



UNMIL Photo/Christopher Herwig

# FROM STRONG BEGINNINGS TO YOUTH RESILIENCE: PATHWAYS OUT OF ADVERSITY

**Sixth Annual Report to Congress on Public Law 109-95**

**August 2013**



## Foreword

Children growing up in adversity – serious and prolonged deprivation or danger – require multidimensional assistance and support. The U.S. Government Action Plan on Children in Adversity identifies three core objectives that aim to enable increasing numbers of children to emerge from adversity to become resilient youth and productive adults. They are:

- Build strong beginnings: Ensure that children under 5 not only survive but also thrive by supporting comprehensive programs that promote sound development of children through the integration of health, nutrition and family support.
- Put family care first: Support and enable families to care for their children, prevent unnecessary family-child separation and promote appropriate, protective and permanent family care.
- Protect children: Prevent, respond to and protect children from violence, exploitation, abuse and neglect.

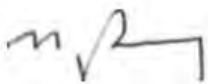
A coordinated effort to achieve these objectives is the linchpin of the U.S. Government's first-ever strategic action plan to guide our international assistance to children in low- and middle-income countries. Achieving them, and ensuring all children's right to education, reduces poverty, increases equity and launches children, families, communities and nations on pathways to success.

This whole-of-government effort responds to a simple moral imperative, one that is also backed by science. Neuroscientists, pediatricians and economists alike have demonstrated that a promising future belongs to those nations, communities and families that invest wisely in their children. The irrefutable links between the well-being of children and the economic and social progress of nations provide a compelling rationale for strengthening policies and investments to help all children grow up within protective family care and free from deprivation, exploitation and danger.

With its significant investments in international development, the technical expertise and research capabilities embedded within key agencies, and diplomatic outreach, the U.S. Government is positioned to lead and mobilize around a sensible and strategic global agenda for children in adversity. This agenda has been articulated in the U.S. Government Action Plan on Children in Adversity.

We are now at the beginning of a 5-year implementation period, moving from evidence to policy to action, initially with an emphasis on a selection of priority countries. Our success will be measured by our ability to have an impact on the lives of children – and by children's ability to navigate pathways out of adversity and to reach their full potential.

I am profoundly grateful for the dedication of colleagues and partners within the U.S. Government and beyond. With shared commitment, strategic action and targeted investments, we can build a world in which more and more children grow up within protective family care and free from deprivation, exploitation and abuse.



Neil Boothby

U.S. Government Special Advisor and Senior Coordinator to the USAID Administrator on Children in Adversity

*“The U.S. Action Plan for Children in Adversity is a major step forward for aligning U.S. Government programs with global scientific advances that highlight the importance of investments for children.”*

Ambassador Eric Goosby, Global AIDS Coordinator, U.S. Department of State, December 19, 2012

## ➤➤ The Need and the Response

### Children in adversity

Millions of children throughout the world live under conditions of serious deprivation or danger. Children who experience violence or who are exploited, abandoned, abused or severely neglected (in or out of families) also face significant threats to their

survival and well-being as well as profound life cycle risks that have an impact on human, social and economic development. Children in the most dire straits include those who are without protective family care and those who are living in abusive households, on the streets or in institutions.

They also include children who are trafficked, participating in armed groups, and/or exploited for their labor. Many more live within fragile families and face a multitude of risks posed by extreme poverty, disease, disability, conflict and disaster.

