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THE U.S. GOVERNMENT SPECIAL ADVISOR FOR ORPHANS AND VULNERABLE CHILDREN
FIRST ANNUAL REPORT TO CONGRESS, AUGUST 2007

HIGHLY VULNERABLE CHILDREN: CAUSES, CONSEQUENCES AND ACTIONS

PEACE CORPS

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August 2007

Dear Friend:

Disease, conflict and violence, natural disaster, and severe economic strife leave millions of the world's youngest people without parents or caregivers. Globally, an estimated 143 million children in the developing world have lost one or both parents, while an additional larger number of children are highly vulnerable. As such, they face serious risks to their survival and well-being. In response to this growing crisis, President George W. Bush on November 8, 2005, signed into law the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act (Public Law 109-95), landmark legislation requiring the U.S. Government (USG) to devise a single, comprehensive strategy for addressing critical needs among the developing world's collective of highly vulnerable children.

Less than two years have passed since the inception of the law, and today it is my privilege to submit to you the first annual report on implementation of PL 109-95, as required in Section 3.135 H of the legislation. PL 109-95 and the role of Special Advisor draw immediate attention to this unprecedented global crisis and demand coordinated action that is swift and effective. Indeed, much has occurred in a relatively short period of time.

- In fiscal year 2006 alone, the United States responded to 54 disasters in 39 countries affecting at least 79 million children.
- The United States also responded to conflict-related emergencies affecting more than 20 million children.
- Most recently, the Office of the U.S. Global AIDS Coordinator noted in its March 2007 annual report that 2 million orphans received HIV/AIDS care and support in fiscal year 2006, up from 1.2 million orphans in fiscal year 2005.

While our work is still in the beginning phases, the efforts involved over the past 18 months have been remarkable. We are maximizing the best, most complementary resources within the USG; are coordinating closely with partners and the international community; and are in the midst of identifying pilot programs to scale up for expanded reach and impact. Most importantly, we are championing the healthy development and human dignity of young people most in need.

U.S. leadership is making a tremendous difference in the lives of highly vulnerable children in the developing world. Thank you for your support in this charge.

Respectfully,

S. Ken Yamashita

S. Ken Yamashita, Ph.D.
Special Advisor for Assistance to Orphans
and Vulnerable Children

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral Drug
BRYCS	Bridging Refugee Youth and Children's Services
CDC	Centers for Disease Control and Prevention
CoCom	Combatant Commanders
CRS	Catholic Relief Services
CSGP	Child Survival Grants Program
CSHGP	Child Survival and Health Grants Program
DCHA	Bureau for Democracy, Conflict and Humanitarian Assistance
DCOF	Displaced Children and Orphans Fund
DHS	Demographic and Health Survey
DOD	Department of Defense
DOL	Department of Labor
DOS	Department of State
EI	Education Initiative
FFE	McGovern-Dole International Food for Education and Child Nutrition Program
FFP	Office of Food for Peace
FIC	Fogarty International Center
FVA	Bureau for Food for Peace and Voluntary Assistance
FY	Fiscal Year
GH	Bureau for Global Health
G/TIP	Office to Monitor and Control Trafficking in Persons
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HVC	Highly Vulnerable Children
IATT	Interagency Task Team
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IeDEA	International Epidemiologic Databases to Evaluate AIDS
ILAB	Bureau of International Labor Affairs
ILO	International Labour Organization
IMPAACT	International Maternal Pediatric Adolescent AIDS Clinical Trials Group

IO	International Organization
IOM	International Organization for Migration
IPEC	International Program on the Elimination of Child Labour
IPHD	International Partnership for Human Development
IRC	International Rescue Committee
M&E	Monitoring and Evaluation
NGO	Nongovernmental Organization
NICHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
OCFT	Office of Child Labor, Forced Labor, and Human Trafficking
OFDA	Office of U.S. Foreign Disaster Assistance
OGAC	Office of the U.S. Global AIDS Coordinator
OHA	Office of HIV/AIDS
ORACLE	Opportunities for Reducing Adolescent and Child Labor Through Education
ORR	Office of Refugee Resettlement
OTI	Office of Transition Initiatives
OVC	Orphans and Vulnerable Children
PCI	Project Concern International
PEPFAR	President's Emergency Plan for AIDS Relief
PL	Public Law
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PRM	Bureau of Population, Refugees, and Migration
PVC	Office of Private and Voluntary Cooperation
PVO	Private Voluntary Organization
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency
URM	Unaccompanied Refugee Minor
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
USG	United States Government
WFP	World Food Program

EXECUTIVE SUMMARY

USAID/KAUKAB JHUMRA SMITH

Second-graders in Pak Gali Boys School in Poonch District, Pakistan, were some of the first students to use new tent classrooms provided by USAID after the devastating October 2005 earthquake. Outfitted with desks and chairs, the classrooms helped schoolchildren re-establish normal routines after the quake.

"The Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005" (PL 109-95) requires that annually, "the President shall transmit to the appropriate congressional committees a report on the implementation of this Act and the amendments made by this Act."

The objective of United States Government (USG) assistance to highly vulnerable children in developing countries is to open up opportunities for them to lead healthy, productive lives. Addressing their urgent humanitarian needs – a necessary first response – will not in itself improve their long-term prospects or prevent increases in the number of highly vulnerable children in the future. For this reason, USG assistance addresses immediate consequences of vulnerability through direct service delivery. It addresses causes of vulnerability through activities that employ diplomacy and policy and expand our knowledge through research, demonstration, and information dissemination. Finally, it addresses the ability of families, communities, and governments to care for their children and improve their future well-being through capacity building and through integration of programs for highly vulnerable children with other development programs. The USG strategy recognizes that broad-based development programs that increase community growth and resilience are critical for a longer-term, sustainable response, because they help to create an environment in which families and communities can care for the most vulnerable and reduce future vulnerability.

This first annual report on USG implementation of PL 109-95 describes the significant range of activities conducted by various USG agencies to protect and support children made vulnerable by a variety of causes. In many cases, activities are implemented by nongovernmental organizations (NGOs) and in partnership with host countries or other donors. Cooperation among USG agencies, NGOs, and international partners enables the USG to engage with them in pursuing coherent global policies and approaches to address the causes and special needs of highly vulnerable children. Some examples:

- **Service delivery:** With HIV/AIDS funds and Food for Peace Title II food resources, Catholic Relief Services provided nutrition and HIV/AIDS prevention education, food distribution, and psychosocial support and counseling to 20,000 children orphaned or made vulnerable from HIV/AIDS in Kenya.

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Children in South Africa.

- **Capacity building:** The Department of Labor's Bureau of International Labor Affairs, in cooperation with the International Labour Organization and the Government of Ghana, helped strengthen government capacity at national and district levels. As a result, a Child Labor Unit within the Ministry of Labor was established, and reducing child labor is now a component of Ghana's Poverty Reduction Strategy. Projects endorsed by national and district governments worked to eliminate child trafficking and abusive child domestic labor.

- **Policy, diplomacy, advocacy:** In its *2006 Trafficking in Persons Report*, the Department of State was able to expand its analysis of trafficking and government efforts to combat it to 149 countries – seven more than in 2005 – as a result of stronger government response and more public awareness campaigns.

- **Research and demonstration projects:** Research by the Centers for Disease Control and Prevention on the dangers of landmines and unexploded ordnance, carried out in collaboration with the Landmine Survivor Network, found that unexploded ordnance is even a more serious public health threat in Afghanistan than landmines, with children and adolescents being at highest risk. As a result, landmine risk education programs now focus on the hazards due to unexploded ordnance for children and landmine hazards for adults.

- **Information documentation and dissemination:** USAID's Displaced Children and Orphans Fund played a leading role in forming and supporting the Better Care Network,[1] a resource for information and technical support on children without adequate family care that has become the single best source of information and support globally on how to address effectively the needs of such children. It has more than 1,000 members globally, including practitioners, program developers, policymakers, donors, and NGOs, with a secretariat based at the United Nations Children's Fund.

Among service delivery programs, USG humanitarian aid, including refugee assistance and emergency food aid programs, is the most far-reaching. Title II emergency food aid alone benefited at least 20 million children in fiscal year (FY) 2006. Assistance directed to HIV/AIDS-affected orphans and vulnerable children has rapidly increased, providing comprehensive care and support to an estimated 2 million children in 15 of the highest-prevalence countries (focus countries of the President's Emergency Plan for AIDS Relief, or PEPFAR) in FY 2006.

USG agency programs are most effective when their research results, best practices, policies, and experiences are informed by each other's and those of other key players. PL 109-95 provides an opportunity for USG agencies to expand on collaborative efforts already under way. Since the first Special Advisor for Assistance to Orphans and Vulnerable Children was appointed on March 8, 2006, a good start has been made, beginning with submission of the PL 109-95 implementation strategy in May 2006.

USG agencies have begun to share more information on activities, budgets, target groups, results, and special challenges. An Interagency Committee for Highly Vulnerable Children composed of representatives of USG agencies, international organizations, and NGOs meets at least quarterly to exchange information, review progress, and consider methods to expand outreach and improve coordination. The Special Advisor has met with key NGOs several times and shared this report with them. Their comments are included in Annex 2 of this report. USG agencies are exploring public/private partnerships to address programming gaps in the field. U.S. embassy country teams in two African PEPFAR focus countries and one non-African country have agreed to pilot coordination efforts to serve as models for other countries. The Special Advisor hopes to expand this effort to several more countries in FY 2007.

Finally, the categorization of programs into direct service delivery, capacity building, diplomacy and policy development, research and demonstration, and information dissemination provides a sound basis for a strategic information system in which information for monitoring and reporting on progress in implementing PL 109-95 is tailored to the particular mandates and activities of individual USG agencies.

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[1] http://www.bettercarenetwork.org.

CHAPTER I: Overview

Child refugees, displaced by war in eastern Congo, take shelter at a UNHCR refugee camp in Burundi.

This is the first annual report to Congress in compliance with PL 109-95, the "Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005." PL 109-95 was enacted in recognition of the unprecedented global crisis of orphans and vulnerable children that demands an effective, coordinated U.S. Government (USG) response. The law calls for a Special Advisor for Assistance to Orphans and Vulnerable Children to coordinate USG assistance programs for this target group; a monitoring and evaluation system to measure its effectiveness; a strategy for improved coordination among USG agencies; and an annual report to Congress. The previous Director of the Office of HIV/AIDS (OHA) in the Bureau for Global Health (GH) of the United States Agency for International Development (USAID) was appointed the first Special Advisor in March 2006. The strategy for coordinating assistance was submitted in May 2006. In July 2006, USAID's new OHA director assumed the role of Special Advisor. This report discusses progress in implementing the strategy submitted last May and expected steps for the next year.

Parameters for USG Assistance to Highly Vulnerable Children (from FY 2006 Strategy)

- Focus on stressed communities where community resilience to care for highly vulnerable children is compromised
- Reliance on local institutions and communities to identify the most vulnerable children and assess their needs
- Preference for family/household care rather than institutional care
- Preference for a development approach that strengthens the abilities of communities and indigenous structures to care for highly vulnerable children and reduces dependency
- Adherence to the five key strategies of the Global Framework (see box below)
- Strengthening of partnerships and knowledge exchange between implementing organizations focused on children's issues and those focused on economic empowerment
- Recognition of the importance of gender as a factor affecting access to protection and essential services

For sustainable, broad-based economic growth to occur in the developing world, the children whose future is most at risk due to conflict, disease, disaster, exploitation, and extreme poverty must have the opportunity to grow, learn, and contribute to society along with their more fortunate peers. While USG assistance necessarily contains programs aimed at humanitarian assistance and protection, its overall objective is to provide the services and environment that open up opportunities for highly vulnerable children to lead healthy, productive lives.

USG assistance for highly vulnerable children contributes to all five Foreign Assistance Framework objectives: Peace and Security, Governing Justly and Democratically, Investing in People, Economic Growth, and Humanitarian Assistance. Children and youth who can be protected from exposure to extreme poverty, violence, exploitive and hazardous labor, abduction as child soldiers, and isolation from their families and communities, and who benefit from education and economic opportunity, will be better positioned to promote constructive civil society responses. Youth who have found for themselves a role in society have both the potential and the motives to invest personally in reforms leading to greater country stability.[1]

The USG strategy defines highly vulnerable children as those children under age 18 whose safety, well-being, or development is at significant risk due to inadequate care, protection, or access to essential services. "Essential services" are globally agreed-upon inputs that children need to grow into contributing members of society and include education, food, nutrition, shelter, protection, health care, livelihood opportunities, and psychosocial support. Highly vulnerable children include those who are orphaned; receive inadequate adult support because of death, abandonment, economic distress, or chronic illness; have HIV/AIDS or are suspected of having HIV; are directly affected by armed conflict; live outside of

Five Strategies from the Global Framework to Address Orphans, Children and HIV/AIDS

1. Strengthen the capacity of families to protect and care for highly vulnerable children by prolonging the lives of parents and providing economic, psychosocial, and other support.
2. Mobilize and support community-based responses.
3. Ensure access for highly vulnerable children to essential services.
4. Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities.
5. Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for highly vulnerable children and families.

[1] USAID, May 2006: *Programming for Youth: A Force for Change in Africa (draft).*

Six Afghan children arrive at a refugee camp in northwest Pakistan.

family care; or in some other way have suffered from a collapse of traditional social safety nets in their communities. The strategy adopts the term "highly vulnerable children" because the term "orphans and vulnerable children (OVC)" used in PL 109-95 is usually associated with children made vulnerable by HIV/AIDS. "Highly vulnerable children" refers to a broader range of children, made vulnerable by any of a variety of causes.

The USG agencies that assist highly vulnerable children employ different terminology and definitions for their target groups, depending upon the source of vulnerability that they are mandated to address; however, "highly vulnerable children," as used in this report, encompasses all of these subgroups. Highly vulnerable children tend to have less access to basic services and opportunities than other children in their communities or regions. The intent of USG support is to ensure that highly vulnerable children have the same access to essential services as their community peers. Because the development status and other characteristics of each country vary, there is no simple measure to determine which children are "highly vulnerable." Communities themselves are generally the best sources for identifying the children in most need.

Children may be made highly vulnerable because of natural disasters, complex emergencies (including civil conflict), epidemic disease – particularly HIV/AIDS – or extreme poverty. These events contribute to breakdown of traditional family structures and weakening of traditional social safety nets; displacement of children and families as refugees; reduced access to food, shelter, health care, and other essential services; and exploitive child labor.

Major Causes of Vulnerability for Children

Natural disasters: In FY 2006, the USG responded to 54 disasters in 39 countries affecting at least 79 million children. Disasters destroy shelters and infrastructure, eliminate sources of food and income for affected families, and may result in disability or the death of family members.

Conflict: In FY 2006, the USG responded to conflict-related emergencies affecting more than 20 million children. Conflict affects access to shelter, food, and basic services as well as the psychological well-being of all children in the communities involved; even more at risk are children separated from their parents, internally displaced persons (IDPs), and child soldiers.

Refugees: Child refugees are among the most vulnerable populations in the world. As of 2006, populations of concern to the United Nations High Commissioner for Refugees included more than 21 million refugees, IDPs, returnees, asylum seekers, stateless persons, and others. About 9 million were children.

Exploitive labor: According to the International Labour Organization, in 2004, 218 million children aged 5 to 17 were engaged in child labor, of whom 126 million worked in hazardous conditions. This represents an 11 percent fall in child labor over four years and a 26 percent fall in child labor in hazardous conditions.

HIV/AIDS: Worldwide, an estimated 15 million children under 18 have been orphaned as a result of AIDS – more than 12 million in sub-Saharan Africa, where an estimated 9 percent of all children have lost at least one parent to AIDS. Children in homes where parents are ill and cannot care for them are also at risk, as are children in families where parents have had to assume the care of a relative's orphaned children, spreading already thin resources over the expanded family. An estimated 20 million children will be orphaned because of the epidemic by 2010, and some estimate that roughly twice that many will be made highly vulnerable by HIV/AIDS. Most vulnerable of all are children infected by HIV, half of whom will die by age 2.

Others: Extreme poverty, abandonment, disability, and violence/abuse exacerbate children's vulnerability, especially when traditional social safety nets have broken down.

(See Annex 4 for data sources.)

Addressing immediate humanitarian needs to preserve the lives of highly vulnerable children, while necessary, is not a sustainable response that will improve long-term prospects for them or prevent increases in the number of highly vulnerable children in the future. As PL 109-95 notes, the need is for a comprehensive approach that enables highly vulnerable children to access the full range of services that enable them to become productive adults, including inputs that strengthen family structure and welfare. The USG believes that the five key strategies for addressing the needs of orphans and vulnerable children described in the widely endorsed 2004 "Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS"[2] (see box, page 6) should apply to all highly vulnerable children, not just those made vulnerable by HIV/AIDS.

A community's welfare affects its ability to provide both a safe, nurturing environment for children in the present and opportunities for improved livelihoods in the future. Therefore, programs directed toward highly vulnerable children must be undertaken within a larger development strategy that addresses the broader concerns of the community. For this reason, the USG takes a comprehensive approach to reaching highly vulnerable children, in which programs address the different causes of vulnerability, their consequences, and the capacity of countries and communities to protect and care for highly vulnerable children and their families.

[2] The Global Partner Forum, 2004; http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=4282_201&ID2=DO_TOPIC.

