different service models.<sup>80</sup>

Mapping done in five West African countries (Côte d'Ivoire, Ghana, Niger, Senegal, and Sierra Leone) found that "there appears to be a significant disconnect between the formal systems and the beliefs and practices of communities about ways to protect children." It also found that "endogenous community practices are their primary reference when responding to child protection issues."<sup>81</sup>

## Working to Ensure the Best Interests of the Child in Intercountry Adoption: Haiti

The United States strives to ensure that all intercountry adoptions take place in the best interests of the child, and that effective safeguards are in place to prevent the abduction or sale of children for the purpose of adoption.

In the aftermath of the 2010 earthquake, the United States joined a multilateral initiative to encourage Haiti to join the Hague Adoption Convention and to implement Convention-consistent adoption procedures. This international attention on Haitian adoptions has encouraged Haitian officials to focus on issues related to orphan vulnerabilities and safeguards. In March 2011, Haiti signed the Convention and has expressed its intent to ratify in the near future. The United States continues to work with other countries and the Hague Permanent Bureau to encourage Haiti to pass and implement adoption reforms in order to ensure that intercountry adoption remains an option for Haitian orphans.



# Objective 5. Promote Evidence-Based Policies and Programs

“How you gather, manage, and use information will determine whether you win or lose.”

*Bill Gates, Co-founder of Microsoft*

The U.S. Government will devote resources to building and maintaining a strong evidence base on which future activities to reach and assist the most vulnerable children can be effectively planned and implemented. This evidence base will assist in the cost-effective utilization of program funds as well as the monitoring and evaluation of program effectiveness and long-term impact on children.

Often, it takes credible statistics to get political leaders to take notice, and most importantly, to act. A driving factor behind action is the foresight to collect and use representative surveillance data in policy decision making and sustained funding commitments. These ongoing measurement activities identify and assess the characteristics of at-risk children (and their families) and those in need of immediate response. Such data are required for tracking trends and effectively uncovering the root causes of children’s vulnerability. They also inform the design of meaningful interventions and impact evaluations and help highlight lessons learned, which programs use to make them more responsive and efficient. Common approaches and consistent measurement variables – coupled with high-level core indicators that cut across projects and are tracked over time (e.g., reduction in child-family separation and increased number of children placed in appropriate, protective, and permanent family care) – will enable data comparisons and potentially produce more broadly applicable results.

Well-designed nationally representative prevalence studies, ongoing surveillance systems, and outcome evaluations, especially those that measure long-term impacts, could better inform interventions. Measurement methods exist today to illuminate even hidden situations, such as children outside of family care and sexual violence against and exploitation of children. Capacity to use such methods is being developed by the U.S. Government, universities, international organizations, and others in the countries where the need is greatest.

Supporting national researchers in ethical operational research and enhancing their capacities over time is a further priority activity as is working with universities to develop program curricula to enhance the knowledge and skill sets of current and future practitioners.

The U.S. Government will lead efforts to fill critical gaps in the evidence base and available methodological tools, recognizing the importance of always collecting sex- and age-disaggregated data; provide direct support to promising efforts in this area on the part of partners; and complement the work of other organizations, institutions, and coordination groups.

Below are the specific outcomes that the U.S. Government aims to achieve.

**Outcome 5.1:** The number of prevalence studies that measure and track trends in children’s exposure to violence, exploitation, abuse, and neglect is increased.

**Outcome 5.2:** The number of published (easily searchable) outcome/impact evaluations on interventions to assist children outside of family care or minimize exposure to violence, exploitation, abuse, and neglect that can be generalized to larger target groups is increased.

**Outcome 5.3:** The number of national governments and universities leading rigorous data collection, research, and monitoring and evaluation studies related to child welfare and protection is increased.

**Outcome 5.4:** The number of U.S. Government-supported interventions for children in adversity designed using data from rigorous research methodologies is increased.

To support these outcomes, relevant U.S. Government departments and agencies have committed to taking certain actions, which are listed in the table at the end of this document.

## The Violence against Children Study in Tanzania A Powerful Catalyst for Action

The United Nation's World Report on Violence against Children, completed in 2006, was the first global study on all forms of violence against children. The report made it clear that the drivers of violence are culturally and locally constructed and placed responsibility on individual states to develop appropriate strategies of response, including "to develop and implement systematic national data collection and research." Swaziland was the first country to respond with a national study on violence against children, the first population-based survey of its kind measuring sexual violence against girls.<sup>85</sup> Tanzania was the second country to conduct such a survey, expanding the scope of violence to physical and emotional and including boys (TVACS 2009).<sup>86,87</sup>

Main findings from the Tanzania study are shown in the figure. Perpetrators of sexual violence before the age of 18 included neighbors and strangers, and approximately one in 10 girls reported a teacher. Nearly two-thirds of females reported being victimized by someone who was 10 or more years older. Nearly two out of three females and males experienced physical violence by relatives and more than half by teachers. The majority of physical violence prior to age 18 was by fathers and mothers. Among those who experienced emotional violence, almost eight out of 10 females and more than six out of 10 males reported a relative. Most of the perpetrators of violence against children are near and known to them, and most of the places the violence happens are their homes and at school.

