



A United States Government Interagency Approach to Assisting the World's Most Vulnerable Children



Foreword

Dear Colleagues,

I hereby submit the Fifth Annual Report to Congress on Public Law 109-95 (PL 109-95), the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005. This year's report is dedicated to Kirk Felsman and Gary Newton, two remarkable colleagues. It highlights the great strides made by the U.S. Government toward better coordinating its actions on behalf of vulnerable children and summarizes the responses of individual agencies and departments through projects for vulnerable children funded during FY 2010.

On May 22, 2011, Kirk Felsman passed away. The U.S. Agency for International Development (USAID) and the PL 109-95 Secretariat lost a dear friend and dedicated colleague. Kirk's passing has affected the worldwide community of people working on behalf of vulnerable children. Kirk was deeply concerned about all vulnerable children and worked to help such children through collaboration across sectors, programs, disciplines, and agencies. Kirk made countless substantive contributions to the PL 109-95 Secretariat. Our community remembers Kirk with the fondest regard.

At the end of September 2011, Gary Newton, the first full-time U.S. Government Special Advisor for Orphans and Vulnerable Children, completed a 25-year career with USAID as a Foreign Service Officer. Gary's many accomplishments include the establishment of the PL 109-95 Secretariat, a bold vision for U.S. Government leadership in international child welfare and protection and success in fostering the cooperative environment in which interagency partners have been able to accomplish so much. Gary's passion, dedication, and service to vulnerable children have inspired us, and his leadership within the U.S. Government is missed.

In December 2011, the PL 109-95 Secretariat convened a U.S. Government Evidence Summit on Protecting Children Outside of Family Care to break down the silos separating children into individual categories of vulnerability and begin to examine the evidence base across categories to address vulnerable children's risks and opportunities holistically. As a result of this groundbreaking summit and motivated by the recognized need to do much more on behalf of the world's most vulnerable children, 10 senior leaders from across government committed their offices to the establishment of guiding principles for U.S. Government assistance to affected children and to the development of a strategy, by July 2012, to promote evidence-based responses to protect them. This action represents a milestone for the evolution of the child protection sector.

It is a great pleasure to announce that Dr. Neil Boothby has been assigned as the U.S. Government Special Advisor and Senior Coordinator on Children in Adversity. In this role, Dr. Boothby will fulfill the legislative mandate set forth in PL 109-95. In addition to his interagency coordination efforts, Dr. Boothby will serve as USAID's senior expert on children and adversity. Dr. Boothby is a renowned global leader in international child protection and will be a tremendous asset to the U.S. Government. We could not have found a better person to lead our work in this area. We look forward to welcoming him to the U.S. Government interagency family in mid-March 2012.

This report is written with deep thanks to the American public for their support of development programs that assist the most vulnerable children in developing countries around the world.

Sincerely,

Robert Clay
Interim U.S. Government Special Advisor for Orphans and Vulnerable Children
Deputy Assistant Administrator, Bureau for Global Health, USAID

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U.S. Government departments and agencies are doing good work on behalf of the world's most vulnerable children. More than 30 offices within five departments and two agencies – the Departments of Agriculture, Defense, Health and Human Services, and Labor, and State; and the Peace Corps and U.S. Agency for International Development (USAID)¹ – provided approximately \$2.8 billion to implementing partners in FY 2010 for 1,710 projects to assist vulnerable children and their families in 107 countries.

The need for this work remains critical. Highly vulnerable children worldwide live without families or within fragile families and face a cascade of risks posed by extreme poverty, disease, conflict, disaster, and poor governance. Close to half of the 1.4 billion people who live in income poverty² are children. Critically large numbers of children – 150 million girls and 73 million boys – have experienced sexual abuse,³ and approximately one-third of all children experience severe discipline at home.⁴ Approximately 115 million children are engaged in hazardous work,⁵ and an estimated 342 million struggle with disabilities.⁶ In lower- and middle-income countries, an estimated 200 million children under five years are not attaining their developmental potential, primarily due to poverty, nutritional deficiencies, and inadequate learning environments.⁷

U.S. Government programs assisting highly vulnerable children are fragmented by legislation and agency mandates. Though departments and agencies do at times coordinate efforts, separate mandates often result in vertically organized interventions that assist children according to the causes

and consequences of their vulnerability (e.g., HIV/AIDS, exploitation and trafficking⁸ for labor and for sex,⁹ orphaning, disability, and displacement). These interventions are often similar, and they tend to focus on addressing the needs of children according to their category of vulnerability rather than on building sustainable child protection systems that effectively address the needs of all vulnerable children.

At present, the U.S. Government's foreign assistance program does not have one administrative home for programming that addresses vulnerable children or child protection, per se. While several programs deal with different aspects of child protection, there is no comprehensive approach to protecting children that runs through all departments and agencies working to improve the lives of children and their families. In 2011, the U.S. Government worked across all concerned offices to prepare and convene a groundbreaking evidence summit that laid a foundation of evidence to inform the development of a whole-of-government strategy to protect better some of the world's most vulnerable children: those outside of family care.

The PL 109-95 Secretariat explored several key issues that promote improvements for vulnerable children in lower- and middle-income countries by convening and supporting seminars and learning events for U.S. Government departments, agencies, and partners. Topics were chosen to underline the importance of coordinating child-centered initiatives across sectors, including education, emergency and humanitarian response, health, security and justice, and social welfare. Topics included: (1) designing interventions that

Highly Vulnerable Children*

- 115 million are engaged in hazardous work.
- 17.8 million have lost both parents.
- 13.2 million are internally displaced as a result of conflict or persecution.
- 70 million are affected by natural disaster
- At least 2 million are in institutional care.
- 1.8 million are victims of sex trafficking or pornography.
- 5.5 million children are in forced labor.**
- Unknown numbers are surviving without families.

* See Table 1

** See footnote 9

advance healthy early child development and mitigate developmental risks; (2) the value of social protection as an organizing framework to build resilience and enhance economic opportunities for families and communities facing crisis or poverty; and (3) the critical need to strengthen a country's social welfare workforce in order to improve access to services for vulnerable children and families. The PL 109-95 Secretariat encouraged program managers and policymakers across the government to incorporate best practices from these cross-cutting issues into the design and implementation of activities to protect vulnerable children. This information sharing is consistent with the PL 109-95 mandate to coordinate U.S. Government assistance to orphans and vulnerable children and disseminate evidence-based best practices.

1 Brief descriptions of offices and functions can be found on the PL 109-95 Secretariat's website: www.hvcassistance.org/projects.

2 This 2005 figure remains our most recent reliable estimate of the number of those who live under \$1.25/day but it is not disaggregated by age. See Chen, S and Ravallion, M (2008). The Developing World is Poorer Than We Thought, But No Less Successful in the Fight Against Poverty. World Bank Policy Research Paper Number 4703. UNICEF estimates that close to 600 million children live in income poverty, defined using a lower \$1.00/day poverty threshold and that roughly 1 billion children face at least one severe deprivation in the nutrition, water, sanitation, health, shelter, education, and/or information sectors. See <http://www.unicef.org/mdg/poverty.html>. These are acknowledged as unreliable figures.

3 See Table 1 in this report.

4 U.N. General Assembly. (2006). Report of the Secretary General, Report of the Independent Expert for the United Nations Study on Violence Against Children (A/61/299).

5 See Table 1 in this report.

6 See Table 1 in this report.

7 Grantham-McGregor, S, et al. (2007). Developmental potential in the first five years for children in developing countries. *The Lancet*, 369.

