

A Whole-of-Government Approach to Child Welfare and Protection

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Fourth Annual Report to Congress on Public Law 109-95,
The Assistance for Orphans and Other Vulnerable Children
in Developing Countries Act of 2005

December | 2010

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Cover Image: Blue Raster



December 1, 2010

Dear Colleagues:

I hereby submit the Fourth Annual Report to Congress on Public Law 109-95, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005.

I submit this report on behalf of thousands of talented and devoted women and men working worldwide in support of children in dire need of care and protection. This year, we must single out our colleagues in Haiti for special tribute. The January 12, 2010, earthquake was, by any measure, a monumental catastrophe for that country, especially so for the children. Haitians, Americans, and good people from throughout the international community have worked continuously and courageously under exceedingly difficult conditions to help children affected by the earthquake.

This report summarizes the U.S. Government's response to the child protection emergency in Haiti and the role played by the PL 109-95 secretariat. We also report on progress on priorities identified in last year's annual report. Progress on several priorities was slower than planned due to the imperative need to devote most of our small team to the Haiti crisis.

The President's new Global Development Policy calls for "a modern architecture that ... harnesses development capabilities spread across government in support of common objectives." Under PL 109-95, we have constructed a modest "model home" according to this architecture. We are coordinating and focusing resources from across the U.S. Government on a common objective: making the impact on children of our collective U.S. Government program greater than the impact of our separate agency projects.

The breadth and scope of U.S. Government programs assisting highly vulnerable children described in this report reflect the generosity and compassion of the American people to whom we are deeply grateful.

Sincerely,

Sincerely,

Gary Newton

USG Special Advisor for Orphans and Vulnerable Children

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EXECUTIVE SUMMARY

This is the fourth annual report on Public Law 109-95 (PL 109-95), The Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005 (the Act). The Act was signed into law five years ago to promote a comprehensive, coordinated, and effective response on the part of the U.S. Government (USG) to the world's most vulnerable children.

In 2010, the Act was put to a formidable test when a forceful earthquake struck Haiti on January 12, seriously impacting the lives of hundreds of thousands of children. The USG response was rapid and multifaceted, requiring extensive interagency collaboration and cooperation. The PL 109-95 secretariat was at the epicenter of the USG response to Haiti's children. Haiti features prominently in this report because the earthquake and its after effects dominated the secretariat's efforts for the first six months of 2010. The situation in Haiti also illustrates how children face a series of risks when they are poor, separated from their families, without basic services, or faced with natural or manmade disasters. Interagency partners continue to work closely to ensure that the USG response to Haitian children is comprehensive. Efforts are under way to mainstream child protection as part of a multisectoral, long-term strategy.

The number of children affected by extreme poverty, disease, conflict, disaster and bad governance worldwide is overwhelming, as shown in Table 1 in Section II of this report. Children in the most dire straits – those living on the streets, trafficked, participating in armed groups, and exploited for their labor – have, for all intents and purposes, fallen off the statistical map. The PL 109-95 secretariat, a four-person team, continues to work with interagency partners to ensure that the world's most highly vulnerable children are kept on the map, front and center in the USG's assistance agenda.

Building on last year's effort to identify all U.S. Government-sponsored activities that fall under PL 109-95, we issued a data call for all activities during Fiscal Year (FY) 2009. A wide range of activities were identified within the Departments of Agriculture, Defense, Health and Human Services, Labor, State (including the U.S. President's Emergency Plan for AIDS Relief [PEPFAR]), the Peace Corps, and the U.S. Agency for International Development (USAID). Information includes location, description, implementing partner, budget and contact information, types of target groups, and types of interventions. A majority of projects – more than 1,000 – were funded by PEPFAR and focused on children affected by HIV/AIDS. Hundreds of other projects were identified, dealing with child labor, trafficking and exploitation, food insecurity, disasters, conflict settings, and other areas. The focus was sharpened, compared with last year, to identify activities for children of greatest vulnerability.

Tremendous work is being done by USG departments and agencies and incremental progress being made on behalf of the world's most vulnerable children. This year, approximately 1,900 projects in 107 countries – a total investment of \$2.62 billion – are tracked in a publicly accessible online database. The project database is linked to another database that tracks levels of vulnerability among children. Both databases are designed to facilitate coordination and strategic planning. They can be accessed through the PL 109-95 Web site: <http://www.hvcassistance.org>.

The USG does not have a bureaucratic home for “child protection” programming, per se. Instead, what we have is a patchwork quilt. Congress has given mandates and money to a variety of USG offices to assume responsibility for children in different circumstances. While several of these programs deal with different aspects of child protection, there is no comprehensive approach to protecting children that runs through all USG agencies working to improve the lives of children and their families. We can and must do more.

In an effort to build on the common ground shared by USG agencies and departments providing support to highly vulnerable children in developing countries, the PL 109-95 secretariat hosted the first ever interagency conference on child welfare and protection in May 2010. The emphasis was on a better integrated, more efficient approach to highly vulnerable children and child protection. Topics included strategies to apply best practices, improve research designs, and evaluation strategies. Conference participants agreed on a set of priority actions for FY 2010 and beyond. These are articulated in Section VI.

This report describes the work we have done together across agencies through September 2010. Additional information is available on the PL 109-95 Web site, including the database of projects, the database of indicators of vulnerability, and a wide range of resources such as reports, journal articles, and links to other information about highly vulnerable children.

I. HAITI: EXPOSING THE FAULT LINES IN CHILD WELFARE AND PROTECTION

The earthquake that struck Haiti on January 12, 2010, was, by any measure, a monumental catastrophe for that country, and especially so for the children. The earthquake brought into stark view the fault lines in Haiti's child welfare and protection system. Hundreds of thousands of children were affected, making Haitian children among the most vulnerable in the world.

Deeply concerned about the welfare of children affected by the earthquake, the U.S. Government (USG) launched a comprehensive and coordinated interagency emergency child protection response. This proved to be a stress test for Public Law 109-95 (PL 109-95) and its secretariat, which was initially at the epicenter of the USG response to Haiti's most vulnerable children. The USG deployed its best and most experienced child protection personnel from Washington and the field. Interagency working groups were formed in Washington and Port-au-Prince to ensure that child welfare and protection were an integral part of the USG emergency and reconstruction response. Interagency teams continue to work to shape and coordinate USG action on behalf of Haitian children and to ensure our efforts are coordinated with those of the international community and are directly responsive to Haitian Government priorities and policies.

The earthquake illustrated how vulnerable children are exposed to a cascade of risks in the face of disaster, poverty, and inadequate welfare and protection systems; highlighted why child welfare and protection systems are a critical component of emergency relief and development efforts; and demonstrated how the USG whole-of-government approach to highly vulnerable children functions and how it can be strengthened.

HAITI'S MOST VULNERABLE CHILDREN

As a result of the earthquake, hundreds of thousands of children lost a parent or caregiver, other family members, and access to basic services and resources, including food, shelter, water and sanitation, education, and health care. The most vulnerable children were those who were separated from their families, those who were otherwise unac-

Haiti's Children Before the Earthquake¹

- Haiti was the poorest country in the Western Hemisphere,² and children faced significant challenges.
- Haiti had the highest rates of infant mortality (57 per 1,000), under-five mortality (83 per 1,000), and maternal mortality (630 per 100,000) in the Western hemisphere.³
- 24 percent of children under five had stunted growth.⁴
- 46 percent of the total population of Haiti was "under-nourished" – the highest percentage in the world outside of some countries in sub-Saharan Africa.⁵
- Only half of primary school aged children were enrolled in school.⁶
- 700,000 children with at least one living parent were living separately from their parents, almost all within households rather than orphanages.⁷
- 50,000 children were living in as many as 600 residential care centers – "orphanages."⁸
- 50,000 children had lost both parents (were double orphans).⁹
- 330,000 children had lost one parent (were single orphans).¹⁰
- An estimated 225,000 children were *restavèks*, unpaid domestic servants living away from home.¹¹
- 7,000 children under 15 were HIV positive.¹²
- 21 percent of children ages 5–14 were involved in child labor.¹³

accompanied by an adult caregiver, those who were orphaned or disabled, and *restavèks* (children living and working away from home as unpaid domestic servants).¹⁴

The overarching priority for the child protection community was responding to children's emergency needs in the immediate aftermath of the earthquake. Estimates of the number of children in need of emergency assistance varied widely. Due to the limited data on vulnerable children in Haiti, chaotic post-earthquake conditions made data collection exceedingly difficult (and a low priority), so "guesstimates" abounded.¹⁵

The PL 109-95 secretariat focused on getting a more realistic sense of the number of children affected by the earthquake. Based on pre-earthquake demographic surveys and post-earthquake reporting by the Government of Haiti and the USG, the PL 109-95 Monitoring and Evaluation Advisor calculated the following estimates, among others, of the earthquake's possible impacts on children (see the PL 109-95 Web site, www.hvcassistance.org, for more information on the analysis).

The Scope of the Disaster for Children

After the earthquake:

- 103,000 children may have been killed by the earthquake and a similar number seriously injured.¹⁶
- 758,000 children under age 18 are residing in settlements in the Port-au-Prince area, including 422,000 children under age 10. In addition, at least 139,000 children under age 18 are residing in settlements elsewhere in Haiti, including 78,000 children under age 10.¹⁷
- Of the estimated 3 million Haitians who were affected by the earthquake, approximately 1,350,000, or 45 percent, were children.¹⁸
- 124,000 children lost one of their parents.¹⁹
- 7,000 children lost both of their parents.²⁰
- An additional 21,000 children lost a household head other than a parent.²¹
- Of all the children in Haiti today who ever lost a parent, about one fourth lost one parent or both parents in the earthquake.²²

PUBLIC AND CONGRESSIONAL INTEREST IN HAITIAN CHILDREN

Following the earthquake, the American public expressed strong concern for the children of Haiti. Along with billions of dollars in private donations made to nongovernmental organizations (NGOs) and faith-based organizations (FBOs), many American citizens appealed to the U.S. Government to encourage USG-sponsored action on behalf of Haitian children.

In an effort to respond efficiently and effectively to the vast number of urgent inquiries and offers to help from the American public, two interagency task forces were established. One task force answered hundreds of inquiries from the public and Congress regarding orphanages (better referred to as residential care centers) as well as separated and unaccompanied children in need of emergency care and protection. Requests were verified, logged, and channeled to the UNICEF-led child protection coordination group in Port-au-Prince, which then allocated responsibility to respond to United Nations (UN) agencies and NGOs. The other task force responded to inquiries regarding adoption and humanitarian parole for Haitian children. The two task forces worked in close coordination with the U.S. Agency for International Development (USAID)-led interagency Response Management Team, which managed the overall USG emergency response effort in Haiti.

USAID's Legislative and Public Affairs (LPA) Bureau reported that during the first two months following the earthquake, 387 inquiries were received from Congress concerning Haiti, a quarter of which related to child protection and orphans and vulnerable children. Forty-nine members of Congress sent or signed letters to USAID related to Haitian children.

During the same period, the U.S. Citizenship and Immigration Service (USCIS) and the Department of State's Office of Children's Issues received inquiries on over 1,700 cases involving families who already had adopted or were in the process of adopting before the earthquake. Congressional offices expressed interest in approximately 90 percent of those cases. USCIS and the Department of State's Office of Children's Issues collaborated closely as USCIS administered the Special Humanitarian Parole Program and the Office of Children's Issues facilitated the evacuation of the children approved by both USCIS and the Prime Minister of Haiti to come to the United States under the program. Between January 18 and May 12, USCIS responded to 6,750 e-mail inquiries and thousands of phone calls concerning these cases, and the Office of Children's Issues fielded inquiries from 900 waiting families.

The USG interagency working group on highly vulnerable children posted answers to frequently asked questions on the USAID Web site. The Departments of State and Homeland Security posted information regarding adoption and humanitarian parole on their Web sites. In addition, regular and direct communication lines were established between the USG interagency working group, UNICEF, and international NGOs working on child protection issues in Haiti.