Tanzania's national survey has made it painfully visible that violence against girls and boys is a significant threat to the nation's health and well-being. Young adults in the survey, aged between 18 and 24, clearly indicated that their experience of sexual abuse as a child had an impact on their emotional and physical well-beings as adults. The survey demonstrated that young adults who had experienced sexual violence were more likely to engage in risk-taking behavior in relation to HIV: having multiple partners, not using condoms, and engaging in commercial sex work. The findings are remarkably similar to those found in Swaziland 2 years prior, providing the first indications of what experts suggest may be a global trend.

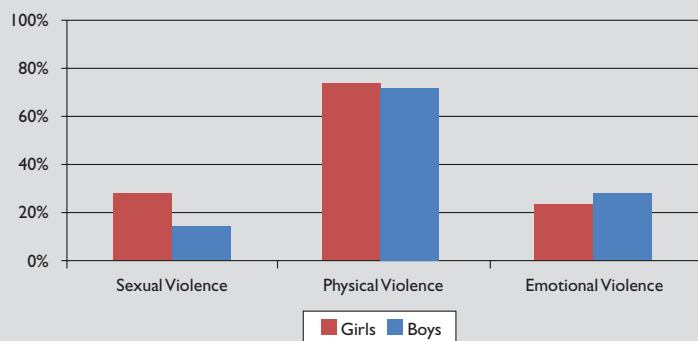
*The single most important outcome of this research is the evidence it produced to stimulate the action.*

During the planning phase of the study, a Multi-Sector Task Force (MSTF) was formed, including government, civil society, and development partners, to guide the research and help steer its findings into action. The Ministry of Community Development, Gender and Children led the MSTF, ensuring national ownership and oversight. In Zanzibar, a similar task force was established. The strong government leadership is playing a critical role in building support for a comprehensive national prevention and response plan to minimize violence against children.

Through the MSTF's recommendations, the government is preparing to implement comprehensive and coordinated plans of action for justice and police, the health sector, education, social welfare and community development, state and civil society partnerships, and local government service delivery. Plans are also being drawn to embark on national public awareness campaigns.

While it would be presumptuous to attribute directly all of these positive developments solely to the prevalence survey on violence against children, the results from the study were a strong catalyst and used to advocate for funding for many of the plans and programs. In addition, the foundation and technical expertise are in place to repeat the survey over time. This will be critical to evaluate and show the national impact that such a major investment and restructuring by the government and its partners have on children's health, safety, and well-being.

Sexual, Physical, and Emotional Violence Experienced in Childhood Reported by 13 to 24 year olds (TVACS 2009)





## U.S. Government Evidence Summit on Protecting Children Outside of Family Care

The U.S. Government Evidence Summit on Protecting Children Outside of Family Care, held December 12–13, 2011, in Washington, D.C., was an interagency initiative under Public Law 109-95. The overarching goal of the summit was to provide expert review of the evidence on effective systems to identify, assess, assist, and monitor children outside of family care in lower- and middle-income countries, including those living on the streets or in institutions, separated as a result of conflict or disaster, or exploited or trafficked for their labor or for sex. The summit focused on four focal questions:

- What systems/strategies are most effective in identifying and enumerating children outside of family care?
- What are the most effective systems/strategies/interventions to assess and address the immediate needs of children outside of family care?
- What systems/strategies/interventions are effective for sustainable long-term care and protection of children with a history of living outside of family care?
- What models, systems, and strategies demonstrate efficacy, effectiveness, and/or sustainability for monitoring children who are or were outside of family care and/or for evaluating the impact of the programs and systems intended to serve them?

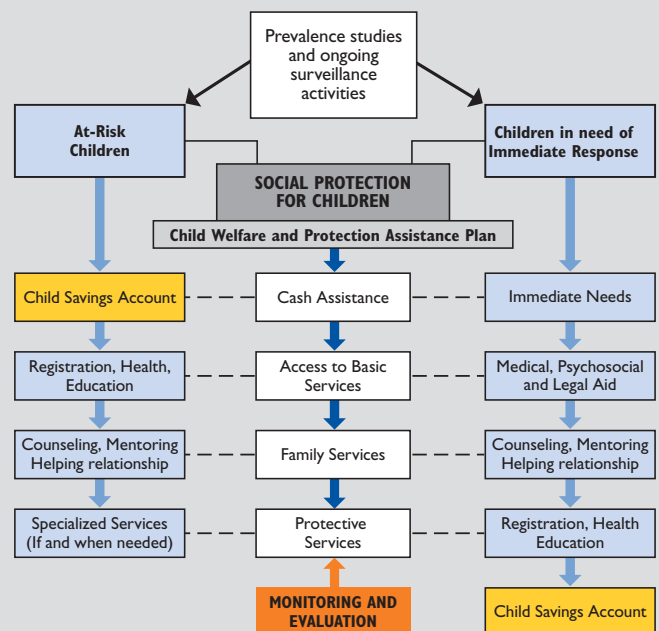
The summit brought together more than 150 leading researchers and technical experts from universities and international and nongovernmental organizations as well as U.S. Government policy makers and programmers from multiple departments and agencies. Evidence review teams comprised a multidisciplinary expert group of researchers, evaluators, and program managers. Prior to the summit, four multidisciplinary teams systematically reviewed evidence available in peer-reviewed literature and program evaluations and then drafted a paper addressing one of the four focal questions. Papers from the summit have been accepted for publication in a special section of *Child Abuse and Neglect: The International Journal*.