8 "Severe forms of trafficking in persons" is defined by the U.S. Government in Public Law 106-386, the Trafficking Victims Protection Act of 2000, as "a.) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or b.) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery."

9 This statistic is based on the International Labor Organization's definition of forced labor, which includes both sex and labor trafficking. Further review of this statistic indicates that the ratio was applied incorrectly in prior PL 109-95 annual reports.

Letter to Summit Participants from Secretary of State Clinton



“For the first time in history, the U.S. Government has convened some of the world’s leading experts on child protection and vulnerability to closely examine the evidence base we have to support children outside of family care in developing countries. The need for this kind of collaborative, evidence-based approach to development is more urgent now than ever before.... Addressing the needs of children outside of family care is about more than securing their immediate health and safety – though these are of paramount concern – it is ultimately about securing the God-given potential of every child and the safety, peace, and prosperity of all people.”

– Hillary Rodham Clinton, Secretary of State, December 12, 2011

CHILDREN OUTSIDE OF FAMILY CARE

The U.S. Government Evidence Summit on Protecting Children Outside of Family Care, held December 12–13, 2011, at the Ronald Reagan Building in Washington, DC, was an interagency initiative under Public Law 109-95. The summit fell squarely under the PL 109-95 mandate to ensure that U.S. Government assistance to highly vulnerable children is comprehensive, coordinated, effective, and grounded in evidence-based best practices.

The overarching goal of the summit was to provide expert review of the evidence on effective systems to identify, assess, assist, and monitor children outside of family care in lower- and middle-income countries, including those living on the streets or in institutions, separated as a result of conflict or disaster, or exploited or trafficked for their labor or for sex. The Summit brought together approximately 150 leading researchers and technical experts from universities and international and nongovernmental organizations as well as U.S. Government policy makers and programmers from multiple departments and agencies.

A key result of the summit was the commitment of 10 senior U.S. Government agency leaders to establish guiding principles and a U.S. Government strategy for assistance to these children – the very first of its kind – by July 2012. This commitment was published in *The Lancet* on December 12, 2011:

*“Following the summit, we have committed to establishing guiding principles for U.S. Government assistance to affected children outside the USA and to develop a strategy, by July 2012 to promote evidence-based responses to protect these vulnerable children. The strategy will promote application of the principles, implementation of evidence-based best practices, and research to address critical knowledge gaps in initiatives for at-risk children outside of family care funded by the U.S. Government. With continued global collaboration and coordination across agencies and partners, we can tackle more effectively the common constraints to improving children’s wellbeing and protecting the most vulnerable.”*¹⁰

Another key result was the consolidation and evaluation of the evidence base – the collection of the most relevant knowledge and experience related to children outside

of family care – which will inform the development of guiding principles and an interagency strategy. The evidence review will be summarized in a series of academic papers and submitted for journal publication in 2012. The process of identifying, evaluating, and synthesizing the evidence was formally launched at a pre-summit held October 24–25, 2011, at the National Institutes of Health. At the pre-summit, 60 academics, technical experts, and U.S. Government officials discussed the strength of evidence relevant to children outside of family care and began to identify research gaps. Four multidisciplinary teams were established to review the evidence and prepare draft findings for the December summit.

Mandated to facilitate a whole-of-government approach to highly vulnerable children, the PL 109-95 Secretariat actively solicited technical participation and financial support for the Evidence Summit from several U.S. Government agencies and departments. Funding was provided by the U.S. Agency for International Development’s (USAID’s) Bureau of Policy, Planning and Learning, Bureau for Global Health, Displaced Children and Orphans Fund, and Office of Faith Based and Com-

10 Clay, R, et al. (2011). A call for coordinated and evidence-based action to protect children outside of family care. *The Lancet*. December 12, 2011. [http://www.lancet.com/journals/lancet/article/PIIS0140-6736\(11\)61821-7/fulltext](http://www.lancet.com/journals/lancet/article/PIIS0140-6736(11)61821-7/fulltext).

munity Initiatives; the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); and the National Institutes of Health's Eunice Kennedy Shriver National Institute for Child Health and Human Development and Fogarty International Center. Technical support was provided by the same entities, as well as from the Department of Health and Human Services' Administration for Children and Families, National Institutes of Health (specifically, the National Institute of Mental Health), and U.S. Centers for Disease Control and Prevention; the Department of Labor's Bureau of International Labor Affairs; and the Department of State's Office of Children's Issues and the Office to Monitor and Combat Trafficking in Persons.

More information about the Evidence Summit is available at: www.hvcassistance.org/summit.cfm.

EARLY CHILD DEVELOPMENT

Childhood is a time of ordered emergence of physical, cognitive, and emotional development.¹¹ The physical and emotional environment that nurtures children has a profound impact on their developmental trajectory, setting the stage for a lifetime of educational achievement and psychological attachment.¹² Children in adversity, such as those suffering from poor nutrition, abuse, neglect, lack of stimulation, and toxic stress, exhibit profoundly negative child development outcomes.¹³

Investments in early childhood have been associated with a reduction in infant and child mortality, grade repetition, future criminal activity, drug use/abuse, teen pregnancy, and use of social services.¹⁴ Additionally, early investments in child care, healthy development, and child protection can mitigate the deleterious impacts of poverty and social inequality, ultimately resulting in long-term gains that benefit children, families, communities, and countries. Research by James Heckman, the Nobel Laureate in Economics, indicates that early interventions return higher economic returns than those in later years, making early childhood the most cost-effective time for investment in an individual's life.¹⁵ More information on the series of early child development seminars co-sponsored by the PL 109-95 Secretariat, the U.S. Department of Education, and the Brookings Institution is available on the PEPFAR-supported public website on vulnerable children, www.ovcsupport.net.

SOCIAL PROTECTION

Vulnerable children and families are made even more vulnerable in times of crisis, disease, and loss. In many developing country contexts, few systematic mechanisms exist to prevent such children and families from becoming more vulnerable. Social protection seeks to prevent this state of vulnerability and to support families, so they can maintain themselves through adverse situations. It builds the resilience

of families and promotes the capacity of communities to care for and protect children. Donors, governments, and implementing partners are increasingly turning to social protection strategies for these purposes. In order to encourage the U.S. Government to explore more deeply the potential and relevance of social protection for its own vulnerable child programs, the PL 109-95 Secretariat, USAID's Office of HIV/AIDS, PEPFAR, and the Department of Labor's Bureau of International Labor Affairs convened a one-day Social Protection Learning Event in October 2011 for U.S. Government agencies. U.S. Government officials, as well as social protection experts from the World Bank and the United Nations Children's Fund (UNICEF), led discussions and shared current social protection research and practices in recognition of the positive impact social protection initiatives have had on vulnerable children. Event information and slide presentations are available at www.ovcsupport.net/s/index.php?c=129.

STRENGTHENING THE SOCIAL WELFARE WORKFORCE

A well-functioning social welfare system serves as a vital safety net for vulnerable children and families, giving them better access to an array of quality services that promote their welfare and protect them from harm. Services can include special benefits and waivers, parent education and support, and investigations into allegations

Children in Adversity: Damaging Effects of Toxic Stress

“Major advances in neuroscience, molecular biology, genomics, psychology, and other fields now help us to better understand how significant adversity early in life gets into the body and has lifelong, damaging effects on learning, behavior, and both physical and mental health. Chronic or excessive activation of the body's stress response systems, in the absence of the buffering protection of responsive human relationships, is known as ‘toxic stress,’ and its biological consequences are no less real than the damaging effects of poor nutrition or exposure to lead. Toxic stress can seriously weaken the foundation of developing brain architecture in the first two to three years of life, so early intervention – to reduce the number and severity of adverse experiences and to strengthen relationships that protect young children from the harmful effects of toxic stress – is profoundly important.”