THE USG RESPONSE TO HAITI'S MOST VULNERABLE CHILDREN

In response to the earthquake, the USG – through the Departments of Health and Human Services, Homeland Security, and State, as well as USAID – supported more than 60 projects to assist Haiti's most vulnerable children, guided by the following priorities:

- *Meeting the basic emergency needs of children and families for food, water, sanitation, health, and shelter.* Meeting basic needs helped families remain intact and assisted parents to provide and care for their children. USAID's Office of U.S. Foreign Disaster Assistance (OFDA) prioritized protection within humanitarian programs, intervening in ways that reduce risks of harm, exploitation, and abuse for the earthquake-affected population, particularly for children.
- *Ensuring the rapid identification and registration of all unaccompanied and separated children and implementing a tracing program to reunite children with their families.* USAID provided funding to UNICEF and partners to assist unaccompanied and separated children. USG support in this area was based on the internationally recognized Interagency Guiding Principles on Unaccompanied and Separated Children.
- *Expanding child-friendly spaces within informal settlements.* In addition to offering social, learning, and play opportunities for children and providing respite to caregivers, these spaces made it possible to bundle aid services – including health, nutrition, education, and psychosocial support – in a supportive and protective environment that is safe for children.
- *Rapidly assessing residential care centers (orphanages and crèches) in the earthquake-affected zone, with the aim of addressing security and subsistence needs.* USAID supported the Government of Haiti and UNICEF to map and build a database of children's residential care centers to facilitate stronger oversight through registration and monitoring in the future. All residential care centers in the earthquake-affected area were assessed by the Government of Haiti's Institute for Social Welfare and Research (IBESR) and the UNICEF-led child protection coordination group. In addition, USAID funded two international NGOs to provide emergency support for approximately 200 residential care centers affected by the earthquake.

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- *Addressing the needs of children who have been trafficked or are at risk of being trafficked.* The U.S. State Department's Office to Monitor and Combat Trafficking in Persons (G/TIP) responded to the increased trafficking vulnerabilities of *restavèk* and separated and unaccompanied children. G/TIP grantees have been working with Haitian governmental agencies to improve child protection services; screen children for trafficking at land and air borders; identify *restavèk* children within communities, settlements, and camps; provide shelter, and educational and psychosocial services to *restavèk* children; and conduct family tracing and reunification.
 - *Issuing humanitarian parole.* The Department of Homeland Security (DHS) has the discretionary authority to grant humanitarian parole to individuals who are otherwise inadmissible to the United States based on urgent humanitarian reasons or other emergencies. DHS made use of this authority in response to the Haitian tragedy in two ways: by authorizing emergency medical parole on behalf of approximately 45 children who required life sustaining treatment in the United States that was not available in Haiti and by establishing a special program on behalf of Haitian orphans in the adoption process. The latter program was an unprecedented use of the parole authority to benefit an explicitly identified class of children based on their urgent need for protection. On January 18, 2010, DHS Secretary Janet Napolitano, in coordination with the Department of State and the Government of Haiti (GoH), announced a special humanitarian parole program for certain Haitian orphans already adopted or in the process of being adopted by United States citizens before the earthquake. The program targeted children whose identity and availability for adoption had been confirmed prior to the earthquake and who were already connected to U.S. prospective adoptive parents as a means of safely and appropriately evacuating the children to the United States pending completion of their adoption and/or immigration processing. The program did not include any children who were newly orphaned by the earthquake. As of August 1, 2010, USCIS had authorized parole under this program for 1,140 orphans. Nearly one third of the parole requests were denied because of insufficient evidence of either the child's availability for adoption or a match to the U.S. prospective adoptive parents prior to the earthquake. In some instances, background checks of the prospective adoptive parents raised concerns about their suitability, which also resulted in cases being denied. USCIS stopped accepting new parole requests under this program after April 14, at which time the U.S. Government and the GoH had determined that the vast majority of requests for children who would be eligible for the program had already been submitted. Upon their arrival, the U.S. Centers for Disease Control and Prevention (CDC) developed guidelines to address specifically the health needs of this group of children, including Interim Recommendations for Initial Medical Screening of Haitian Orphan Parolees and Important Health Information for Parents Adopting Children from Haiti during the 2010 earthquake recovery. Additionally, USCIS developed procedures to provide immigration relief (permanent residence) to these children. These procedures apply both to those Haitian orphans with completed adoptions by, and those in the process of being adopted by, U.S. citizens. USCIS continues to closely monitor these orphan cases as the children move through the adjudicative process.

FORWARD PLANNING AND LONGER TERM ASSISTANCE

Interagency operational planning focused on meeting immediate needs and planning a long-term strategy for assisting Haiti's most vulnerable children. During the third week of January 2010, the Washington-based interagency working group on Haiti's highly vulnerable children was tasked by the Forward Planning Team, under the leadership of the Department of State's Office of the Coordinator for Reconstruction and Stabilization and USAID, to draft an operational plan. The plan provided guidance for prospective USG support to the Government of Haiti in its efforts to address the needs of children made highly vulnerable by the earthquake. The plan proposed priorities for staffing and coordination of a five-year, whole-of-government response based on Haitian Government and foreign assistance priorities. The operational plan, the Highly Vulnerable Children Planning Overview Paper, was submitted to the Forward Planning Team and the Haiti Task Team in February 2010.

To ensure USG planning was well-grounded in the evolving realities of the post-earthquake context, members of the interagency working groups in Washington and Port-au-Prince worked together to articulate further child protection priorities and establish indicators. In March 2010, the interagency working groups, in consultation with the Government of Haiti, the UN, NGOs, and other donors, agreed that planning should focus on three broad areas of need:

1. *Emergency Response to Children Affected by the Earthquake*: Continue to support the Government of Haiti and international and national partners to keep children affected by the earthquake safe and meet their immediate needs by providing food, water, sanitation, health care, shelter, and protection.
2. *Capacity Building for Child Protection*: Upon the request of the Government of Haiti, strengthen capacity to build and lead a national child protection program based on international standards, domestic child welfare laws and regulations, robust monitoring and evaluation, and an expanded cadre of professional social workers and child welfare specialists.
3. *Alternative Care*: Assist the Government of Haiti, as well as national and international partners, to prevent unnecessary separation of children from their families and develop better care alternatives for children in need of care.

At the end of July 2010, the U.S. Senate approved the supplemental bill for disaster relief and reconstruction in Haiti. USG child protection technical experts worked with program design teams to ensure that child welfare and protection priorities were integrated across sectors. This was done to ensure that USG-supported programs help to protect children and prevent, respond to, and ameliorate the effects of violence, exploitation, abuse, or neglect. Because families are at the front line of child protection, priority child protection measures focus on ensuring appropriate and adequate care for children who are outside of families; tracing families to reunite children; arranging long-term family placement of children who cannot be reunited; and preventing unnecessary separation of children by strengthening families' capacities to raise their own children in a stable and nurturing environment.

COORDINATING USG ASSISTANCE

A whole-of-government effort

A culture of coordination existed within the USG prior to the earthquake. An interagency working group established under PL 109-95 includes the regular participation of representatives from seven USG agencies and departments. The PL 109-95 database on USG projects for highly vulnerable children provided the USG and external partners with information on USG-supported projects for children in Haiti prior to the earthquake. This knowledge facilitated interagency information exchange and the scale-up and reprogramming of existing programs to meet emergency needs. The USG response to children in Haiti involved coordinating the actions of 17 offices within five USG agencies and departments, including:

Department of Defense

- USNS Comfort Medical Treatment Facility

Department of Health and Human Services

- Administration for Children and Families, Office of Refugee Resettlement
- U.S. Centers for Disease Control and Prevention

Department of Homeland Security

- U.S. Immigration and Customs Enforcement
- U.S. Citizenship and Immigration Services
- U.S. Customs and Border Protection

Department of State

- Bureau of Consular Affairs, Overseas Citizens Services, Office of Children's Issues
- Bureau of Population, Refugees, and Migration
- Office of the Coordinator for Reconstruction and Stabilization
- Office of the Global AIDS Coordinator, The President's Emergency Plan for AIDS Relief (PEPFAR)
- Office to Monitor and Combat Trafficking in Persons

USAID

- Bureau for Global Health/Office of HIV/AIDS
- Bureau for Latin America and the Caribbean/Haiti Task Team
- Bureau for Democracy, Conflict and Humanitarian Assistance
 - Displaced Children and Orphans Fund
 - Office of Food for Peace
 - Office of U.S. Foreign Disaster Assistance

Coordination mechanisms

Coordination structure: Following the earthquake, the USG established an interagency working group on Haiti's highly vulnerable children in Washington, D.C., chaired by the USG Special Advisor for Orphans and Vulnerable Children under PL 109-95. The Special Advisor deployed to Haiti to create a counterpart interagency group at the U.S. Embassy and to establish a direct link with UNICEF, the lead agency responsible for coordinating assistance for child protection in collaboration with the IBESR under the Ministry of Social Affairs and Labor. Approximately 60 organizations participate in the Haiti child protection coordination group, including U.S. NGOs that are long-term USG partners.

Technical Experts – Haiti: USAID deployed a total of eight child protection experts to Haiti to assist colleagues on the ground, lead the USG interagency child protection working group, and help coordinate assistance among USG agencies and between the USG, the Government of Haiti, UNICEF, and the Haiti child protection coordination group.²³ A USAID child protection specialist was seconded to UNICEF to serve as the day-to-day liaison between the USG, UNICEF, and humanitarian partners during the first month of the emergency. In addition, USAID deployed a protection advisor as part of the Disaster Assistance Response Team (DART) and an information management specialist to assist IBESR and UNICEF to develop and manage a database on residential care centers (orphanages and crèches), priority needs, and assistance to inform strategic planning and coverage.²⁴ The State Department's Office to Monitor and Combat Trafficking in Persons deployed two anti-trafficking specialists to assess needs and program funds accordingly.

Response Management – Washington: At USAID's headquarters in Washington, child protection experts served on the interagency Response Management Team (RMT), managing information on the USG response to orphans and vulnerable children during the first six weeks following the earthquake, in conjunction with the two task forces focused on children. The RMT phased out on February 28, 2010. A child protection technical expert is currently serving on the Haiti Task Team.

THE USG RESPONSE IN REVIEW

In April and May 2010, USG colleagues came together to review the USG response to Haiti's children and discuss coordination challenges, lessons learned, and recommendations for improved coordination.

Coordination challenges

- *Weakened capacity to respond.* First responders were hit hard. The capacity of key organizations in Haiti with the authority and responsibility to work with the USG – and other donors – on the coordination, planning, and delivery of emergency assistance to children was weakened, in some cases severely, by the disaster. The Government agency responsible for child welfare and protection lost staff, its headquarters, and records. UNICEF, funded by

The Role of the PL 109-95 Secretariat in Coordinating the USG Emergency Response to Children in Haiti

- Deployed to Port-au-Prince to support the U.S. Mission and assess immediate needs
- Assessed the impact of the earthquake on children
- Provided a platform on which to establish and lead a Washington-based USG interagency working group on highly vulnerable children in Haiti
- Established a USG interagency working group on child protection in Port-au-Prince
- Disseminated internationally recognized guidance documents, including the *Interagency Guidelines on Unaccompanied and Separated Children* and the *Guidelines for the Alternative Care of Children*
- Liaised with UN, NGO and other partners
- Developed a database on USG-supported programs providing assistance to Haiti's vulnerable children
- Coordinated and contributed to the development of key strategies and plans for child protection assistance
- Facilitated the deployment of eight child protection experts to Haiti
- Provided technical assistance, including data analysis and support for the design of population-based surveys
- Coordinated information response teams
- Provided accurate and timely information to the public and Congress
- Facilitated a preliminary review of the USG emergency response to Haitian children

the USG and others to coordinate child protection assistance, lost over 100 staff and its headquarters. One USG NGO partner, which had 310 staff before the earthquake, had 190 available to work in the weeks after the disaster. Thus, the leaders, coordinators, and providers of child protection themselves were in need of care and support.

- **Human resources constraint.** The number of people available to focus exclusively on orphans and vulnerable children and child protection was minimal at first. Technical experts who were required to participate in assessments in Haiti, coordinate with partners, and develop operational plans also had to respond to the overwhelming demand for public information. The available personnel faced competing demands for responding to the situation, on the one hand, and addressing urgent requests for information, on the other.
- **Involvement of multiple actors.** The large number of actors involved in responding to Haiti's vulnerable children – including multiple USG offices, NGOs, faith-based organizations, and private citizens – created complex coordination challenges. This was compounded by the fact that many partners participating in the response in Haiti and at headquarters were new to emergencies. Many were also new to Haiti and came in on a temporary basis.
- **No USG lead for child protection.** There is no designated USG lead for “child protection” per se. The PL 109-95 secretariat took the lead at the beginning of the Haiti emergency but has no explicit child protection or emergency/humanitarian response mandate, limited authority, and only four staff.
- **No child protection lead in Haiti.** There was initially no USG point of contact for child protection concerns in Haiti. U.S. Missions rarely have designated points of contact for issues related to child protection.
- **Lack of official policy guidance.** The USG did not have policies concerning some key child protection issues. Although the interagency working group on Haiti's vulnerable children recommended adherence to international standards and guidelines on child protection issues, including the *Interagency Guidelines on Unaccompanied and Separated Children* and the *Guidelines for the Alternative Care of Children*, it had no authority to officially endorse these principles on behalf of the U.S. Government.