NUMBER OF COUNTRIES WITH CONDITIONS ASSOCIATED WITH LARGE NUMBERS OF HIGHLY VULNERABLE CHILDREN BY REGION (FY 2006)

Cause of vulnerability	Explanation	Sub Saharan Africa	Asia	Latin America and the Caribbean	Near East	Eurasia
Natural disasters (from the Office of U.S. Foreign Disaster Assistance [OFDA] *2006 Annual Report*)	Countries experiencing at least one natural disaster	16	9	11	0	4
Complex emergencies (from OFDA *2006 Annual Report*)	Countries experiencing at least one conflict or other complex emergency	12	4	0	3	0
HIV/AIDS prevalence (from Joint United Nations Programme on HIV/AIDS *Epidemic Update 2006*)	Countries with at least 5 percent adult (ages 15 to 29) prevalence	21	0	1	0	0
Trafficking in persons (from Dept. of State *2006 Trafficking in Persons Report*)	Tier 3 countries (Tier 2 Watch List countries in parentheses)[3]	2 (6)	3 (7)	3 (7)	3 (6)	1 (3)
Child labor (from Dept. of Labor *2005 Findings on the Worst Forms of Child Labor*)	Countries adopting fewer than four of six selected child labor measures[4]	21	11	10	6	4

[3] Tier 3 countries are those whose governments do not fully comply with minimum standards and are not making significant efforts to do so. Tier 2 Watch List countries are those whose governments do not fully comply with minimum standards, and are making significant efforts to comply but with important qualifications.

[4] The six selected child labor measures are whether a country (1) has ratified International Labour Organization (ILO) Convention 138, Minimum Age for Admission to Employment; (2) has ratified ILO Convention 182, Worst Forms of Child Labor; (3) is an ILO International Program on the Elimination of Child Labour member or associated member; (4) has developed and published a National Action Plan for Children; (5) has developed and published a National Child Labor Action Plan; and (6) has developed and published a specific Child Labor Sector Action Plan.

CHAPTER II: USG Activities for Highly Vulnerable Children

Five-year-old Mfan'fikile Mkhanya, who lost both parents to AIDS, sits at the cold hearth of the empty cooking hut at his grandparents' homestead in Mavukutfu, Swaziland.

United States Government agencies employ several approaches that address causes, consequences, and local capacity to care for children and reduce future vulnerabilities. USG agencies apply the strategic parameters noted on page 6 in implementing each of these approaches.

- **Direct delivery of essential services** to large numbers of highly vulnerable children or highly vulnerable populations of which children are a significant part to respond to immediate needs (consequences of vulnerability).

- **Capacity building** at the community and/or national level through training and technical assistance, so local governments and communities are better able to provide their own services and create conditions that will reduce future vulnerability (sustainability).

- **Policy, diplomacy, and advocacy** to encourage governments to implement improved practices that protect children (causes of vulnerability, sustainability).

- **Demonstration projects and operations research** that expand our knowledge of effective practices (influencing U.S. response to both causes and consequences of vulnerability).

- **Documentation and dissemination of information** across USG, international organizations, and recipient countries.

Furthermore, USG agencies integrate programs for highly vulnerable children within broader development efforts aimed at increasing the resilience of countries and communities through such means as health programs that fight infectious diseases, basic education, child survival, small and micro-enterprise, agricultural improvements, and other poverty reduction and community empowerment programs. Programs such as these have a major impact on the health and welfare of highly vulnerable children, though they are targeted to a broader population of underserved people.

Activities are frequently implemented by NGOs whose expertise enables them to work effectively at the grassroots level. Activities are often undertaken in partnership with other donors, international organizations, host countries, NGOs, and sometimes with private sector involvement.

These approaches have yielded encouraging results. This section provides summary tables and a sampling of recent examples of interventions USG agencies employ to address the causes, consequences, and sustainability of programs for highly vulnerable children. Many of the major USG programs are described in greater detail in Annex 3. Though this report does not discuss interventions that are not specifically mandated to reach the most highly vulnerable populations, the strategy does recognize the critical importance to highly vulnerable children of many programs aimed at broader populations, such as malaria prevention and treatment, safe water programs, and basic education.

A. Direct Service Delivery

USG humanitarian assistance programs, including refugee and emergency food aid programs, are the largest and most far-reaching programs that provide essential services to highly vulnerable populations, with total commitments of more than $2.4 billion in 2006.[1] These programs support families, so direct assistance to children can only be estimated; however, assistance to other family members is critical in enabling parents and caregivers to support the children in their care. The programs reach children and families both within communities stricken by conflict or disaster and in refugee camps and settlements. Particular attention is given to the needs of women and children – the most vulnerable groups within these populations.[2] Where possible, they combine resources from several different programs.

- The FY 2006 USG intervention for displaced persons in Iraq, many of whom are children and their mothers, was a multi-agency effort. USAID's Office of U.S. Foreign Disaster Assistance (OFDA), working with the United Nations Development Program (UNDP), funded safe shelters; Food for Peace (FFP) Title II provided food commodities; and the Department of State's Bureau of Population, Refugees, and Migration (PRM) funded programs for shelter, water and sanitation, and health.

[1] Includes OFDA disaster response (but not disaster preparedness funds); Food for Peace Title II emergency programs; Migration and Refugee Assistance; and the President's Emergency Refugee and Migration Assistance Fund.

[2] *U.S. Government Efforts to Protect Women and Children Affected by Humanitarian Emergencies*, a report prepared by the Department of State's PRM Bureau in response to Section 594(c) of Public Law 108-199 (Foreign Operations, Export Financing and Related Programs Appropriations Act), provides an in-depth review of the actions of USG agencies to assist these vulnerable groups.

- Since October 2005, OFDA has committed nearly $3 million to Save the Children/U.S., the International Rescue Committee, and Samaritan's Purse to protect children and women in Darfur. These NGO partners are increasing the skills of Community Child Protection Committees; providing psychosocial support through child-friendly spaces and women's centers; coordinating assistance for vulnerable women and children; and providing economic opportunities for women and girls to reduce their vulnerability to gender-based violence.

In addition to direct services for refugees in developing countries, the USG provides refugees with the option of safe haven and a new life in the United States. As with other developed countries, the United States extends resettlement services to vulnerable refugee adults and families who cannot access repatriation to their country of origin or integration into their host country. However, the United States is the only country in the world that provides unaccompanied refugee children with the option of resettlement if referred by the United Nations High Commissioner for Refugees (UNHCR) or a U.S. embassy and determined eligible. Refugee resettlement services are administered by the Office of Refugee Resettlement (ORR) of the Department of Health and Human Services (HHS)/Administration for Children and Families).[3]

In FY 2006, ORR provided safe haven via unaccompanied refugee minor (URM) services to 78 unaccompanied refugee children who did not have the option of returning to their country of origin or integrating into the communities to which they fled. URM services were also extended to 51 unaccompanied children referred from inside the United States, such as refugee children who experienced family breakdown, asylees, Cuban or Haitian entrants, or victims of trafficking. The 129 children who entered the URM program in FY 2006 came from 21 different countries around the world. The URM program is currently providing long-term foster care, independent living, group homes, and residential treatment to 600 unaccompanied refugee minors in the United States.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) funds the largest service delivery program for highly vulnerable children affected by HIV/AIDS (referred to as orphans and vulnerable children or OVC). In the 15 focus countries, FY 2006 funds for care and support of orphans and vulnerable children were $152 million. When pediatric AIDS treatment ($63 million) is included, funds going to orphans and vulnerable children amounted to 12.2 percent of the total for focus countries. People living with HIV/AIDS who receive treatment, care, and support services are better able to provide a nurturing, protective environment for their children. Adding commitments for people living with HIV/AIDS ($1.014 billion in FY 2006), the HIV/AIDS funding in focus countries affecting children made vulnerable by HIV/AIDS increased to 70 percent of the total.

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Girls saved from traffickers learn a trade at a rehabilitation center for trafficking victims sponsored by UNICEF, USAID, and the Government of Benin.

Assistance for children made vulnerable by HIV/AIDS is a menu of services that may include caregiver training; support for access to education; economic support; targeted food and nutritional support; legal aid; medical care; psychological and emotional care; and other social and material support. Children infected with HIV require antiretroviral treatment (ART), treatment for opportunistic infections, and prophylactic cotrimoxazole along with supportive services such as nutrition, psychosocial support, and caregiver/community training to ensure adherence to the medication regime.

- The Department of Defense in partnership with the Zambia Defense Force is establishing a Family Support Unit at a Lusaka military hospital to provide comprehensive family care including voluntary counseling and testing for children and adults; psychotherapy and support groups for adults and children; recreational therapy (e.g., play therapy, kids club, painting, drama); workshops (e.g., prevention,

[3] ORR provides these services in conjunction with initial reception and placement services funded by the Department of State's PRM Bureau, and with the states to provide resettlement services and benefits.

drug/alcohol, nutrition, life skills, income-generating activities); clinical services; tutoring for hospitalized children; outreach activities; and palliative care.

FFP and PEPFAR enhance the impact of their programs for highly vulnerable children by combining their resources.

- In FY 2006, Catholic Relief Services (CRS) received support from both FFP and PEPFAR for a program benefiting 20,000 Kenyan orphans and vulnerable children. Services included nutrition and HIV/AIDS prevention education, food distribution, psychosocial support, and counseling. Overall, CRS distributed more than 1,300 metric tons of corn soy blend and oil worth more than $1 million.

- ACDI/VOCA used Title II resources to improve food security through improved production techniques, farm credit, and farm-to-market roads in Uganda. More than 13,000 people living with HIV/AIDS benefited. PEPFAR complemented Title II activities, providing $200,000 for hygiene and nutrition education, including kitchen gardens and water source protection.

- Under PEPFAR/Ethiopia, Save the Children's OVC Food Support program provides critically needed nutritional resources to the most vulnerable households in eight regions. In 2007, the program will expand to additional sites.

U.S. Department of Agriculture (USDA) food aid agreements with PEPFAR focus countries (FYs 2004–2006) include activities in Kenya, Mozambique, Uganda, and Zambia. USDA's programs have components aimed at AIDS-affected populations in non-focus countries as well: Cambodia, Central African Republic, El Salvador, Guatemala, Indonesia, Malawi, Pakistan, and Senegal. Activities include distribution of fortified soymilk to children; development of a fortified food product for AIDS patients; financial assistance to HIV/AIDS-affected households; education grants for children from HIV/AIDS-affected families; distribution of maize and pulses to HIV/AIDS-affected households; and distribution of local food to HIV/AIDS-affected households.

USG service delivery programs targeting highly vulnerable children include the McGovern Food for Education and Child Nutrition Program (FFE) managed by USDA; the Child Survival and Health Grants Program (CSHGP) managed by USAID; the Ambassadors' Girls' Scholarship Program; and direct service components of Department of Labor (DOL) projects to eliminate child labor. These programs, often working through NGOs, differ from those described above in that they provide one essential service rather than a broader menu of services. Where possible, they combine resources with other funding sources to provide a basket of services. For example, the DOL child labor project in Egypt includes a school feeding component financed by the World Food Program (WFP).

- Commodities donated through USDA's FFE program are helping the International Partnership for Human Development (IPHD) provide daily lunches, school supplies, health education, and school rehabilitation, so 140,000 war-affected children in the Democratic Republic of the Congo can resume schooling.

- Project HOPE, with funds from CSHGP, worked with community health workers to reduce child malnutrition from 55 to 37 percent in an area of Peru where guerilla fighting exacerbated already high levels of poverty and child mortality.

- The Ambassadors' Girls' Scholarship Program provides 550,000 scholarships to schoolchildren in sub-Saharan Africa. As of June 2006, 180,000 scholarships had been awarded in 40 countries. Recipients are girls from economically poor households and those who are handicapped, orphaned, or adversely affected by HIV/AIDS.

- The U.S. Army[4] joined with the Aloha Medical Mission (a Hawaii-based NGO) and the East Meets West Foundation (the largest NGO in Vietnam) to conduct a joint "Partnership for Health" mission, March 12–17, 2007. U.S. team members partnered with medical personnel in Hue City to provide medical/dental care to more than 3,500 patients. During the five-day period, dental services were provided to 784 children from local orphanages and children living on boats along the Perfume River and in nearby villages.

The table on page 13 summarizes the major USG programs that address the immediate needs of highly vulnerable children for food, shelter, health care, protection, schooling, and psychosocial support.[5] These programs also provide resources to improve

[4] U.S. Army Pacific (USARPAC), Pacific Air Forces (PACAF), 624 Regional Support Group (RSG)

[5] While other USG agencies also provide service delivery, it is for smaller populations in the context of pilot/demonstration projects or in conjunction with policy discussions, capacity building, or other types of interventions. Only programs for which service delivery is the primary objective and which serve a large population are shown here.

SERVICE DELIVERY PROGRAMS FOR HIGHLY VULNERABLE CHILDREN

Type of program	Responsible agency	FY 2006 commitments	FY 2006 beneficiaries
Support for victims of natural disasters and complex emergencies, emergency support	USAID/OFDA	$235.4 million (includes disaster response, excludes disaster preparedness funds)	181.6 million people, of whom approx. 99.9 million were children, affected by disasters to which OFDA responded
Support for victims of natural disasters and complex emergencies, Title II food aid	USAID/FFP	Emergency: $1.2 billion Non-emergency:[6] $342 million	48 million people, 38 million in emergency programs, of whom approx. 20.9 million were children
Support for refugees and victims of complex emergencies and human trafficking, emergency support	Dept. of State (DOS)/PRM	$1.04 billion	Refugees and victims of conflict and human trafficking, the majority of whom were women and children
Benefits and services to support the resettlement of refugees and unaccompanied refugee children in the United States	HHS/ORR	$588 million $14.6 million (URM reimbursement only)	Refugees resettling in the United States, asylees, Cuban/Haitian entrants, and victims of severe forms of human trafficking
HIV/AIDS-related care and support of OVC	PEPFAR[7]	$152 million (focus countries)	2 million OVC (focus countries)
Infant/pediatric AIDS	PEPFAR	$63 million (focus countries)	48,600 children treated
Prevention of mother-to-child HIV transmission	PEPFAR	$92 million (focus countries)	54,400 infections averted (focus countries)
Treatment, care, and support of people living with HIV/AIDS	PEPFAR	Care and support: $198 million; treatment: $819 million (focus countries)	822,000 people receiving ART (focus countries)
McGovern Food For Education and Child Nutrition Program	USDA	$86 million	Feeding programs in 15 countries
Child Survival and Health Grants Program	USAID/GH	$17.5 million (through cooperative agreements to U.S. PVOs/NGOs	11.2 million children under age 5 and women of reproductive age
Reduction of exploitive child labor	DOL/Bureau of International Labor Affairs	$61 million	234,204 children removed from or prevented from becoming engaged in child labor
Disaster relief/emergency response, humanitarian projects, mine action activities	Dept. of Defense (DOD)/ Combatant Commanders (CoCom)	$148.3 million (note: $120.8M in Overseas Humanitarian, Disaster, and Civic Aid [OHDACA]; $9.2M in CoCom Humanitarian and Civic Assistance funds; $18.3M in Presidential Emergency Drawdown Authority for Pakistan earthquake support)	Approximately 600 humanitarian projects in 99 countries, including disaster relief to those affected by the massive Pakistan earthquake

[6] Non-emergency food aid is used to increase the resilience of communities in chronically food-short areas to prevent emergency situations.

[7] USG agencies implementing PEPFAR include USAID, DOD, HHS, Peace Corps, DOL, and the Department of Commerce coordinated by the Department of State/Office of the U.S. Global AIDS Coordinator

USAID

Girl with prosthetic limb in Senegal.

the health and resilience of families and caregivers. The table includes treatment, care, and support of people living with HIV/AIDS (PLWHA), as well as programs directed at orphans and vulnerable children, because continued good health of PLWHA enables them to care for their children. It includes funding for prevention of mother-to-child transmission (PMTCT) because PMTCT has prevented infection for tens of thousands of children.

The USG also makes very significant contributions to programs of international organizations that reach highly vulnerable populations with large numbers of children. While U.S. contributions expand the reach of these programs, it is also important for the USG to engage with international organizations and the international donor community at large regarding global policies and practices toward highly vulnerable populations.

B. Capacity Building

To foster sustainability, capacity building is a key element of these service delivery projects. PEPFAR support for orphans and vulnerable children is "upstream" (capacity building) as well as "downstream" (direct service delivery). Foreign Disaster Assistance includes funds for disaster preparedness to mitigate the impacts of future disasters. Title II FFP includes funding for non-emergency programs aimed at building resilience in emergency-prone communities. Other USG programs also focus on capacity building, often in conjunction with demonstration or policy development efforts.

- Combining capacity building with service delivery, particularly when done in a multi-donor context, can have impressive results, as DOL's Bureau of International Labor Affairs (ILAB) demonstrates. The largest employment category in the world for children under age 16 is domestic work in homes other than their own, according to the International Labour Organization (ILO). Through its $3 million, five-year Combating Child Labor Through Education project in Morocco, ILAB is curtailing the use of underage *petites bonnes*, including young children placed in unpaid servitude to wealthy families, often by impoverished parents who would be paid for their children's services. This project, carried out in collaboration with the Government of Morocco, ILO, the United Nations Children's Fund (UNICEF), USAID, UNDP, and NGO partners, has withdrawn or prevented more than 8,700 children from becoming *petites bonnes* or falling victim to other forms of labor, and enrolled them in education programs; improved the capacity of children's shelters in Marrakech and Casablanca to respond to the special needs of *petites bonnes*; helped draft legislation, under deliberation at the time of this report's publication, on child labor law enforcement; and assisted in establishing a Child Labor Unit in the Ministry of Labor.

- The Fogarty International Center of the National Institutes of Health (NIH) addresses global health issues by supporting research collaborations and research training in developing countries. Children's health and development is a key theme. Examples include research in South Africa on the impact of developmental stressors, such as maternal separation on brain development (of particular relevance to children orphaned by AIDS) and research training in Turkey on the impact of institutionalization on children, interventions, policy changes, and alternative models of care.

C. Policy, Diplomacy, and Advocacy

Diplomatic efforts, policy development, and advocacy undertaken by the USG, both alone and in collaboration with international partners, are important techniques for encouraging governments to implement and enforce actions that protect highly vulnerable children and their families. Two of the most important tools for policy discussion are the annual *Trafficking in Persons Report* prepared by the Department of State and DOL's annual *Findings on the Worst Forms of Child Labor* report. The reports serve as vehicles for dialogue and as guides to help focus resources on prosecution, protection, and prevention programs and policies.