– Jack P. Shonkoff, M.D. Director, Center on the Developing Child at Harvard University, Evidence Summit Participant

11 Engle, P. et al. (2007). Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *The Lancet*, 369.

12 Grantham-McGregor, S. et al. (2007). Developmental potential in the first five years for children in developing countries. *The Lancet*, 369.

13 Walker, SP, et al. (2007). Child development: risk factors for adverse outcomes in developing countries. *The Lancet*, 369.

14 Engle, P. et al. (2007). Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *The Lancet*, 369.

15 Carneiro, PM, Heckman, JJ. (2003). Human Capital Policy. NBER Working Paper No. w9495. Available at: <http://ssrn.com/abstract=380480>; also see World Bank. Why invest in early child development (ECD). Available at: <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTCY/EXTECD/0,,contentMDK:20207747~menuPK:527098~pagePK:148956~piPK:216618~theSitePK:344939,00.html>; also see Heckman, JJ. (2000). Policies to foster human capital. *Research in Economics* (54: 3-56); also see Heckman Equation. <http://www.heckmanequation.org/>.

“When we review evidence and share research, let’s also think about what we can do to push the boundaries of what’s possible in child protection. . . . When you help rehabilitate former child soldiers, you’re breaking a cycle of violence that devastates societies and destabilizes regions. When you combat human trafficking and fight child labor, you empower legitimate trade over illicit businesses, energizing the global economy. And in times of crisis, when you ensure that children alone in the world can count on a good meal, a solid checkup, and a safe place to learn, play, and sleep, you are advancing values of compassion and equality and a belief in the dignity of every individual.”

– *Rajiv Shah, USAID Administrator, December 12, 2011*

of abuse and neglect as well as the provision of alternative care for children separated from their families of origin. Historically, social welfare workers have played a critical role within social welfare systems by providing direct services, administering government agencies, developing policy and research, and advocating on behalf of children and families in need. Despite these essential functions, social welfare workforce plans in many developing countries lack a clearly defined strategy and realistic implementation mechanisms resulting in social welfare systems that are often ineffective. In such settings, social welfare workers, whether paid or unpaid,

professional or volunteer, or governmental or nongovernmental, may also lack adequate educational and training opportunities, leading to very high attrition rates. This attrition is attributed to overly burdensome caseloads, exceptionally low salaries, poor workplace conditions, and lack of appreciation within the society.

The PL 109-95 Secretariat supports the efforts of PEPFAR and USAID to advocate for a strengthened social welfare workforce. In 2011, as part of this effort, the Secretariat worked alongside PEPFAR and other experts to explore options for building a new Social Service Workforce

Strengthening Alliance. The Alliance facilitates ongoing support for country-level and global actions on behalf of this workforce. An interim Steering Committee was established in early 2011 to move this agenda forward. Under the auspices of the Alliance, PEPFAR partner and interim Steering Committee member CapacityPlus has been organizing a series of webinar discussions to encourage the sharing of expertise and promising practices to address the needs of the social welfare workforce in developing countries. Visit www.ovcsupport.net to learn more about social service workforce strengthening.

Monitoring and Evaluation

Monitoring and evaluation (M&E) are fundamental components of PL 109-95. The Act specifically requires an M&E system that shall:

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

These three requirements were intended to encourage U.S. Government programs for vulnerable children in developing countries to operate in a framework of explicit goals; to include evaluations to determine whether they are having the desired impact; and to integrate results of those evaluations into the design of future activities. The successful implementation of these activities would be a significant step forward for any area of foreign assistance, including the activities that fall under PL 109-95. There are important limitations to directly creating and applying such a systematic approach across all U.S. Government programs aimed at protecting highly vulnerable children; however, there are also opportunities.

LIMITATIONS AND OPPORTUNITIES

The most important limitation to (A) above is the lack of a government-wide strategy for assistance to highly vulnerable children. The Evidence Summit on Protecting Children Outside of Family Care and the companion commitment of agency leaders published in *The Lancet* took active steps toward remedying this absence. In 2012, the PL 109-95 Secretariat began working with interagency partners to facilitate the establishment of guiding principles and an interagency strategy applicable to the diverse government offices

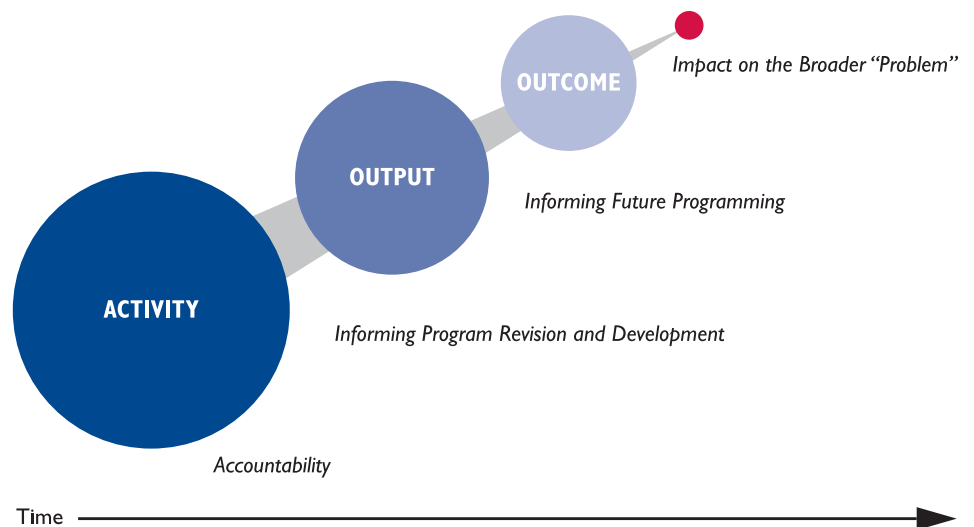
that provide assistance to children living outside of family care in lower- and middle-income countries. This presents a window of opportunity to establish a basic set of performance goals.

There are many challenges to setting interagency performance goals, particularly when expressed in a quantitative form that translates across all agencies and departments. The U.S. Government supports 1,710 projects for highly vulnerable children, some of which focus on children in urgent need of humanitarian assistance, children desperate for protection from abuse and exploitation, children in households in severe poverty, and children in institutions that provide inadequate care. Some children require sustained and multi-faceted support; others, in emergencies, require both focused support that is intense but brief and longer term developmental assistance. It is common to set numerical goals for specific projects but rare for such a diverse collectivity as a whole. The five departments and two agencies that support these activities – the Departments of Agriculture, Defense, Health and Human Services, Labor, and State; and the

Peace Corps and USAID – have their own unique legislative mandates, M&E, reporting requirements, areas of expertise, budgets, and staff. They are responsible for setting their own performance goals to meet their specific needs. Although the PL 109-95 Secretariat lacks a specific legislative mandate to modify and optimize these diverse systems and priorities, it plans to facilitate dialogue and action in 2012 in order to create a common set of goals related to assistance.

The second requirement (B) refers to establishing performance indicators. While these are tied to the specific performance goals created under (A), it is anticipated that a core group of indicators will be established as part of the interagency strategy addressing assistance to children outside of family care. The PL 109-95 Secretariat has also established a set of broader indicators that track estimates of vulnerable children in different situations. The section on the next page, entitled Vulnerability Indicator Database, provides further information, as does Annex A of this report (available at www.hvccassistance.org/reports.cfm).