- *Cumbersome interagency clearance processes.* The interagency working group experienced difficulties obtaining clearances on “whole-of-government” language concerning child welfare and protection. Because multiple agency clearances were required, timely information-sharing was difficult.

Recommendations for improved coordination for emergency response

- Disseminate guidelines for addressing child protection concerns during an emergency; ensure that child protection partners at headquarters and in countries prone to emergencies are aware of emergency child protection responses, resources, structures, and procedures and are prepared to respond to child protection concerns as quickly as possible.
- Develop a primer to describe roles and responsibilities of various USG agencies, departments, and offices in an emergency, including points of contact.
- In countries where the USG provides assistance to highly vulnerable children through multiple agencies and departments, establish interagency child protection working groups and identify working group chairs, with priority given to countries prone to emergencies.
- Determine who has the authority to speak on behalf of the USG regarding child protection and establish a mechanism for approving joint public statements to facilitate accurate and timely information-sharing regarding highly vulnerable children during emergencies.
- Identify a child protection emergency response coordinator at headquarters and expand the total USG interagency child protection expertise available to draw on in an emergency (e.g., add full-time child protection advisors to selected USAID bureaus to be available for field deployments). The coordinator would work closely with the USAID Response Management Team.
- Identify a bureaucratic home within the USG for the coordination of child protection responses in an emergency and increase capacity to carry out the functions outlined above and below.
- Identify a point person and/or team at headquarters to receive and respond to congressional and public inquiries regarding highly vulnerable children and USG support for child protection.
- Identify a USG child protection coordinator in the field and facilitate deployment of child protection technical experts to support OFDA protection officers as part of the emergency response team and to facilitate linkages between emergency child protection activities in ongoing, long-term USG programs.
- Convene an interagency working group at headquarters to backstop child protection actors engaged in the emergency response.
- Convene an interagency child protection working group in the field to coordinate USG support for and interaction with child protection actors on the ground.
- Develop an interagency child protection operational plan for emergency and reconstruction phases.

These recommendations will not apply to every emergency but would be implemented selectively at the scale and complexity a situation requires.

II. VULNERABLE CHILDREN

Public Law 109-95 focuses on highly vulnerable children – in other words, the most vulnerable children who are in dire situations and circumstances. This section of the report describes “our children” – our target population, children under 18 years of age in developing countries who are highly vulnerable.

We continue to refine our concepts and terminology. This section will clarify two key terms, “orphans” and “highly vulnerable,” and provide estimates of the numbers of orphans and highly vulnerable children (see Table 1).

ORPHANS

The term “orphan” is in everyone’s general vocabulary, but it does not mean the same thing to everyone. There are at least four definitions of this term.

First, an orphan is a child whose parents – both the mother and the father – have died. This is the first definition in most English-language dictionaries.

Second, an orphan is a child who has lost one or both parents. This definition, used by UNICEF, encompasses a much larger number of children than the first one. For example, in Haiti there are about 10 times as many orphans under this second definition as under the first one. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that in 2008, 163 million children worldwide had lost one or both parents and 18.3 million (or 11 percent) of those children had lost both parents. UNAIDS produces the estimates that are disseminated by UNICEF and other UN agencies.

Adjectives can be used to distinguish between the first two definitions. If the mother has died, a child is a maternal orphan, whether or not the father has also died. If the father has died, a child is a paternal orphan, whether or not the mother also has died.²⁵ A child who has lost both parents is a double orphan (as well as being a maternal orphan and a paternal orphan), and a child who has lost one parent is a single orphan.

Third, the term “orphan” also has, at least in the United States, a legal definition in the context of intercountry adoptions and related immigration provisions. That definition, found in the Immigration and Nationality Act in Section 101(b)(1)(F), defines an orphan as follows:

*“A child, under the age of sixteen at the time a petition is filed in his behalf to accord a classification as an immediate relative under section 201(b), who is an orphan because of the death or disappearance of, abandonment or desertion by, or separation or loss from, both parents, or for whom the sole or surviving parent is incapable of providing the proper care and has in writing irrevocably released the child for emigration and adoption...”*²⁶

A fourth way the word “orphan” is used is to describe children who live in “orphanages.” A potential source of confusion is that orphanages – or similar institutions – often provide only temporary care for children whose parents are unable to care for them but have not given up their parental rights. In most developing countries, rather than being placed in institutions, children whose parents have died typically are taken in by members of the extended family – such as grandparents, aunts, and uncles – who may actually provide a better-than-average home environment.

It is especially important not to confuse children living in an “orphanage” in a developing country with either children who have lost their parents or children who are eligible for adoption. It is also important not to assume that children who have lost a parent, or even both parents, are eligible for legal adoption. To avoid confusion, we have refrained from using the term “orphan” without qualification in this report. The PL 109-95 secretariat continues to urge partners, within and outside the USG, to use more specific terms so far as possible.

How many children have lost both parents, and is the number increasing?

The number of orphans can increase for three possible reasons: population growth (more children are born every year than the year before); improvements in child survival (which further increase the number of children at risk of being orphaned); and increases in adult mortality. At present, because of reduced HIV infection rates and the success of antiretroviral drug therapy for adults with AIDS, this third factor is believed to be a less important (though still significant) cause of orphanhood than it was just a few years ago. According to the most recent UNAIDS and UNICEF estimates, the global number of orphans declined from 2008 to 2009.²⁷

In assessing the numbers of orphans, it is also important to consider their age distribution. The needs of children vary at different ages, and the risk of becoming an orphan is cumulative as the child gets older. In Haiti, for example, shortly before the earthquake of January 12, 2010, about 1.3 percent of all children under 18 had lost both parents, but the percentage increased with age. Among children aged 0–4, 0.2 percent were double orphans; for ages 5–9, 0.8 percent; for ages 10–14, 2.0 percent; and for ages 15–17, 2.8 percent.²⁸

HIGHLY VULNERABLE CHILDREN

The various categories of vulnerability overlap with one another, although the amount of overlap is hard to quantify. For example, children living outside of family care – whether or not they are orphans – or in extremely poor households, face multiple risks, for example, of becoming child laborers, being trafficked,²⁹ or being drawn into gangs or military groups.³⁰ Strategies to identify these children and prevent these outcomes are similar and are being coordinated.

In order to clarify what is meant by the term “highly vulnerable children,” a framework was offered in the Third Annual Report to Congress on Public Law 109-95.³¹

The 2009 annual report included – for the first time – a table to describe PL 109-95’s target population. Table 1 in this report provides updated estimates of selected indicators. The selection of vulnerability indicators for our database represents movement toward a working definition of “highly vulnerable children” for the USG. Most of the estimates in the table refer to bad outcomes themselves; some refer to risk factors for those outcomes.

Working with the Futures Institute, the secretariat has assembled a database to quantify children under 18 who are in various categories of vulnerability for as many developing countries as possible. Table 1 summarizes this large country-specific database at a global level. It gives the estimated numbers (frequencies or counts) of children in different conditions.

The denominator for most of the measures of vulnerability in Table 1 is children under 18 in developing countries, of whom there are currently nearly 2 billion. Because this number is so large, even a small percentage translates into tens of millions of children. For example, in 2004, about 3 percent (at that time, about 49 million children; the denominator at risk was smaller in 2004 than it is today) were living in households with a per capita daily income of less than \$0.50. In 2008, about 13 percent (at that time about 81.5 million) were wasted – that is, they had a weight that was at least two standard deviations below the normal weight, given their age and height. In 2007, about 11 percent (about 72 million) of children of primary school age were not in school.

Children who are desperately poor, malnourished, and/or not attending school are at greater risk of being drawn into abusive and exploitative situations. While it is more difficult to count the children who have entered such situations, it is estimated, for example, that in 2002, about 223 million girls and boys had experienced sexual abuse; in 2008, about 215 million children were engaged in hazardous work; in 2005, more than 1 million children had been trafficked into forced labor; and in 2000, about 300,000 were associated with armed forces or groups. Estimates of some groups, such as street children, are available only for a few countries. Under most definitions, several hundred million children are highly vulnerable children, experiencing bad outcomes or at high risk of experiencing those outcomes.

Further information on the PL 109-95 secretariat's efforts to track children's vulnerability and develop a vulnerability index is accessible on the PL 109-95 Web site, www.hvcassistance.org.

Table 1: Highly Vulnerable Children: A Global Profile

Indicators of children's vulnerability	Year	Percent	Number	Coverage	Notes in Annex A
Population					
Total population	2010	100%	6,910,000,000	Global	1a
Children (aged 0–17)*	2010	32.2%	2,230,000,000	Global	1b
Population in developing countries	2010	100.0%	5,670,000,000	Developing countries	1c
Children (aged 0–17) in developing countries	2010	34.9%	1,980,000,000	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%	413,000,000	Developing countries	3
Children living in ultra poverty (less than \$0.50 per day) (aged 0–14)	2004	3.0%	49,000,000	Developing countries	4
Lack of food and nutrition					
	2008	34.0%	213,000,000	Global	5
	2008	23.0%	144,000,000	Global	6
	2008	13.0%	81,500,000	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 who die before age 1	2008	4.5%	6,130,000	Global	9
Children who die before age 5	2008	6.5%	8,770,000	Global	10
Children living with HIV (aged 0–14)	2008	0.1%	2,100,000	Global	11
Early sexual debut – girls (aged 15–19)	2008	12.0%	24,000,000	Developing countries, excluding China	12a
Early sexual debut – boys (aged 15–19)	2008	6.0%	12,500,000	Developing countries, excluding China	12b
Disability					
Children who are disabled (aged 0–17)	2007	11.0%	244,000,000	Global	13
Lack of adequate shelter					
Children who lack adequate shelter (aged 0–17)	2005	32.6%	640,000,000	Developing countries	14
Abuse					
Children who have experienced psychological aggression at home (aged 2–14)	2006	81.0%	1,290,000,000	Global	
Children who have experienced minor physical punishment at home (aged 2–14)	2006	62.0%	986,000,000	Global	
Children who have experienced severe physical punishment at home (aged 2–14)	2006	19.0%	302,000,000	Global	
Girls who have experienced sexual abuse (aged 0–17)	2002	14.0%	150,000,000	Global	
Boys who have experienced sexual abuse (aged 0–17)	2002	6.4%	73,000,000	Global	16b
Child marriage					
Child marriage: Women aged 20–24 who were married or in union before age 18					

Indicators of children's vulnerability	Year	Percent	Number	Coverage	Notes in Annex A
Orphans					
Children who have lost one or both parents due to all causes (aged 0–17)	2008	7.3%	163,000,000	Global	18a
Children whose mother has died due to any cause (aged 0–17)	2008	2.5%	55,300,000	Global	18b
Children whose father has died due to any cause (aged 0–17)	2008	5.7%	126,000,000	Global	18c
Children both of whose parents have died due to any cause (aged 0–17)	2008	0.8%	18,300,000	Global	18d
Children who have lost one or both parents due to AIDS (aged 0–17)	2008	0.8%	17,500,000	Global	19
Children outside of family care					
Children in institutional care (aged 0–17)	2006	0.1%	2,000,000	Global, excluding West and Central Africa and South Asia	20
Children of (living on) the street (aged 0–14)	NA	NA	NA	NA	21
Children on (working and living on) the street (aged 0–17)	NA	NA	NA	NA	22
Birth registration					
Children whose births are not registered (aged 0–4)	2008	50.0%	236,000,000	Developing countries, excluding China	23
Lack of education					
Children out of school (primary aged)	2007	11.0%	71,800,000	Global	24
Children out of school (secondary aged)	NA	NA	NA	NA	25
Child labor					
Child laborers (aged 5–17)	2008	13.6%	215,000,000	Global	26
Children in hazardous work (aged 5–17)	2008	7.3%	115,000,000	Global	27
Children in prostitution and pornography (5–17)	2000	0.1%	1,800,000	Global	28
Children in other illicit activities (production and trafficking of drugs, organized crime, and organized begging) (aged 5–17)	2000	0.04%	600,000	Global	29
Children in forced labor as a result of trafficking					
Forced labor as a result of trafficking (aged 0–17)	2005	0.05%	1,100,000	Global	30
Children affected by conflict					
Children associated with armed forces or groups (aged 0–17)	2000	0.01%	300,000	Global	31
Refugee children (aged 0–17)	2009	0.3%	6,840,000	Global	32
Internally displaced children (as a result of conflict or persecution) (aged 0–17)	2009	0.5%	12,200,000	Global	33
Children affected by natural disaster					
Children affected by natural disaster (aged 0–17)	2009	2.4%	54,000,000	Global	34
Children internally displaced by natural disaster (aged 0–17)	2008	0.7%	16,200,000	Global	35

NA=Valid sources of data are not available.