- The *2006 Trafficking in Persons Report* includes an analysis of trafficking and government efforts to combat it in 149 countries, an increase of seven countries from the 2005 report. The Department of State credits the increase in country reporting to a stronger response from governments and more public awareness campaigns.

- The DOL's *2005 Findings on the Worst Forms of Child Labor* provides individual profiles on 121 countries and a summary report on 19 non-independent countries and territories. The report presents as complete a picture as possible of the child labor situation in a country or territory.

Other programs employ project funding to support policy development and advocacy efforts.

- An essential step toward developing effective strategies to eliminate and prevent child labor is accurately documenting the extent and nature of the problem. Reliable child labor data are needed for governments and international organizations to develop programs and monitor progress. Toward this effort, DOL is funding national child labor surveys through the ILO's Statistical Information and Monitoring Program on Child Labour.[8]

- The Department of State's PRM Bureau exerts policy influence on programs of international organizations that it supports. It urges all of its partners to involve women in the programming, decisionmaking, and delivery of supplies for refugee populations in livelihood projects; in the prevention of and response to gender-based violence; in camp management; in education, particularly for girls; in the prevention of recruitment of children and the reintegration of child combatants; and in family reunification.

- USAID's Displaced Children and Orphans Fund (DCOF) is collaborating with Lt. General (Ret) Roméo Dallaire, Search for Common Ground, UNICEF/Canada, the Pearson Peacekeeping Center, and the University of Winnipeg to explore how greater collaboration among security, humanitarian, and human rights actors can help prevent the use of child soldiers.

- DCOF was the first arm of the USG to respond to the issue of children orphaned by AIDS in Africa. In 1991, DCOF conducted an assessment for the Government of Uganda and recommended a policy supporting family and community-based care. DCOF and UNICEF initiated an informal donors technical group on children affected by HIV/AIDS that helped shape the current international policies and guidance reflected in "The Framework" cited earlier.

In its policy efforts, the USG strives for global agreement on objectives and approaches to address the needs of highly vulnerable children.

- Regarding HIV/AIDS, the PEPFAR OVC Technical Working Group has participated in the Global Partners Forum and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Interagency Task Teams (IATTs) on Children and HIV/AIDS, the joint work on normative frameworks, guidelines, and monitoring for HIV/AIDS. The USG is the co-chair of the IATT Working Group on the Community's Role in the Response, an effort to develop and implement more effective mechanisms to increase the resources that reach intended beneficiaries in local communities. The USG participates in the IATT on children and HIV/AIDS working groups on monitoring and evaluation, civil registration, and education, and cosponsored, with UNICEF, this year's annual global OVC IATT meeting in April. The USG, through PEPFAR, contributed to the publication of *Africa's Orphaned and Vulnerable Generation, 2006.* PEPFAR programming aligns with the Framework,[9] the Three Ones,[10] and National Plans of Action. The Office of the U.S. Global AIDS Coordinator (OGAC) is also participating in the revision of the UNAIDS indicators related to children and HIV/AIDS.

D. Demonstration Projects and Research

Research and demonstration programs are important for improving our knowledge of the causes of vulnerability among children, developing and evaluating strategies for preventing vulnerability, and testing interventions for those who are already vulnerable. USG agencies are playing a key role in furthering that knowledge.

- In addition to developing and conducting standard ized AIDS Indicator Surveys that help countries measure progress on their national HIV/AIDS programs,

[8] Trade and Development Act report focusing on 121 countries and 19 territories, August 2007.

[9] Summarized in the box at the top right of page 6.

[10] Core principles, agreed to by countries and donors, for scale-up of national AIDS responses: one HIV/AIDS action framework that provides a basis for coordinating the work of all partners; one national AIDS coordinating authority; and one country-level monitoring and evaluation system.

USAID's Demographic and Health Surveys (DHS) carry out qualitative studies to identify and recommend solutions to specific problems. *Factors that Influence Women's Uptake of PMTCT Interventions in Georgetown, Guyana* (December 2005) identified key reasons that HIV-positive pregnant women did not receive nevirapine at delivery: transportation problems, dislike of the long waits for check-in at the hospital, and lack of HIV information on antenatal cards. The study recommended more comprehensive information, education, and communications training for both HIV-positive women and hospital staff.

- DCOF has supported the development and effective use of innovative methods for tracing and family reunification (Rwanda, Democratic Republic of the Congo, Uganda); deinstitutionalization of children in residential care (Ukraine, Belarus, Azerbaijan, Uganda, Sri Lanka); and family and community reintegration of children living on the street (Georgia, Russia, Dominican Republic, Republic of the Congo [Brazzaville], Zambia). It has also supported analysis of the key factors in the successful reintegration of child soldiers in Sierra Leone and of the factors that have sustained community action for highly vulnerable children in Malawi and Zambia.

- With the Zambian Ministry of Education, USAID has supported the development of interactive radio instruction for children who are unable to attend conventional schools. Through this program, orphans, school drop-outs, and other children, especially girls, are able to complete their primary school education, learning not only the educational basics, but also essential life skills and facts about HIV/AIDS. The program grew from only 21 centers in 2000 to 369 such centers in 2002, serving more than 11,000 children in grades one through four.

- In Guinea, State/PRM supported Save the Children/U.S. in a program that provided direct protection and livelihoods/education support to help refugee children and child-headed households become less vulnerable to exploitation, particularly those who are former combatants, prostituted teenagers, and unaccompanied minors. This $1.26 million project provided safe spaces for children for recreation and protection or for program staff to identify potential protection cases. An innovative day care center both provided child care for young mothers participating in vocational education and served as an "internship" for other girls and young women to learn positive child care techniques. The project provided case-specific follow-up for children with protection needs and monitored arriving and departing refugee groups for unaccompanied minors and other child protection needs.

- The Department of State's Office to Monitor and Combat Trafficking in Persons (G/TIP) supports CRS in India to assist children and women at high risk of being trafficked for exploitive labor and commercial sexual exploitation due to the devastating impact of the December 2004 tsunami. The project reaches thousands of individuals in more than 100 temporary settlements and 500 communities in or near tsunami-affected districts. CRS and its partners have hosted state-level consultations; held village-level training and orientation sessions on family reunification and child protection issues; and conducted public awareness campaigns. Direct service activities include development of adolescent peer groups; creation of community vigilance committees; targeted enrollment in schooling centers for children without formal education; and vocational training.

- The Centers for Disease Control and Prevention (CDC) assists victims of landmines and unexploded ordnance primarily through collaboration with the Landmine Survivor Network. Landmines and unexploded ordnance remain a serious public health threat in Afghanistan. Most of the injured in that country were civilians, with children and adolescents being at highest risk. CDC found that in Afghanistan, unexploded ordnance currently cause more injuries than landmines. Using this finding, landmine risk education programs now focus on the hazards of unexploded ordnance for children and landmine hazards for adults.

- Several NIH institutes support research developing and evaluating biomedical and behavioral interventions targeting children who are HIV-positive or have been exposed to HIV, including evaluation of the effectiveness of medical treatments for children living with HIV/AIDS. NIH funds the International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT), which is composed of components of the former Pediatric AIDS Clinical Trials Group (primarily for domestic HIV treatment research) and components of the former HIV Prevention Trials Network (primarily for international research) on PMTCT. IMPAACT evaluates improved strategies to prevent infants of infected mothers from acquiring HIV in utero or during birth and for treating children and adolescents

USG PROGRAMS FOR HIGHLY VULNERABLE CHILDREN FOCUSING ON INTERVENTIONS OTHER THAN SERVICE DELIVERY

Type of program	Responsible agency	Key interventions
Exploitive labor practices, trafficking	DOS-G/TIP	Policy and diplomacy, particularly through the annual trafficking report, and funding of demonstration, capacity building, and research projects.
Child labor, forced labor, human trafficking	DOL/ILAB	Research and policy formulation on trade, immigration, the worst forms of child labor, forced labor, and adherence to internationally recognized labor rights. International technical assistance for capacity building. Education in areas with high rates of exploitive child labor (service delivery and demonstration). Contributions to ILO's International Program on Elimination of Child Labour.
Child blindness	USAID/GH	Grants to eye and health care NGOs for treatment of blind children (service delivery, demonstration).
Research related to vulnerable children	NIH	Biomedical, social, and developmental research on orphans and vulnerable children.
Health care support for women and children	HHS	Capacity building and policy development: health coordination, disease surveillance systems, needs assessment, program evaluation, technical assistance, policy development in emergencies.
Displaced Children and Orphans Fund	USAID/DCHA, DCOF	Capacity building, demonstration, policy development, research projects, information dissemination. Provides funding and technical support to innovative projects as well as facilitates networking for information exchange and collaboration among organizations concerned with especially vulnerable children.
Refugees and victims of conflict and human trafficking	DOS/PRM	Policy, diplomacy, service delivery. Develops U.S. policy, supports international humanitarian organizations and NGOs and assists in DOS efforts to work through bilateral and multilateral diplomacy to protect and assist refugees, conflict victims, trafficking victims and other vulnerable migrants. Manages refugee resettlement in the United States.
Technical assistance and information dissemination on refugee child welfare	HHS/Administration for Children and Families, ORR	Web-based clearinghouse, publications, trainings, and tailored technical assistance efforts. Provides resettlement services to refugee adults, families, and unaccompanied refugee children in the United States as well as certain other vulnerable populations.
Abuse prevention and protection (politically or ethnically motivated killings, torture, rape, and other gender-based violence)	USAID/OTI	Demonstration; capacity building; field interventions (e.g., assessments, quick-impact projects supporting human rights organizations, and safe-guarding forensic evidence for prosecutions); technical assistance to USG entities; acting as a focal point for USG on human rights protection in humanitarian crises and complex emergencies.

already infected with the virus. The network has units in Brazil, Peru, South Africa, and Tanzania, and sites in Botswana, Malawi, Uganda, Zambia, Zimbabwe, India, and Thailand.

- NIH also supports research to understand factors that result in vulnerability in children and to develop and test interventions to reduce vulnerability. For example, research in Haiti is evaluating the mental health status of children affected by HIV and piloting an intervention to provide support and prevent negative psychosocial outcomes. Through PEPFAR, the USG has supported efforts to explore "social protection" models that might offer mechanisms of scale (reaching large numbers of

orphans and vulnerable children) and is determining how best to implement and follow up at the community level.

- The Trafficking Victims Protection Reauthorization Act of 2005 contained a significant new mandate for DOL/ILAB to research international forced labor for adults and children. ILAB is currently beginning this ambitious new program.

E. Documentation and Dissemination of Information

Expanded information among USG agencies and partners about the work already being done is one of the key elements of the PL 109-95 implementation strategy. Widespread dissemination of research results, policy analysis, and sound practices is very important for improving performance of service delivery, capacity building, and policy-related programming. Several USG agencies are engaged in this effort.

- The Department of State's annual *Trafficking in Persons Report* gathers and disseminates information on trafficking each year. In the 2004 report, government data that disaggregated transnational trafficking in persons by age and gender for the first time demonstrated that of the estimated 600,000 to 800,000 men, women, and children trafficked across international borders each year, approximately 80 percent are women and girls and up to 50 percent are minors. The data also demonstrated that the majority of transnational victims were trafficked into commercial sexual exploitation. However, these numbers do not include millions of victims around the world who are trafficked within their own national borders. The 2006 report sheds new light on the alarming trafficking of people for purposes of labor exploitation, often in their own countries. The *Trafficking in Persons Report* also includes a section that describes commendable initiatives from around the world in preventing and combating trafficking.

- By developing the *Report on Food and Nutrition for People Living with HIV/AIDS*, FFP and PEPFAR teams – which were already collaborating in Uganda and Zambia – were able to extend their collaboration to Ethiopia, Haiti, Malawi, and Rwanda.

- DCOF played a leading role in forming the Better Care Network,[11] an important source of information and technical support concerning children without adequate family care. DCOF is co-convener of the Washington Network on Children and Armed Conflict, which facilitates information sharing and collaboration among USG agencies, NGOs, and academic institutions.

- Since 2000, the ORR-funded Bridging Refugee Youth and Children's Services (BRYCS) project has played a vital role in bridging the gap in knowledge and coordination among social service providers on refugee family and child welfare issues. Through technical assistance, publications, electronic updates, trainings and a Web-based clearinghouse, BRYCS reaches a growing number of service providers in the United States and internationally. During the first six months of FY 2007, 79,458 documents were downloaded from the BRYCS Web site on such topics as cultural considerations and health issues for particular ethnic groups and raising children in a new country.

The table on page 17 lists many of the USG programs that focus primarily on capacity building, policy/diplomacy/advocacy, demonstration or research, and information dissemination as related to vulnerable children. It does not list the agencies and programs described in the Direct Service Delivery section earlier in this chapter, though these programs also include these elements.

This list will expand as other USG programs directed toward highly vulnerable children are identified. In addition, there are other USG agency programs, not shown on the table or in the annexes, whose activities and policies, while not directed toward highly vulnerable children of developing countries, are related. Their work should inform and be informed by the activities of USG agencies that address protections for highly vulnerable children. These include, for example, Department of Justice programs regarding protection for refugees, other ORR activities aimed at child protection for children who find their way to the United States, and programs related to international adoptions.

F. Integration with Broader Development Efforts

For long-term sustainability and resilience of communities and governments to resist the factors that result in large numbers of highly vulnerable children and families, continuation and expansion of broad development programs is essential – including basic education, child survival and health, enterprise and agriculture development, family strengthening, community empowerment, and improved governance. USG agencies strive to

[11] http://www.bettercarenetwork.org.

integrate programs directed toward highly vulnerable children with these broader programs wherever possible.

- A model of cross-sector collaboration in multiple African countries is the $60 million PlayPumps public-private partnership with the Case Foundation, the USG (USAID and PEPFAR), and other public and private partners. PlayPumps[12] is an innovative village water system, powered by spinning a merry-go-round that pumps clean water. USAID and PEPFAR have jointly contributed $10 million over three years to support provision and installation of PlayPumps in approximately 650 schools and health centers in HIV-affected areas. PlayPumps use the energy of children at play to provide clean water, increase access to education by locating the pumps near schools, and enable girls to attend school instead of spending time searching for water. By 2010, the pumps will provide clean drinking water for up to 10 million people in the following 10 sub-Saharan African countries: Ethiopia, Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, and Zambia.

[12] http://www.playpumps.org.

CHAPTER III: Progress in Implementing the Strategy for Highly Vulnerable Children

Indigenous Ashaninca children in the isolated jungle community of Oviri, along the Rio Tambo in Peru, receive food made by women in the village. Many children in the region have been orphaned as a result of political violence.

The 2006 strategy incorporated activities to be carried out over the next 12 months. These included consultation with field missions; liaison with USG agencies, implementing partners, and key advocacy groups; cooperation with international organizations, other donors, non-profits, and the private sector; development of monitoring and reporting standards; and accelerated implementation in selected countries.

A. Consultation with Field Missions

Field missions have been informed about the legislation, the proposed implementation steps, and the importance that the USG places on assistance to highly vulnerable children. Three missions have agreed to become "fast-track" countries for accelerated implementation as described below.

Fast-Track Countries: Regardless of how good coordination mechanisms may be in Washington, ultimately the locus of coordination for effective programming must occur in the countries where activities for highly vulnerable children are conducted. For this reason, teams representing the Special Advisor visited three countries to better understand and facilitate USG coordination efforts that can serve as models for other countries. The designated USG focal person for highly vulnerable children at the country mission coordinated the team visits. Teams visited Ethiopia and Uganda, PEPFAR focus countries with large OVC programs, and Indonesia, a non-focus country. Embassies in these three countries carry out activities for highly vulnerable children under the auspices of USAID, PEPFAR, DOL, the Department of Defense (DOD), and the Department of State (DOS) (e.g., trafficking efforts and refugee children).

The Peace Corps is working in Uganda and is re-entering Ethiopia (first volunteers to arrive in September 2007) with a primary focus on HIV/AIDS. Both of these Peace Corps countries receive (Uganda) or will receive (Ethiopia) PEPFAR funds that may support orphans and vulnerable children activities.[1]

Initial meetings at the fast-track sites included representatives from CDC, DOD, DOL-funded projects, Peace Corps (in Uganda), DOS, UNICEF, UNHCR, ILO, USAID, and civil society, and represented programs in education, health, gender, social welfare, and child labor. Existing coordination for vulnerable children is led by PEPFAR with limited reach into programs addressing vulnerable children more broadly. Strong support exists for increased coordination, especially through strengthening government systems.

Vulnerable children in the low-income community of Gemiston, South Africa, many orphaned by AIDS, wait in line for medicine.

B. Coordination Among USG Agencies

The Special Advisor for Assistance to Orphans and Vulnerable Children began meeting with representatives of other key USG agencies over the summer of 2006, culminating in an interagency meeting in November 2006. As a result, agencies shared information on activities, budgets, target groups, results, and special challenges. Efforts are under way to identify other USG agencies whose activities should be covered by the PL 109-95 legislation.

Collaborations have developed since the first meetings, including a stepped-up exchange on programs for the demobilization of child combatants, supported by DOL and USAID. A DOL panel, to which the Special Advisor contributed a technical staff member, has reviewed proposals for a project to address the risks to children of exploitive lavor in Angola and awarded the project. Discussions are under way for a meeting on highly vulnerable children, bringing together NIH-supported researchers on orphans and vulnerable children and researchers conducting PEPFAR targeted evaluations of USG programs for such children in Kenya and Tanzania. In addition, the Department of State is developing an initiative to increase the availability and quality of family care for highly vulnerable children.

C. Coordination with Multilateral Bodies, Other Donors, Non-Profits, Private Sector

Multilaterals: The Interagency Committee for Highly Vulnerable Children held its first meeting February 23,

[1] Peace Corps does not have a presence in Indonesia.

NGO Comments to the Draft *First Annual Report to Congress FY 2006, Highly Vulnerable Children: Causes, Consequences and Actions*
May 17, 2007

Overall, the tone and messages of the report are encouraging. The reference to "highly vulnerable children" is particularly welcomed, as OVC has become synonymous with "AIDS-affected," though vulnerability extends beyond HIV and AIDS, and, as many reports have demonstrated, targeting this specific group is often stigmatizing and counterproductive.