KEY ROLES OF MONITORING AND EVALUATION



The third requirement (C) refers to improving the design of projects. This is perhaps the most fundamental of the M&E mandates. The Secretariat provides a broad base of information and research to help improve project design that is shared across departments and agencies. Examples of such information include the easy-to-access vulnerability indicator database, summaries of projects from across the U.S. Government made available on the Secretariat's public website, and a new methodology to target highly vulnerable children geographically. Each of these activities is briefly described in the subsections that follow.

The field of M&E is evolving and takes on different areas of focus across the vulnerable children project funding of U.S. Government offices. As depicted in Figure 1 (see page 12), most M&E activities conducted within donor-funded projects targeting vulnerable children in developing countries report on activities and outputs at the global level. Outcome indicators are not generally required from these projects at the headquarter level, but they are essential for tracking progress and improving implementation design at the project level. Standardized outcome indicators are also essential for measuring impact.

Many organizations that fund or implement child protection programs are increasingly emphasizing the integration of standardized M&E components. The Evidence Summit on Protecting Children Outside of Family Care honed in on several issues related to M&E as an opportunity for greater collaboration across organizations. Figure 2 (see page 12) highlights some of the recommendations from the summit. In 2012, the PL 109-95 Secretariat will explore the possibility of establishing a unified U.S. Government research strategy to promote further good M&E practices in order to build much-needed evidence for efficient and coordinated future programming.

VULNERABILITY INDICATOR DATABASE

The PL 109-95 website (www.hvcassistance.org) provides global and country-level estimates for vulnerability statistics, including but not limited to children living in extreme poverty, children who have lost one parent, children who have lost both parents, and children who lack proper food and nutrition. The most recent data are available in Table 1. Annex A explains in detail how each statistic was derived and is available at www.hvcassistance.org/reports.cfm.

This database of indicators is intended to be a key source of reliable data, capturing the extent of what is known about the severity of the deprivation among highly vulnerable children in developing countries. Understanding the nature and magnitude of need helps child welfare and protection actors to avoid duplication of efforts and promotes program efficiency.

ANNUAL CALL FOR PROJECTS

The PL 109-95 Secretariat conducts an annual Call for Projects from U.S. Government departments and agencies that fund interventions to assist highly vulnerable children. This wealth of information – along with descriptions of participating offices and their functions related to vulnerable children – is available on the Secretariat's public website (www.hvcassistance.org). A central and publicly accessible database of the U.S. Government's assistance portfolio for highly vulnerable children bolsters the Secretariat's ability to coordinate programs, inform field-based stakeholders, and respond to congressional inquiries.

In its third iteration, the PL 109-95 Call for Projects continued to make progress in data collection methodology, quantity, and quality. Thirty offices within seven U.S. Government departments and agencies responded with FY 2010 data, a 33

percent increase in the participation rate from the previous year. Though the total number of projects assisting highly vulnerable children in FY 2010 decreased from FY 2009, the Secretariat attributes this to more refined data transfer within PEP-FAR's database. In total, the U.S. Government supported 1,710 projects¹⁶ reaching highly vulnerable children in 107 countries. A summary of U.S. Government expenditures for these projects is available in Table II. Maps 1 and 2 (see pages 8–9) present FY 2010 project activities by target group and intervention type. Project information can also be found on the PL 109-95 website, including the child vulnerability group targeted, intervention type, project location, and implementing partner.

GEOGRAPHIC TARGETING FOR HIGHLY VULNERABLE CHILDREN

In an effort to improve the strategic targeting of programs for highly vulnerable children, the PL 109-95 Secretariat developed a methodology that uses readily available data (e.g., USAID's Demographic and Health Surveys and UNICEF's Multiple Indicator Cluster Surveys) to identify areas within countries where high concentrations of highly vulnerable children likely exist. Though the term "vulnerability" can be defined in many ways, the methodology merges various pre-existing vulnerability indicators into a single index, creating a rating scale that makes it easier to understand the magnitude of vulnerability in a given location and compare it to other geographical areas. The method has been tested with existing data for Ethiopia, and its potential use as an aid to better targeting future programs is being explored.

16 This is a conservative estimate of total U.S. Government projects and interventions targeting highly vulnerable children in FY 2010. Some agencies and offices only reported projects and interventions whose main focus, or target, was highly vulnerable children. Multi-sectoral interventions that nevertheless indirectly benefit highly vulnerable children may not have been reported."

PL 109-95 Secretariat Priorities for 2012

Following on the momentum and interagency commitment to action created as a result of the 2011 Evidence Summit on Protecting Children Outside of Family Care, the PL 109-95 Secretariat's highest priority for 2012 is to continue to work with interagency partners to develop guiding principles and a U.S. Government strategy governing its assistance to such children. The principles and strategy will be the first of their kind for this population and will require extensive consultation among agencies in order to forge an ambitious yet realistic path toward doing more for the world's most vulnerable children, and doing it better.

In recognition of the devastating effects of early adversity and toxic stress on a child's long-term physical and mental health outcomes, behavior, and overall well-being, the PL 109-95 Secretariat will also strive to integrate more firmly the child protection sector with those of health and education

and thus lay important groundwork for potential blended interventions that more effectively address the complex nature of children's risks and opportunities.

Keeping important lessons learned from the 2010 Haiti crisis in mind,¹⁷ the Secretariat intends to strengthen the U.S. Government's child protection capacities in humanitarian emergencies, including those that respond to separated and unaccompanied children surviving outside of families. The U.S. Government can better help children in these situations to cope with the resulting hardships and heightened vulnerability by improving its ability to rapidly assess children's needs, the causes of separation, and additional risk factors.

In light of the economic realities the U.S. Government faces now and in the future, we are more committed than ever before to strengthening our partnerships with

private organizations and donors whose interests in strong families, societies, and economies in lower- and middle-income countries match our own. By working together to fortify households and social protection systems that protect them from harm, we can help build brighter futures for all children.

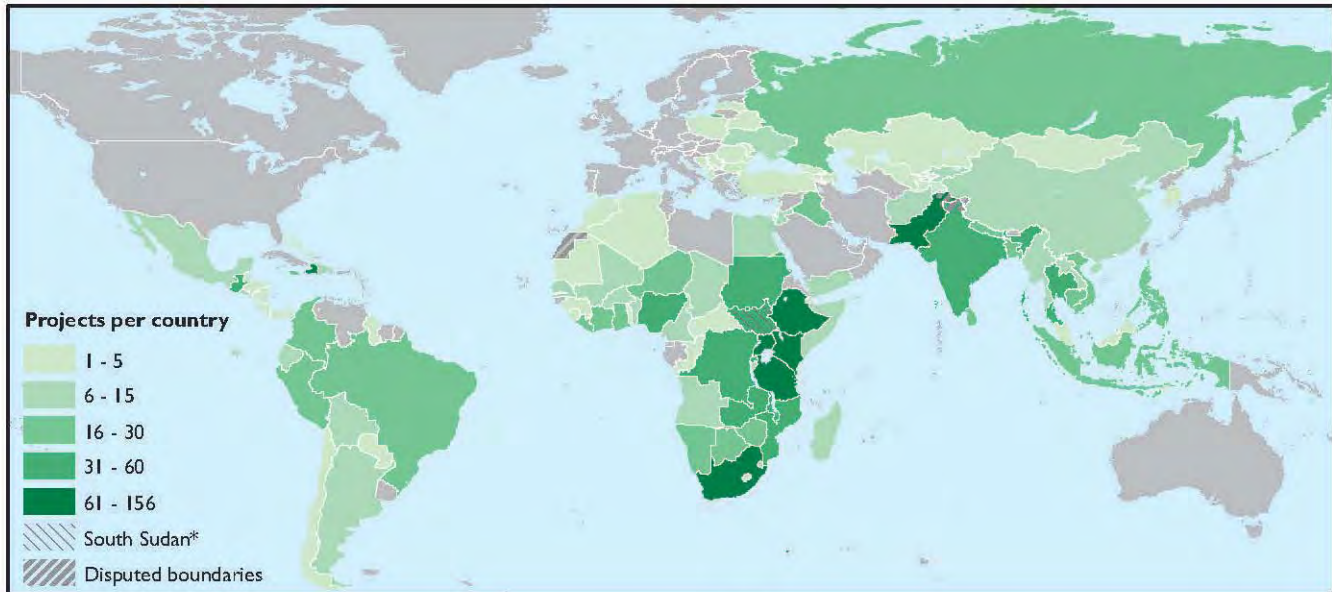
No less important is the Secretariat's intention in 2012 to lead the formation of a coordinated U.S. Government research strategy to address the critical knowledge gaps identified by the 2011 Evidence Summit as well as those relevant to other categories of vulnerable children. One important component of the research strategy will be to further promote good M&E practices so that the evidence base of best practices is expanded and future projects and systems are more efficient and coordinated.