* Aged 0–17 includes all children under age 18.

See Annex A for further detail on calculations and indicator definitions. Numbers are rounded to three significant digits.

III. PROTECTING VULNERABLE CHILDREN

What Is Child Protection?

Child protection interventions prevent children from experiencing, violence, abuse, exploitation, and/or neglect and respond to children who are victims of such situations.

Child protection occurs at the level of the child, family, community, district, zone, province, country, and globe. Child protection interventions are supported and implemented by families, community groups, governments, traditional leaders, teachers, social workers, NGOs, family members, faith-based groups, multilateral organizations, donors, and children themselves.

Child protection is a sector in its own right, but to protect children effectively, it must be closely linked with other sectors, particularly social welfare, education, health, security and justice, and emergency and humanitarian response.

In May 2010, the PL 109-95 secretariat convened an interagency conference on child welfare and protection (see Section V). There, USG participants strongly recommended that the secretariat take the lead in increasing awareness of child welfare and protection among USG agencies and departments, Congress, and the public in efforts to communicate what are we doing and why it is important.

The term “highly vulnerable children” refers to a target group and includes children who lack child protection and require child welfare and protection assistance. “Child protection” concerns the interventions that many highly vulnerable children require.

CHILD PROTECTION: AN ESSENTIAL ASPECT OF DEVELOPMENT ASSISTANCE

During the course of their development – physical, social, and psychological – children need protection to grow into healthy adults who can, in turn, care for and protect themselves and their own children. Most children live in a family with at least one adult who cares for and protects them as they grow from infancy to late adolescence. However, there

What Is a Child Protection System?

A child protection system has multiple interlinked parts, including:

- Policies, legislation, regulations, as well as monitoring and enforcement
- Services that help to prevent violence, abuse, exploitation, and neglect
- Services that identify and respond to children experiencing these hardships

Child protection systems include formal as well as informal or traditional components and extend from the level of the child and family to civil society and government mechanisms. To operate effectively, these multiple components require:

- Commitment and collaboration among key stakeholders and leaders
- Human and financial resources
- Knowledge, skills, and capacities
- Standards and recognized procedures, and the authority to enforce them

Examples of U.S. Government Support for Child Protection

- In Colombia, USAID, in partnership with the International Organization of Migration, is supporting a program to assist demobilized children, helping them to reintegrate into society and mitigate factors that made them vulnerable to recruitment by armed groups.
- In Egypt, USAID is supporting the Combating Violence against Women and Children (CVAWC) project in partnership with Chemonics International. Training and technical assistance is provided to support the implementation of amendments to the Egyptian Child Law and its underlying children's rights principles; child protection committees and services for street and other at-risk children are strengthened; and Egyptian NGOs are supported to provide legal services to children who are in conflict with the law.
- In Zimbabwe, USAID is supporting the Children First project, implemented by World Education to assist children, particularly girls, to be able to access sexual protection services, including psychosocial support, STI and contraceptive services, legal support and education assistance. One of the goals is to provide abused children with options to leave or improve their abusive homes.
- In Liberia, the Department of State's Office to Monitor and Combat Trafficking in Persons (G/TIP) supports World Hope to provide protection to survivors of trafficking by creating a three-pronged mechanism consisting of service provider networks; village parent groups; and support of local service providers.
- In Chad, G/TIP is supporting UNICEF to work with the government to prevent the recruitment of children into armed forces. UNICEF is also assisting the government with a national program to release children from armed groups, offer them support, and then reintegrate them into their communities.
- In Azerbaijan, USAID's Displaced Children and Orphans Fund (DCOF) is supporting community-based support services for marginalized children in partnership with Save the Children/U.S. to address the needs of children who have been or are at risk of being institutionalized or living on the street – including those who are internally displaced or refugees, children with disabilities, children and families in extreme poverty, and children from broken homes or female-headed households.
- The Displaced Children and Orphans Fund, in partnership with UNICEF, is providing support in Guatemala, Cambodia, and Liberia to strengthen national child protection systems.
- CDC is working with UNICEF and Columbia University to identify methods for the ongoing monitoring of “grave violations” against children during periods of armed conflict as identified by UN Resolution 1612. These violations include sexual violence, killing and maiming, abduction and recruitment, destruction of schools, and limiting access to humanitarian services.
- PEPFAR-supported interventions to assist orphans and other vulnerable children include protection as a core area of intervention. Examples include an emergency hotline for children, safe houses, and support for national child protection legislation in South Africa; child protection training in Nigeria and Namibia; and legal services for abused children in Kenya and Guyana.
- The Health Resources and Services Administration (HRSA), with PEPFAR funding, is supporting efforts to increase capacity of social workers and para-social workers to identify and support vulnerable children and to facilitate access to essential services in Tanzania, Ethiopia, and Nigeria.
- In Europe and Eurasia, USAID has been at the forefront of efforts to support and strengthen child welfare systems in eight countries: Armenia, Azerbaijan, Belarus, Georgia, Bosnia-Herzegovina, Romania, Russia, and Ukraine.
- As a result of projects funded by the Department of Labor's Bureau of International Labor Affairs (ILAB), close to 144,890 children were withdrawn or prevented from exploitive labor during FY 2009.

For more examples, see report on child protection interventions on the PL109-95 Web site, www.hvcassistance.org.

are many situations that weaken the ability of families to protect their children adequately from harm. Some of those situations are found routinely throughout the world, such as extreme poverty, substance abuse, illness and disease, parental death, and harmful gender norms and traditional practices. Others are relatively unpredictable emergency situations such as armed conflict and natural disasters. These crisis situations create new protection risks and worsen existing ones. Child protection interventions focus on children who are at risk of or are the victims of violence, abuse, exploitation, or neglect.

Efforts to identify and assist children in the PL 109-95 target groups are described as “child protection” and, more broadly, as “child welfare and protection” programs. “Child protection” is a common term used by UNICEF, Save the Children, many other NGOs, the domestic social work community, and virtually all other potential partners of PL 109-95 to describe efforts to prevent children from experiencing violence, exploitation, and abuse and neglect, or to assist children already experiencing such hardships.³²

U.S. Government international assistance programs for highly vulnerable children are not referred to as child welfare and protection programs per se. Nevertheless, child welfare and protection systems, however loosely defined, are the common ground on which USG assistance programs for highly vulnerable children stand – whether children are at risk of child labor, trafficking, displacement, or recruitment by armed groups, or are separated, unaccompanied, or orphaned.

Strong child protection systems, as part of broader child welfare systems, are as important to the success of U.S. programs that assist highly vulnerable children as are strong health systems to the success of programs that assist sick children. In many countries, formal national child protection systems exist, yet application and enforcement of policies as well as case monitoring and follow-up are significantly lacking. Based on field experience, it is apparent that child welfare and protection systems are, all too often, neglected and woefully understaffed and under-resourced. In many countries, these systems need significant strengthening if U.S.-funded programs for highly vulnerable children are to take root in local soil and survive, if not thrive. The human-resource constraint within the child welfare and protection sector is critical.

PROTECTING CHILDREN BY STRENGTHENING FAMILIES

The family, immediate and extended, is central to an effective child protection system. There is universal acknowledgment that the optimal support for a child comes from a caring and protective family.³³ Preserving and enhancing the capacity of families to care for and protect their children is a primary focus in preventing children from becoming vulnerable and responding to children who face multiple risks.

Strengthening Families: A Frontline Response to Protecting Children

- In Ukraine, USAID's Displaced Children and Orphans Fund supported the Families for Children Program, implemented by Holt International, to provide the foundation for sustainable, replicable family and child welfare services. Programs are being developed that focus on family preservation, foster care, family-type homes, and domestic adoption.
- In Malawi, USAID, with PEPFAR funds and in close partnership with UNICEF, is helping to reform social welfare services and approaches with a special emphasis on family-centered care that strengthens existing structures and provides skills to caregivers.
- In Uganda, the National Institutes of Health (NIH) are supporting research to further develop and examine a family economic empowerment intervention that creates economic opportunities for families who are caring for children orphaned as a result of AIDS.
- In Thailand, NIH is supporting research to evaluate a family-based intervention targeting both alcohol use and risky sexual behavior among young Thais. The research will determine the feasibility of adapting Family Matters, a universal prevention program for substance abuse that involves parents and adolescents, to Thai culture.
- In Kenya, PEPFAR, in partnership with the Department of Defense, is supporting Samoei Community Response to Orphans and Vulnerable Children to initiate support groups for families and caregivers. Families and caregivers receive training on how to identify psychological and social needs of children affected by HIV and AIDS and learn how best to support children who are in their care. Support group participants then act as mentors, providing ongoing support to other family members and caregivers.
- In Sri Lanka, DCOF's New Beginnings for Children Affected by Violence and Conflict program includes a focus on family reunification for institutionalized children at risk or affected by armed conflict and violence. In the first three years of the program in Western Province, 259 of 571 children had been reunified, 82 percent of them with their immediate families.
- In Cambodia, USAID, with PEPFAR funds, provides parents and caregivers vital information on a wide variety of topics ranging from birth spacing and family planning to child rights and the importance of play. To date, 2,303 caregivers have been trained, and 90 parenting clubs have been supported.
- In Belarus, DCOF-supported projects focus on alternatives to state institutions to increase the number of children living with their biological or adopted families or in a family-like environment. Public awareness campaigns have contributed to an increase in the number of adoption inquiries; participation in training programs for adoptive or foster parents; and a decrease in placement in state institutions, with more children placed immediately in foster care or adopted.
- In Zambia, DCOF funded the Africa KidSAFE project, which has developed active collaboration among local NGOs working with street children to reunite children with families and prevent children from moving to the street.
- The Better Care Network has global reach, facilitating information exchange and collaboration and advocating for technically sound policy and programmatic action by governments and organizations concerned about children without adequate family care. DCOF helped initiate the network with USAID's Africa Bureau and provides ongoing support along with USAID's Office of HIV/AIDS.

The PL 109-95 database provides further examples.

IV. THE USG RESPONSE: A WHOLE-OF-GOVERNMENT APPROACH TO CHILD WELFARE AND PROTECTION

ARCHITECTURE AND CHARACTERISTICS OF USG ASSISTANCE TO HIGHLY VULNERABLE CHILDREN

Public Law 109-95 focuses on highly vulnerable children, the most vulnerable children, and children who are in dire situations and circumstances.

The USG provides significant resources to assist such children.

The basic architecture and salient characteristics of this assistance are as follows:

- There is an array of separate programs led and managed by over 20 different offices in seven USG agencies – each with its own comparative advantages and special expertise.
- These offices funded approximately 1,900 projects in 107 countries in fiscal year 2009.
- Some USG programs focus exclusively on highly vulnerable children while others assist such children as part of broader mandates. For instance, the Department of Labor manages a program to combat the worst forms of child labor,³⁴ and part of the PEPFAR portfolio focuses on orphans and vulnerable children affected by HIV/AIDS. The Department of State's Office to Monitor and Combat Trafficking in Persons and the Bureau of Population, Refugees and Migration as well as USAID's Office of U.S. Foreign Disaster Assistance assist all age groups within an affected population, including programs focused solely on highly vulnerable children.
- USG programs typically focus on a single type of vulnerability – e.g., orphans and vulnerable children affected by HIV/AIDS, child laborers, trafficked children, or displaced children.
- There is, however, increasing attention, particularly from USAID's Displaced Children and Orphans Fund and the Office of HIV/AIDS, to cross-cutting, system-strengthening efforts that benefit children generally. Examples include promoting legislation and services related to alternative care, emphasizing family-based care, and strengthening the social welfare workforce countrywide.
- Some USG programs focus on direct service delivery, others on capacity building. Most do both.
- Some USG programs focus on helping children in crisis; others focus on preventing children from crises. Most do both.
- The fiscal year is, of course, the same across USG programs, but procurement and grant cycles vary. Financial and programmatic reporting differs across agencies.
- Monitoring and evaluation systems differ across agencies and are not compatible; there are multiple performance indicators – 160 at last count.