Key results of the summit included 1) clarity on evidence to inform policies, strategies, and programs relevant to protecting children outside of family care in lower- and middle-income countries and 2) identification of evidence gaps to shape the research agenda. In addition, the summit process and results have fed directly into the development of the U.S. Government Action Plan on Children in Adversity, as per the commitment made by 10 senior interagency leaders at the summit.<sup>82</sup>

## From Measurement to Action: Conditional Cash Transfers within a Child-Centered Welfare and Social Protection System

Large numbers of children in Indonesia live in poor households, putting them at heightened risk of abuse, neglect, exploitation, and violence, in addition to limiting their education opportunities and access to adequate nutrition and health care. Government-sponsored prevalence studies and surveillance activities show nearly half of Indonesian children between the ages of 13 and 18 are not in school. Three million are engaged in hazardous child labor. Between 80,000 and 100,000 women and children fall victim to sexual exploitation or are trafficked for such purposes each year. Thirty percent of commercial sex workers are under the age of 18, with many as young as 10. Twelve percent of girls are forced to marry at or under the age of 15. At least 3 million women and children become victims of violence every year, yet only 20,000 receive proper medical, legal, and social assistance.<sup>83</sup>

In response to the realities these data expose, the Government of Indonesia, supported by the USAID-funded Center for Child Protection, is proactively introducing a systems-building approach to child protection, emphasizing preventive measures from a broad social welfare perspective, recognizing the impact of poverty and social exclusion on the ability of families and communities to care for their children. The intent is to promote social assistance and services to prevent family disruption and support child-focused family coping strategies. One central component of this approach is the institutionalization of cash transfers targeting caregivers of vulnerable children. The conditions focus on supporting the needs of children. An overview of the system is presented in the figure.<sup>84</sup>



## Objective 6. Integrate This Plan within U.S. Government Departments and Agencies

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“A modern architecture that elevates development and harnesses development capabilities spread across government in support of common objectives.”

*Presidential Policy Directive on Global Development (Pillar III)*

**The U.S. Government will institutionalize and integrate the components of this plan in its diplomatic, development, and humanitarian efforts overseas.**

U.S. international assistance to children is substantial and channeled through more than 30 offices in seven U.S. Government departments and agencies – the U.S. Departments of Agriculture, Defense, Health and Human Services, Labor, and State; the Peace Corps; and the U.S. Agency for International Development – in more than 100 countries.<sup>88</sup> Until now, there has been no overarching policy or guidance for U.S. international assistance for children. With its significant investments in international development, the technical expertise and research capabilities embedded within key agencies, and diplomatic outreach, the U.S. Government is well positioned to lead and mobilize around a sensible and strategic global agenda for children in adversity.

U.S. Government assistance has helped millions of children, yet millions more are suffering due to poor governance, conflict, disaster, disease, violence, exploitation, abuse, neglect, and poverty. With the increasing number of children in need, tight funding, and a multiagency response, it is more important than ever to improve the coordination and coherence of the overall U.S. Government program and to maximize the impact on children. Collaborating for impact is consistent with priorities articulated through the President’s Global Development Policy. This plan complements key strategic priorities articulated through a number of policy directives, including the Quadrennial Diplomacy and Development Review; the National Action Plan on Women, Peace and Security; the U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally; USAID’s Education Strategy and its Counter Trafficking in Persons Policy; the State Department’s Youth Policy; and the forthcoming USAID Policy on Youth In Development.

Below are the specific outcomes that the U.S. Government aims to achieve.

**Outcome 6.1:** The number of development and diplomatic efforts created and coordinated through the U.S. Government Action Plan on Children in Adversity is increased.

**Outcome 6.2:** U.S. Government departments and agencies promote accountability for implementation of the Action Plan and develop mechanisms to effectively track progress over time.

To support these outcomes, relevant U.S. Government departments and agencies have committed to taking certain actions, which are listed in the table at the end of this document.

# Outcomes and Actions

## Measurement and Accountability

In accordance with the legislative requirements set forth in Public Law 109-95: Section 3(e)(2), the Special Advisor will coordinate U.S. Government assistance to vulnerable children, establish priorities that promote the delivery of assistance to the most vulnerable populations, and measure the effectiveness of this assistance by administering a whole-of-government monitoring and evaluation system.