### Children in Adversity: A Global Profile

Indicators of adversity in children*	Year	Percent <sup>2</sup>	Number	Coverage
<b>Number</b>				
Number children (aged 0–4) <sup>1,*</sup>	2010	9.2%	635,800,000	Global
Number children (aged 0–17)	2010	32.0%	2,209,300,000	Global
Number children (aged 0–4)	2010	10.0%	565,400,000	Developing countries
Number children (aged 0–17)	2010	34.7%	1,962,000,000	Developing countries
Children who are not fulfilling their developmental potential (aged 0–4)	2004	39.0%	218,700,000	Developing countries
Children who are disabled (aged 0–17)	2002–2004	15.5%	342,400,000	Global
Children whose births are not registered (aged 0–4)	2005–2011	51.0%	218,700,000	Global, excluding China
<b>Poverty</b>				
Children living in extreme poverty (less than \$1.25 per day) (aged 0–14)	2008	22.0%	364,500,000	Developing countries
Children living in ultra poverty (less than \$0.50 per day) (aged 0–14)	2004	2.8%	47,000,000	Developing countries
<b>Lack of food and nutrition</b>				
Children who are stunted (aged 0–4)	2011	25.7%	164,800,000	Global
Children who are underweight according to WHO reference pop. (aged 0–4)	2011	15.7%	100,700,000	Global
Children who are wasted (aged 0–4)	2011	8.0%	51,500,000	Global
<b>Lack of access to health care and/or at risk due to health threat</b>				
Children who die within the first 28 days of life	2011	2.2%	3,000,000	Global
Children who die before age 1	2011	3.7%	5,000,000	Global
Children who die before age 5	2011	5.1%	6,900,000	Global
Children living with HIV (aged 0–14)	2011	0.2%	3,300,000	Global
Young adults living with HIV - female (aged 15–24)	2011	0.5%	3,200,000	Global
Young adults living with HIV - male (aged 15–24)	2011	0.3%	1,700,000	Global
Early sexual debut - female (aged 15–19)	2005–2010	11.0%	22,800,000	Dev. countries, excl China
Early sexual debut - male (aged 15–19)	2005–2010	6.0%	13,000,000	Dev. countries, excl China
Adolescent births: Women aged 20–24 who gave birth before age 18	2007–2011	20.0%	47,700,000	Global, excluding China
Children with blood lead levels above 5 µg/dl (aged 0–4)	2004	48.8%	310,300,000	Global
Children with blood lead levels above 10 µg/dl (aged 0–4)	2004	16.0%	77,200,000	Global
<b>Lack of education</b>				
Children out of school (primary aged)	2011	9.0%	57,200,000	Global
Children out of school (lower secondary aged)	2011	18.0%	69,500,000	Global

## Children in Adversity: A Global Profile

Indicators of adversity in children*	Year	Percent	Number	Coverage
<b>Orphans</b>				
Children who have lost one or both parents due to all causes (aged 0–17)	2011	6.8%	151,000,000	Global
Children who have lost one or both parents due to AIDS (aged 0–17)	2011	0.8%	17,300,000	Global
<b>Children without adequate parental care/shelter</b>				
Children not living with either parent	NA	NA	NA	NA
Children in institutional care (aged 0–17)	2003–2006	0.1%	2,000,000	Global, excluding West and Central Africa and South Asia
Children in street situations (aged 0–17)	NA	NA	NA	NA
Children left in inadequate care (aged 0–4)	2005–2011	43.0%	31,300,000	West and Central Africa
Children who lack adequate shelter (aged 0–17)	2005	32.6%	640,000,000	Developing countries
<b>Child marriage</b>				
Child marriage: Women aged 20–24 who were married or in union before age 18	2002–2011	34.0%	81,100,000	Global, excluding China
<b>Abuse</b>				
Children who have experienced psychological aggression at home (aged 2–14)	2005–2006	73.0%	1,030,900,000	Developing countries
Children who have experienced physical punishment at home (aged 2–14)	2005–2006	48.0%	677,900,000	Developing countries
Children who have experienced severe physical punishment at home (aged 2–14)	2005–2006	17.0%	240,100,000	Developing countries
Girls who have experienced sexual abuse (aged 0–17)	2002	14.1%	150,000,000	Global
Boys who have experienced sexual abuse (aged 0–17)	2002	6.4%	73,000,000	Global
<b>Children exploited or trafficked for their labor or for sex</b>				
Child laborers (aged 5–17)	2008	13.6%	215,300,000	Global
Child laborers engaged in domestic work (aged 5–17)	2008	0.7%	10,600,000	Global
Children in hazardous work (aged 5–17)	2008	7.3%	115,300,000	Global
Children in forced sexual exploitation (0–17)	2002–2011	0.04%	900,000	Global
Children in other illicit activities (production and trafficking of drugs, organized crime and organized begging) (aged 5–17)	2000	0.04%	600,000	Global
Children in forced labor (aged 0–17)	2002–2011	0.25%	5,500,000	Global
<b>Children affected by conflict</b>				
Children in imposed labor through state military, rebel armed groups or poor prison conditions (aged 0–17)	2002–2011	0.03%	700,000	Global
Refugee children (aged 0–17)	2012	0.3%	6,600,000	Global
Internally displaced children (as a result of conflict or persecution) (aged 0–17)	2012	0.6%	13,500,000	Global
<b>Children affected by natural disaster</b>				
Children affected by natural disaster (aged 0–17)	2011	3.5%	77,300,000	Global
Internally displaced children (as a result of natural disaster) (aged 0–17)	2012	0.5%	11,000,000	Global

Adversities such as those outlined in the table above endanger children's health and development and compromise their ability to reach their potential, obtain gainful employment and contribute to their communities and families. Major advances in neuroscience, molecular biology, genomics, psychology and other fields suggest investments in health, nutrition and education programs linked with providing social care and safe environments provide reliable pathways out of adversity for children and ultimately result in long-lasting gains that benefit children and youth, families, communities and countries.