However, given the focus of PL 109-95 on all highly vulnerable children, and not just children affected by HIV and AIDS, there is a strong need for a full-time special advisor who represents the broad range of USG efforts. Thus, the report should outline a plan for having such an advisor and what resources might be needed to make this happen. In addition, there is a critical need for the USG to stay on track with and increase funding for the activities outlined in PL 109-95. As the law states, "There is an urgent need to provide assistance to such children." Thus, a timeline of action for implementation of PL 109-95 and mechanisms for funding increases for such programs would be helpful. The annual report should also provide more extensive and specific evidence of the progress in mobilizing financial and other resources across multisector and multilevel partnerships that can then contribute to increasing the scale and scope of reaching highly vulnerable children over time. This initial baseline information is needed in order to measure progress toward greater mobilization and scale-up in the next annual report.

Next, the draft annual report arbitrarily introduces a five-element assessment format that does not correspond or respond to the seven parameters on page 6 of PL 109-95 or the "monitoring elements" presented on page 14 of the PL 109-95 Implementation Strategy. It would be helpful if the report systematically addressed the strategies outlined in the legislation and accomplishments (or lack thereof) in each area, including, for example: school food programs, elimination of school fees and other education expenses, investment in teachers and infrastructure, and vocational training.

Also, the role of NGOs/civil society as implementing partners of PL 109-95 could be more sufficiently outlined in the draft report. In addition, USG support should add in-country advocacy groups to the list of organizations eligible for support. Nurturing advocates for highly vulnerable children will ensure that the dialogue is sustained and community-owned. Finally, civil society hopes to be invited to directly participate in determining indicators of progress to guide the format and content of future annual reports, including reports of progress that demonstrate that USG field office strategies are in alignment with national OVC strategies; the extent of local and international NGO involvement by country; and the extent to which USG resources are flowing to the community level.

The full text of NGO comments is included in Annex 2.

2007. USAID/OHA provides the secretariat. The Special Advisor chairs the committee, whose current attendees are DCOF, DOL, UNICEF, UNHCR, and a representative from civil society. Composition of the committee will be expanded in the future to include additonal USG representatives.

Non-Profit Advocacy and Service Organizations: Several interagency networks and technical working groups that include USG participation provide ongoing opportunities for collaboration.[2] In addition, the Special Advisor hosted preliminary meetings with key NGOs in April and December 2006, with individual meetings in between, to explain how the USG was implementing PL 109-95 and to obtain their comments. These exchanges were positive, though these organizations naturally wish to see higher levels of USG resources going to vulnerable children. The Special Advisor has offered regular meetings with NGO representatives to continue the dialogue and monitor progress. Key NGOs have provided their views, presented in the box above and in Annex 2.

Private Sector: Private sector issues have been discussed in the Interagency Committee for Highly Vulnerable Children, and consideration is being made for establishing a subgroup with private sector representatives. PEPFAR, in particular, through its implementing agencies, has been developing a number of public/private partnerships to address programming gaps in the field and to leverage USG resources for vulnerable children.

- The Pediatric AIDS Public-Private Partnership was launched by Mrs. Laura Bush in March 2006 and

[2] A list of ongoing networks and working groups was included as an annex to the 2006 strategy document.

STEPHANIE COLVEY

Sick and abandoned children await care at a clinic in Calcutta.

seeks to overcome major barriers to scaling up pediatric HIV treatment. The partnership has brought together departments and agencies across the USG together with six innovator and five generic pharmaceutical companies, UNAIDS, UNICEF, the World Health Organization, the Elizabeth Glaser Pediatric AIDS Foundation, and the Clinton Foundation. We are aiming to expand the number of pediatric ART formulations, improve forecasting and supply of ART, coordinate education and training, and expedite drug registration.

- The Coca-Cola Vendor Model is a public-private partnership in Ethiopia with PEPFAR, USAID, Save the Children, and the Coca-Cola Company. It was created to support older adolescent orphans and vulnerable children. In this partnership, the NGO provides the child deemed "head of household" with marketing and business skills training, life skills training, guardian counseling, educational support, and psychosocial counseling. The Coca-Cola bottling company provides income generation through employment as vendors of Coca-Cola products. Many of these children have used their income to pay for school uniforms, books, and other educational costs. The model has been so successful that other African countries are looking to adopt it.

- Zambia Bednets is a $2.9 million public-private partnership that brings together the Global Business Coalition on HIV/AIDS, Tuberculosis, and Malaria, PEPFAR, and the President's Malaria Initiative to distribute approximately 500,000 bednets to the most vulnerable households in Zambia. This partnership will address critical linkages between malaria and HIV/AIDS. People living with HIV/AIDS are extremely vulnerable to malaria and face an increased likelihood of death and debilitating illness. In 2005, an estimated 1.1 million adults and children were living with HIV in Zambia. An estimated 98,000 adults and children died from AIDS that year, leaving behind a growing number of children orphaned by AIDS, currently estimated at 710,000.

Other public-private partnerships are being developed. For example, discussions with the Abbott Fund have focused on a few specific countries, matching USG resources to better address the vulnerabilities of pre-adolescent and adolescent girls who are at high risk for neglect, exploitation, and HIV infection. Similarly, with the Bernard van Leer Foundation, based in The Hague, the Netherlands, discussions have been initiated to explore potential matching funds to support model early childhood programming for orphans and vulnerable children in a number of African countries over the next three years. While the risk of HIV infection and the care of children affected by HIV/AIDS are central to these collaborations, the child protection issues to be addressed extend beyond the effects of HIV/AIDS. A strong operations research component will be integrated into each program to gather an evidence base for sound practice.

D. Monitoring and Reporting: Development of a Strategic Information System

The range of USG programs concerned with highly vulnerable children, the different mandates and target groups that they address, and the widely varying nature of activities all complicate the process of developing a monitoring and reporting system that tells the whole story. Some programs are national or worldwide in scope, affecting millions of people (disaster assistance, food aid, HIV/AIDS programs); others support smaller though extremely vulnerable groups (e.g., DCOF). Some are focused on provision of services, while others are focused on strengthening of policies or legislation. Some target very specific groups (e.g., victims of trafficking) while others are broad-based programs affecting entire communities and in some cases countries. Moreover, some USG agencies rely primarily on reporting and diplomatic efforts to achieve impact, while others rely on the injection of funds.

During the next 12 months of implementation of PL 109-95, the Special Advisor will focus on the development of a strategic information system that will identify the relevant USG programs and place them within a framework that provides a clear picture of the total USG effort to reach highly vulnerable children. The first step in this process has been to collect information on the programs

currently serving highly vulnerable children. The next steps are to determine which programs should be included in such a system, what kind of information is needed from each type of program, and whether USG agencies carrying out similar types of programs can provide information sufficiently consistent to monitor progress and estimate impact. Once this assessment is complete, a process of technical exchange will be initiated among USG agencies to reach agreement and make the system operational.

Development of a strategic information system is complicated by the fact that no funds have been appropriated for this purpose. The Special Advisor can call on USAID staff to develop the system but will have to rely on the goodwill of all agencies involved to obtain and provide the agreed-upon information.

E. Special Advisor

The first Special Advisor for Assistance to Orphans and Vulnerable Children, Dr. Connie Carrino, was appointed in March 2006 and oversaw development of the strategy and preliminary meetings with other USG agencies and nongovernmental partners in April and May 2006. Dr. Ken Yamashita, who became Director of USAID/OHA in July 2006 upon Dr. Carrino's departure, is the second Special Advisor. Dr. Yamashita brings to the position both a broad development perspective from his position as a Mission Director and specific expertise in health and HIV/AIDS. During his 20 years of development experience, he has served as a CDC advisor, Chief of Health Policy for USAID's Global Center for Health, Director of USAID's health programs in Ecuador and South Africa, and Mission Director of USAID/Kosovo. Dr. Yamashita is supported by a Senior Advisor for Orphans and Vulnerable Children, Dr. Kirk Felsman, a clinical child psychologist who has extensive academic training and many years of field experience with programs for highly vulnerable children.

Dr. Yamashita has oversight, under OGAC, of the largest single USG program targeted directly at orphans and children made vulnerable by HIV/AIDS and can call on a staff of experts for support, including excellent resources for monitoring and evaluation. His position ensures him access to senior officials throughout USAID and in other USG agencies, as well as to the key NGOs concerned with highly vulnerable children. USAID/OHA has for the past several years worked closely with USAID bureaus and U.S. embassies to coordinate assistance efforts for AIDS-affected children, so this broader effort to expand coordination of assistance to children made vulnerable from other causes is a natural expansion of that effort.

CHAPTER IV: Plans for the Coming Year

USAID/KASEY VANNETT

Brothers Samir and Ante are adjusting well to life with their foster family in Tuzla, Bosnia and Herzegovina.

USAID

Displaced boy walks near a temporary shelter in Sudan.

A. Interagency/International Cooperation

Interagency Committee for Highly Vulnerable Children: The Interagency Committee for Highly Vulnerable Children will meet at least four times annually. It will become the primary vehicle for multi-agency exchange of information and collaboration, though we will maintain and expand individual inter-agency contacts as well. Involved agencies and offices will receive a summary of the discussions from the committee meetings and will be given an opportunity to comment. The work of the Committee during its first year will focus on the following issues:

- How do we best ensure that the work of each program is shared with others and that important policies and practices are disseminated effectively, without overburdening participants?
- What information do we need from each agency to begin to put a useful strategic information system in place?
- What are the key technical issues we should place on our agenda for multi-agency discussion?
- Overall, how can we promote coordination and communication in an effort to increase programming impact in the field?

International Organizations: International organizations participate in the Interagency Committee for Highly Vulnerable Children. The USG will continue to support the work of international organizations involved in providing services to vulnerable children and will coordinate its own service delivery efforts with theirs. The Special Advisor for Orphans and Vulnerable Children will meet with the UN Special Representative for Children and Armed Conflict and explore potential collaboration, including the revisit of the UN-commissioned Graça Machel Study on the impact of armed conflict on children 10 years since its original release. The Special Advisor will enhance his office's coordination with USG agencies that have established relationships with several UN and multilateral structures, including UNICEF, UNHCR, the UN High Commissioner for Human Rights, UN Habitat, and the International Committee of the Red Cross (ICRC).

B. Fast-Track Pilot Programs for In-Country Coordination

Over the next several months, the three USG missions that have volunteered to serve as fast-track sites for improved in-country coordination of efforts to serve highly vulnerable children will develop their own coordination and joint programming mechanisms – both among USG agencies working in that country and with the national government, international organizations, nongovernmental partners, and the private sector. Suggestions for the year ahead to improve coordination include:

- Construct a country-specific matrix of who from USG is working where, with what intent, regarding vulnerable children (which could be integrated into the developing HIV/AIDS management information systems documentation and geographic information systems mapping efforts that are already under way in these countries).
- Convene quarterly meetings to share priority actions and plans.
- Establish a communication mechanism (e.g., limited listserv) to facilitate in-country exchanges on specific technical areas (sanitation, child-friendly schools, nutrition, etc.) with a geographic focus.
- Devise a means for making better use of existing funding mechanisms (vs. creating new ones) by connecting across USG agencies.

The Special Advisor will monitor their efforts and ask them to identify what works and what does not. Their experiences will be shared with the Interagency Committee for Highly Vulnerable Children so a determination can be made about how to expand the effort effectively. The Special Advisor has established a

target of five to 10 additional countries to be added to this fast-track initiative during FY 2007. Should resources permit, a regional advisor for highly vulnerable children will be placed in the area to assist missions in implementing programs of improved coordination.

C. Cooperation with Civil Society

The Special Advisor will continue to meet and share information with civil society organizations (including both implementing partners and other children's advocacy NGOs). NGOs are represented on the Interagency Committee for Highly Vulnerable Children. Because so many of the service delivery and demonstration/research activities funded by USG agencies are implemented by NGOs, there are several issues on which we would like to engage the NGO community over the coming months:

- What are their views on how the USG can engage NGOs more effectively when implementing programs for highly vulnerable children and their families?
- How can we ensure that NGOs involved in implementing programs for HIV-affected children are sufficiently informed about the activities of NGOs involved with other vulnerable populations, such as child laborers and child soldiers?
- What mechanisms are in place to ensure that practical experiences of one NGO or group of NGOs is shared with others, and can these be expanded?
- How can coordination and collaboration among the NGOs be improved, particularly among NGOs that implement USG-funded programs?
- And finally, how can the NGO community help USG agencies in improving coordination among programs for highly vulnerable children overall, including assisting in policy formulation?

D. Promotion of Public-Private Partnerships

Several promising public-private partnerships are already in process and others are being discussed. The Special Advisor will encourage other USG agencies addressing the needs of highly vulnerable children to pursue these partnerships and to seek to develop new ones.

E. Progress on the Strategic Information (Monitoring and Reporting) System

During the next year, the Special Advisor will consult with relevant agencies to develop reporting information on each program that is available annually and which

USAID

Schoolgirl receives food aid in Kenya.

describes progress over the past year, key objectives for the next year, and knowledge gained that can inform the work of other agencies. We expect to be able to report on the information that each agency will provide by the next PL 109-95 implementation report. The following parameters will be applied to the strategic information system:

- The goal, over time, is to demonstrate that as a result of improved coordination, an increasing number of highly vulnerable children will have access to essential services, whether through USG support or from the USG in combination with the host government or other donors.
- Only for those programs aimed at service delivery to large vulnerable populations with significant numbers of highly vulnerable children will we attempt to estimate numbers of beneficiaries. It will be necessary to estimate the number of children included in some programs that do not disaggregate vulnerable populations by age. In addition, we must adjust for double counting since many children receive services from more than one program. We will strive to attain a clear enough estimate so that we can judge whether the number reached is stable or increasing.
- For activities and programs geared to capacity building, policy, diplomacy, research and demonstration, and information dissemination,

COMMUNIS AGENCY

A resident receives a birth certificate in a matter of minutes, rather than days, at the new Citizen Service Center in Gorazde, Bosnia and Herzegovina.

the strategic information needs are different. Separate indicators must be established for each. For these programs, we need qualitative information on what knowledge has been gained, what policy progress has been made, what outreach has spread new policies and practices, and what improvements in systems and programs can be reasonably attributed to these new policies and practices.

- The strategic information system will not include broader development interventions that are not directed specifically toward highly vulnerable populations, but do foster resiliency and development within the community so that it can care for vulnerable children and prevent future vulnerability. However, wherever possible, they should be carried out in the same communities as programs targeted to highly vulnerable children in order to ensure that a broad range of services is provided. The Special Advisor will work with the fast-track countries for rapid implementation to identify ways of crediting development programs that work in cooperation with programs directed to highly vulnerable children in order to measure whether our overall goal of closer coordination is being achieved. (PEPFAR has already begun including measures in its monitoring system to determine whether a range of services is being provided.) Initially, it is likely that this will have to be done on an anecdotal basis.

At least one ongoing activity will provide important information for the strategic information system by demonstrating the impact of integration of broader development efforts with programs directed at highly vulnerable populations. In the coming year, DCOF is making funding available to politically strategic countries with large numbers of highly vulnerable children to carry out "mainstream" activities (the broader development activities referred to above) in ways that would increase access to social and economic opportunities for highly vulnerable children and their families. In Nepal, for example, DCOF funds are placed within a successful agricultural production program to allow for (a) increased opportunities and income for marginalized farm families, and (b) dedicated monitoring and documentation of the program's impact on children's well-being, household food security, and family cohesion. In Sudan, funds are provided to expand access to and availability of basic education for extremely marginalized families and children. Expansion of this "mainstreaming" initiative to additional countries will generate important information on how to increase the impact of development programs for the most vulnerable populations.

ANNEXES

A young child takes care of her younger siblings in the hills of Uttaranchal state, India.

ANNEX 1: MATRIX OF USG ASSISTANCE TO HIGHLY VULNERABLE CHILDREN BY CAUSE OF VULNERABILITY AND PROGRAM PURPOSE

Causes of vulnerability addressed	Program purpose				
	Service delivery	Policy formulation, diplomacy, international cooperation	Research, demonstration	Capacity building	Information dissemination
Humanitarian emergencies from natural disasters or conflict	OFDA FFP Title II PRM support to UNHCR, ICRC, UNICEF, UNRWA, IOM, WFP, NGOs Some elements of DOD humanitarian missions	PRM for refugee policy OFDA	USAID/DCHA IDP/Protection Working Group	OFDA disaster preparedness assistance FFP Title II non-emergency assistance	PRM OFDA
Refugees	PRM support to UNHCR, ICRC, UNICEF, IOM, UNRWA, other IOs, NGOs	PRM	PRM	PRM	PRM
Refugees and unaccompanied refugee children resettling in the United States	ORR support to states and national and local voluntary agencies for refugees referred via UNHCR, DHS, PRM	ORR	ORR	ORR	ORR
IDPs	OFDA FFP PRM through legislatively authorized contributions to international organizations (UNHCR, ICRC)	USAID/Office of Program, Policy, and Management; OFDA	USAID/DCHA IDP/Protection Working Group	OFDA disaster preparedness and mitigation assistance	OFDA
Epidemics, especially HIV/AIDS	PEPFAR and PEPFAR contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria	PEPFAR and PEPFAR contributions to Global Fund	PEPFAR NIH	PEPFAR	PEPFAR
Exploitive labor including trafficking	DOL contributions to ILO for direct service delivery DOS-G/TIP grants for direct service delivery PRM contributions to IOM	DOL/ILAB DOS-G/TIP	DOL/ILAB contributions to ILO for research and education initiative DOS-G/TIP demonstration projects	DOL DOS-G/TIP PRM contributions to IOM	DOL DOS-G/TIP PRM contributions to IOM

Causes of vulnerability addressed	Program purpose				
	Service delivery	Policy formulation, diplomacy, international cooperation	Research, demonstration	Capacity building	Information dissemination
Multiple causes, including breakdown of traditional social safety nets	DCOF support for projects	DCOF contributions to host-country policy formulation	DCOF support for and technical participation in key studies	DCOF support for practitioner and community-level training	DCOF technical support and development of material on key issues
Single focus programs	McGovern Food for Education program Child survival and health grants		Various USAID-funded research programs, child blindness grants	USAID's education, child health, livelihoods, and anti-poverty programs	

ANNEX 2: NGO COMMENTS TO THE DRAFT PL 109-95 FIRST ANNUAL REPORT TO CONGRESS FY 2006

Highly Vulnerable Children (HVC): Causes, Consequences and Actions draft dated April 23, 2007

The NGO Community would like to thank USAID for the opportunity to comment on the first draft Report to Congress on highly vulnerable children. As USAID may know, many NGOs were and are active advocates and supporters of PL 109-95 and were involved in the development of recommendations for its implementation – recommendations that were based on NGO technical experiences in the field. The NGO Community hopes that a positive engagement and partnership with USAID will continue, grow, and strengthen on behalf of the world's vulnerable children, particularly around the implementation of this important legislation.