“The monitoring and evaluation system shall—

- (A) establish performance goals for the assistance and expresses such goals in an objective and quantifiable form, to the extent feasible;
- (B) establish performance indicators to be used in measuring or assessing the achievement of the performance goals described in subparagraph (A); and
- (C) provide a basis for recommendations for adjustments to the assistance to enhance the impact of assistance.<sup>89</sup>”

The U.S. Government departments and agencies that have worked together to craft this plan have agreed to focus on a series of “actions” to influence selected “outcomes” under the three principal and three supporting objectives.

Example Outcomes under the three Principal Objectives are:

- The percentage of children achieving age-appropriate growth and developmental milestones is increased.
- The percentage of children living in institutions is reduced.
- The percentage of children who experience violence, exploitation, abuse, and neglect is reduced.

Example Outcomes under the three Supporting Objectives are:

- The number of national and community systems effectively monitoring child welfare and protection concerns, programs, and outcomes is increased.
- The number of prevalence studies that measure and track trends in children’s exposure to violence, exploitation, abuse, and neglect is increased.
- U.S. Government departments and agencies promote accountability for implementation of the Action Plan and develop mechanisms to effectively track progress over time.

It is expected over the plan’s 5-year horizon that relevant U.S. Government-funded projects<sup>90</sup> will take the necessary steps to measure outcomes under the plan, particularly for the first three principal objectives. It is also recognized that there are a broad range of contexts in which U.S. Government assistance for children in adversity operate, from responding to emergency situations to longer-term systems-building endeavors and diplomatic efforts. Furthermore, some of the outcomes, such as reductions in violence against children and decreasing gender disparities in violence prevalence, may require sophisticated sampling methods at the project-level to establish baselines or additional time to measure changes that are not feasible for certain projects to undertake. The Action Plan puts emphasis on those U.S. Government projects and implementing partners that are in positions to measure specific outcomes to effectively do so, and to improve such efforts

over time. This attention to measuring outcomes for children is in line with, for example, the USAID and Department of State evaluation policies that have a focus on demonstrating impact of U.S. Government assistance.<sup>91</sup>

There are also a number of element-level indicators primarily for measuring outputs directly attributable to U.S. Government projects that are important to monitor. For example, an indicator that tracks the number of judges trained in child protection law is potentially relevant for some projects. While many of these types of indicators have been developed and effectively used by individual offices within the U.S. Government, they are purposefully not articulated in the Action Plan because of the depth of U.S. Government foreign assistance for children in adversity. Nevertheless, they are important to the successful implementation of this Action Plan and will be utilized to show progress to the extent possible.

The Special Advisor of Public Law 109-95 historically conducted an annual Call-for-Projects among the U.S. Government departments and agencies that provided foreign assistance to children in adversity to record descriptive project information and actions. This information was used to prepare annual reports to Congress.

Within 90 days after this Action Plan is launched, the Special Advisor will convene an interagency technical working group to begin the process of reassessing the Call-for-Projects – its format and the specific data collected – to make sure it is aligned with indicators tracked across other relevant U.S. Government policies and strategies (e.g., those related to gender-based violence would be examined), and that the data collection effort effectively tracks progress under this Action Plan, including gender and age disaggregation, to fully account for the specific needs of boys and girls across the lifecycle. The Public Law 109-95 Call-for-Projects system will be redesigned within 180 days and administered at least once

across the relevant U.S. Government departments and agencies within 1 year after the Action Plan is released.

In addition, the Special Advisor will within 90 days after this Action Plan is launched convene a senior-level group to map out a whole-of-government operational plan within which specific department and agency implementation plans will be developed.<sup>92</sup> The specific department and agency implementation plans will be developed within 180 days of the plan's launch and include the monitoring and reporting procedures to track project-level progress per relevant objectives. Thereafter, a senior policy operating group will be convened biannually and a technical-level interagency working group quarterly to review and strengthen implementation of and progress made through this plan.<sup>93</sup>

The plan also puts emphasis on broader surveillance in priority countries of three core issues that align with the three principal objectives:

1. Children not meeting age-appropriate growth and developmental milestones
2. Children living outside of family care (or placed in appropriate and protective family care)
3. Children who experience sexual violence or exploitation

As stated at the beginning of this document, specific entities within the U.S. Government, in collaboration with other actors, will support capacity development of other governments and local organizations in the priority countries to identify and report on these three issues by promoting methodologies that produce nationally representative results comparable across countries and time. Objective 5 in the matrix that follows lists specific actions that will be taken to help harness global efforts and build capacity to achieve sustainable surveillance systems at the national level.

## Objective 1 – Build Strong Beginnings

The U.S. Government will help ensure that children under 5 not only survive, but also thrive by supporting comprehensive programs that promote sound development of children through the integration of health, nutrition, and family support.