With USG assistance structured this way, there are risks: the risk of programmatic fragmentation, the risk of duplication of effort, the risk of so-called stove-piping. PL 109-95 is intended to mitigate these risks.

But, with this structure, there are opportunities. PL 109-95 is intended to maximize these opportunities, engender interagency collaboration, and develop synergy around shared interests and concerns.

USG agencies working on behalf of highly vulnerable children share a great deal of common ground:

- USG agencies often work on the same turf – operating in many of the same countries.
- USG programs are concerned with many of the same children; target groups overlap – children at risk of being trafficked, or abandoned, or exploited for their labor, or children living in the street, or at risk of HIV infection, are often the same children.
- USG agencies and partners rely to a large extent on the same sector – the social welfare or child welfare and protection sector – for the success and sustainability of programs.
- USG programs rely to a large extent on the same work force – the same social workers and child welfare and protection workers.
- USG agencies sometimes use the same implementing partners and community organizations.
- USG programs face some of the same constraints – be they legal, legislative, policy-related, or capacity limitations.
- Further, USG programs support many of the same interventions – economic strengthening, food and nutrition, education and training, and capacity building.

The geographic concentration of USG activities is described with Maps 1 and 2, which are derived from the database of projects. In Map 1, the shading of countries reflects the number of projects in each country. The number depends somewhat on the way the term “project” is defined, as described above. Countries with the highest prevalence of HIV/AIDS tend to have the highest numbers of projects. In Map 2, the shading reflects the number of agencies operating in each country. The term “agency” refers to the administrative units listed in Table 2. These maps include PEPFAR and non-PEPFAR projects, and activities that cover a group of countries or a region, but not activities that

Online Database of Projects

In keeping with the intent of Public Law 109-95, the database of projects, referring to Fiscal Year 2009, is online and can be accessed by all visitors to the Web site, whether USG staff, members of Congress, or the general public. This requirement of public access, even to budget information, was made explicit to offices in the data call. Users can refer to a menu of possible reports to download or print data and can also view activities with maps similar to the maps in the database of indicators.

The projects database is expected to have two primary applications during the coming year. The first will be to improve coordination among projects operating in the same country. Agency staff will be able to identify which offices and implementing partners are working within a country. The second use will be to improve planning and the placement and design of new projects. The PL 109-95 secretariat will actively promote both applications in selected countries and offices.

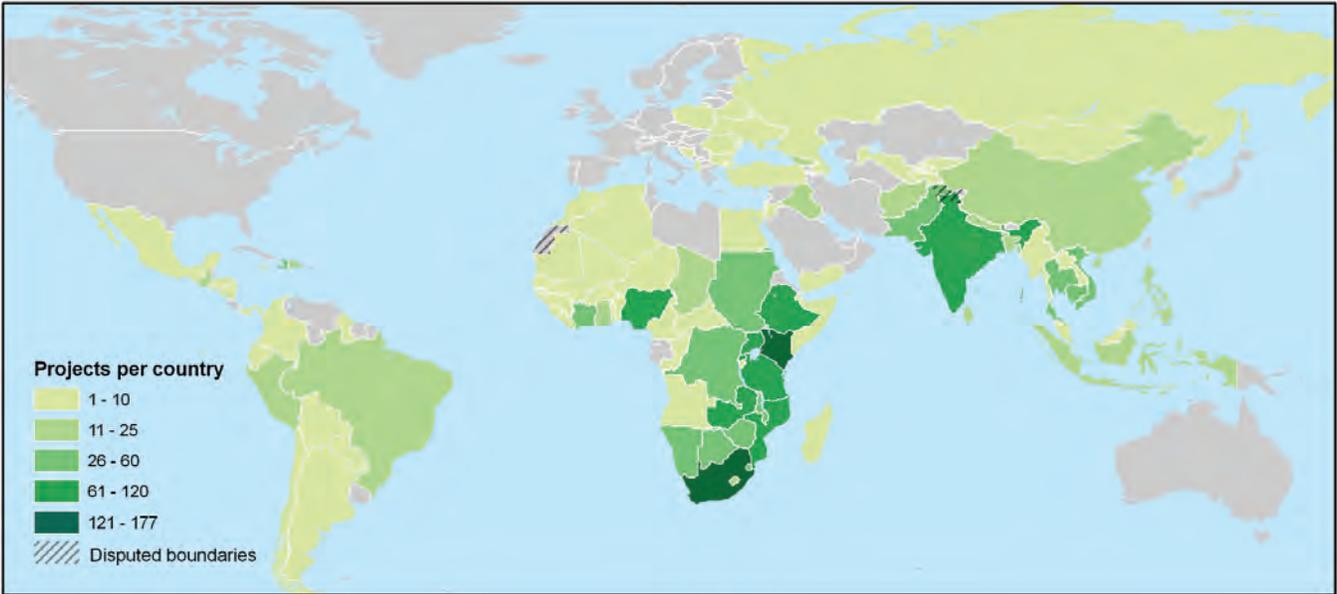
This report refers to two databases, one giving indicators of vulnerability and the other listing U.S. Government activities, but users will be able to select a country and look at indicators and projects side-by-side. Users can easily observe the degree of correspondence between needs and USG-supported activities.

The PL 109-95 database, and information regarding the process by which it was developed, can be accessed online at www.hvcassistance.org.

are global. The East African countries of Ethiopia, Uganda, Tanzania, and Kenya and the South Asian countries of India and Bangladesh are the only ones in the highest category with 10–13 offices.

Figure 1 profiles USG activities reaching different kinds of target groups. Each bar is proportional to the number of projects that specify each target group. Projects may be listed more than once if they include more than one target group. The longest bar, by far, is for children affected by HIV/AIDS, because they are the only specified target group of PEPFAR-funded projects. A total of 1,229 projects reach this target group; 1,026 of them are PEPFAR projects. The second largest category, with 297 projects, is children living in extreme poverty. Similarly, Figure 2 profiles the interventions that are specified. This figure omits PEPFAR-funded projects because the PEPFAR tracking system does not specify interventions. The most frequent intervention is capacity building for service providers, with 371 projects.

Map 1: Number of Projects Assisting Highly Vulnerable Children per Country



Map 2: Number of USG Offices Assisting Highly Vulnerable Children per Country

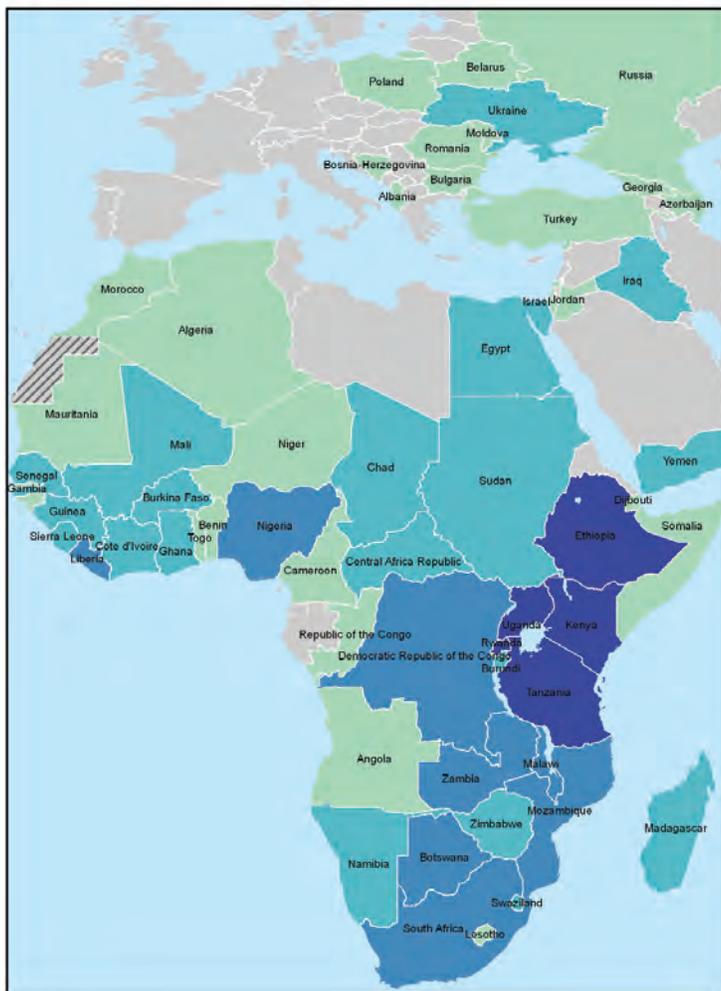
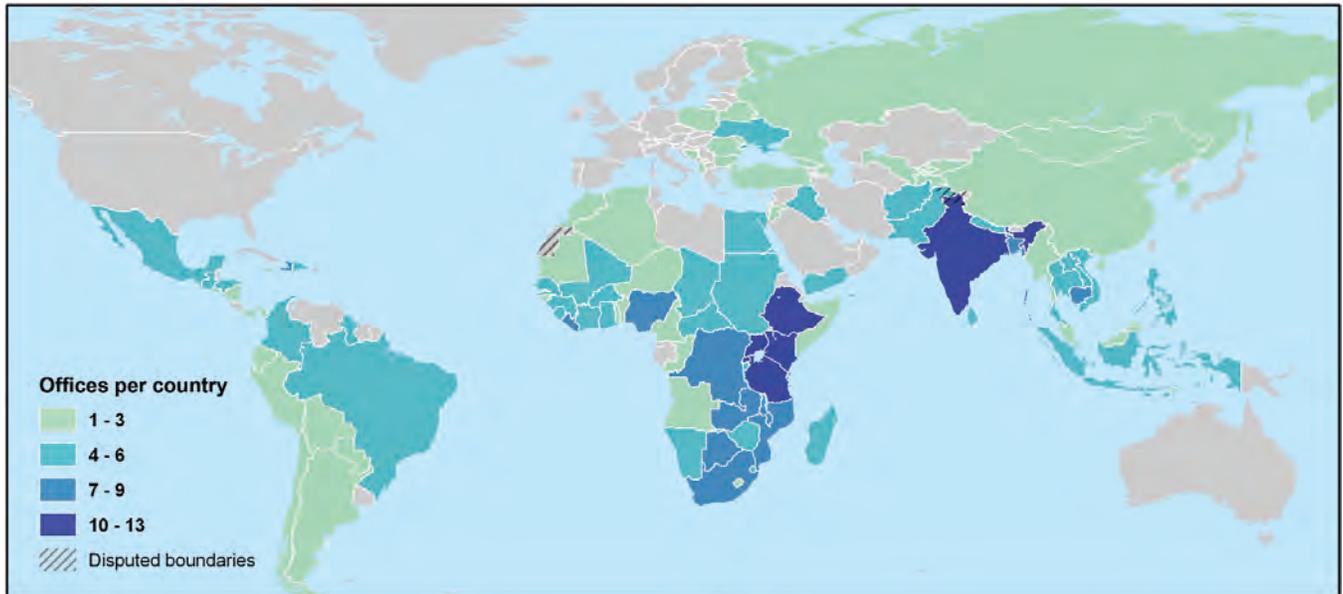