Below, please find a compilation of comments submitted on behalf of the NGO Community to the draft PL 109-95 First Annual Report to Congress. Please feel free to contact Mirellise Vazquez, NGO representative to the OVC Coordinating Committee, at mmvazquez@ccfusa.org, with any questions or concerns.

Overall Comments

1) Definition of vulnerable children: Overall, the tone and messages of the report are encouraging. The reference to Highly Vulnerable Children is particularly welcomed, as OVC has become synonymous with AIDS-affected. Vulnerability extends beyond HIV and AIDS, and, as many reports have demonstrated, targeting this specific group is often stigmatizing and counterproductive.

2) Presentation of Progress-to-Date: The draft annual report arbitrarily introduces a five-element assessment format (i.e., service delivery; capacity building; policy, diplomacy, advocacy; research and demonstration; information documentation and dissemination) that does not correspond or respond to:

   a) the seven parameters on page 6 of PL 109-95 (i.e., focus on stressed communities; reliance on local institutions or communities to determine the most vulnerable children and to determine the most-needed services; preference for family/household care rather than institutional care; preference for a development approach that creates ownership and limits dependency; adherence to the five key strategies of the Framework; strengthening of partnerships and knowledge exchange between implementing organizations that are primarily child-centered and those that focus on economic empowement; the importance of gender concerns), and

   b) the "monitoring elements" presented on page 14 of the PL 109-95 Implementation Strategy, i.e.:

- Data for FY 2006 on the number of HIV/AIDS-related OVC reached by country, by OGAC and USAID-supported programs, and an estimate of highly vulnerable children reached through the DCOF. Instead, the current draft annual report discusses the complexity of trying to estimate reach.
- A list of implementing partners in each country that receive funds from these sources (which would provide a better opportunity to demonstrate participation by the large number of NGOs, including faith-based and community-based organizations, partners who are actively providing care, services, treatment, and support).
- Descriptions of other U.S. agency programs that support children and estimates of their program resources targeted to highly vulnerable children (while there is ample description of USG programs and networks, outputs in terms of the number of highly vulnerable children targeted, reached, and amount of resources targeted and spent are missing).
- Descriptions of the initial work plans for accelerated field implementation of a coordinated program in selected countries (this would allow further demonstration of the role of NGOs and civil society in planning and implementing coordinated programs, as USG partners).
- An appendix, which lists by country, existing USG agencies and the types of programs they support (the inclusion of this appendix would allow the Special Advisor to fulfill the duty to provide a review of the OVC/highly vulnerable children sections of the Country Operating Plans across all PEPFAR focus countries).

3) Special Advisor for Highly Vulnerable Children: Currently the position of Special Advisor is shared

with the competing responsibility of directing USAID's Office of HIV/AIDS. Given the focus on all highly vulnerable children, and not just children affected by HIV and AIDS, there is a strong need for an advisor that represents the broad range of U.S. Government efforts and not those of any one particular agency. Moreover, the scope and importance of the portfolio seems to demand the full-time attention of an advisor whose responsibilities are not split across two critical positions. Thus, the report should outline a plan for how this transition could take place over the next year and what resources might be needed to make this happen. In addition, it is unclear what are the differences in the roles of the Special Advisor and Senior Advisor for OVC.

4) Maintaining a sense of urgency: There is a critical need for the USG to stay on track with and increase funding for the activities outlined in PL 109-95. As the law states, "there is an urgent need to provide assistance to such children." Thus, a timeline of action for implementation of PL 109-95 and mechanisms for funding increases for such programs would be helpful.

5) It would be helpful if the report systematically addressed the strategies outlined in the legislation and accomplishments (or lack thereof) in each area, including, for example, school food programs, elimination of school fees and other education expenses, investment in teachers and infrastructure, and vocational training.

6) Wraparound funding: Wraparound funding continues to be good in theory but difficult in practice. The example of CRS in Kenya reflects a situation where an organization that is (or has been) both a Title II grantee and an OVC grantee was able to make the two programs work together. Unfortunately these examples are rare. The report should outline more specific action at both Washington and country level to overcome the challenges in making wraparound work including for example differences in targeting (both by population served and geographical considerations) that make wraparound often impossible.

7) OVC funding vis-á-vis treatment: The report cites a shortfall in the 10 percent target (considered a minimum by many) for use of OVC funding. Despite the critical need to advance treatment for children, accomplishments in this area should not be considered an accomplishment of the other. While PMTCT efforts and antiretroviral drugs (ARVs) are very important, it is equally important to ensure that assistance for OVC is not paid for under the treatment allocation. Instead, efforts should be made to complement all these services.

8) NGOs: The role of NGOs/civil society as implementing partners of PL 109-95 could be more sufficiently outlined in the draft report. In addition, USG support should add in-country advocacy groups to the list of organizations eligible for support. Nurturing advocates for highly vulnerable children will ensure that the dialogue is sustained and community-owned.

9) Resources and scale-up: Page 11, Section G., Cooperation with International Organizations, Other Donors, Non-profits, and the Public Sector, of PL 109-95 states that: "The Special Advisor will be a champion for mobilizing inter-agency, multi-sector and private support for highly vulnerable children." Instead of the current 5-point assessment format, the annual report should provide more extensive and specific evidence of the progress in mobilizing financial and other resources across multisector and multilevel partnerships that can then contribute to increasing the scale and scope of reaching highly vulnerable children over time. This initial baseline information is needed in order to measure progress toward greater mobilization and scale-up in the next annual report.

10) Categories and baseline: This report has the potential to provide baseline information that could be used in the future. Thus, identifying the various categories right, at this moment in time, is very important. More information about number of children in each category, location, extent of the problems, etc., is needed (beyond the text box and chart in the Overview section of this report). The appendices do seem helpful for giving an overview of what is going on across the agencies, although the information is inconsistent, with more detail in some areas than others. For example, while the report starts off strong by using a three-pronged framework of meeting immediate consequences, addressing causes, and building community capacity, the only area that the report gets specific with regard to the amount of funding is in the area of direct assistance.

11) Capacity building: While an "inter-agency committee for HVC," "pilot programs," and overarching

"strategic information system" may seem relevant to the implementation of PL 109-95, perhaps more emphasis should be placed on supporting key government entities such as ministries of social development/welfare who are mandated to assist vulnerable populations to improve their capacity to meet, make plans, reach and coordinate services to these populations and have a viable M&E system. Could there be an "Intergovernmental Working Group of Ministries of Social Welfare/Development" instead?

12) Coordination and collaboration at the field level:

- There is often a disconnect between the higher-level theoretical discussions on the need for cooperation between the major NGO actors and the reality at the field level, which is unfortunately often dominated by competition and a lack of collaboration.
- Donor agency funding delivery mechanisms are sometimes slow, inconsistent, and bureaucratic, causing delays and problems in the delivery of programs.
- The absorptive capacity of local USAID missions is sometimes a barrier to scaling up.

13) The "comprehensive approach" discussed in the draft annual report does not include/emphasize short- and long-term assistance (which also constitutes another set of parameters for reporting) nor assistance to parents, guardians, and caregivers. These omissions limit the scope of the progress report. Some of the examples of "progress" given (e.g., page 9 of the draft annual report) are results of interventions or programs targeted at adults living with HIV, rather than highly vulnerable children or their caregivers per se.

14) The Strategy to Implement PL 109-95 has a wide agenda for meeting the needs of all highly vulnerable children. It would be helpful to know how this has worked for the Special and Senior Advisor. For example, a challenges and opportunities section in the report on the implementation of PL 109-95 would be most welcome.

15) Education funding and programming is absent from the report. It seems important for these to be included.

16) Though PL 109-95 calls for acceleration of implementation in select countries, future reports should not rely on case examples and should not be limited to a report of progress in just three countries (Ethiopia, Uganda, and Indonesia).

17) Civil society hopes that they will be invited to directly participate in determining indicators of progress to guide the format and content of future annual reports, including reports of progress that demonstrate that USG field office strategies are in alignment with national OVC strategies, the extent of local and international NGO involvement by country, and the extent to which USG resources are flowing to the community level.

ANNEX 3: PROGRAMS FOR HIGHLY VULNERABLE CHILDREN BY AGENCY

Contents	
Agency	**Page Numbers**
Department of State/Office of the U.S. Global AIDS Coordinator	38–42
Department of State/Office to Monitor and Combat Trafficking in Persons	43–44
Department of State/Bureau of Population, Refugees, and Migration	45–46
Department of Labor/Bureau of International Labor Affairs	47–49
USAID/Bureau for Democracy, Conflict and Humanitarian Assistance	50–54
USAID/Bureau for Global Health	55–57
Department of Agriculture	58
Department of Health and Human Services/Centers for Disease Control and Prevention	59
Department of Health and Human Services/National Institutes of Health	60–62
Department of Health and Human Services/Administration for Children and Families	63–64

USG agency/office: Department of State/Office of the U.S. Global AIDS Coordinator (OGAC), coordinating programs of USAID, Department of Health and Human Services (Health Resources and Services Administration and Centers for Disease Contol and Prevention), Department of Defense, Peace Corps, Department of Labor

Program: President's Emergency Plan for AIDS Response (PEPFAR)

Cause of vulnerability being addressed: HIV/AIDS

Activity type and brief summary: Care and support of OVC. "Downstream support" consists of direct services, including caregiver training, support for access to education, economic support, targeted food and nutritional support, legal aid, medical care, psychological and emotional care, and other social and material support. "Upstream support" consists of national, regional, and/or local activities, such as training, systems strengthening, or policy development.

Legislative basis for program: PL 108-25, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, authorizing the President's Emergency Plan for AIDS Relief.

Funding, most recent year (commitments): FY 2006 – $150 million committed (excludes pediatric AIDS) in 15 focus countries.

Beneficiaries reached, most recent year: 1,346,000 OVC received direct support ("downstream"); approximately 700,000 received indirect support ("upstream") in 15 focus countries.

Recent results, reporting data, progress: Next year, funding and beneficiary data will be available for non-focus countries as well.

- Starting with the FY 2007 semi-annual progress report and annual progress report, measurement of the OVC directly serviced target will be divided into two subcategories: OVC receiving primary direct support and those receiving supplemental direct support. Direct recipients of support are OVC who are regularly monitored in the six core areas (food/nutrition, shelter and care, protection, health care, psychosocial support, and education) and whose individual needs are addressed accordingly. Primary direct support includes OVC who are receiving PEPFAR-funded or leveraged support in three or more areas, in the relevant reporting period, that are appropriate for that child's needs and context. Supplemental direct support includes those who receive support in one or two areas. Total direct support includes the sum of primary and supplemental support.

- Based on *Orphans and Other Vulnerable Children Programming Guidance for United State Government In-Country Staff and Implementing Partners* (PEPFAR, OGAC, 7/06), there are two direct targets related to OVC at the national level: OVC served and providers/caregivers trained. For PEPFAR, direct results or targets are uniquely identified individuals receiving services through service delivery sites directly supported by USG programs (interventions/activities). Those individuals are counted at the point of service delivery. Indirect targets are estimates of the number of individuals served as a result of the USG contribution to system strengthening.

Examples of activities/successes:

- *Zambia:* Through the DOD, care and support for AIDS-affected OVC includes working with widows/widowers and children of military who have died from AIDS-related causes; building capacity of parents, guardians, and teachers to provide care and support and link to psychosocial, education, medical and home-based care; working with parent community school committees; support for school fees, teaching/learning materials, improved quality of learning, nutrition, support, shelter; helping widows and children receive military benefits due to them after military personnel die.

Source: *The Power of Partnerships: The President's Emergency Plan for AIDS Relief, Third Annual Report to Congress, 2007*

USG agency/office: Department of State/Office of the U.S. Global AIDS Coordinator (OGAC), coordinating programs of USAID, Department of Health and Human Services (Health Resources and Services Administration and Centers for Disease Contol and Prevention), Peace Corps, Department of Defense

Program: PEPFAR

Cause of vulnerability being addressed: HIV/AIDS

Activity type and brief summary: Pediatric AIDS treatment consists of direct interventions to optimize survival of HIV-exposed and infected children, such as provision of basic preventive care, including support to optimize infant and young child nutrition; prevent infections such as malaria, TB, and pneumonia; strengthening linkages and referrals to routine child health services; clinical staging and regular monitoring to determine eligibility for ART; providing ART; treatment of malnutrition and life-threatening infections, such as diarrhea and pneumonia; pain and symptom management; and psychosocial support.

Legislative basis for program: PL-108-25, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, authorizing the President's Emergency Plan for AIDS Relief.

Funding, most recent year (commitments): $63 million in FY 2006 for 15 focus countries.

Beneficiaries reached, most recent year: 51,706 children treated in FY 2006 or 48,600 children treated in FY 2006 (data not consistent) for 15 focus countries.

Recent results, reporting data, progress: Beginning in FY 2007 it will be possible to measure funding to and beneficiaries in non-focus countries.

Source: *The Power of Partnerships: The President's Emergency Plan for AIDS Relief, Third Annual Report to Congress, 2007*

USG agency/office: Department of State/Office of the U.S. Global AIDS Coordinator (OGAC), coordinating programs of USAID, Department of Health and Human Services (Health Resources and Services Administration and Centers for Disease Contol and Prevention), Department of Defense

Department of State/Office of the U.S. Global AIDS Coordinator (OGAC), coordinating programs of USAID, HHS (Health Resources and Services Administration and CDC), and DOD

Program: PEPFAR

Cause of vulnerability being addressed: HIV/AIDS

Brief summary: Prevention of mother-to-child transmission (PMTCT) includes direct "downstream" provision of routinely recommended rapid HIV testing and counseling in antenatal and maternity settings; combination short-course ARV prophylaxis for mother and infant and ARV therapy for eligible mothers; infant feeding counseling and support; family planning services for women living with HIV; linkages with wraparound services, such as nutrition; and strong linkages to care, treatment, and support services. PMTCT has a significant impact on reducing the number of children born with HIV infection. "Upstream" support includes assisting host countries to develop national PMTCT policies, strategies, and program plans; providing training, infrastructure support, and assistance for monitoring and evaluation activities; developing key reference PMTCT tools for program implementation and country adaptation; and collaborating with multilateral partners.

Activity type: Direct service delivery (primary purpose); capacity building

Legislative basis for program: PL-108-25, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, authorizing the President's Emergency Plan for AIDS Relief.

Beneficiaries reached, most recent year: More than 2,810,000 pregnant women received services in FY 2006 in focus countries. 285,600 HIV-positive pregnant women in the focus countries received short-course preventive ARVs in FY 2006. 54,400 infant HIV infections were averted in 2006.

Recent results, reporting data, progress: Beginning in FY 2007 it will be possible to measure funding to and beneficiaries in non-focus countries.

Source: *The Power of Partnerships: The President's Emergency Plan for AIDS Relief, Third Annual Report to Congress, 2007*

USG agency/office: Department of State/Office of the U.S. Global AIDS Coordinator (OGAC), coordinating programs of USAID, Department of Health and Human Services (Health Resources and Services Administration and Centers for Disease Contol and Prevention), Department of Defense

Program: PEPFAR

Cause of vulnerability being addressed: HIV/AIDS

Brief summary: Treatment, care, and support for people living with HIV/AIDS (PLWHA). This constitutes indirect but important support for OVC because it enables infected parents or caregivers to continue to care for their children. Activities include palliative care, basic health care and support, and TB/HIV services.

Activity type: Service delivery (primary purpose); capacity building; research.

Legislative basis for program: PL-108-25, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, authorizing the President's Emergency Plan for AIDS Relief.

Funding, most recent year (commitments): $198 million for care and support in FY 2006; $819 million for ARV drugs, services, and laboratory support.

Beneficiaries reached, most recent year: ART for approximately 822,000 people in the focus countries through September 2006 (528,300 – "downstream," 293,700 – "upstream"). Of those receiving downstream support, approximately 249,000 were on treatment during fiscal year 2005. Beyond the 15 focus countries, the Emergency Plan also supported ART for approximately 165,100 people through bilateral programs in 40 other nations, for a total of approximately 987,100 people worldwide receiving ART with PEPFAR support. Care and support for nearly 4.5 million PLWHA in the focus countries, including palliative care, basic health care, and TB/HIV services.

Source: *The Power of Partnerships: The President's Emergency Plan for AIDS Relief, Third Annual Report to Congress, 2007*

USG agency/office: Department of State/Office of the U.S. Global AIDS Coordinator (OGAC)

Program: PEPFAR contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria

Cause of vulnerability being addressed: HIV/AIDS

Brief summary: USG contribution to the Global Fund

Activity type: Care and support of OVC – service delivery, capacity building.

Legislative basis for the program: PL-108-25, the United States Leadership against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, authorizing USG contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Funding, most recent year (commitments): The United States has contributed over $490 million in FY 2006 funds to the Global Fund. Cumulative U.S. contributions to the Global Fund since 2002 total $1.99 billion. Congress has appropriated an additional $724 million in FY 2007 funding.