\* Please see the online appendix at: <http://www.childreninadversity.org/about/why/an-urgent-need> for further detail on sources, calculations and indicator definitions. Note that the above figures are derived from published estimates by the U.N. family of organizations, the Internal Displacement Monitoring Center, and the Centre for Research on the Epidemiology of Disasters. Although the figures have been vetted by the U.S. Government, they are not official U.S. Government data.

NA – Valid sources of data were not available. <sup>1</sup>Aged 0–4 includes all children from newborns until the end of their 4th year (i.e., aged 0–59 months). <sup>2</sup>The percent given represents the percentage of the child population affected within the specific age group, gender and geographic coverage given for the indicator (with the exception of indicators 1a–1d for which the percentage given is the percentage of the global or developing country population that is in the 0–4 or 0–17 age group).

### U.S. Government international assistance to children

U.S. international assistance to children is substantial and channeled through more than 30 offices in 7 U.S. Government departments and agencies – the Departments of Agriculture, Defense, Health and Human Services, Labor and State; the U.S. Agency for International Develop-

ment (USAID); and the Peace Corps – in more than 100 countries. Efforts to assist vulnerable girls and boys in low- and middle-income countries have traditionally focused on single vulnerability cohorts and categories – for example, children affected by HIV and AIDS, in emergencies or in the worst forms of child labor, including those who have been trafficked.

Although such efforts have produced substantial benefits, this approach has at times resulted in a fragmented response. Coordinated, multifaceted action helps to ensure that children in adversity benefit fully from policies and services. Before 2012, there had been no overarching policy or guidance for U.S. international assistance for children.



*“And every child – no matter where they live, no matter the circumstances into which they are born – should have the opportunity to survive and thrive... While we know that our future prosperity and our security are intimately tied into the results we deliver for children today, we also know that we have within our power today to ensure that all children survive and get healthy food, all children grow up in a family, and all children are safe from the violence and terror that sometimes erupt in our world.”*

USAID Administrator Rajiv Shah, December 19, 2012



## »» A Framework for Strategic Action

In December 2012, the U.S. Government launched the Action Plan on Children in Adversity (the Action Plan) at the White House. The Action Plan builds on existing work and represents the United States’ first-ever whole-of-government strategic guidance on international assistance for children.

The Action Plan recognizes that there is a clear link between children’s well-being and the social and economic progress of nations and that the seeds of successful adulthood and productive communities are sown in the early years of life.

The United States’ sustained commitment through investments, policy, diplomacy and partnerships has resulted in important initiatives that have increased the impact of foreign assistance in many key areas, including impressive gains in child survival.

The Action Plan on Children in Adversity affirms the U.S. Government’s strong commitment to providing the integrated assistance required to ensure that children

reach their full potential. Its goal is to achieve a world where all children grow up within protective family care<sup>i</sup> and are free from deprivation, exploitation and danger.

The Action Plan identifies three core objectives (see below). When reached, they provide children with an essential pathway out of adversity.

**Objective 1** Build strong beginnings: Ensure that children under 5 not only survive but also thrive by supporting comprehensive programs that promote sound development of children through the integration of health, nutrition and family support.

**Objective 2** Put family care first: Support and enable families to care for their children, prevent unnecessary family-child separation and promote appropriate, protective and permanent family care.

**Objective 3** Protect children: Prevent, respond to and protect children from violence, exploitation, abuse and neglect.

### Interagency strategy: A legislative requirement

An interagency strategy is a requirement of Public Law 109-95: The Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005, which was signed into law to promote a comprehensive, coordinated and effective response on the part of the U.S. Government to the world’s most vulnerable children. In response to the legislative mandate, U.S. Government partners developed an initial coordination strategy in 2006. In 2011, interagency partners agreed to revise the strategy because it did not reflect the extent of U.S. Government offices, departments and agencies involved in international assistance to vulnerable children. The U.S. Government Action Plan on Children in Adversity, released in 2012, is action oriented, results based, and offers overarching guiding principles, goals, objectives and outcomes to guide the U.S. Government’s efforts on behalf of the world’s most vulnerable children. This milestone builds on the U.S. Government’s previous work and comprehensively elevates the cause of children in adversity within the international assistance framework.