Figure 1: Number of Projects by Target Group

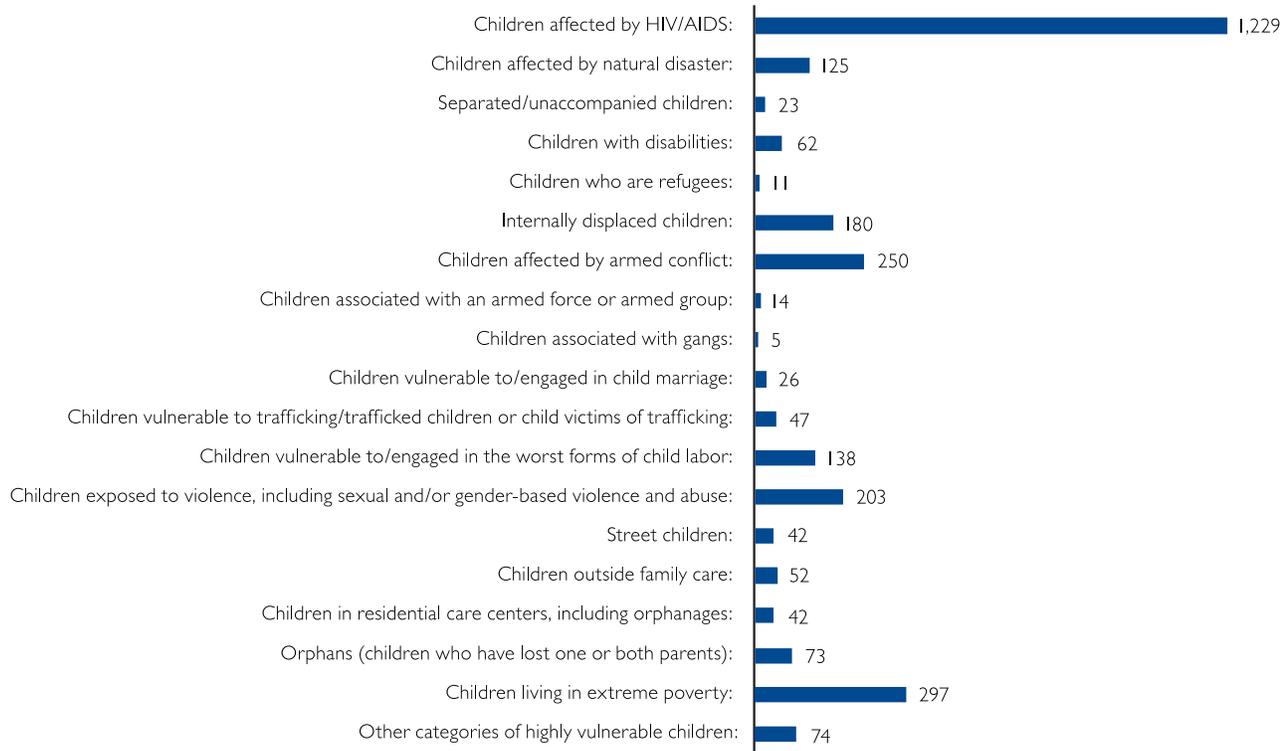


Figure 2: Number of Projects by Intervention



Note: PEPFAR projects are omitted because the PEPFAR tracking system does not specify interventions.

V. PROGRESS ON 2009 PRIORITIES

The Third Annual Report to Congress articulated priorities that constituted the core of the PL 109-95 work plan for 2009–2010. This section describes progress made in addressing these priorities.

IMPROVED COORDINATION AMONG USG AGENCIES AND BETWEEN USG AND PARTNERS

The PL 109-95 secretariat is focused on the following interagency coordination objectives:

- Increased knowledge of who is doing what where
- Lessons learned regarding the effectiveness of technical interventions shared and applied
- Lessons learned regarding program implementation shared and applied
- Service coverage maximized through collaborative planning
- Common constraints identified and addressed
- Countries where USG coordination is successful identified and reasons for success understood and emulated
- In countries receiving assistance from multiple USG agencies, the package of USG assistance is complementary and synergistic

In-country coordination

The overall goal of PL 109-95 is to improve the comprehensiveness, coordination, and effectiveness of USG assistance so that the impact on children of our collective program is greater than the sum of our individual projects. Toward that end, one PL 109-95 priority for 2009 was to identify countries with particularly complex USG assistance programs (in terms of the number of agencies and projects that comprise the program), determine the status of interagency coordination, identify and disseminate best coordination practices, and assist countries – working with host country governments and institutions – to improve coordination if requested. Three countries were identified for coordination-focused visits early in 2010 – Ethiopia, Uganda, and Colombia – and preliminary planning commenced. The January 12, 2010, earthquake in Haiti and PL 109-95’s role in coordinating the USG response to children affected by the earthquake caused these plans to be deferred.

The Special Advisor for Orphans and Vulnerable Children under PL 109-95 visited Ethiopia in August–September 2010. The main purpose of the visit was to participate in a congressional delegation led by Senator Mary Landrieu (D-LA). The purpose of the delegation was to “study inter-country adoption, orphan relief, and other child welfare issues, which affect children living outside of parental care.” Momentum generated by the visit will build on the good and extensive work being done in Ethiopia by the USG to respond to the needs of orphans and vulnerable children. The visit led to the establishment of a U.S. Mission interagency working group on orphans and vulnerable children to improve coordination of USG assistance. The group is slated to become operational in January 2011.

IMPROVED MONITORING AND EVALUATION SYSTEM

Public Law 109-95 specifies three monitoring and evaluation requirements:

- “(A) establish performance goals for ... 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 ...; and*
- (C) provide a basis for recommendations for adjustments to the assistance to enhance the impact of assistance.”*

These requirements must be interpreted as long-term objectives because they depend on data that do not currently exist.

Performance goals and indicators are certainly reasonable for a specific project. However, it is a challenge to express them for the nearly 2,000 USG projects for vulnerable children that are included in the PL 109-95 database for FY 2009. There is an important difference between an individual USG project that targets a specific category of vulnerable children and the PL 109-95 mandate, which is to coordinate many programs for many categories of vulnerable children.

For example, if the goal of a specific project were to reduce the number of children in a specific country who are being exploited for child labor, such a project could have a clearly defined target population, consisting of children who are engaged in child labor, perhaps of a particular type, and the objective can be to move those children out of child labor and into school. Alternatively, the target population could be children who are in poor households or households affected by HIV/AIDS and, on the basis of statistical evidence, are at high risk of dropping out of school and entering into child labor. The objective could be to prevent children at high risk from doing so. The program could include an evaluation component, which, at the end, will permit a test of the null hypothesis that the program had no impact. The design may allow for measures of cost-effectiveness and evaluating specific elements of the intervention.

There is a fundamental difference between what can be done to evaluate an individual project, as just described, and what is feasible for an aggregate of nearly 2,000 projects. First, although the great majority of individual USG projects for vulnerable children include a monitoring and evaluation component, most of them emphasize monitoring. Inputs and outputs are reported, but rarely so for outcomes, impact, and cost-effectiveness. Projects almost never include baseline data or comparison groups. If questions about impact and cost-effectiveness cannot be answered about individual projects, then they cannot be answered for all projects collectively.

Second, specific projects have widely differing target populations and types of interventions. Even if they did include a complete evaluation design, it would be virtually impossible to integrate all of the target groups, interventions, and indicators into a single summary assessment.

The PL 109-95 secretariat is undertaking four activities under the general rubric of monitoring, evaluation, and research.

1. Expand the database of indicators of vulnerability

Information about many dimensions of vulnerability, defined either as risk factors or as poor outcomes, is included for almost all countries in the new online database of indicators. This database will be expanded to include UNICEF's Child Poverty and Deprivation Index and other sources. Eventually, it may describe sub-national populations and trends over time. The main purposes of this database are to help identify and describe target populations.

The PL 109-95 secretariat has considered possible ways to improve and extend the data that are available on children and their households. For more information on improved data collection, please see the PL 109-95 Web site.

2. Expand the database of projects

The project database is now online, so partners can consult it as they develop projects in a specific country, for a certain target group, or with a particular type of intervention. The database can become an important tool for targeting and coordination. Thus, for example, each agency will be able to find what other agencies are doing within a specific country that relates to the support of vulnerable children or to obtain project descriptions, geographic locations, contact names, and e-mail addresses in Washington and in-country. The database will eventually serve as an archive through which activities can be traced over time.

The project database and the vulnerability database can be linked, making it easy to see, for example, how well the USG pattern of support corresponds with children's needs. Some tracking of changes over time in the level of support and the degree of vulnerability may eventually be possible.

3. Develop indicators of coordination and provide guidelines and case studies

During the coming year, members of the PL 109-95 team plan to visit several countries with USG programs for vulnerable children, looking for examples of both strong and weak coordination, and trying to identify mechanisms that can improve coordination. Eventually, we hope to produce guidelines on how to improve coordination and case studies that can serve as examples.

We also hope to develop a tool for rating the level of in-country coordination of projects. For such a tool to be accepted, it would have to be perceived as constructive rather than invidious. To have sufficient depth, such a tool would have to include qualitative as well as quantitative components. It would have to recognize that coordination entails some costs as well as benefits.

4. Expand the use of better designs for evaluation and provide guidelines and case studies

The fourth activity will be to encourage the design of projects, from the very outset, to include a more complete evaluation component, with the potential to furnish evidence of impact – or evidence of no impact. Our strategy will be to identify projects that have included a strong evaluation component, with baseline data and comparison groups, and make them known to the larger PL 109-95 community. We will put examples of successful designs on the Web site and sponsor seminars where they can be presented.

Second, we will work with agencies to identify upcoming projects that incorporate a better design. We will establish backup support from CDC, NIH, and USAID, when possible, or from other agencies that are ahead in this effort.

IMPROVED UNDERSTANDING OF HOW TO FILL DATA GAPS ON CHILDREN LIVING OUTSIDE OF PERMANENT FAMILY CARE

Statistical analysis following the Haiti earthquake

In an effort to determine the effect of the earthquake on children and plan an appropriate response, the PL 109-95 secretariat developed new kinds of estimates and procedures that were of value to USG offices and interagency partners. (See text box “The scope of the Disaster for Children” in Section I. For more information on the model developed and used by the secretariat to estimate the numbers of children who survived the earthquake but lost a household head or parent, see the PL 109-95 Web site).

Database of children living in residential care in Haiti

Following the earthquake, the PL 109-95 secretariat facilitated USG support for the Government of Haiti and UNICEF to map and build a database of children's residential care centers to track assessed needs and provision of assistance and to facilitate stronger oversight through registration and monitoring in the future. This database offers the first-ever baseline data on children living in residential care in Haiti.

INCREASED OPPORTUNITIES FOR USG PARTNERS TO LEARN LESSONS FROM ONE ANOTHER

Resource Guide

PL 109-95 partners, including USG agencies, the UN, and NGOs, have made significant contributions to developing and sharing lessons learned to provide assistance more effectively to vulnerable children. In an effort to ensure that existing resources are available to USG stakeholders, as well as other agencies and implementing organizations, the PL 109-95 secretariat compiled a resource compendium, which is available on the PL 109-95 Web site.

IMPROVED CAPACITY TO IMPLEMENT PL 109-95

In December 2009, Dr. Tom Pullum joined the PL 109-95 secretariat as the Senior Monitoring and Evaluation Advisor, bringing the secretariat to full-strength. The secretariat continued to receive solid management support from its home bureau within USAID – Global Health (GH). In addition, the secretariat benefitted from quality short-term assistance from a summer intern from the Global Health Fellows Program and a Presidential Management Fellow on rotation from the National Institutes of Health.

With a small team focused on PL 109-95 full time, the secretariat was able to accelerate implementation of the Act and make the modest contributions outlined in this report. The costs of the Special Advisor, the three members of the PL 109-95 secretariat, and the summer intern, were supported by the USAID Operating Expense (OE) budget, the Global Health Bureau core budget, PEPFAR through the USAID Office of HIV/AIDS, and USAID’s Displaced Children and Orphans Fund (DCOF).

INCREASED ATTENTION TO THE NEED FOR CHILD WELFARE AND CHILD PROTECTION SYSTEM STRENGTHENING

Coordinating U.S. Government International Assistance for Highly Vulnerable Children: A Whole-Of-Government Response to Child Welfare and Protection – An interagency conference held under the auspices of Public Law 109-95

On May 6–7, 2010, USG agencies convened a conference on PL 109-95. The conference was the first since the law’s passage in 2005.

The conference was designed to meet the following objectives:

- Increase awareness of the scope and magnitude of USG assistance for highly vulnerable children in general and specifically with regard to child welfare and protection
- Identify the main constraints and opportunities related to interagency coordination and develop concrete strategies to address constraints and expand upon opportunities
- Build a USG community-of-practice by facilitating networking and communication about child welfare and protection issues across countries and regions and sharing promising practices and lessons learned

The conference brought together approximately 80 representatives from the seven USG agencies and departments that make up the PL 109-95 interagency team. During the two-day conference, participants identified opportunities and developed strategies for improving the coordination, comprehensiveness, and effectiveness of USG assistance for highly vulnerable children. A primary goal of the conference was to invigorate the process of interagency collaboration.