Beneficiaries reached, recent results: According to the Global Fund's *Results Report 2007: Partners in Impact*, the Global Fund has provided 1.2 million orphans with basic care and support since the Fund's launch in 2002. The report also notes that a survey of Fund grants with OVC among the top 10 indicators shows that 120 percent of OVC targets are being met.

Examples of activities/successes:

- *Tanzania:* More than 20,000 children affected by AIDS in Tanzania have been identified for Global Fund OVC support through village committees. Global Fund partners, including PACT, an NGO, rely on "Most Vulnerable Children" committees in more than 120 villages to ensure that OVC receive food, shelter, clothing, education, and legal protection, among other assistance. These committees are crucial in supporting children in distress and keeping them away from unsafe urban towns until they are old enough to protect themselves.

USG agency/office: Department of State/Office to Monitor and Combat Trafficking in Persons (G/TIP)

Program: Monitoring and Combating Trafficking in Persons

Cause of vulnerability being addressed: Exploitive labor practices; trafficking

Brief summary: The mission of G/TIP is to nurture a 21st-century abolitionist movement against slavery by prosecuting traffickers, protecting victims, and preventing trafficking in persons. G/TIP, under the Department of State's Under Secretary for Democracy and Global Affairs, engages with foreign governments and civil society to focus attention on the fight to eradicate modern-day slavery around the world. To eradicate modern-day slavery, G/TIP is doing the following:

- Engaging with foreign governments and civil society to focus attention to the problem
- Raising global awareness about human trafficking and how it can be abolished
- Using diplomatic and foreign policy assets to encourage other nations, the United Nations, and other multilateral institutions to work together to combat human trafficking
- Coordinating with other USG agencies to ensure that interagency anti-trafficking policy, grants, and planning issues are consistent with legislative mandate and presidential directives
- Supporting efforts by NGOs to assist, protect, and rescue victims around the world
- Supporting overseas education and training programs for law enforcement officers, prosecutors, and the judiciary
- Developing partnerships with NGOs, faith-based groups, and private citizens who can provide resources and other assistance in the fight to eliminate human trafficking

The annual *Trafficking in Persons Report* is the USG's principal diplomatic tool used to engage foreign governments and encourage progress in combating human trafficking. The report has increasingly focused the efforts of a growing community of nations to share information and to partner in new and important ways.

As mentioned above, G/TIP financially supports anti-trafficking efforts throughout the world. The financial appropriations identified and approved by Congress and the President of the United States allow G/TIP to fund international organizations, NGOs, and other U.S. agencies to implement creative and innovative anti-trafficking programs in locations with significant trafficking problems and that demonstrate considerable need. The International Programs Section works closely with the G/TIP Reports Section and colleagues at U.S. embassies to identify issues, such as limited law enforcement capacity and/or inadequate victim protection and assistance, and seeks to address them via programming. G/TIP aligns funding decisions with the tier rankings of the annual *Trafficking in Persons Report*, with a focus on supporting Tier 2 Watch List and Tier 3 countries where there is political will to address the problem but limited capacity.

Activity type: Policy/diplomacy, service delivery, research/demonstration, capacity building, and information dissemination

Legislative basis for program: G/TIP was established by the Trafficking Victims Protection Act of 2000, which also authorized G/TIP to support overseas anti-trafficking programming. Programs are funded via the Foreign Operations, Export Financing, and Related Programs Appropriations Act on an annual basis.

Reporting, impact, dissemination of findings: G/TIP currently has 127 programs implementing activities across the globe. This accounts for nearly $24.5 million dollars of anti-trafficking programming to address prevention, protection, and prosecution efforts. G/TIP publishes program-related information on its publicly accessible Web site

as well as contributes to the annual *Attorney General's Report to Congress*, which discusses the anti-trafficking activities undertaken in a given fiscal year by USG agencies.

Examples of activities/successes:

- *Uganda:* G/TIP supports the International Rescue Committee (IRC) in a program that provides family reunification and reintegration services to formerly abducted children combatants. Working in cooperation with two community-based reception centers, IRC social workers coordinate reunification services with families, authorities, schools, and other relevant stakeholders. IRC also sponsors information sessions and discussions with family members in order to facilitate successful reunification and reintegration. Follow-up services are conducted in order to assist children and their families with reintegration and adjustment challenges; outreach and referrals to appropriate service providers are made as needed.

- *Cambodia:* G/TIP funded World Vision to establish a short-term assessment center that provides a safe haven for children rescued from trafficking and sexual exploitation. The main goals of the center are to provide children with a safe and secure environment where they can begin their recovery process; to initiate therapeutic services through qualified clinicians; and to place children in appropriate facilities as soon as possible by coordinating with medium- and long-term care providers. Some of the services that may be available in extended care facilities include legal support, access to education, comprehensive medical and mental health care, and staffed accommodations.

- *India:* Free the Slaves is funded by G/TIP to rescue, rehabilitate, and provide support to child victims of trafficking. With the assistance of a local partner, rescue operations occurred from carpet factories, stone quarries, brick kilns, and households (domestic work), among other occupations. Once children are rescued, the goal is to safely and successfully reunite them with family members. For an interim period, children may reside in a shelter that provides medical care, food and clothing, housing, and education. Support meetings with family members are also conducted with the goal of reunifying children and reintegrating them into their home communities. In some cases, families with returning children have been provided with economic support in order to pursue micro-enterprise opportunities.

Source: *Trafficking in Persons Report, June 2006*, released by the Office to Monitor and Combat Trafficking in Persons, June 5, 2006. http://www.state.gov/g/tip/rls/tiprpt/2006/

USG agency/office: Department of State/Bureau of Population, Refugees, and Migration (PRM)

Program: Protection and support for refugees, victims of conflict, and vulnerable migrants (including trafficking victims)

Cause of vulnerability being addressed: Persecution, displacement, family separation, trafficking, exploitation, other human rights abuses and humanitarian needs

Brief summary: PRM programs, diplomatic engagement, and advocacy efforts on behalf of refugees, conflict victims, internally displaced persons (in some cases), and vulnerable migrants provide protection and assistance to those in need as well as seek to achieve durable solutions for many others. PRM's approach to meeting humanitarian requirements focuses on multilateral solutions by strengthening support and capacity of key international humanitarian organizations, thus leveraging U.S. financial resources and enhancing international response to those in greatest need. PRM is also developing an initiative to increase availability and quality of family care for HVC (or OVC), although not funded by the accounts that it manages for refugees.

PRM is legislatively mandated to support UNHCR, ICRC, and the International Organization for Migration (IOM). PRM is pursuing several strategies to improve refugee protection and assistance worldwide. First, PRM seeks to prevent refoulement, or the involuntary return of refugees to countries where they would face persecution. Second, PRM promotes the physical protection of refugees, through the expertise of multilateral agencies. Third, PRM works to facilitate durable solutions for refugees, including voluntary repatriation, local integration, and resettlement. PRM is also focused on preventive protection by assisting in Department of State efforts to work through bilateral and multilateral diplomacy to prevent the conflicts and human rights abuses that cause displacement in the first place.

PRM's funding for international organizations is targeted at refugees and other victims of conflict, who comprise primarily women and children. The policy goals that help shape PRM's emphasis on refugee women include several broad areas of concern such as protection, standards of care, education for girls, and the empowerment of refugee women through the promotion of their active participation in camp management, livelihoods initiatives, and food distribution. Specifically, PRM has developed policies and programs that address gender-based violence against women and girls, including sexual exploitation, anti-trafficking initiatives, empowerment and control in decision-making, and gender awareness in political life.

The policy goals that help to shape PRM's funding activities for refugee children include several areas of concern, which are in tandem with UNHCR's five commitments to refugee children: education, prevention and response to sexual exploitation and abuse, separation from families and caregivers, military recruitment, and special needs of adolescents.

PRM supports the protection mandates of UNHCR and ICRC and advocates on behalf of refugee and conflict-affected children in a variety of settings. PRM has been a leading advocate for stronger measures to prevent the exploitation and abuse of women and children and, pursuant to the Plan of Action, has mandated that all PRM partners and grantees adopt the Inter-Agency Standing Committee's codes of conduct. In addition, within the U.S.-UNHCR Framework for Cooperation, UNHCR has agreed to continue to increase its focus on the prevention and zero tolerance of sexual exploitation and abuse of refugee women and children.

Activity type: Policy and diplomacy, service delivery, research/demonstration, information dissemination

Reporting, impact, dissemination of findings: In 2006, PRM provided over $22 million for programs directed at refugee women and refugee children – over $17 million for refugee education in regions around the world; $250,000 for UNHCR's Global Operations budget line in support of activities related to refugee women and refugee children/adolescents; over $4 million for prevention and response to gender-based violence (primarily through NGO programs); $300,000 for UNHCR programs focusing on refugee children's education; and $500,000 for refugee women's livelihoods. In addition, this year PRM will support 23.53 percent of UNHCR's Global Operations activities,

with specific earmarks for key global priorities such as the protection surge capacity project, refugee registration, health (including HIV/AIDS), refugee women, children and community development, and emergency response. PRM also supports a protection staffing initiative through UNHCR in support of the organization's creation of additional field protection and protection-related officer posts (i.e., community services officers), which over time would be integrated into UNHCR's normal budgeted activities.

PRM submitted a report to Congress on behalf of USG agencies working in humanitarian emergencies entitled *Report to Congress in Response to Section 594 (c) of Public Law 108-199 (Foreign Operations, Export Financing and Related Programs Appropriations Act) Fiscal Year 2004: U.S. Government Efforts to Protect Women and Children Affected by Humanitarian Emergencies.* PRM and USAID's Bureau for Democracy, Conflict and Humanitarian Assistance also submitted two reports to Congress in FYs 2005 and 2006 entitled *Report on Implementation of the Humanitarian Assistance Code of Conduct.* Finally, PRM submitted a report to Congress in FY 2005 entitled *Report on the Status of Efforts to Improve the Protection of Refugees.*

Examples of activities/successes: In FY 2006, PRM supported UNICEF's role in Chad as the lead agency for education in the refugee camps and surrounding host communities. By the end of 2007, UNICEF will have provided standardized teaching and learning materials for pre- and primary schoolchildren in the 12 refugee camps in accordance with the Sudanese curriculum, as well as Chad-specific materials for 50 schools in the host community. It will have also trained teachers in educational tools and gender-sensitive education methods, and supported the maintenance of some 250 schools in the camps. Through NGO implementing partners, PRM also supports activities that target recruitment of child soldiers. For example, PRM is supporting youth education and athletic programs for Sudanese refugees from Darfur to reduce potential for recruitment of child soldiers.

As PRM's largest partner and policy setter on refugee issues, UNHCR will continue to be the principal vehicle through which PRM will seek to achieve joint objectives related to refugee children. Involvement in UNHCR's Executive Committee conclusions, highlighting attention to preventing gender-based violence, including sexual exploitation and abuse, and close attention to implementation of UNHCR guidelines related to refugee children and UNHCR's five priorities for refugee children are the policy means through which PRM will continue influencing both UNHCR's programming and that of its implementing partners. A key goal is to encourage UNHCR to focus more attention on operationalizing UNHCR's guidelines and best practices in the field, including its *Guidelines on Formal Determination of the Best Interests of the Child*. The 2007 Framework for Cooperation between UNHCR and PRM places particular emphasis on maintaining UNHCR's focus on accountability for the protection of refugees, especially of refugee women and refugee children.

Through PRM, the Department of State continues to support several successful USG-funded anti-trafficking activities that focus on victim assistance and protection, including a very successful project in Ghana. The project identifies, returns, and assists children trafficked to work in fisheries in Ghana's Upper Volta and Central regions. Activities include documentation, counseling, transportation, family tracing and reunification, and activities to facilitate the reintegration of the returned children. IOM implements this project and has assisted several hundred Ghanaian children over the past two years. This IOM project is a stellar example of community efforts to stop the trafficking cycle and rehabilitate the child victims.

Source: Annual report to Congress for 2004, cited above.

USG agency/office: Department of Labor (DOL)/Bureau of International Labor Affairs (ILAB), Office of Child Labor, Forced Labor and Human Trafficking (OCFT)

Program: Monitoring and combating exploitive labor practices focusing on the worst forms of child labor, forced labor, and human trafficking

Cause of vulnerability being addressed: Exploitive labor practices

Brief summary: The DOL's international technical assistance programs to combat exploitive child labor have grown quickly over the past decade. In total, the Congress has appropriated more than $595 million to DOL to fund international labor projects through ILAB. These funds are used in a wide variety of projects that cover a wide geographic distribution. As a result of DOL funding of child labor technical cooperation programs, more than 1 million children engaged in or at risk of engaging in exploitive work have been provided with education and training opportunities.

OCFT is an office within ILAB. Ongoing OCFT responsibilities include congressionally mandated research and reporting, implementation of Executive Order 13126 on the Procurement of Goods Made with Forced or Indentured Child Labor, and oversight of technical cooperation programs. Under the Trade and Development Act of 2000, OCFT prepares DOL's *Findings on the Worst Forms of Child Labor* report. The report covers the worst forms of child labor in 137 countries and territories that receive U.S. trade benefits.

In recent years, OCFT activities have significantly expanded to include research on international child labor, supporting USG policy on international child labor; administering grants and contracts to organizations engaged in efforts to eliminate child labor; and raising awareness about child labor issues. OCFT supports efforts in more than 70 countries around the globe to withdraw children from exploitive work and provide them and at-risk children with educational opportunities through funding for ILO's International Program on the Elimination of Child Labour (ILO/IPEC) as well as through funding for other organizations under DOL's Child Labor Education Initiative (EI).

- *ILO/IPEC:* For more than 10 years, DOL has provided funding for ILO/IPEC in the form of grants administered by OCFT under cooperative agreements with the ILO. The USG is now the leading donor to ILO/IPEC. ILO/IPEC projects to combat child labor generally fall into one of several categories: comprehensive, national Timebound Programs to eliminate the worst forms of child labor in a set time frame; country programs; sector-specific projects; data collection and research projects; and international awareness-raising projects. In general, most projects include "direct action" components that are interventions to remove or prevent children from involvement in exploitative and hazardous work. One of the major strategies by which IPEC projects do this is through increasing children's access to and participation in formal and non-formal education.

- *EI:* EI projects work toward the elimination of the worst forms of child labor through the provision of basic education. EI seeks to nurture the development, health, safety, and enhanced future employability of children around the world by increasing access to and quality of basic education for working children and those at risk of entering work. EI projects are designed to ensure that children in areas of high child labor are withdrawn and integrated into educational settings and that they continue their education once enrolled. In parallel, the program seeks to avert having at-risk children leave school and enter child labor. EI projects may focus on providing educational services to children removed from specific sectors of work and/or a specific region(s) or support a national Timebound Program that aims to eliminate the worst forms of child labor in multiple sectors of work specific to a given country. In addition to providing direct education and training opportunities to working children and those at risk of engaging in exploitative work, EI has four goals:

    1. Raise awareness of the importance of education for all children and mobilize a wide array of actors to improve and expand education infrastructures

    2. Strengthen formal and transitional education systems that encourage working children and those at risk of working to attend school

3. Strengthen national institutions and policies on education and child labor

4. Ensure the long-term sustainability of these efforts

- *Other DOL-funded international child labor projects:* DOL has supported several international child labor projects that fall neither under ILO/IPEC nor EI. These projects are funded through sole-source grants, whereby DOL provides funding to a particular grantee that submits an unsolicited proposal offering a unique expertise and innovative program idea.

Activity type: Service delivery (primary purpose), policy/diplomacy, capacity building, research/demonstration, information dissemination

Legislative basis for program: The ILAB program was created in 1993 as a response to a congressional request to investigate and report on abusive child labor practices around the world.

Reporting, impact, dissemination of findings: Since 1995, Congress has appropriated more than $595 million to ILAB to administer international child labor projects. Of this amount, more than $330 million has been earmarked by the Congress to support ILO/IPEC; $265 million has been appropriated to support efforts to address child labor through the promotion of educational opportunities for children (the basis for DOL beginning its EI program); and $2.4 million has been allocated to support research and awareness-raising activities. In addition, ILAB has allocated another $700,000 to support other technical cooperation efforts addressing trafficking of children for expoitive labor.

Examples of activities/successes:

- *Pakistan:* In partnership with ILO/IPEC, DOL helped fund a program to eliminate child labor in the soccer ball industry of Pakistan. The project succeeded in enhancing the monitoring of child labor in this industry by working with the government and local manufacturers to encourage production to move from home-based production to more easily monitored stitching centers. Manufacturers then supplied data on all of their stitching centers, which monitoring teams could then use to assist them in daily monitoring activities. To sustain the impact of the program, ILO/IPEC focused on transitioning monitoring activities to a new Independent Monitoring Association of Child Labor, which includes representatives from organized labor, national and local governments, and participating NGOs.

- *Nepal:* In Nepal, World Education and local partner organizations continue to implement Phase 2 of the Brighter Futures Program, a $3.5 million child labor educational initiative program funded by DOL that is scheduled to run through September 2009. The project shares knowledge gained at the community level to inform government policies related to child labor and aims to withdraw a total of 15,000 children and prevent 15,000 children from becoming engaged in exploitive labor in the following nine sectors: porters, recyclers/rag pickers, domestic servants, carpet factory workers, mine/quarry workers, former bonded laborers (engaged in several occupations), brick factory workers, transport workers, and restaurant-entertainment workers (vulnerable to trafficking).

- *Ecuador:* In Ecuador, DOL funds an ongoing $4 million project, initiated in 2005 by World Learning and Development and Self-Management, to combat exploitive child labor within the indigenous population through the provision of education services. Such education services include an accelerated education program and a flexible high school vocational training program, providing school dropout prevention.