*“A central part of our development agenda is building better lives for children around the world... For the first time, the whole government has collaborated on a plan for how we will coordinate our assistance to children worldwide... The plan is part of our overall effort to change the way we approach development, and when put into action, it will be a crucial step toward changing the lives of millions of children who have never before had the opportunity to reach their God-given potential.”*

Secretary of State Hillary Rodham Clinton, December 19, 2012

## ➤➤ Implementing Strategic Action

In keeping with the legislative requirements of Public Law 109-95<sup>ii</sup> and in accordance with the Action Plan,<sup>iii</sup> agency- and department-specific implementation plans were due within 180 days of the Action Plan’s December 2012 launch. These plans specify how each U.S. Gov-

ernment entity included in the Action Plan will work to achieve its objectives.

The consolidated interagency implementation plans reflect how U.S. Government partners will use existing resources to meet the Action Plan’s objectives. They are “liv-

ing documents” and may be amended to reflect developments and changes in U.S. Government policies and programming. The current drafts are available at <http://www.childreninadversity.org/objectives-implementation>.

## ➤➤ Maximizing Impact at the Country Level

The Action Plan on Children in Adversity applies to all U.S. Government international assistance to children. It also identifies a targeted starting point for its efforts: achievement of three core outcomes in six priority countries over a span of 5 years. In these countries, through U.S. Government collaboration with other governments and with international, private, faith-based and academic partners, the Action Plan calls for significant reductions in the number of:

1. Children not meeting age-appropriate growth and developmental milestones
2. Children living outside of family care
3. Children experiencing violence or exploitation

These national-level core outcomes align with the project-level objectives that are agreed to in the Action Plan. Advancing toward these outcomes necessarily requires the selection of countries with significant political commitment and in which collective assistance across vulnerability categories can be harnessed at scale. Priority country designation is being based on consultations with U.S. Government departments and agencies, Congress, donor government partners and other stakeholders. To promote country ownership and ensure meaningful engagement in the additional and intensive efforts required for transformational positive change in children’s lives, host country governments will be fully

part of discussions, planning and negotiations. Interagency partners are working together to identify priority countries for collaboration and coordination.

As envisioned, priority countries will provide proof of concept. In other words, they will test whether a defined, comprehensive and coordinated approach on the part of the U.S. Government can achieve greater results for children in adversity and can contribute to the Action Plan’s three core outcomes over a span of 5 years. Priority countries will further demonstrate how partners can achieve, scale up and sustain greater results for children.

## »» Measuring Impact

A focus on measurement of outcomes and results reporting on U.S. Government international assistance for children is a requirement of the Action Plan and Public Law 109-95.

In accordance with Public Law 109-95, the Special Advisor will coordinate U.S. Government assistance to vulnerable children, establish priorities that promote the delivery of assistance to the most vulnerable populations and measure the effectiveness of this assistance by administering a whole-of-government monitoring and evaluation (M&E) system.<sup>iv</sup>

*The monitoring and evaluation system 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 subparagraph (A).*

*(C) Provide a basis for recommendations for adjustments to the assistance to enhance the impact of assistance.<sup>v</sup>*

As previous annual reports have reported, a whole-of-government M&E system for U.S. Government assistance to vulnerable children does not exist. The U.S. Government offices, departments and agencies involved in international assistance to vulnerable children have their own unique legislative mandates, M&E and reporting requirements, budgets and staff. They are responsible for setting their own performance goals to meet

their specific legislative requirements. Separate M&E systems were created for unique purposes and are not linked, although some share common indicators. As such, establishing a standalone whole-of-government M&E system for children in adversity at the global level is not a viable option at this time.

However, the Action Plan on Children in Adversity offers a basic results-based framework. This includes specific outcomes listed under objectives and the actions that the interagency partners have agreed to take to achieve them. These actions, as previously published, are repeated in the tables at the end of this report. This framework is a critical piece in the development of comprehensive, coordinated and effective U.S. Government assistance.