“In a world truly aspiring to be child-friendly, national leadership would be scrambling to include child care and protection in national development plans and to increase national budgets to strengthen care and protection systems and safety nets. In a world truly aspiring to be child-friendly, religious leaders, traditional authorities, stars from the worlds of sports and entertainment would use their influence to help strengthen child protection as a core value in their communities; universities would be increasing intake at schools of social work to double, triple, quadruple the number of social workers joining the workforce annually. In a world truly aspiring to be child-friendly, child welfare system strengthening would be seen as a national priority greater than – or at least equal to – national defense.”

– Gary Newton, U.S. Government Special Advisor for Orphans and Vulnerable Children from 2008–2011, Cape Town, South Africa, November 15, 2010

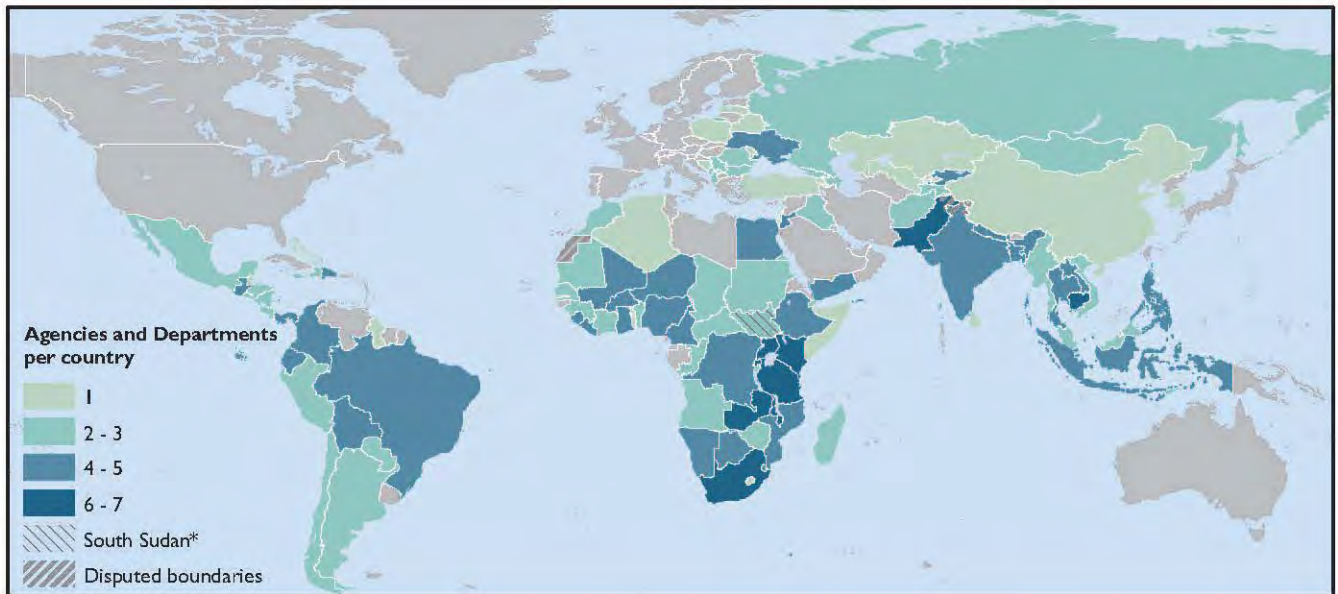
¹⁷ Fourth Annual Report to Congress on Public Law 109-95, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005, “A Whole of Government Approach to Child Welfare and Protection.” Available at: <http://www.hvcassistance.org/reports.cfm>.

Map 1: Number of U.S. Government-funded Projects Assisting Highly Vulnerable Children per Country



*The number of projects per country does not delineate between Sudan and South Sudan.

Map 2: Number of U.S. Government Agencies and Departments Funding Projects for Highly Vulnerable Children per Country



*The number of agencies and departments per country does not delineate between Sudan and South Sudan.

Table I: Highly Vulnerable Children: A Global Profile

Indicators of vulnerability in children	Year	Percent	Number	Coverage	Notes in Annex A
Population					
Total Population	2010	100%	6,895,900,000	Global	1a
Population children (aged 0–17)*	2010	32.0%	2,209,300,000	Global	1b
Total population	2010	100.0%	5,660,000,000	Developing countries	1c
Population children (aged 0–17)	2010	34.7%	1,962,000,000	Developing countries	1d
Highly vulnerable children					
Children who are highly vulnerable (aged 0–17)	NA	NA	NA	NA	2
Poverty					
Children living in extreme poverty (less than \$1.25 per day) (aged 0–14)	2005	25.2%	417,500,000	Developing countries	3
Children living in ultra poverty (less than \$0.50 per day) (aged 0–14)	2004	2.8%	47,000,000	Developing countries	4
Lack of food and nutrition					
Children who are stunted (aged 0–4)	2009	34.0%	216,200,000	Global	5
Children who are underweight according to WHO reference pop. (aged 0–4)	2009	22.0%	139,900,000	Global	6
Children who are wasted (aged 0–4)	2009	12.0%	76,300,000	Global	7
Children who are food insecure (aged 0–17)	NA	NA	NA	NA	8
Lack of access to health care and/or at risk due to health threat					
Children (live births) who die within the first 28 days of life	2010	2.3%	3,100,000	Global	9
Children (live births) who die before age one	2010	4.0%	5,400,000	Global	10
Children (live births) who die before age five	2010	5.7%	7,600,000	Global	11
Children living with HIV (aged 0–14)	2010	0.2%	3,400,000	Global	12a
Young adults living with HIV – female (aged 15–24)	2009	0.5%	3,200,000	Global	12b
Young adults living with HIV – male (aged 15–24)	2009	0.3%	1,700,000	Global	12c
Early sexual debut – female (aged 15–19)	2010	11.0%	22,800,000	Developing countries, excluding China	13a
Early sexual debut – male (aged 15–19)	2010	6.0%	13,000,000	Developing countries, excluding China	13b
Disability					
Children who are disabled (aged 0–17)	2004	15.5%	342,400,000	Global	14
Lack of adequate shelter					
Children who lack adequate shelter (aged 0–17)	2005	32.6%	640,000,000	Developing countries	15
Abuse					
Children who have experienced psychological aggression at home (aged 2–14)	2006	73.0%	1,158,700,000	Global	16a
Children who have experienced physical punishment at home (aged 2–14)	2006	48.0%	761,900,000	Global	16b
Children who have experienced severe physical punishment at home (aged 2–14)	2006	17.0%	269,800,000	Global	16c
Girls who have experienced sexual abuse (aged 0–17)	2002	14.0%	150,000,000	Global	17a
Boys who have experienced sexual abuse (aged 0–17)	2002	6.4%	73,000,000	Global	17b