<b>Outcome 1.1</b> <b>The percentage of children achieving age-appropriate growth and developmental milestones is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Promote investments in pregnant women, young children, and caregivers to encourage healthy growth and development.	CDC Peace Corps PEPFAR USAID
Support the use and development, if necessary, of simple tools to assess, document, and promote actions to encourage age-appropriate growth and development through health clinics, schools, and community services.	CDC PEPFAR USAID
Support interventions and systems that identify as early as possible the needs of children who are not reaching growth and development milestones within normative time frames, and enable families to access appropriate services as needed.	CDC Peace Corps USAID
<b>Outcome 1.2</b> <b>The percentage of children under 5 years of age demonstrating secure attachment with a primary caregiver is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Support the development and use of simple tools to assess and document aspects of attachment through health clinics or other service delivery options.	CDC PEPFAR USAID
Support programs that help health and social service professionals educate caregivers about positive parenting practices that foster healthy social and emotional development, including secure attachment with a primary caregiver.	CDC PEPFAR USAID
Support interventions and systems that address delayed social and emotional development through primary caregiver support, education, counseling, and the development of appropriate referral services.	CDC Peace Corps PEPFAR USAID
<b>Outcome 1.3</b> <b>The number of U.S. Government-funded programs that integrate health, nutrition, developmental protections, and caregiving support is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Implement a maternal and child health “plus” agenda that integrates maternal, newborn, infant and young child nutrition, and developmental services and protections for children into health, education, and social protection services.	CDC PEPFAR USAID
At the community level, facilitate birth registration systems to be used by community workers and health care providers to enable all children to have access to comprehensive primary health prevention and care services and the protections and rights of citizenship.	CDC USAID

## Objective 2 – Put Family Care First

U.S. Government assistance will support and enable families to care for their children; prevent unnecessary family-child separation; and promote appropriate, protective, and permanent family care.

<b>Outcome 2.1</b> <b>The percentage of children living within appropriate, permanent, and protective family care is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Support and strengthen interventions and national systems for care reform and deinstitutionalization that prevent unnecessary family separation and support permanent and protective family care for children outside of families, including family reintegration, foster care, kinship care, and domestic and international adoption.	State PEPFAR USAID
Support identification, documentation, tracing, and reunification programs for children separated from families, particularly those affected by disaster and conflict.	CDC State USAID
<b>Outcome 2.2</b> <b>The percentage of children living in institutions is reduced.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Provide family support services and raise awareness on better care alternatives to reduce the flow of children into institutions, paying particular attention to the needs of children and families with disabilities.	PEPFAR USAID
Support deinstitutionalization programs that facilitate placement of children in appropriate, protective, and permanent family care, where possible, and ensure that monitoring and support services are consistently available to families and children.	PEPFAR USAID
<b>Outcome 2.3</b> <b>The percentage of families providing adequate nutrition, education opportunities, care, and protection for their children is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Support food security and household economic strengthening “plus” strategies for vulnerable families that can be taken to scale, with a focus on improving caregiving environments and preventing unnecessary family-child separation.	DOL Peace Corps PEPFAR State USAID USDA
Support programs to improve parenting and caregiving skills, reduce harmful behavior and toxic stress within families, and increase community awareness of good parenting and caregiving practices.	CDC Peace Corps PEPFAR State USAID USDA
Promote equitable access to educational opportunities in safe and appropriate learning environments.	DOL Peace Corps PEPFAR State USAID USDA

## Objective 3 - Protect Children from Violence, Exploitation, Abuse, and Neglect

The U.S. Government will facilitate the efforts of national governments and partners to prevent, respond to, and protect children from violence, exploitation, abuse, and neglect.

<b>Outcome 3.1</b> <b>The percentage of children who experience violence, exploitation, abuse, and neglect is reduced.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Improve the capacity of governments, civil society, international organizations, communities, and families to prevent and respond to violence, exploitation, abuse, and neglect of children at scale.	CDC DOL PEPFAR State USAID
Mainstream and integrate gender-based violence and response activities into sector work.	CDC DOL PEPFAR State USAID
Support interventions to prevent and respond to violence, exploitation, abuse, trafficking, and neglect of children in disaster and conflict situations.	State USAID
Support programs to ensure that children are not revictimized after escaping or being removed from violent, exploitive, abusive, and neglectful situations.	DOL State USAID
Advocate for U.N. peacekeeping missions to have strong mandates related to child protection and gender issues, and provide diplomatic support for such initiatives through the U.N. General Assembly Special Committee on Peacekeeping Operations and budget committees.	DOD State
Require humanitarian partners to adopt and operationalize codes of conduct that are consistent with the Inter-Agency Standing Committee's six core principles <sup>94</sup> for protection from sexual exploitation and abuse; train relevant U.S. Government staff on the principles, and monitor partners' performance in upholding commitments; and ensure that all U.S. Government contracts, grants, and cooperative agreements include clauses required under federal law prohibiting trafficking abuses.	CDC Peace Corps State USAID
Develop U.S. Government safeguarding principles for preventing and responding to child abuse, exploitation (including trafficking), and neglect by U.S. Government staff and adopt policies and provide training based on the principles; encourage U.S. Government humanitarian and development assistance partners to adopt policies based on or similar to the U.S. Government principles. <sup>95</sup> Implement the USAID Counter-Trafficking Code of Conduct and Standard Operating Procedure to prevent and respond to contractor and recipient trafficking abuses.	CDC DOL Peace Corps PEPFAR State USAID USDA
Support the use of technology to improve child protection in development settings (e.g., mobile technologies to trigger urgent protection actions, record incident data, and assist with birth registration, family tracing and reunification efforts, and other critical protection measures).	CDC NIH Peace Corps PEPFAR USAID