It is expected over the plan's 5-year time frame that relevant U.S. Government-funded projects will take the necessary steps to measure outcomes under the Action Plan. It is recognized that there are a broad range of contexts in which U.S. Government assistance for children in adversity operates, from responding to emergency situations to longer-term systems-building endeavors to development and diplomatic efforts. Furthermore, some of the outcomes, such as reductions in violence against children and decreasing gender disparities in violence prevalence, may require sophisticated sampling methods at the project level to establish baselines. The Action Plan puts emphasis on those U.S. Government-funded projects and implementing partners that are in positions to measure specific outcomes and to improve such efforts over time.

This attention to measuring outcomes for children is in line with U.S. Government evaluation policies that focus on demonstrating the impact of U.S. Government assistance.

During the Action Plan's 5-year time frame, we will provide annual reports of interagency progress toward achieving whole-of-government coordination in implementing the Action Plan, with comprehensive information on priority countries. We are also working with partners in select countries to promote measurement of national-level reductions in the three core outcomes over the 5-year lifespan of the Action Plan.

The U.S. Government's commitment to the Action Plan represents both an expression of our moral responsibility to meet the needs of all children and an important investment in the roots of economic productivity, positive health outcomes and a constructive and functioning civil society. Together, we can ensure all children set out in life on a path to opportunity and dignity.

- 
- i Appropriate, protective and permanent family care involves a nurturing, lifelong commitment to a child by an adult or adults with parental roles and responsibilities. These family relationships should provide physical and emotional support, provide the child with a sense of belonging and generally involve legal recognition of parental and child rights and responsibilities.
  - ii See Public Law 109-95: Section 3e(2).
  - iii See the U.S. Government Action Plan on Children in Adversity, pp. 22-23, and p. 32, under Outcome 6.2.
  - iv The duties of the Special Advisor are specified in PL 109-95, Section 3(d).
  - v PL 109-95, Section 3(e).

## Outcomes and Actions

The U.S. Government departments and agencies that worked together to craft the Action Plan on Children in Adversity have agreed to focus on a series of actions to influence selected outcomes under the Action Plan's three principal and three supporting objectives. These previously published actions are presented below for ease of reference. Interagency implementation plans, available online at <http://www.childreninadversity.org/objectives-implementation>, reflect how U.S. Government partners are working to meet the Action Plan's objectives.



### Objective I – Build Strong Beginnings

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

<b>Outcome I.1</b>	
<b>The percentage of children achieving age-appropriate growth and developmental milestones is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Promote investments in pregnant women, young children and caregivers to encourage healthy growth and development.	CDC Peace Corps PEPFAR USAID
Support the use and development, if necessary, of simple tools to assess, document and promote actions to encourage age-appropriate growth and development through health clinics, schools and community services.	CDC PEPFAR USAID
Support interventions and systems that identify as early as possible the needs of children who are not reaching growth and development milestones within normative time frames, and enable families to access appropriate services as needed.	CDC Peace Corps USAID
<b>Outcome I.2</b>	
<b>The percentage of children under 5 years of age demonstrating secure attachment with a primary caregiver is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Support the development and use of simple tools to assess and document aspects of attachment through health clinics or other service delivery options.	CDC PEPFAR USAID
Support programs that help health and social service professionals educate caregivers about positive parenting practices that foster healthy social and emotional development, including secure attachment with a primary caregiver.	CDC PEPFAR USAID
Support interventions and systems that address delayed social and emotional development through primary caregiver support, education, counseling and the development of appropriate referral services.	CDC Peace Corps PEPFAR USAID
<b>Outcome I.3</b>	
<b>The number of U.S. Government-funded programs that integrate health, nutrition, developmental protections and caregiving support is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Implement a maternal and child health “plus” agenda that integrates maternal, newborn, infant and young child nutrition, and developmental services and protections for children into health, education and social protection services.	CDC PEPFAR USAID
At the community level, facilitate birth registration systems to be used by community workers and health care providers to enable all children to have access to comprehensive primary health prevention and care services and the protections and rights of citizenship.	CDC USAID