Table I continued on the next page (to the right)

Indicators of vulnerability in children	Year	Percent	Number	Coverage	Notes in Annex A
Child marriage					
Child marriage: women aged 20–24 who were married or in union before age 18	2009	35.0%	68,800,000	Developing countries, excluding China	18
Orphans					
Children who have lost one or both parents due to all causes (aged 0–17)	2009	6.9%	153,000,000	Global	19a
Children whose mother has died due to any cause (aged 0–17)	2009	2.4%	52,300,000	Global	19b
Children whose father has died due to any cause (aged 0–17)	2009	5.4%	119,000,000	Global	19c
Children both of whose parents have died due to any cause (aged 0–17)	2009	0.8%	17,800,000	Global	19d
Children who have lost one or both parents due to AIDS (aged 0–17)	2009	0.8%	16,600,000	Global	20
Children outside of family care					
Children not living with either parent	NA	NA	NA	NA	21
Children in institutional care (aged 0–17)	2006	0.1%	2,000,000	Global, excluding West and Central Africa and South Asia	22
Children of (living on) the street (aged 0–14)	NA	NA	NA	NA	23
Children on (working and living on) the street (aged 0–17)	NA	NA	NA	NA	24
Birth registration					
Children whose births are not registered (aged 0–4)	2009	51.0%	246,100,000	Developing countries, excluding China	25
Lack of education					
Children out of school (primary aged)	2008	10.3%	67,500,000	Global	26
Children out of school (lower secondary aged)	2007	18.3%	71,000,000	Global	27
Children exploited or trafficked for their labor or for sex					
Child laborers (aged 5–17)	2008	13.6%	215,300,000	Global	28
Children in hazardous work (aged 5–17)	2008	7.3%	115,300,000	Global	29
Child victims of sex trafficking or in pornography (5–17)	2000	0.1%	1,800,000	Global	30
Children in other illicit activities (production and trafficking of drugs, organized crime, and organized begging) (aged 5–17)	2000	0.04%	600,000	Global	31
Children in forced labor (aged 0–17)	2005	0.25%	5,500,000	Global	32
Children affected by conflict					
Children associated with armed forces or groups (aged 0–17)	2000	0.01%	300,000	Global	33
Refugee children (aged 0–17)	2010	0.3%	6,800,000	Global	34
Internally displaced children (as a result of conflict or persecution) (aged 0–17)	2010	0.6%	13,200,000	Global	35
Children affected by natural disaster					
Children affected by natural disaster (aged 0–17)	2010	3.2%	70,700,000	Global	36

+ NA = valid sources of data were not available.

*Aged 0–17 includes all children from newborns through those at the end of their 17th year.

Please refer to Annex A, which can be found on the PL 109-95 website: www.hvcassistance.org/reports.cfm, for comprehensive notes on all indicators used in Table I (including sources; explanations of how percents or numbers were derived if not given in the original source; indicator definitions; and data limitations).