**Outcome 3.2**  
**The percentage of children who receive appropriate care and protection after experiencing violence, exploitation, abuse, or neglect is increased.**

Action	Implementing Department or Agency
Support programs to provide care and protection to survivors of violence, exploitation, abuse, and neglect and prevent revictimization.	CDC DOL Peace Corps PEPFAR State USAID
Support initiatives to reverse host government under-reporting of violence, exploitation, abuse, and neglect.	CDC DOL NIH Peace Corps PEPFAR State USAID

**Outcome 3.3**  
**The percentage of target population that views violence, exploitation, abuse, or neglect of children as less acceptable after participating in or being exposed to U.S. Government programming is increased.**

Action	Implementing Department or Agency
Support programs that promote behavior change and positively inform cultural and social norms to reduce violence against and exploitation and abuse of children.	CDC DOL Peace Corps PEPFAR State USAID
Engage men, youth, and boys as allies in interventions to prevent violence against and exploitation and abuse of children.	CDC DOL Peace Corps PEPFAR State USAID USDA
Elevate girls and women as leaders and agents of change in programming and policies to prevent and respond to violence against and exploitation and abuse of children.	CDC DOL Peace Corps PEPFAR State USAID USDA

**Outcome 3.4**  
**The percentage of countries that ratify and implement relevant conventions or formally adopt internationally recognized principles, standards, and procedural safeguards to protect children from violence, exploitation, abuse, and neglect is increased.**

Action	Implementing Department or Agency
In coordination with the Hague Permanent Bureau, encourage countries to ratify the Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption to further ethical and transparent intercountry adoptions.	State
Help governments, civil society partners, and the private sector apply the requirements of ILO standards, including the Declaration of Fundamental Principles and Rights at Work, Convention No. 138 on the Minimum Age for Work, Convention No. 182 on the Worst Forms of Child Labor, Convention No. 29 on Forced Labor, Convention No. 189 on Decent Work for Domestic Workers, and the Recommendation on National Floors of Social Protection.	DOL



## Objective 4 - Strengthen Child Welfare and Protection Systems

The U.S. Government will support partners to build and strengthen holistic and integrated models to promote the best interests of the child.

<b>Outcome 4.1</b> <b>The percentage of children who have legal documentation and birth registration is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Support the development and strengthening of civil registration systems.	State USAID
Support the development of national systems for identifying, enumerating, and documenting children outside of family care, including approaches that can be used rapidly in emergencies.	CDC PEPFAR State USAID
<b>Outcome 4.2</b> <b>The number of laws, policies, and practices in partner states that promote and strengthen child welfare and protection at household, community, and national levels is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Encourage and assist nations to develop an integrated set of laws, policies, and interventions that improve child welfare and protection.	DOL PEPFAR State USAID USDA
Build the capacities of legislative, judicial, and law enforcement actors to develop, implement, and enforce laws that promote child welfare and protection, and of civil society to advocate for and support the development of such laws.	DOL PEPFAR State USAID
Strengthen the capacity of national poverty alleviation programs to prevent family-child separation, support family reunification and reintegration, and promote permanent and protective family care.	PEPFAR USAID
In coordination with Convention partner countries, advocate for intercountry adoption within the framework of the Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption by working with countries not yet party to the Convention to encourage them to bring their national systems up to Convention standards, as well as encouraging Convention partners to improve their practices to meet their obligations under the Convention.	State

<b>Outcome 4.3 National and local human resource capacity for child welfare and protection is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Strengthen workforce planning, training and development, and support mechanisms to achieve greater density and distribution, improve capacity, and increase retention and job performance of professional, formal, and paraprofessional and informal child welfare and protection workers.	CDC DOL PEPFAR State USAID
Urge partners to consider the unique needs of children and adolescents in the design and delivery of humanitarian and development assistance and encourage capacity building of partners in child protection.	CDC DOL PEPFAR State USAID USDA
Support community-based child protection and promote participation of children, youth, families, and communities in prevention and response efforts.	DOL State PEPFAR USAID
<b>Outcome 4.4 The number of national and community systems effectively monitoring child welfare and protection concerns, programs, and outcomes is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Support and provide technical assistance and training to governments and key national actors on child welfare and protection laws, treaties, policies, plans, programs, and research, including data collection and monitoring and enforcement mechanisms.	CDC DOL NIH PEPFAR State USAID
Encourage and support the development of in-country scientific advisory boards, including researchers, practitioners, and policy makers, to provide guidance and consultation regarding evidence-based practices; and foster in-country collaborations among researchers and monitoring and evaluation teams.	CDC NIH PEPFAR USAID
Promote community participation, including children and families, in the design and implementation of child welfare and protection programs and systems.	DOL Peace Corps PEPFAR State USAID USDA

## Objective 5 - Promote Evidence-Based Policies and Programs

The U.S. Government will devote resources to building and maintaining a strong evidence base on which future activities to reach and assist the most vulnerable children can be effectively planned and implemented. This evidence base will assist in the cost-effective utilization of program funds as well as the monitoring and evaluation of program effectiveness and long-term impact on children.