- *Uganda:* The Government of Uganda is participating in the Opportunities for Reducing Adolescent and Child Labor Through Education (ORACLE) project, a four-year $3 million project funded by DOL and implemented by IRC and the Italian Association for Volunteers in International Service. The ORACLE project contributes to the prevention and elimination of the worst forms of child labor among conflict-affected children in northern Uganda through the provision of transitional and non-formal education and family-based poverty

reduction strategies. ORACLE aims to withdraw 1,495 children and prevent 1,105 from becoming engaged in exploitive labor.

- *Kenya:* The Government of Kenya continues to participate in a four-year $5 million project of support to the Kenya Timebound Program on the Elimination of Child Labor, funded by DOL and implemented by ILO. The project aims to withdraw 15,000 children and prevent 7,000 children from becoming engaged in exploitive labor in domestic service, commercial sexual exploitation, commercial and subsistence agriculture, fishing, pastoralism, and informal sector street work.

- *Nicaragua:* Through June 2006, the Government of Nicaragua participated in a three-year $3 million DOL-funded ILO/IPEC Central America regional project to combat hazardous child labor in agriculture. At the regional level, the project withdrew 2,309 children from hazardous agriculture and prevented 2,693 others from becoming engaged in similar activities.

- *Nicaragua:* In coordination with the Nicaraguan government, CARE-USA is implementing a DOL-funded $5.5 million regional project to combat exploitive child labor through the provision of quality basic education. The project aims to withdraw and prevent 700 children and adolescents from becoming engaged in exploitive child labor in Nicaragua.

Sources:
http://www.dol.gov/ILAB/programs/iclp/
http://www.dol.gov/ILAB/programs/iclp/technical_assistance_Education_Initiative.htm
http://www.dol.gov/ILAB/programs/iclp/iloipec/main.htm
http://www.dol.gov/opa/media/press/ILAB/ILAB20061723.htm

Personal vignettes exemplifying DOL/ILAB's work can be found from its *Faces of Change* publication.
A copy of this report can be found at http://digitalcommons.ilr.cornell.edu/key_workplace/146.

USG agency/office: USAID/Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA), Office of U.S. Foreign Disaster Assistance (OFDA)

Program: Emergency humanitarian assistance

Cause of vulnerability being addressed: Natural disasters and complex emergencies

Summary: Through its implementing partners, international and local NGOs and private voluntary organizations (PVOs), other USG departments and agencies, the United Nations, and applied research institutions, OFDA administers programs that target children specifically, and indirectly through programs that assist their mothers and other family members, their communities, governmental structures, and the local economy. Programs with direct impact on highly vulnerable children include the following: health and nutrition (therapeutic feeding, supplementary feeding, child health, health education, essential medicines and medical supplies); protection (child-friendly spaces and youth centers, family reunification/child tracing, psychosocial services, gender-based violence); and hygiene promotion. Programs that affect highly vulnerable children by providing support to their families include maternal health, protection, shelter, economic assistance and livelihoods, water/sanitation and hygiene, agriculture, and food security. In addition, OFDA supports programs that reduce risk of future disasters or provide an early warning system to vulnerable populations.

Activity type: Service delivery (primary purpose); capacity building

Funding, most recent year (commitments): The total amount of disaster response program funding for all countries in FY 2006 – which includes both direct and indirect funding for children – was approximately $403 million. Because children represent the largest group of vulnerable people in any disaster, varying from 40 to 70 percent of the population (the latter figure characteristic of some IDP camps, for example), a large portion of OFDA program funding is dedicated to assisting them. Thus using the average percentage figure of 55, the total estimated amount of OFDA funding used to support children directly and indirectly for FY 2006 was $235.4 million.

Beneficiaries reached, most recent year: Approximately 99.9 million children were affected by the disasters to which OFDA responded, estimated from OFDA's *Annual Report for US FY 2006,* Funding Summary, FY 2006 Declared Disasters table. The number of affected people from all disasters for which OFDA provided assistance totaled 181,600,000, of whom on average about 55 percent would be children. Since other agencies and international organizations also responded to these emergencies, the number of beneficiaries specifically attributable to OFDA is not included here.

Source: *Children in Disaster Contexts: An Overview of USAID/DCHA/OFDA-Funded Programs that Assist Vulnerable Children FY 2006.* Original March 2001, by Marion Pratt and Olga Bilyk; updated December 2006, Marion Pratt, Social Science Advisor, USAID Office of Foreign Disaster Assistance; mpratt@usaid.gov; 202 712-1859.

USG agency/office: USAID/Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA), Office of Food for Peace (FFP)

Program: Emergency food assistance

Cause of vulnerability being addressed: Natural disasters and complex emergencies

Summary: Title II emergency programs aim to address two forms of emergencies: natural disasters, such as floods or droughts, and complex emergencies characterized by a combination of natural disaster, conflict and insecurity, and collapse in civil society and political stability. Title II programs aim to reduce food insecurity in vulnerable populations by improving resiliency to shocks, an essential first step for household self-sufficiency and economic independence. In support of this strategy, many Title II emergency programs encompass a number of development-relief transition activities. Since 2001, through the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative, FFP's cooperating sponsors provide food assistance and other support to OVC and PLWHA among food-insecure HIV-affected populations. More recently, FFP has sought to enhance the impact of its programs through resource integration with PEPFAR.

Activity type: Service delivery (primary purpose); capacity building

Legislative basis for program: Agricultural Trade Development and Assistance Act of 1954 (PL 480), commonly known as Food for Peace, comprises Titles I, II, III, and V, which provide assistance to countries at various economic levels according to each title's specific objective. Titles I, II, and III provide commodity assistance. Title V provides agricultural technical assistance.

Funding, most recent year (commitments): In FY 2006, approximately $1.8 billion, or 2.3 million metric tons of commodities, was administered under Title II. Of this amount, $1.2 billion (1.7 million metric tons) was used for emergency relief in 42 countries, and $342 million (664,000 metric tons) for development (non-emergency) activities.[1]

Beneficiaries reached, most recent year: 38 million people benefited from Title II emergency assistance in FY 2006. Almost 90 percent of those targeted for assistance reported an improvement or maintenance of nutritional status thanks to Title II food assistance. Assuming children represent 55 percent of this vulnerable population, Title II emergency food aid would have reached 20.9 million children.

Recent results, reporting data, progress: FFP requires the following reporting: emergency versus non-emergency (emergency may target populations suffering from transitory food insecurity during a shock or transition from an emergency situation; non-emergency target chronically food insecure populations); technical sectors disaggregated by HIV/non-HIV, e.g., education (which consists of a variety of activities addressing the vulnerability of children); emergency preparedness/disaster mitigation; health and nutrition, which includes child survival (nutrition, breastfeeding, and complementary feeding of infants and young children; micronutrient consumption of children; ante-, intra-, and postpartum care); care and support of PLWHA; non-agricultural income generation; water and sanitation; and vulnerable group feeding/social safety net.

Examples of activities/successes: ACDI/VOCA provided pivotal assistance to PLWHA, overseeing an average of 61,455 supplementary food rations distributed monthly under the Uganda Title II HIV/AIDS Initiative. As a result of its activities, the nutritional status of child beneficiaries among the target population significantly increased with a reduction in the proportion of children with low weight for age (18.4 percent in 2001 compared with 13 percent in 2006). In FY 2006, FFP also provided over 452,000 metric tons of food aid, valued at $370 million, to Sudan, representing over 65 percent of all contributions to the WFP's Sudan appeal. As a result of the strong international relief effort, the recently completed interagency food security and nutrition assessment found that malnutrition rates in Darfur were below the emergency threshold for the second year in a row.

Sources: USAID, *U.S. International Food Assistance Report 2006*; December 2006. M&E information from definition pages of *FFP Standardized Annual Performance Questionnaire, FY 2006.*

[1] The aggregate cost of Title II programs for FY 2006 represents $1.2 billion for emergency programs, $342 million for non-emergency programs, and $310 million for funding of cooperating sponsors not attributed exclusively to either emergency or non-emergency programs.

USG agency/office: USAID/Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA), Office of Food for Peace (FFP)

Program: Contributions to the World Food Program (WFP)

Cause of vulnerability being addressed: Natural disasters and complex emergencies

Activity type: Policy/diplomacy, service delivery, capacity building, research/demonstration, information dissemination

USG agency/office USAID/Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA), Displaced Children and Orphans Fund (DCOF)

Program: DCOF

Cause of vulnerability being addressed: Multiple causes. Supports children who are most at risk and vulnerable, such as those who live without the care and protection of a family, children affected by armed conflict, street children, children with disabilities, and children otherwise separated from appropriate caregiving situations.

Brief summary: DCOF emphasizes community-based projects that are developed in close collaboration with local organizations, coalitions, and community members, and target the specific needs and strengths of the regions and populations they serve. Programs must be child-focused and demonstrate measurable improvements in the social, psychological, educational, and economic well-being of beneficiaries, as well as progress in capacity building and institutional strengthening. Activities are intended to expand knowledge and practice of effective programs for children.

Activity type: Demonstration, service delivery, research, capacity-building, policy formulation, information dissemination

Legislative basis for program: Annual directives since 1989

Reporting, impact, dissemination of findings: In 2005, DCOF projects operated in 21 countries, addressing such diverse issues and activities as:

- Tracing and reunification of children into families or family-like situations and ensuring community inclusion.
- Strengthening support systems, including social service networks, community resources, and national policies/laws.
- Economic strengthening for highly vulnerable families, adolescents, and communities.
- Social reintegration of children affected by war, including child soldiers.

The DCOF Web site includes information on projects funded – country, title, implementing partner, funding period, amount, purpose, and accomplishments.

Examples of activities:

- *Ukraine:* Developing sustainable and replicable family care models of services (foster care, family-type homes, domestic adoption) for children who otherwise would be institutionalized or on the street.
- *Democratic Republic of the Congo:* Reducing and preventing the separation and abandonment of children.
- *Afghanistan:* Reducing the physical, social, and emotional threat to war-affected children and families in rural and urban environments in north, west, and central Afghanistan.
- *Uganda:* Assisting war-affected children in northern and western Uganda by rebuilding traditional community and family structures and working to fight the spread of HIV/AIDS.
- *Vietnam:* Providing a foundation for meeting the education needs of children with disabilities.
- *Research:* Improving the care and protection of children affected by armed conflict and developing a better understanding of how to initiate and support sustained community action for vulnerable children.

USG agency/office: USAID/Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA), Office of Transition Initiatives (OTI)

Program: Transition Initiatives

Cause of vulnerability being addressed: Complex emergencies and political transitions

Brief summary: OTI funds programs targeting youth where they are critical actors in the success of a transition to peace or democracy. This includes programs to reintegrate ex-combatants in countries emerging from conflict situations and to productively employ youth who might otherwise engage in activities that could undermine peace. The beneficiaries of such programs are preponderantly over 18. However, in programs targeting war-affected communities, ex-combatants who had initially been recruited as children may be among the participants. In addition, OTI also supports programming to protect vulnerable civilians in conflict environments, including children. For example, at the behest of the Secretary of State, OTI is spearheading a $15 million initiative in response to the ongoing widespread violence against women and girls in Darfur. The initiative aims to improve the physical safety of vulnerable people, provide immediate services to victims, and address the root causes of violence. USAID primarily implements these activities through small grants that support community organizations.

Activity type: Capacity building, income-generation activities, infrastructure, trauma counseling, conflict mitigation, information dissemination

Legislative basis for the program: Foreign Assistance Act, Section 491

Reporting, impact, dissemination of findings: See USAID report on community-focused reintegration (2005), http://pdf.usaid.gov/pdf_docs/PNADF305.pdf

Examples of activities/successes:

- *Reintegration of ex-combatants:* Programs in 11 countries, most recently in Liberia, the Democratic Republic of the Congo, and Burundi. OTI uses a community-focused approach with programs that encompass many activities, including life skills, literacy, peace education, and income generation. In Liberia, 30,000 ex-combatants and war-affected youth participated; in Burundi, 10,220; and in the Democratic Republic of the Congo, 16,000.

- *Protection of vulnerable populations:* Through the award of small grants to local Darfur organizations, the United Nations, and international NGOs, USAID has enhanced the safety and other basic rights of vulnerable populations, particularly women, affected by the conflict in Darfur.

Source: OTI

USG agency/office: USAID/Bureau for Global Health

Program: Child Survival and Health Grants Program (CSHGP)

Cause of vulnerability: Multiple causes; extreme poverty

Summary: CSHGP awards grants to U.S. PVOs/NGOs that support essential health services (e.g., immunizations, oral rehydration therapy) for children in highly vulnerable populations, including poor and marginalized groups. CSHGP has supported more than 400 projects implemented by 52 U.S. PVOs/NGOs in 60 countries over the past 20 years.

Activity type: Capacity building (primary purpose); service delivery; policy, advocacy; research and demonstration; information documentation and dissemination

Legislative basis for program: The originating language for a child survival fund was in House Resolution 5119, introduced in 1984. Due to the fact that it was not enacted during that term, the House Appropriations Subcommittee on Foreign Operations placed the language in its FY 1985 appropriations legislation along with an initial level of $25 million, $7 million of which was given to UNICEF. The intention was to shore up the decreasing international health account requested that year to ensure that support for child health would be a priority. Fashioned after UNICEF's growth monitoring, oral rehydration, breastfeeding and immunization (GOBI) initiative, the Child Survival Account was created to support these efforts bilaterally.

In FY 1985, Congress enacted into law a special Child Survival Fund and provided USAID with $25 million in supplemental health, nutrition and child survival funds to launch a new Child Survival Initiative. The legislation stipulated that the PVOs should be included in this initiative "wherever appropriate." As part of the Agency's Child Survival Action Program, the Bureau for Food for Peace and Voluntary Assistance/Office of Private and Voluntary Cooperation (FVA/PVC) organized a new competitive PVO Child Survival Grants Program (CSGP) and administered some $16 million in support of PVO child survival activities in 10 priority countries. This included $13.5 million in grants to 13 U.S. PVOs to carry out 26 child survival projects in 12 priority countries in Africa, Asia, and Latin America and the Caribbean; a separate $2 million grant to Meals for Millions for projects in six countries; and $500,000 in technical support.

The FY 1986 congressional resolution appropriated additional funds in the amount of $25 million for the Child Survival Fund established in FY 1985. The language in the appropriation bill stated that "the Committee again expects this funding to be provided through the United Nations Development Program, UNICEF, and private voluntary organizations." FVA/PVC received an allocation of $7.3 million and organized a second competitive PVO child survival grants program modeled after the successful FY 1985 program. Extensive consultations were held with the PVOs, USAID missions, and the Child Survival Task Force in designing the FY 1986 program. In FY 1986, $6.95 million was awarded to nine PVOs for 15 child survival projects in Africa and Latin America.

In FY 2003, with the USAID reorganization, the CSGP was transferred to the Bureau for Global Health's Office of Health, Infectious Disease and Nutrition, and renamed the Child Survival and Health Grants Program.

Funding, most recent year (commitments): As of September 1, 2006, the CSHGP's active portfolio of grants totaled 74 projects implemented by 35 U.S. PVOs/NGOs in collaboration with local ministries of health and local NGO partners in 40 countries, reaching more than 11 million beneficiaries at the household level. Total USAID funding for these projects is $115,513,972, with an additional PVO/NGO match of $46,688,348 (or about 40 percent of the amount provided by USAID).

Beneficiaries reached, most recent year: 11,189,692 women of reproductive age and children under age 5.

Recent results, reporting data, progress: In 2006, a "lives saved" analysis of recently completed CSHGP projects found that they had reduced child mortality on average by 8 percent, with many achieving a reduction of more than 10 percent. This represents an estimated 16,000 lives saved by six projects. CSHGP projects also successfully reached vulnerable and hard-to-reach populations with essential public health services. A comparison was done of project coverage changes for key "lives saved" indicators with national coverage changes documented in serial DHS surveys. This analysis strongly suggests that grantee interventions play a major role causing the coverage changes that they document in their project areas. Projects ending in the last two years were included in this analysis. The analysis compared project coverage changes for three of the indicators that are used for the lives-saved calculation and for which serial DHS data were available. The three indicators compared were use of oral rehydration therapy, antibiotic use for pneumonia, and exclusive breastfeeding. When compared with DHS data, grantees documented a coverage increase in the project area greater than the national trend 87 percent (27/31) of the time. In fact, in seven of 31 (23 percent) cases examined, projects registered increases in coverage while national coverage levels were decreasing over the same time period.

Data from the CSHGP partners are publicly available on the Web. Project statistics (intervention mix, beneficiaries, etc.) and partner information is available by country, region, PVO, current and historical statistics, start and end year, and funding cycle.

Examples of activities/successes:

- *Peru:* Project HOPE's experience in Peru offers a dramatic example of the sort of disadvantaged project areas in which grantees often work. Project HOPE is the only PVO presently working in health education in the Huallaga Valley Region of Peru's Amazon Basin, where years of political, social, and economic upheaval, together with geographic isolation from Peru's urban centers, have conspired to create an environment in which health and general living conditions are grim: rates of infant and under-5 mortality are higher than the national average, and extreme poverty and low levels of education persist. The citizens live in a zone known for illegal coca growing and guerrilla fighting over the past 20 years. Access to health facilities remains difficult due to cultural barriers and limited community involvement. Using the Community Integrated Management of Childhood Illness strategy and strengthening the linkages between community health workers and health facilities, HOPE/Peru effected important health gains, e.g., reductions in the prevalence of chronic and global malnutrition in children 6 to 35 months of age from 55.4 percent to 36.8 percent and an increase in the prevalence of exclusive breastfeeding from 61 percent to 85.5 percent.

Sources: *FY 2005 USAID Child Survival and Health Programs Progress Report* and *Progress Towards Results: A Report for the Child Survival and Health Grants Program, December 2005.*

USG agency/office: USAID/Bureau for Global Health

Program: Child blindness grants

Cause of vulnerability being addressed: Child blindness

Brief summary: Since 1991, the United States Congress has provided over $1 million per year to USAID for the Child Blindness Program, which has worked through eye care and health NGOs to deliver treatments to thousands of children to help them see and to ensure their participation in their communities. USAID provides a wide range of eye care programs, from large-scale prevention programs to clinical treatment and rehabilitation for the blind. The Child Blindness Program is currently implemented through the A2Z Micronutrient and Child Blindness Project. The A2Z Project (2005–2010) was awarded by USAID to the Academy for Educational Development. A2Z implements and strengthens micronutrient programs to improve the nutrition and health of vulnerable populations; provides global technical leadership in micronutrients; and supports organizations working to prevent and treat child blindness and improve eye health.