Figure 1: Number of Projects by Target Group

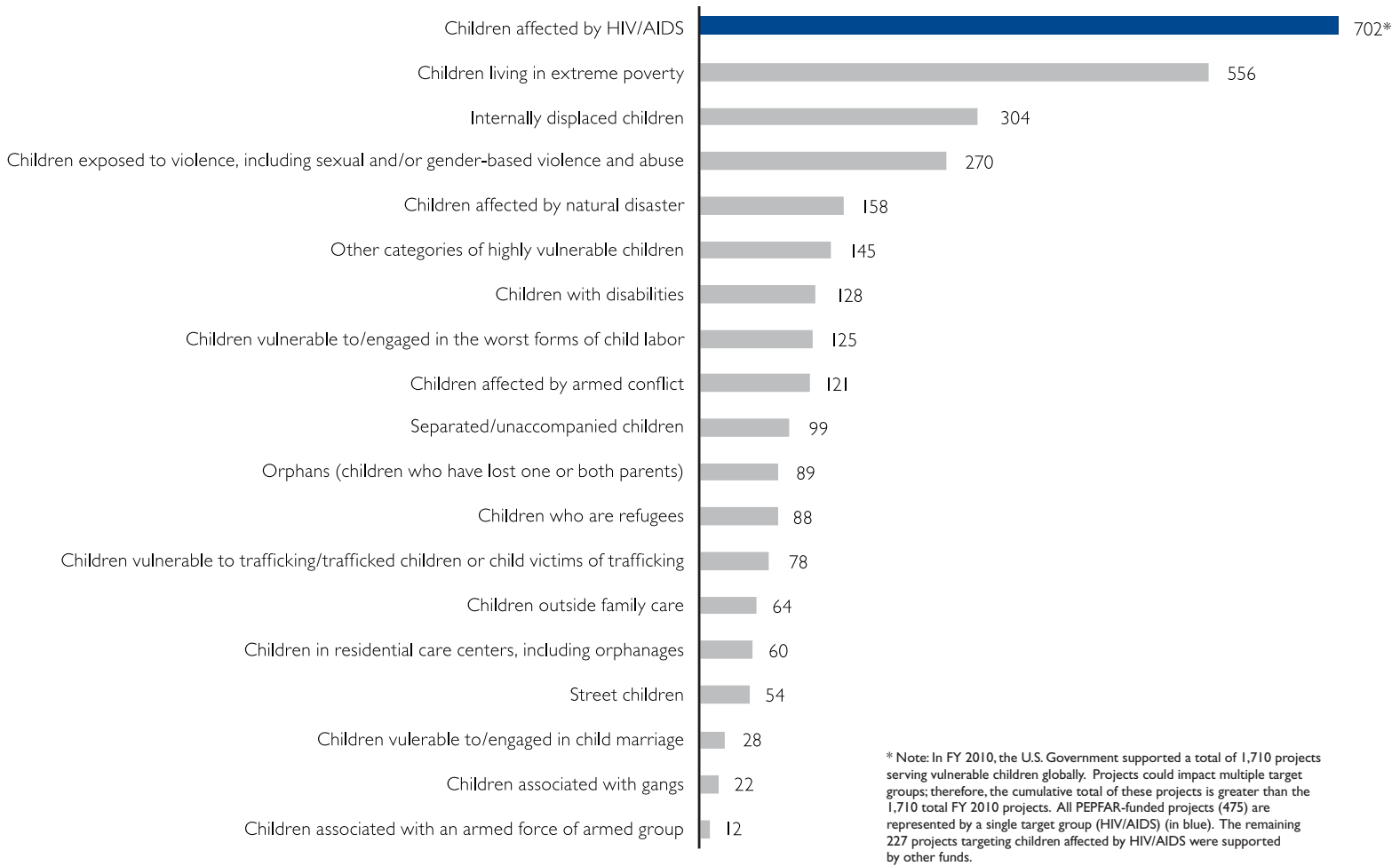


Figure 2: Number of Projects by Intervention

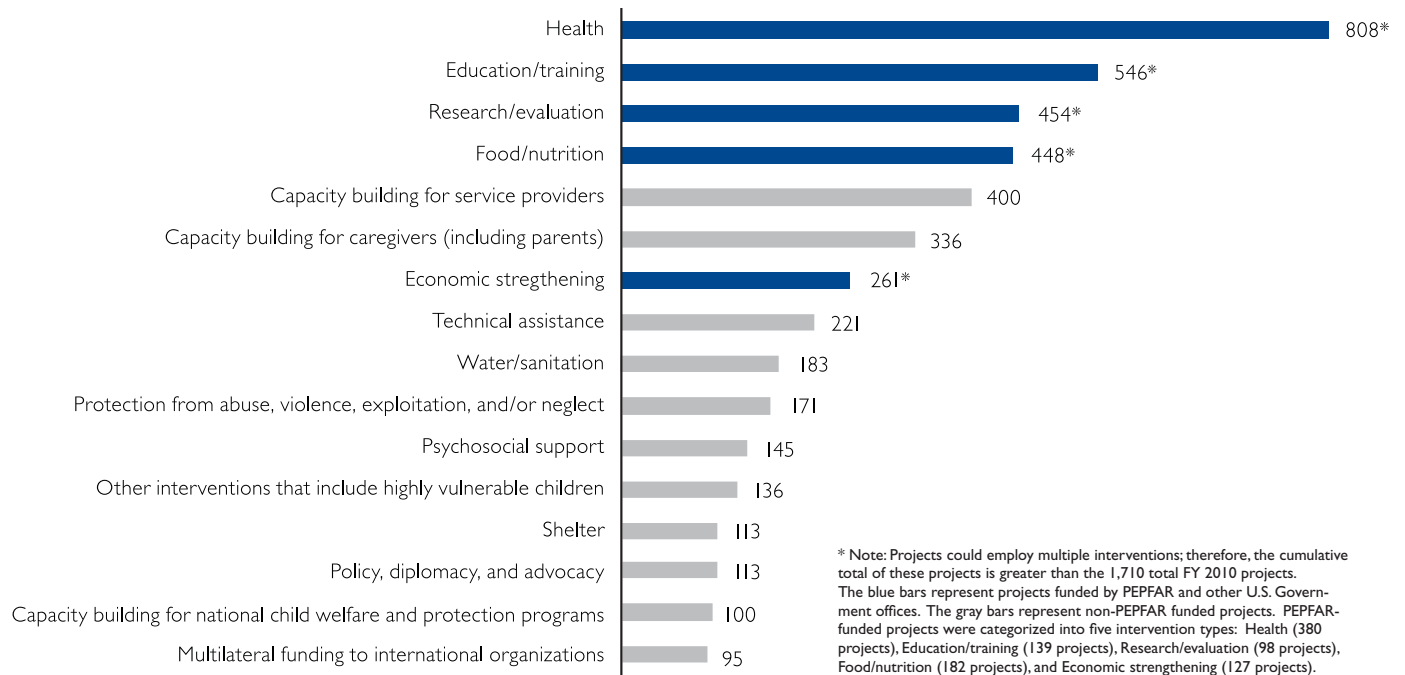


Table 2: U.S. Government Assistance to Highly Vulnerable Children in FY 2010

U.S. Government Implementing Agency or Department	FY 2010 Planned PEPFAR Funding ¹	FY 2010 Non-PEPFAR Funding
Department of Agriculture		\$196,666,156 ²
Foreign Agriculture Service (FAS)		\$196,666,156
Department of Defense	\$6,282,308	\$6,093,936
HIV/AIDS Prevention Program (DHAPP)	\$6,282,308 ³	
Office of the Secretary of Defense, Partnership Strategy & Stability Operations (OSD/PSO)		\$6,093,936 ⁴
Department of Health and Human Services	\$105,728,754	\$234,098,705
Centers for Disease Control and Prevention (CDC)	\$88,420,483	\$155,370,000 ⁵
Health Resources and Services Administration (HRSA)	\$17,005,940	
National Institutes of Health (NIH)	\$302,331	\$78,728,705 ⁶
Department of Labor		\$60,000,000
Bureau of International Labor Affairs (ILAB)		\$60,000,000 ⁷
Department of State	\$3,010,972	\$391,693,339
Bureau of African Affairs (AF)	\$2,619,000	
Bureau of Consular Affairs, Overseas Citizen Services, Office of Children's Issues (CI)		\$7,406,106 ⁸
Bureau of Democracy, Human Rights and Labor (DRL)		\$11,823,159
Bureau of International Organization Affairs (IO)		\$132,250,000 ⁹
Bureau of Population, Refugees, and Migration (PRM)	\$391,972	\$219,624,554 ¹⁰
Office to Monitor and Combat Trafficking in Persons (TIP Office)		\$20,589,520 ¹¹
Peace Corps	\$409,000	
Office of Global Health and HIV ¹²	\$409,000	
U.S. Agency for International Development	\$379,338,976 ¹³	\$1,502,341,021
Bureau for Africa (AFR)		\$8,558,927 ¹⁴
Bureau for Asia		\$78,129,825
Bureau for Europe and Eurasia (E&E)		\$6,810,939 ¹⁵
Bureau for Latin America and the Caribbean (LAC)		\$31,237,882 ¹⁶
Displaced Children and Orphans Fund (DCOF)		\$13,000,000 ¹⁷
Bureau of Economic Growth and Trade, Office of Gender Equality & Women's Empowerment (EGAT/GenDev)		\$10,500,000
Bureau of Economic Growth and Trade, Office of Infrastructure & Engineering (EGAT/I&E)		\$49,716,024 ¹⁸
Bureau of Economic Growth and Trade, Office of Natural Resource Management (EGAT/NRM)		\$1,395,915 ¹⁹
Middle East Bureau (ME)		\$163,311,782 ²⁰
Office of Afghanistan and Pakistan Affairs (OAPA)		\$32,044,936 ²¹
Office of Food for Peace (FFP)		\$660,693,640 ²²
Office of Health, Infectious Diseases and Nutrition (HIDN)		\$14,100,000 ²³
Office of HIV/AIDS (OHA)	\$5,063,600 ²⁴	
Office of Population and Reproductive Health (PRH)		\$3,922,357 ²⁵
Office of U.S. Foreign Disaster Assistance (OFDA)		\$209,528,850 ²⁶
Total	\$489,706,410	\$2,171,503,213
U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Office of the Global AIDS Coordinator (OGAC)		
Care and Treatment Programming	\$158,780,517 ²⁷	
Orphans and Vulnerable Children Programming	\$330,925,893 ²⁸	
Combined Total		\$2,661,209,623²⁹

1 The PEPFAR funds listed in this column include orphans and vulnerable children (OVC), pediatric care, and pediatric treatment funding.

2 Funding for assistance comes from appropriated and mandatory sources. Value of assistance is based on grant agreements.

3 PEPFAR funding for Department of Defense/DHAPP includes funds tracked through the Country Operational Plan (COP) process as well as those funneled directly to DOD/DHAPP. \$6,282,308 are exclusively PEPFAR COP-tracked funds.

4 The Overseas Humanitarian, Disaster and Civic Aid (OHDACA) appropriation is designed to provide the Department of Defense funding for humanitarian assistance and/or foreign disaster relief efforts. The appropriation is used to address the humanitarian needs of civilian populations, and many of the humanitarian assistance projects funded by the OHDACA appropriation provide a direct or indirect benefit to highly vulnerable children.