<b>Outcome 5.1</b> <b>The number of prevalence studies that measure and track trends in children’s exposure to violence, exploitation, abuse, and neglect is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Work with governments, universities, international organizations, and other partners to use appropriate and ethical tools and methods to identify and enumerate children living outside of family care.	CDC NIH PEPFAR USAID
Support governments and partners to use appropriate and ethical tools and methods to assess the prevalence and root causes of children’s exposure to violence, exploitation, abuse, and neglect at household, community, and/or national levels.	CDC DOL NIH PEPFAR State USAID
Encourage interagency assessments of child protection in humanitarian and development settings, including particular attention to children outside of family care.	CDC PEPFAR State USAID
<b>Outcome 5.2</b> <b>The number of published (easily searchable) outcome/impact evaluations on interventions to assist children outside of family care or minimize exposure to violence, exploitation, abuse, and neglect that can be generalized to larger target groups is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Establish a mechanism to define and implement an interagency research agenda on children outside of family care.	PL 109-95 <sup>96</sup> With interagency partners
Establish a research and evaluation expert group to advise the U.S. Government’s evidence-building program.	PL 109-95 With interagency partners
Establish a measurement expert group to identify and recommend practical methods to enumerate and track hard-to-reach children in adversity (e.g., children outside of family care) and sensitive issues (e.g., violence and abuse).	PL 109-95 With interagency partners
Promote inclusion of the principles and objectives of this strategy within data safety and monitoring boards, and ensure that U.S. Government-funded researchers and investigators receive guidance regarding appropriate and culturally relevant approaches for working with vulnerable children.	CDC NIH PEPFAR USAID
Create a mechanism to ensure that evidence-based best practices are widely disseminated and fed back into policy and program development processes.	PL 109-95 With interagency partners

**Outcome 5.3**  
**The number of national governments and universities leading rigorous data collection, research, and monitoring and evaluation studies related to child welfare and protection is increased.**

<b>Action</b>	<b>Implementing Department or Agency</b>
Support the development of integrated knowledge transfer mechanisms through partnerships between policy makers, universities, research think tanks, and civil society.	CDC NIH PEPFAR USAID
Facilitate regional and international exchanges to support cross-country learning and sharing of best practices on child welfare and protection.	CDC NIH PEPFAR State USAID USDA

**Outcome 5.4**  
**The number of U.S. Government-supported interventions for children in adversity designed using data from rigorous research methodologies is increased.**

<b>Action</b>	<b>Implementing Department or Agency</b>
Design programs that include outcome research or evaluations to establish reliable baselines and observe change among targeted populations.	CDC DOL NIH Peace Corps PEPFAR State USAID USDA

## Objective 6 - Integrate This Plan within U.S. Government Departments and Agencies

The U.S. Government will institutionalize and integrate the components of this plan in its diplomatic, development, and humanitarian efforts overseas.

<b>Outcome 6.1</b> <b>The number of development and diplomatic efforts created and coordinated through the U.S. Government Action Plan on Children in Adversity is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Incorporate the objectives of this plan in strategic and operational planning, including Bureau and Mission Strategic and Resource Plans and Country Development Cooperation Strategies, as appropriate.	PEPFAR State USAID
Disseminate guidance to all operating units on mainstreaming best practices for children in adversity and ensure that agency strategies and operational plans address the objectives of this plan.	CDC DOL NIH Peace Corps State USDA USAID
<b>Outcome 6.2</b> <b>U.S. Government departments and agencies promote accountability for implementation of the Action Plan and develop mechanisms to effectively track progress over time.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Develop implementation plans within 180 days following the issuance of the U.S. Government Action Plan on Children in Adversity in accordance with its objectives and the requirements articulated in Public Law 109-95. <sup>97</sup>	CDC DOL NIH Peace Corps State USDA USAID
Develop an interagency monitoring and evaluation system in accordance with Public Law 109-95 within 180 days following the issuance of the U.S. Government Action Plan on Children in Adversity. <sup>98</sup>	PL 109-95 With interagency partners
Report on implementation of the U.S. Government Action Plan on Children in Adversity to Congress annually. <sup>99</sup>	PL 109-95 With interagency partners
Convene a senior policy operating group biannually and a technical-level interagency working group quarterly to review and strengthen implementation of and progress made through this plan. <sup>100</sup>	PL 109-95 With interagency partners
Designate one or more officers, as appropriate, as responsible for coordination and implementation of the plan.	CDC DOD DOL NIH Peace Corps State USDA USAID
Identify public and private partners and develop an innovative alliance to leverage resources to support progress on the objectives of this plan. <sup>101</sup>	PL 109-95 With interagency partners