## Objective 2 – Put Family Care First

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

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

## Objective 3 – Protect Children

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

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

<b>Outcome 3.2</b> <b>The percentage of children who receive appropriate care and protection after experiencing violence, exploitation, abuse or neglect is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Support programs to provide care and protection to survivors of violence, exploitation, abuse and neglect and prevent revictimization.	CDC DOL Peace Corps PEPFAR State USAID
Support initiatives to reverse host government under-reporting of violence, exploitation, abuse and neglect.	CDC DOL NIH Peace Corps PEPFAR State USAID
<b>Outcome 3.3</b> <b>The percentage of target population that views violence, exploitation, abuse or neglect of children as less acceptable after participating in or being exposed to U.S. Government programming is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Support programs that promote behavior change and positively inform cultural and social norms to reduce violence against and exploitation and abuse of children.	CDC DOL Peace Corps PEPFAR State USAID
Engage men, youth and boys as allies in interventions to prevent violence against and exploitation and abuse of children.	CDC DOL Peace Corps PEPFAR State USAID USDA
Elevate girls and women as leaders and agents of change in programming and policies to prevent and respond to violence against and exploitation and abuse of children.	CDC DOL Peace Corps PEPFAR State USAID USDA
<b>Outcome 3.4</b> <b>The percentage of countries that ratify and implement relevant conventions or formally adopt internationally recognized principles, standards and procedural safeguards to protect children from violence, exploitation, abuse and neglect is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
In coordination with the Hague Permanent Bureau, encourage countries to ratify the Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption to further ethical and transparent intercountry adoptions.	State
Help governments, civil society partners and the private sector apply the requirements of ILO standards, including the Declaration of Fundamental Principles and Rights at Work, Convention No. 138 on the Minimum Age for Work, Convention No. 182 on the Worst Forms of Child Labor, Convention No. 29 on Forced Labor, Convention No. 189 on Decent Work for Domestic Workers and the Recommendation on National Floors of Social Protection.	DOL

## Objective 4 – Strengthen Child Welfare and Protection Systems

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

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



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

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

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

<b>Outcome 5.1</b> <b>The number of prevalence studies that measure and track trends in children’s exposure to violence, exploitation, abuse and neglect is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Work with governments, universities, international organizations and other partners to use appropriate and ethical tools and methods to identify and enumerate children living outside of family care.	CDC NIH PEPFAR USAID
Support governments and partners to use appropriate and ethical tools and methods to assess the prevalence and root causes of children’s exposure to violence, exploitation, abuse and neglect at household, community and/or national levels.	CDC DOL NIH PEPFAR State USAID
Encourage interagency assessments of child protection in humanitarian and development settings, including particular attention to children outside of family care.	CDC PEPFAR State USAID
<b>Outcome 5.2</b> <b>The number of published (easily searchable) outcome/impact evaluations on interventions to assist children outside of family care or minimize exposure to violence, exploitation, abuse and neglect that can be generalized to larger target groups is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Establish a mechanism to define and implement an interagency research agenda on children outside of family care.	PL 109-95 With interagency partners
Establish a research and evaluation expert group to advise the U.S. Government’s evidence-building program.	PL 109-95 With interagency partners
Establish a measurement expert group to identify and recommend practical methods to enumerate and track hard-to-reach children in adversity (e.g., children outside of family care) and sensitive issues (e.g., violence and abuse).	PL 109-95 With interagency partners
Promote inclusion of the principles and objectives of this strategy within data safety and monitoring boards and ensure that U.S. Government-funded researchers and investigators receive guidance regarding appropriate and culturally relevant approaches for working with vulnerable children.	CDC NIH PEPFAR USAID
Create a mechanism to ensure that evidence-based best practices are widely disseminated and fed back into policy and program development processes.	PL 109-95 With interagency partners
<b>Outcome 5.3</b> <b>The number of national governments and universities leading rigorous data collection, research and monitoring and evaluation studies related to child welfare and protection is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Support the development of integrated knowledge transfer mechanisms through partnerships between policy makers, universities, research think tanks and civil society.	CDC NIH PEPFAR USAID
Facilitate regional and international exchanges to support cross-country learning and sharing of best practices on child welfare and protection.	CDC NIH PEPFAR State USAID USDA
<b>Outcome 5.4</b> <b>The number of U.S. Government-supported interventions for children in adversity designed using data from rigorous research methodologies is increased.</b>	
<b>Action</b>	<b>Implementing Department or Agency</b>
Design programs that include outcome research or evaluations to establish reliable baselines and observe change among targeted populations.	CDC DOL NIH Peace Corps PEPFAR State USAID USDA

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

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

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

**U.S. Agency for International Development**

1300 Pennsylvania Avenue, NW

Washington, DC 20523

Tel: (202) 712-0000

Fax: (202) 216-3524

**[www.usaid.gov](http://www.usaid.gov)**