- 5 This figure represents total program funds for the 10 CDC projects entered into the PL 109-95 program database. Beneficiaries of CDC programs include, but are not limited to, highly vulnerable children. Due to reporting constraints, it is not possible to disaggregate the funding by fiscal year or for beneficiaries above/below the age of 18. Thus, this figure may be overstated.
- 6 Amount represents a statistical estimate based on professional judgment and is not identifiable as official NIH budget data. This estimate reflects an aggregation of numerous projects' total costs adjusted to account for the portion relevant to particular; low- and middle-income countries and directly relevant to the target populations (i.e., highly vulnerable children).
- 7 This amount represents the total funding that Department of Labor awarded in FY 2010 for international child labor programs. It does not represent the entire ILAB budget for FY 2010. For more information, visit <http://www.dol.gov/ilab/programs/ocft/>.
- 8 The FY 2010 budget is based on a cost of service study of 2010 data and includes the operational costs for the Adoption Division of the Office of Children's Issues, as well as visa services involved in intercountry adoptions.
- 9 The United States pledged \$132,250,000 to the regular resources of the United Nations Children's Fund for calendar year 2010.
- 10 This amount does not include the majority of the multilateral contributions provided to Population, Refugee and Migration's (PRM's) largest partners, the Office of the High Commissioner for Refugees (\$708,477,872), the International Committee of the Red Cross (\$230,500,000), and the United Nations Relief and Works Agency for Palestine Refugees (\$237,830,698), who work with conflict-affected populations, the majority of whom are women and children.
- 11 The TIP Office administered \$20,589,520 in FY 2010 centrally managed appropriations, which supported 57 projects throughout all regions of the world. In addition to the FY 2010 appropriations, the TIP Office received: \$5.5 million in the special "Haiti appropriation"; \$1.614 million transferred from INL; \$1 million transferred from the AF; and \$300,000 transferred from USAID. With this additional \$8,414,000, the TIP Office made 20 additional grant awards. Therefore, in total, the TIP Office managed \$29,003,000 of FY 2010 foreign assistance appropriations. Beneficiaries of TIP Office programs include, but are not limited to, highly vulnerable children.
- 12 Peace Corps' directly appropriated budget is not allocated by sector or program area of intervention, so it is not possible to separately report non-PEPFAR funding for highly vulnerable children.
- 13 In FY 2010, USAID received \$374,275,376 in PEPFAR funds to support OVC, pediatric care, and pediatric treatment programming, which are programmed by field missions and reflected in COPs. This budget amount does not include funding for Headquarters Operations Plans (HOPs).
- 14 Planned with FY 2010 funds (excludes activities implemented in Africa that are funded by pillar bureaus and PEPFAR-supported activities planned and documented outside the operations plans [OPs]). PEPFAR activities and any related attributions toward highly vulnerable children would be captured in the COPs, not the OPs (the latter are the source of funds reported above).
- 15 The number was derived from the FY 2010 PL 109-95 Online Project Database at www.hvcassistance.org
- 16 This number was derived from estimates reported by Latin America and the Caribbean Operating Units in the FY 2010 PL 109-95 Online Project Database at www.hvcassistance.org. This figure represents the estimated FY 2010 funding that benefited highly vulnerable children in 19 of the 34 projects. It was not possible to disaggregate 15 of the project budgets specifically for highly vulnerable children; as such, this figure may be understated. In the FY 2010 PL 109-95 database, LAC Operating Units reported a total of \$82,193,791 in FY 2010 funding for projects with beneficiaries who include, but are not limited to, highly vulnerable children.
- 17 This figure represents appropriated funds.
- 18 The funding amount is approximate and represents \$49,716,024 for programs within the Office of Infrastructure and Engineering. Due to reporting constraints, for all programs, it is not possible to disaggregate the funding to beneficiaries below the age of 18 or FY 2010 funding figure totals. Thus, this number is only an estimate and may be overstated.
- 19 The funding amount is approximate and represents \$2,534,041 for U.S. program expenditures within the Natural Resources Management Office. Due to reporting constraints, it is not possible to disaggregate the funding to beneficiaries below the age of 18. Thus, this number is only an estimate.
- 20 The funding amount is approximate and represents \$121,858,782 for programs in West Bank/Gaza, Egypt, and Jordan. Programs in Iraq represent an additional estimated \$41,453,000. Due to mission reporting constraints, it is not possible to disaggregate the beneficiaries in Iraq into persons /below the age of 18. Thus, this number is only an estimate and may be overstated.
- 21 Due to the lateness of the request for data, the Afghanistan Mission submitted one project to serve as a sample for the type of work it does throughout the portfolio to benefit children. Future reports will include additional programmatic interventions. The Pakistan mission submitted a total of seven projects to the database, for a total value of \$31.4 million. This figure does not account for the entirety of the interventions in the database as some of the programs do not have budget details available to focus solely on benefits for children.
- 22 The funding amount for FFP was calculated by the PL 109-95 Secretariat, based on the PL 109-95 database. For each food program in the PL 109-95 database, submitted by USAID/FFP and U.S. Department of Agriculture (USDA), the PL 109-95 secretariat scaled the budget for all ages combined down to an estimated budget for the population under age 18. This was done by multiplying the total fiscal year program budget by 40 percent, a conservative estimate made by FFP for beneficiaries below the age of 18. Each project's overall budget was multiplied by this proportion. The total given here was obtained by adding those estimated amounts for all projects submitted by USAID/FFP.
- 23 The funding amount is approximate due to the constraints of reporting systems. The figure reflects total FY 2010 Global Health Bureau core obligations for the Maternal and Child Health Integrated Program, WASH Plus, Infant and Young Child Nutrition, A2Z: the USAID Micronutrient and Child Blindness Project, and Polio Eradication and Immunization Support Worldwide. Vulnerable children are included as part of the overall target groups for these projects, but it is impossible to disaggregate by child beneficiaries. Therefore, this estimate is an upper limit of the actual range of Bureau for Global Health obligated resources in these projects for OVC activities.
- 24 In FY 2010, USAID received \$5,063,600 in PEPFAR funds to support orphans and vulnerable children, pediatric care, and pediatric treatment programming through global and regional initiatives managed by the Office of HIV/AIDS and other offices. These funds are reflected in the PEPFAR HOPs.
- 25 This reported amount is approximate and represents the total amount in the FY 2010 budget request for youth-specific activities under the Population and Reproductive Health's Youth Technical Priority Area. Note that the reported youth target population is age 10–24; it is not possible to disaggregate by age 10–18.
- 26 This figure is derived from estimates of percentages of OFDA project sectors and sub-sectors that reach direct beneficiaries under 18. Population estimates of the under-18 population are derived from available age profiles (most current Demographic Health Surveys and/or Index Mundi figures) and based on a number of assumptions, including the following: the 15–18 cohort is approximately 76–78 percent of the 15–19 year old cohort and approximately 18 percent of the 0–14 year old cohort; children represent approximately 75 percent of OFDA's general health program beneficiaries; children represent approximately 80 percent of OFDA's general nutrition program beneficiaries and 100 percent of moderate acute malnutrition, severe acute malnutrition, or infant and young child feeding activities; children represent approximately 50 percent (or the country age profile figure – whichever is greater) of psychosocial program beneficiaries; and children represent 100 percent of child protection sub-sector, 20 percent of gender-based violence (GBV) sub-sector programming, and 60 percent of Protection Coordination and Advocacy (with GBV and protection elements). "Start-to-end" project budget estimates for selected sectors that reach under-18s are combined and adjusted to eliminate double-counting.
- 27 This figure includes \$52,919,102 for pediatric care and \$105,861,415 for pediatric treatment.
- 28 This figure does not include funding for pediatric care and treatment.
- 29 This number represents the total investment of U.S. Government funds supporting approximately 1,710 projects in 107 countries in FY 2010.

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