# Endnotes

- 1 Children are defined here as persons below the age of 18 years. This is consistent with the definition of children used in Public Law 109-95 as well as international law, including the Convention on the Rights of the Child.
- 2 Adversity is defined here as conditions of serious deprivation and danger.
- 3 Appropriate, protective, and permanent family care involves a nurturing, lifelong commitment to a child by an adult or adults with parental roles and responsibilities. These family relationships should provide physical and emotional support, provide the child with a sense of belonging, and generally involve legal recognition of parental and child rights and responsibilities. This definition is consistent with the finding presented in the Congressional Coalition on Adoption Institute's The Way Forward Project Report (November 2011).
- 4 The Action Plan is informed by an extensive evidence review process that culminated in the December 2011 U.S. Government Evidence Summit on Protecting Children Outside of Family Care. Five papers summarizing the evidence reviewed for the Summit are forthcoming in *Child Abuse and Neglect: The International Journal*. Presentations from the Summit are accessible at <http://www.hvcassistance.org/summit.cfm>.
- 5 The best interests of the child take into consideration the safest, most supportive, and most developmentally protective caregiving environment for each child.
- 6 Clay, R., et al. (2012). A call for coordinated and evidence-based action to protect children outside of family care. *The Lancet*, 379(9811). pp. e6-e8. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61821-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61821-7/fulltext).
- 7 Appropriate, protective, and permanent family care involves a nurturing, lifelong commitment to a child by an adult or adults with parental roles and responsibilities. These family relationships should provide physical and emotional support, provide the child with a sense of belonging, and generally involve legal recognition of parental and child rights and responsibilities.
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- 17 Shonkoff, J.P., et al. (2012). Technical Report: The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1). pp. e232-e246. <http://pediatrics.aappublications.org/content/129/1/e232.full.pdf+html>.
- 18 Engle, P.L., et al. (2007). Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *The Lancet*, 369(9557). pp. 229-242.
- 19 Carneiro, P. M. and Heckman, J.J. (2003). Human capital policy. NBER Working Paper Series, Vol. w9495; Knudsen, E., et al. (2006). Economic, neurobiological, and behavioral perspectives on building America's future workforce. Proceedings of the National Academy of Sciences, 103(27). pp. 10155-10162.
- 20 Grantham-McGregor, S., et al. (2007). Developmental potential in the first five years for children in developing countries. *The Lancet*, 369(9555). pp. 60-70.
- 21 The essential package: Holistically addressing the needs of young vulnerable children and their caregivers affected by HIV/AIDS. (2012). Accessed June 2012 at <http://www.ecdgroup.com/pdfs/EPBrochure%20Final.pdf>.
- 22 Developmental protection supports age-appropriate development among young children. It targets early childhood (prenatal to 8 years of age), which encompasses the most rapid period of growth and change in human development. Based on research, developmental protection focuses on early cognitive, social, emotional, and physical development within the context of care (by families, communities, and nations), with an emphasis on promoting healthy development and safeguarding against modifiable threats to development. Including health, nutrition, education, social science, economics, child protection, and social welfare, developmental protection strives to ensure that young children's overall safety and well-being during early life, with the understanding that early experiences and exposures play a role in shaping brain architecture and impact long-term well-being, ability, and productivity in adulthood.
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- 31 Shonkoff, J.P. (2011). Presentation at the U.S. Government Evidence Summit on Protecting Children Outside of Family Care, Washington, D.C.
- 32 Martínez, R. and Fernández, A. (2008). The cost of hunger: Social and economic impact of child undernutrition in Central America and the Dominican Republic. United Nations Economic Commission for Latin America and the Caribbean and United Nations World Food Programme.

- 33 Naudeau, S., et al. (2011). Investing in young children: An early childhood development guide for policy dialogue and project preparation. The International Bank for Reconstruction and Development/The World Bank, Washington, D.C.; Grantham-McGregor, S., et al. (1997). Effects of early childhood supplementation with and without stimulation on later development in stunted Jamaican children. *The American Journal of Clinical Nutrition*, 66(2), pp. 247-253.
- 34 The essential package: Holistically addressing the needs of young vulnerable children and their caregivers affected by HIV/AIDS. (2012). Accessed June 2012 at <http://www.ecdgroup.com/pdfs/EPBrochure%20Final.pdf>.
- 35 Heckman, J.J. (2008). Schools, skills, and synapses. *Economic Inquiry*, 46(3), pp. 289-324.
- 36 Generally speaking, families give children an identity that instills in them a sense of permanence, belonging, stability, and security, paving the road for the raising of confident, independent, moral children. "Permanence" refers to "relational permanence," which is something that transcends time and place.
- 37 Although the United States has not ratified and is therefore not a party to the Convention on the Rights of the Child, it did sign the Convention on February 16, 1995. Signing is an act by which a State provides a preliminary endorsement of the instrument. Signing does not create a binding legal obligation but does demonstrate the State's intent to examine the treaty domestically and consider ratifying it. While signing does not commit a State to ratification, it does oblige the State to refrain from acts that would defeat or undermine the treaty's objective and purpose.
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