The first day focused on strengthening family, community, and national systems, including:

- Supporting families through economic strengthening and cash transfer programs
- Community protection committees and alternative care for children outside of family care
- National systems strengthening, including building the child welfare workforce

The second day focused on identifying opportunities to foster more effective and coordinated programs at global and country levels. Topics included:

- Lessons learned from country-specific interagency coordination, including Haiti
- Coordinating monitoring systems and building an evidence base
- NGO panel presentation providing grantees’ perspectives on interagency coordination
- USG personnel policies for child protection

The conference generated recommendations as to how USG agencies and departments can work together to further improve the effectiveness, comprehensiveness, and coordination of USG international assistance for highly vulnerable children. Conference participants were asked a set of questions on key areas, including: (a) concrete interagency coordination objectives; (b) specific tasks and interagency services for the PL 109-95 secretariat to facilitate; (c) improving monitoring, evaluation, and reporting; and (d) facilitating the dissemination and application of good practices across agencies and beyond. Out of a vigorous discussion – informed by the preceding two days of proceedings – there emerged five broad recommendations and a number of concrete steps to achieving these objectives. These objectives form the basis for the PL 109-95 secretariat’s work plan for the year 2010–2011.

VI. PRIORITIES FOR 2011

The secretariat will work with PL 109-95 partners on the following priorities for 2011.

1. Increase support for strengthening child welfare and protection systems, focusing on human resources, for example:
 - In collaboration with USG and UNICEF colleagues, develop and begin implementation of a global initiative to strengthen the child welfare and protection work force.
 - Identify potential public and private sector support for unfunded child welfare and protection workforce strengthening needs identified by country teams at the November 2010 PEPFAR-funded conference on social welfare workforce strengthening.
 - Assist the U.S. Mission in Haiti in designing and launching a long-term child protection program integrated across sectors and in response to Haitian government priorities.
2. Strengthen intra- and interagency coordination and collaboration at headquarters, regional, and country levels to increase efficiency and comprehensiveness of assistance programs for highly vulnerable children, for example:
 - Foster opportunities for intra- and interagency coordination in the design and review of strategies and programs for highly vulnerable children.
 - Establish a systematic, strategic link between PL 109-95 and the Department of Health and Human Services' Administration for Children and Families (ACF) to increase the extent to which domestic experience and expertise inform international work on child welfare and protection.
 - Establish USG interagency coordination groups in Ethiopia and other priority countries.
 - Establish an expanded, deployable, interagency child protection team to provide technical support to field missions, particularly in planning and design processes and in emergencies.
 - Establish interagency country- and/or regional-level position(s) – co-funded by USG agencies – to provide technical, oversight, and management support across USG programs for highly vulnerable children.
3. Improve program effectiveness, for example:
 - Launch the PL109-95 Web site, including the *Online Guide to Resources and Good Practices Regarding Assistance to Highly Vulnerable Children*, a clearinghouse for programming principles and guidelines, tools, case studies, evaluations, and other resources that can be used by USG agencies and partners.
 - Orchestrate opportunities for the cross-agency exchange of updated technical information on priority topics.
 - Develop and test a knowledge-to-practice model (or “framework”) for optimizing the implementation of “best practices” in country.
4. Strengthen monitoring, evaluation, and research to improve transparency, accountability, and effectiveness of USG assistance for highly vulnerable children, for example:
 - Analyze population-based household surveys to identify the characteristics of households and communities that are most strongly correlated with bad outcomes for children.
 - Work to extend international data collection efforts beyond household surveys to include at least institutional populations and bring in children who live outside of family care. These efforts will focus on new data collection in Haiti in 2011 and on the Child Protection Monitoring and Evaluation Reference Group.
 - Promote the use of the PL 109-95 database of projects to help USG partners improve the design of new activities and the coordination of existing activities.

- Use the PL 109-95 database of indicators, with countries as the units of analysis, to estimate the overlap among categories of vulnerability.
- Promote the use of the PL 109-95 database of indicators to help USG partners prioritize target groups and specify goals quantitatively.

VII. OVERVIEW OF USG PROGRAMS FOR HIGHLY VULNERABLE CHILDREN

This section summarizes the assistance of the U.S. Government for highly vulnerable children during Fiscal Year 2009.

A. USG Programs Within the PL 109-95 Coordination Framework

Table 2: USG Assistance to Highly Vulnerable Children in FY 2009

USG Implementing Agency or Department	FY 2009 Planned PEPFAR Funding ³⁵	FY 2009 Non-PEPFAR Funding
Department of Agriculture		\$184,000,000
Foreign Agriculture Service (FAS)		\$184,000,000 ³⁶
Department of Defense	\$7,040,297	
HIV/AIDS Prevention Program (DHAPP)	\$7,040,297 ³⁷	
Department of Health and Human Services	\$107,675,384	\$183,593,360
U.S. Centers for Disease Control and Prevention (CDC)	\$88,325,008	\$5,500,000
Health Resources and Services Administration (HRSA)	\$18,848,045	
National Institutes of Health (NIH)	\$502,331	\$178,093,360 ³⁸
Department of Labor		\$59,000,000
Bureau of International Labor Affairs (ILAB)		\$59,000,000 ³⁹
Department of State	\$3,999,474	\$65,263,102
Bureau of African Affairs (AF)	\$3,392,239	
Bureau of Consular Affairs, Overseas Citizen Services, Office of Children's Issues (OCI)		\$6,399,145 ⁴⁰
Bureau of Democracy, Human Rights and Labor (DRL)		\$11,649,546 ⁴¹
Bureau of Population, Refugees, and Migration (PRM)	\$607,235	\$21,200,000 ⁴²
Office to Monitor and Combat Trafficking in Persons (G/TIP)		\$26,014,411 ⁴³
Peace Corps	\$3,241,000	
U.S. Agency for International Development	\$391,940,911⁴⁴	\$1,611,006,527
Bureau for Africa (AFR)		\$21,493,229 ⁴⁵
Bureau for Asia (ASIA)		\$13,720,797 ⁴⁶
Bureau for Europe and Eurasia (E&E)		\$3,647,722 ⁴⁷
Bureau for Latin America and the Caribbean (LAC)		\$14,003,620 ⁴⁸
Bureau for the Middle East (ME)		\$180,000,000 ⁴⁹
Bureau for Economic Growth and Trade (EGAT)		\$2,290,037 ⁵⁰
Displaced Children and Orphans Fund (DCOF)		\$13,000,000 ⁵¹
Office of Food for Peace (FFP)		\$1,098,138,700 ⁵²
Office of HIV/AIDS (OHA)	\$29,979,222 ⁵³	
Office of U.S. Foreign Disaster Assistance (OFDA)		\$264,712,422 ⁵⁴
Total	\$513,897,066	\$2,102,862,989
U.S. President's Emergency Plan for AIDS Relief (PEPFAR)		
Orphans and Vulnerable Children Programming	\$354,600,397 ⁵⁵	
Pediatric Care and Treatment Programming	\$159,296,669 ⁵⁶	
Combined Total		\$2,616,760,055⁵⁷



**U.S. DEPARTMENT OF AGRICULTURE,
FOREIGN AGRICULTURE SERVICE (USDA/FAS)
FY 2009 Funding: \$184,000,000⁵⁸**

The McGovern-Dole International Food for Education and Child Nutrition Program (McGovern-Dole Program) helps promote education, child development, and food security for some of the world's poorest children. It provides for donations of U.S. agricultural products, as well as financial and technical assistance for educational improvement and enhanced nutrition through school feeding and maternal and child health projects in developing countries.

The McGovern-Dole Program was authorized by the Farm Security and Rural Investment Act of 2002. Private voluntary organizations and the United Nations World Food Programme implement the projects, which usually include school feeding and financial support to improve educational attainment and nutritional well-being through school infrastructure improvements, finance teacher training and Parent Teacher Association organizations, provide textbooks and other classroom supplies, engage in health and nutrition services, and provide other activities that enhance the effectiveness of the program.

In 2009, the USDA completed its seventh year of programming by assisting nearly 4.2 million people. More than 22 million children in over 40 different countries have now received benefits from the McGovern-Dole Program and its predecessor, the Global Food for Education Initiative. In 2010, USDA expects to assist nearly 5 million people through the program. At this time, in total, there are 32 active agreements currently funded with 15 cooperating sponsors in 28 countries. More information on the McGovern-Dole program can be found at <http://www.fas.usda.gov/excredits/FoodAid/FFE/FFE.asp>.

The Local and Regional Procurement (LRP) Project was authorized as a pilot program under the Food, Conservation, and Energy Act of 2008 (Farm Bill). The Farm Bill directs the Secretary of Agriculture to implement a local and regional purchase pilot program in developing countries from FY 2009 through 2012. The pilot project funds a diversity of development and emergency response programs.

In 2009, the LRP Project provided approximately \$4.75 million in funding to five development programs in Mali, Malawi, and Tanzania. The pilot project will have an additional \$25 million in available funds each year for 2010 and for 2011 for field-based projects. More information on the LRP Project can be found at <http://www.fas.usda.gov/excredits/FoodAid/LRP/LRP.asp>.



**U.S. DEPARTMENT OF DEFENSE,
HIV/AIDS PREVENTION PROGRAM (DOD/DHAPP)
FY 2009 PEPFAR Funding: \$7,040,297⁵⁹**

- PEPFAR OVC Funding: \$3,117,608
- PEPFAR Pediatric Care: \$882,330
- PEPFAR Pediatric Treatment: \$3,040,359

The United States Department of Defense (DOD) is committed to providing effective and supportive assistance to children affected by HIV and AIDS under the auspices of the Department of Defense HIV/AIDS Prevention Program (DHAPP). DHAPP provides global HIV/AIDS support to foreign militaries and funds activities targeted to both military and civilian orphans and vulnerable children in the following countries: Ghana, Kenya, Nigeria, Senegal, South Africa, Tanzania, and Uganda. In FY 2009, DHAPP served 19,423 children.

Activities include provision of shelter, medical care, food, nutrition programs, psychosocial support and education. In addition, DHAPP has worked with defense forces to develop referral services for civilian and military children affected by HIV/AIDS to increase service delivery. Finally, assessments have been conducted regarding the unique characteristics of children who are dependents of military service members to ensure quality programming and access to services.



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES,
CENTERS FOR DISEASE CONTROL AND PREVENTION (HHS/CDC)
FY 2009 Funding: \$93,825,008**

- Non-PEPFAR Funding: \$5,500,000
- Total PEPFAR Funding: \$88,325,008
 - PEPFAR OVC Funding: \$25,697,660
 - PEPFAR Pediatric Care: \$19,949,737
 - PEPFAR Pediatric Treatment: \$42,677,611

CDC activities contributed to improving the lives of vulnerable children, youth, and their families for each of the four major causes of vulnerability: disease, conflict and violence, severe economic strife, and natural disasters.

Disease. Accomplishments included strengthening prevention of perinatal HIV transmission, linking HIV-infected orphans and street youth into clinical care and psychological support, provision of modern contraception for HIV-infected women wishing to avoid pregnancy, providing residual indoor spraying and insecticide-treated nets to strengthen malaria and dengue prevention, medical screening of refugee children and international adoptees prior to arrival in the United States, and dramatically reducing the numbers of children vulnerable to vaccine-preventable diseases.

Laboratory Capacity. Prior to the earthquake, CDC worked closely with the Haiti government and local partners to build lab capacity through technical assistance, training, and infrastructure development. After the earthquake, CDC accelerated this work to rapidly expand diagnostic capacity to include select enteric pathogens and rapid diagnostic capability critical to the timely care and treatment of families and their children. CDC also worked extensively to set up a specimen collection and tracking system from the camps and elsewhere to the Haiti national reference laboratory - Laboratoire National de Sante Publique.

Conflict and violence. CDC has continued to work in partnership with UNICEF and four other United Nations organizations (UNAIDS, UNFPA, UNIFEM, WHO) to address the rights violations and health impacts of sexual violence against girls. Research demonstrates that sexual violence against girls is a direct and an indirect driver of the HIV/AIDS epidemic. CDC, together with partners, aims to strengthen prevention of gender-based violence in Swaziland, as well as seven additional countries in Africa and Asia.