Activity type: Demonstration, capacity building

Legislative basis for program: Congressional earmark

Sources: Two-page draft from Francis Davidson, *USAID's Child Blindness Program*; http://www.a2zproject.org/childblindness.cfm

USG agency/office: Department of Agriculture (USDA)

Program: McGovern-Dole International Food for Education and Child Nutrition Program (FFE)

Cause of vulnerability being addressed: Multiple causes; extreme poverty

Brief summary: FFE uses U.S. commodities and financial assistance to provide incentives for children to attend and remain in school as well as to improve child development through nutritional programs for women, infants, and children under age 5.

The program provides commodities to WFP and PVOs for activities targeted at highly vulnerable populations of women and children.

Activity type: Service delivery

Legislative basis for program: The 2002 Farm Bill authorizes FFE through 2007.

Funding, most recent year (commitments): In FY 2006, FFE provided more than 82,500 metric tons of food and significant cash resources, with an associated value of more than $86 million, to support child nutrition and school feeding programs in 15 countries.

Examples of activities/successes:

- *Bolivia:* USDA donated 4,500 metric tons of commodities, valued at $2.7 million, to Project Concern International (PCI), a PVO, for a child education and nutrition project in Bolivia. PCI will use these commodities to provide breakfast to children in 1,638 schools in 40 municipalities. In addition to encouraging school enrollment and attendance, this project will improve student health and increase graduation rates and community support for participating schools.

- *Republic of the Congo (Brazzaville):* USDA donated 6,595 metric tons of U.S. agricultural commodities to the International Partnership for Human Development (IPHD), a PVO, for a children's education and nutrition project in the Republic of the Congo (Brazzaville). IPHD will use the commodities to provide daily lunches to 140,000 schoolchildren. The children will also benefit from educational supplies, materials on preventing malaria, water cisterns, and the rehabilitation of schools damaged in the civil war.

Source: http://www.fas.usda.gov/info/factsheets/foodaid.asp

USG agency/office: Department of Health and Human Services (HHS)/Centers for Disease Control and Prevention (CDC)

Program: Addressing health problems in complex emergencies

Cause of vulnerability being addressed: Health needs of women and children in humanitarian emergencies

Brief summary: Health coordination, disease surveillance systems, needs assessment, program evaluation, technical assistance, and policy development in major humanitarian emergencies, including in Sudan, Sierra Leone, Rwanda, Kosovo, Afghanistan, and Iraq. Many HHS activities have been the work of CDC, which has a wide range of international emergency expertise. Other HHS agencies involved are the Food and Drug Administration, the Indian Health Service, the Office of Global Health Affairs, and the policy offices of the Secretary of Health and Human Services.

Activity type: Capacity building, policy development

Examples of activities/successes:

- *Afghanistan:* In October 2001, CDC'S International Emergency and Refugee Health Branch sent medical epidemiologists to UNHCR to act as health coordinators in refugee camps in Pakistan, where new Afghani refugees were expected to arrive.

- *Liberia:* In 2003 and 2004, CDC coordinated a nationwide measles immunization campaign in Liberia. Working in conjunction with United Nations and NGO partners, CDC helped in the immunization of 1,025,236 children against measles.

- In FY 2003, HHS staff focused on the assessment of protein-energy malnutrition and micronutrient malnutrition among women and children affected in humanitarian emergencies. Multiple assessments conducted by CDC, most recently in Tanzania, Ethiopia, Sudan and Liberia, have provided data necessary to inform decisionmakers on the nutritional situation and the appropriate interventions which should follow.

In addition to surveys and assessments, HHS staff is involved in training United Nations staff and other USG staff in nutritional response during humanitarian emergencies.

HHS has worked to prevent war-related injuries among women and children by supporting a variety of initiatives in conflict-affected or post-conflict countries throughout the world.

Sources: *Report to Congress in Response to Section 594 (c) of Public Law 108-199 (Foreign Operations, Export Financing and Related Programs Appropriations Act) Fiscal Year 2004*; *U.S. Government Efforts to Protect Women and Children Affected by Humanitarian Emergencies* – STATE/PRM

USG agency/office: Department of Health and Human Services (HHS)/National Institutes of Health (NIH)

Program: Research on health of OVC and children infected with HIV

Cause of vulnerability being addressed: HIV/AIDS

Brief summary: Types of research related to vulnerable children include biomedical research to develop and evaluate effective medical treatments for children living with HIV/AIDS; strategies to prevent mother-to-child transmisssion of HIV; observational research, such as monitoring the impact of HIV or parental HIV on children and adolescents; neurodevelopment assessment, which involves the development of measures to assess the neurodevelopment and psychosocial functioning of OVC; and intervention development research, such as the development of psychosocial interventions to improve the outcomes of OVC.

Activity type: Research

Reporting, impact, dissemination of findings: Principal investigators on all grants are required to submit yearly reports to NIH regarding their progress on the aims set forth in their application. Progress is monitored in a number of ways, with an emphasis on the dissemination of research findings through peer-reviewed journals.

Examples of activities/successes: Current NIH-funded research projects focused on OVC are being carried out throughout sub-Saharan Africa, the Caribbean, and Southeast Asia. A few examples follow:

- *Uganda:* In Uganda, a researcher is refining and testing a family economic empowerment intervention including opportunities for asset-ownership, development of future planning skills, enhancement of mental health, and reduction of risk-taking behaviors for children orphaned due to AIDS.

- *China:* Another NIH-funded researcher is exploring the factors associated with prolonged episodes of emotional and behavioral problems among children orphaned in China.

- *South Africa:* An intervention is being designed and implemented to promote resilience in young children of HIV-infected mothers.

Major examples from the National Institute of Child Health and Human Development (NICHD) include:

- Partnerships for Infrastructure Development in Social and Behavioral Science Research on HIV/AIDS (active in Democratic Republic of the Congo, Ghana, Kenya, Malawi, South Africa, Tanzania, Zambia)

- Global Network for Women's and Children's Health Research (active in Argentina, Brazil, Chile, Democratic Republic of the Congo, Guatemala, India, Pakistan, Uruguay, Tibet Autonomous Region, Zambia)

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

- NICHD International Site Development Initiative (active in Argentina, Bahamas, Brazil, Jamaica, Mexico, Peru)

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

- The India Perinatal Prevention Project, conducting operational research on antenatal HIV testing and ARV prophylaxis for women identified as HIV-infected in rural India

- Clinical trials in Botswana, Kenya, South Africa, Tanzania, and Thailand to evaluate regimens for prevention of maternal-infant HIV transmission

- An international clinical trial of post-exposure prophylaxis in HIV-exposed newborn children (Argentina, Brazil, South Africa)

- NICHD joined the International Epidemiologic Databases to Evaluate AIDS (IeDEA) initiative, led by the National Institute of Allergy and Infectious Diseases, specifically to bring the cofunding support and scientific and medical expertise necessary for IeDEA to include HIV-infected children in Asia, West Africa, Central Africa, East Africa, and Southern Africa.

- NICHD staff participation on PEPFAR working groups for pediatric HIV issues.

Sources: PowerPoint presentation given by Susannah Allison, Center for Mental Health Research on AIDS, NIMH at the USG meeting on PL 109 95, November 2006, *Overview of NIH-Funded Research on Orphans and Vulnerable Children in the Developing World,* and the National Institute of Allergy and Infectious Diseases.

USG agency/office: Department of Health and Human Services (HHS)/National Institutes of Health (NIH), Fogarty International Center (FIC)

Program: Research training and collaboration with other countries on global health issues, with a focus on child health and development

Cause of vulnerability being addressed: Multiple

Brief summary: FIC is committed to addressing global health issues with a particular focus on low- and middle-income countries. FIC works to meet this goal by supporting research collaborations and research training in developing countries on issues of relevance to global health. Programs are especially geared toward developing research capacity in developing countries and research collaborations between U.S. and developing-country scientists. Research and research training on issues related to children's health and development is one main theme of our programs.

Activity type: Capacity building

Reporting, impact, dissemination of findings: Principal investigators on all grants are required to submit yearly reports to NIH regarding their progress on the aims set forth in their application. Progress is monitored in a number of ways, with an emphasis on the dissemination of research findings through peer-reviewed journals.

Examples of activities/successes: Through its research training program for clinical, operational, and health services research, FIC funds research training in such areas as developmental disabilities and mental health in Turkey, Vietnam, and South Africa (with a focus on children orphaned by AIDS in the latter). An example under its Brain Disorders in the Developing World research program is research in South Africa on the impact of developmental stressors such as maternal separation on brain development (of particular relevance to children orphaned by AIDS) and development of interventions for children exposed to alcohol in utero. One specific study supported by an FIC research training program in Turkey is focusing on the impact of institutionalization on children there and short-term and long-term interventions, policy changes, and alternative models of care.

Other ongoing research collaborations and training related to child development include the following:

- *Peru:* Epidemiological studies of substance abuse and prevention
- *Bangladesh:* International clinical/operational research training: maternal and child health and nutrition
- *Argentina:* Training for evidence-based health care research
- *China:* Nutrition-related chronic, non-communicable disease prevention training
- *India:* Training program in clinical, epidemiological, and prevention science, focusing on developmental disorders and the mental health of children
- *Turkey:* Training program in clinical, epidemiological, and prevention science, focusing on developmental disorders and the mental health of children

Source: Information from Kathleen Michels, FIC, NIH

USG agency/office: Department of Health and Human Services (HSS)/Administration for Children and Families, Office of Refugee Resettlement (ORR)

Program: Unaccompanied refugee minors foster care, supportive services to refugee families resettling in the United States

Cause of vulnerability being addressed: Conflict, persecution, displacement, family separation, loss of family, new living environment

Brief summary: The United States is the only country in the world that provides resettlement services via specialized foster care to unaccompanied refugee children for whom international "best interest determinations" assess resettlement overseas as the most appropriate "durable solution" for their care. Other vulnerable refugee children who resettle with family members or unrelated adults are assisted via ORR's other supportive services. Unaccompanied refugee minors (URMs) are children under age 18 who resettle alone to the United States without a parent or relative who is able to care for them. The URM program is also available to children who find their own way to the United States and are found to be eligible according to ORR regulations, as well as being unaccompanied.

ORR funds URM programs across the United States that provide URMs with all child welfare services and benefits that are available to other foster children in those states. However, there are some differences. The objective of URM programs is family reunification, if determined to be in the child's best interest. Programs continue family tracing where possible, and a number of children have been able to reunite with family either in the United States or overseas. Given the challenges in identifying family members and reuniting refugee families, the URM program also provides children with the opportunity to remain in foster care until the age of 20 or 21, depending on state guidelines. (After age 18, continued participation in the program is voluntary.) Therefore, the United States offers URMs a path to safe, permanent, child-friendly care while allowing for parents or family members to resume legal responsibility should international circumstances change and they become available to care for the child.

Another difference is that URM programs are required to support preservation of the child's ethnic and religious heritage, orientation and adjustment to American culture, and preparation for independent living and economic self-sufficiency, including the development of English language skills.

URMs are placed in licensed foster homes, group homes, or independent living arrangements, appropriate to their developmental needs. Additional services provided include indirect financial support for housing, food, clothing, medical care, and other necessities; intensive case management by social workers; independent living skills training; educational supports; career/college counseling and training; mental health services; assistance adjusting status; cultural activities; and recreational opportunities.

ORR provides refugee families, including vulnerable children, with temporary financial and medical support, plus a range of social services for five or more years following arrival in the United States. Should refugee children become unaccompanied following arrival with family and require foster care services, they may be reclassified to URM status and receive the above services. URM services are also available to certain reclassified unaccompanied children who are identified in the United States, including asylees, Cuban and Haitian entrants, and victims of severe forms of human trafficking.

Activity type: Service delivery

Legislative basis for the program: Immigration and Nationality Act (INA) section 412 (a) (6); INA section 412 (d) (2) (A); INA section 412 (d) (2) (B); Title V of the Refugee Education Assistance Act of 1980; 45 CFR Part 400, Subpart H Child Welfare Services;

Examples of activities/successes: URMs have become productive members of society. For example, in FY 2005, more than 40 URMs from one state alone received scholarships to colleges and universities. Many URMs develop their skills with the intention of giving back to their ethnic communities after entering adulthood.

USG agency/office: Department of Health and Human Services (HSS)/Administration for Children and Families, Office of Refugee Resettlement (ORR)

Program: Bridging Refugee Youth and Children's Services (BRYCS) technical assistance project and clearinghouse

Cause of vulnerability being addressed: Conflict, persecution, displacement, family separation and loss, problems in family systems, challenges of parenting within a new living environment and new legal framework

Brief summary: The BRYCS project brings together information and best practices to support resettlement, ethnic, and child welfare agencies working with refugee families and children in the United States as well as international service providers involved in the assessment and resettlement of refugee families and children overseas, such as cultural orientation providers. Via BRYCS, ORR provides specialized technical assistance, training, resource development, and dissemination to a network of state and voluntary agencies on such topics as parenting, culture and family s ystems, positive youth development, service gaps, differential adjustment of adults and children to America, child care, and orientation to family issues in the United States.

Activity type: Technical assistance, training, resource development, information dissemination, clearinghouse

Legislative basis for the program: Immigration and Nationality Act section 412 (c) (1) (A)

Reporting, impact, dissemination of findings: Via BRYCS, ORR provides national and international access to specialized information and resources.

Examples of activities/successes: Between FY 2004 and FY 2006, BRYCS produced and disseminated a total of 114 publications (20 stand-alone and 94 Web site-related publications) via the Web site (www.brycs.org), including four toolkits, four practical reports/presentations on new refugee groups, one research report, two national convening reports (with accompanying handouts and one PowerPoint presentation), two compilations (guardianship and fundraising), one refereed journal article, 29 spotlight articles, 16 sidebar articles (six on fundraising for refugee-serving organizations and 10 on promising practices), 27 resource lists, and 22 program descriptions. In addition, three FY 2003 publications were completed, produced, and disseminated, and two appendices were drawn from these and republished as stand-alones (recruiting refugee foster families and special considerations in providing foster care to refugee children).

During the first six months of FY 2007, 79,458 documents were downloaded from the BRYCS Web site on such topics as cultural considerations, health issues for particular ethnic groups, and raising children in a new country. Of the origin points for visitors to the BRYCS Web site that are possible to be tracked, in a recent month a full 15 percent were from outside of the United States, from a range of developed and developing countries.

Titles of frequently downloaded documents include:

- *Raising Children in a New Country: A Toolkit for Working with Newcomer Parents*
- *Somali Bantu Refugees: Cultural Considerations for Social Service Providers*
- *Background on Potential Health Issues for Hmong Refugees from Wat Tham Krabok*
- *Background on Potential Health Issues for Somali Bantu*
- *Liberian Refugees: Cultural Considerations for Social Service Providers*
- *Background on Potential Health Issues for Liberian Refugees*
- *Separated Refugee Children in the United States: Challenges and Opportunities*

ANNEX 4: Sources for Textboxes

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Parameters for USG Assistance to Highly Vulnerable Children. **Source:** *U.S. Government Strategy for Assistance to Highly Vulnerable Children*, May 2006.

Five Strategies to Address Needs of Highly Vulnerable Children. **Source:** The Global Partner Forum, 2004; http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=4282_201&ID2=DO_TOPIC

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Major Causes of Vulnerability for Children. **Various sources listed below.**

- Natural disasters: In FY 2006, the USG responded to 54 disasters in 39 countries affecting at least 79 million children. Disasters destroy shelters and infrastructure, eliminate sources of food and income for affected families, and may result in disability or death of family members. **Source:** USAID/OFDA, *2006 Annual Report*.

- Conflict: In FY 2006, the USG responded to conflict-related emergencies affecting more than 20 million children. Conflict affects access to shelter, food, and basic services as well as the psychological well-being of all children in the communities involved; even more at risk are children separated from their parents, internally displaced persons (IDPs), and child soldiers. **Source:** USAID/OFDA, *2006 Annual Report*.

- Refugees: Conflict forces many children and their families into refugee status. Child refugees are among the most vulnerable populations in the world. As of 2006, populations of concern to the United Nations High Commissioner for Refugees included more than 21 million refugees, IDPs, returnees, asylum seekers, stateless persons, and others. About 9 million were children. **Sources:** www.unhcr.org/basics.html; www.unhcr.org/publ/PUBL/ 4579701b2.pdf

- Exploitive labor: According to the ILO, in 2004 218 million children aged 5 to 17 were engaged in child labor, of whom 126 million worked in hazardous conditions. This represents an 11 percent decline in child labor over four years and a 26 percent decline in child labor in hazardous conditions. **Sources:** ILO, *The End of Child Labor: Within Reach*, 2006; http://www.ilo.org/public/english/standards/relm/ilc/ilc95/pdf/rep-i-b.pdf

- HIV/AIDS: Worldwide, an estimated 15 million children under 18 have been orphaned as a result of AIDS, more than 12 million in Sub-Saharan Africa, where an estimated 9 percent of all children have lost at least one parent to AIDS. Children in homes where parents are ill and cannot care for them are also at risk, as are children in families where parents have had to assume the care of a relative's orphaned children, spreading already thin resources over the expanded family. An estimated 20 million children will be orphaned because of the epidemic by 2010, and some estimate that roughly twice that many will be made highly vulnerable by HIV/AIDS. The most vulnerable of all are children infected by HIV/AIDS, half of whom will die by age 2. **Sources:** UNAIDS, *2006 Report on the Global AIDS Epidemic*, chapter 4, "The Impact of AIDS on People and Societies," p. 92; PEPFAR annual report now in clearance process, chapter 3.

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