Severe economic strife. CDC activities devoted to preventing and controlling the impacts of severe economic strife on the health of children included a model vaccine program for low-income families in India, where approximately 10 million children are not fully immunized against DPT.

Natural disasters. CDC activities devoted to highly vulnerable children in natural disasters included improving child health and well-being in the aftermath of earthquakes and tsunamis.



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES,
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HHS/HRSA)
FY PEPFAR 2009 Funding: \$18,848,045**

- OVC Funding: \$3,605,368
- Pediatric Care: \$3,642,606
- Pediatric Treatment: \$11,600,071

Since 2004, HRSA has worked with the Harvard School of Public Health to provide care and support to highly vulnerable children. Currently, services include health education, immunizations, nutritional counseling and support, growth monitoring, CTX prophylaxis, provision of basic care kits, psychosocial support, and educational support that includes provision of school bags, uniforms, and books. The Harvard School of Public Health provided ART services to 2,651 children and trained 155 health care personnel to provide support to orphans and other vulnerable children, including pediatricians, medical officers, nurses, counselors and people living with HIV and AIDS.

In Tanzania, HRSA has been instrumental in building capacity to provide coordinated care for orphans and vulnerable children through the Twinning Partnership, which aims to train a new cadre of social workers. The project facilitates partnerships between U.S. and African schools of social work and builds social welfare capacity by training para-professional workers to provide case management services and ensure coordination and comprehensiveness of care for orphans and vulnerable children across multiple sectors: health, psychosocial, education, food, and economic support. The para-social work case management model includes engagement, assessment, appropriate referral and follow-up, and the development of a service plan of care for children and their families. Strengthening of the social welfare workforce is critical in countries with large numbers of orphans and vulnerable children and overburdened social welfare systems. Currently, 2,000 para-social workers have been trained.

AIDSRelief provides adult and pediatric care and treatment and works primarily through a network of faith-based institutions providing under-served populations with HIV care and treatment in Guyana, Haiti, Kenya, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia. The program strengthens in-country technical expertise and builds capacity of local institutions and faith-based organizations to support ART with locally appropriate models of care, applying evidence-based practices to improve care and treatment.



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES,
NATIONAL INSTITUTES OF HEALTH (HHS/NIH)
FY 2009 Funding: \$178,595,691**

- Non-PEPFAR Funding: \$178,093,360⁶⁰
- Total PEPFAR Funding: \$502,331
 - PEPFAR OVC Funding: \$200,000
 - PEPFAR Pediatric Care: \$280,000
 - PEPFAR Pediatric Treatment: \$22,331

The NIH supports programs for highly vulnerable children through research that generates data to drive evidence-based practice. Both individually and in collaboration with each other, various NIH institutes support research that evaluates and identifies the needs of vulnerable children and their families and that facilitates prevention and treatment of disease.

The Fogarty International Center (FIC) supports a variety of projects, collaborative research, and capacity building in low- and middle-income countries (LMIC) on diseases and disorders relevant to highly vulnerable children. Areas of interest include provision of psychosocial support for children affected by HIV, neuro-developmental disabilities, malnutrition, and enteric disease. Research on the interface between infectious and chronic diseases, disorders, and disability and the effects of these on vulnerable children emphasizes the design of interventions for prevention of further disability and for improvement of physical and cognitive outcomes. FIC also supports implementation research involving service providers in LMIC countries. The focus of such efforts is on developing and translating scientific evidence into practice and policy.

Priorities within the National Institute of Mental Health's Division of AIDS Research include the prevention of new HIV infections among vulnerable youth; interventions to address the mental health needs of children affected by HIV/AIDS; the evaluation, prevention, and remediation of the neurobehavioral effects of HIV infection among children and adolescents; as well as studies on how to assist youth with HIV to adhere to their medical regimens.

The Eunice Kennedy Shriver National Institute of Child Health and Human Development supports various research projects related to highly vulnerable children, including children affected by HIV/AIDS and disabilities. Projects utilize a multidisciplinary environment to promote basic, clinical, epidemiologic, behavioral, and translational research in the prevention, detection, and treatment of a range of conditions affecting vulnerable children in a variety of settings. Areas of interest include HIV prevention and treatment and studies that investigate the role of women in the family as a key factor in overcoming risky behavior among adolescents.

Along with other institutes and centers, the National Institute of Allergy and Infectious Diseases supports an extensive research portfolio geared toward the basic understanding, prevention, and treatment of HIV/AIDS among children in developing nations. A number of projects aim to decrease significantly the mortality and morbidity associated with AIDS in children, adolescents, and pregnant women by developing and evaluating safe, cost-effective approaches for the prevention of mother-to-child transmission, and through the evaluation of treatments for HIV-infected children and adolescents.

NIH's role regarding highly vulnerable children is to provide the scientific evidence to inform effective programs and services. By supporting research on highly vulnerable children, NIH helps ensure that the needs of these populations are met in a way that uses resources optimally to have the greatest impact.



**U.S. DEPARTMENT OF LABOR,
BUREAU ON INTERNATIONAL LABOR AFFAIRS (DOL/ILAB)
FY 2009 Funding: \$59,000,000⁶¹**

ILAB contributes to the elimination of the worst forms of child labor internationally through its congressionally mandated research on child labor, its efforts to increase public awareness of the issue, its support of projects to eliminate exploitative child labor, and its support of countries' efforts to fulfill their obligations under International Labor Organization (ILO) Convention 182. DOL-funded international child labor projects provide education and other services to child laborers, at-risk children and their families; promote sustainable livelihoods so parents do not need to rely in their children's contribution toward household income; assist in strengthening national and local capacity to eliminate exploitative child labor; and undertake research initiatives to better understand the issue and inform ongoing and future efforts to address it. As of August 2010, ILAB was funding 52 active projects implemented by more than 45 organizations in 43 countries, worth over \$200 million of active programming to combat exploitative child labor.

In FY 2009, DOL awarded \$59 million in grants to combat exploitative child labor in 19 countries. These grants will help rescue more than 85,000 children from exploitative labor, improve collection and analysis of child labor data, and support the development and implementation of national action plans to address the problem.

In Africa, DOL awarded \$20.4 million in grants to combat exploitative child labor in Cote d'Ivoire, Ghana, Kenya, Liberia, Malawi, Rwanda, Sierra Leone, and Zambia. Groups such as the International Labor Organization's International Program on the Elimination of Child Labor (ILO-IPEC), the International Rescue Committee, Winrock International, and the Forum of African Women Educationalists will implement projects to address exploitative child labor in sectors such as cocoa, coffee, tea, and sugar.

DOL awarded \$15.8 million for projects in Latin America in FY 2009. ILO-IPEC, Catholic Relief Services, Desarrollo y Autogestión and World Learning will implement projects in Bolivia, Brazil, Ecuador, Guatemala, Mexico, and Paraguay. A regional South America project will eliminate forced labor and child labor through improved labor inspections, education, and sharing of best practices, including many developed in Brazil. The regional project includes sectors such as agriculture, domestic labor, cattle-raising, fishing, informal urban labor, and ceramics.

In Asia, \$15.3 million was awarded for projects in India, Indonesia, Nepal, Pakistan, and the Philippines. Implementing organizations include ILO-IPEC, Save the Children, Terre Des Hommes, World Education, and World Vision. These projects will combat exploitative child labor, including in the production of bricks and embroidered textiles, mining, domestic service, plantation agriculture, portering, and commercial sexual exploitation.

A final \$7.4 million in grants will support policy and research projects. In addition, the department awarded a \$500,000 contract to the Center for Reflection, Education, and Action (CREA) to assist the department in identifying and disseminating best practices to eliminate child labor and forced labor in supply chains. CREA will work with a variety of stakeholders to develop a framework for evaluating business practices.



**U.S. DEPARTMENT OF STATE, CONSULAR AFFAIRS,
OFFICE OF CHILDREN'S ISSUES (DOS/CA/OCI)
FY 2009 Funding: \$6,399,145⁶²**

The Department of State is the U.S. Central Authority for the Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption (the Convention), as designated by the Intercountry Adoption Act (IAA), the U.S. implementing legislation for the Convention. The Convention establishes safeguards to ensure that intercountry adoptions take place in the best interests of the child, along with a system of cooperation among States party to the Convention to ensure that those safeguards are respected and thereby prevent the abduction, sale, or trafficking of children. The Department, in partnership with the Department of Homeland Security's U.S. Citizen and Immigration Services, interacts daily with the central authorities, competent authorities, and accredited bodies in foreign countries in the processing of intercountry adoptions, and performs its function as a central authority, including promoting the goals of the Convention. Through these interactions, the U.S. Government influences policies that have an impact on the lives of potential adoptees, as well as the families that seek to provide them with loving homes in the United States or within the expatriate community overseas. In FY 2009, American families adopted approximately 12,700 children overseas.

BUREAU OF DEMOCRACY, HUMAN RIGHTS, AND LABOR (DOS/DRL)

FY 2009 Funding: \$11,649,546⁶³

In FY 2009, DRL, through its Democracy Fund/Human Rights and Democracy Fund, supported 15 programs totaling approximately \$12 million dollars that benefited vulnerable children globally. In Africa, DRL-funded programs provide health, psychosocial, and legal services to former child soldiers in Burundi; encourage youth to participate in political processes through capacity building for youth organizations, community dialogue, and radio programming as well as provide community education to prevent child soldier recruitment in camps for internally displaced youth in Chad; provide paralegal services and rights-awareness education to girls to attain the legal documents necessary to access education and employment opportunities in Sudan; and provide community education to increase educational opportunities for girls and decrease the use of harmful traditional practices such as female genital mutilation in Ethiopia. DRL-funded initiatives in Iraq provide rehabilitative services to victims of torture and other human rights violations; provide education and outreach services to at-risk youth; and provide mental health and legal services to minors in the Iraqi criminal justice system. Another DRL-funded initiative in Sri Lanka provides residential vocational training, literacy courses, and psychosocial counseling to former child soldiers. In Brazil, a DRL program seeks to eradicate forced labor throughout the supply chains of companies in a range of economic sectors. Finally, in the East Asia Pacific region, DRL programs encourage youth participation in reform and local governance issues in Cambodia; provide civic education to students in Thailand, Malaysia, and Indonesia; and promote religious freedom, pluralism, and understanding through youth-centered media and educational activities in Indonesia.

BUREAU OF POPULATION, REFUGEES AND MIGRATION (DOS/PRM)

FY 2009 Funding: \$21,807,235⁶⁴

- Non-PEPFAR Funding: \$21,200,000
- Total PEPFAR Funding: \$607,235
 - PEPFAR OVC Funding: \$552,658
 - PEPFAR Pediatric Care: \$24,382
 - PEPFAR Pediatric Treatment: \$30,195

The mission of the U.S. Department of State's Bureau of Population, Refugees, and Migration is to provide protection, ease suffering, and resolve the plight of persecuted and uprooted people around the world on behalf of the American people by providing life-sustaining assistance, working through multilateral systems to build global partnerships, promoting best practices in humanitarian response and ensuring that humanitarian principles are thoroughly integrated into U.S. foreign and national security policy. In FY 2009, PRM provided more than \$1.7 billion to support humanitarian assistance programs that assist PRM's populations of concern, including an estimated 42 million refugees, internally displaced persons, conflict victims, stateless persons and vulnerable migrants – many of whom were women and children. PRM furthers its mission through diplomacy, advocacy, and programming. PRM has developed policies and programs that address gender-based violence, including sexual exploitation and anti-trafficking initiatives, as well as activities that focus on education and protection of conflict-affected children. PRM also has primary responsibility for international population policy, including advocating for international child and maternal health initiatives.

A large portion of PRM funding is provided to the United Nations High Commissioner for Refugees (UNHCR) and the International Committee of the Red Cross and Red Crescent (ICRC) and the United Nations Relief and Works Agency for Palestine Refugees (UNWRA) in support of their protection mandates. This multilateral support helps the USG coordinate its efforts with other donors around the world and advocate on behalf of refugee children, internally displaced children, stateless children, and children affected by conflict. For example, the 2009 Framework for Cooperation between UNHCR and PRM places particular emphasis on maintaining UNHCR's focus on

accountability for the protection of refugees, especially of refugee women and refugee children. PRM also worked with UNHCR to continue to roll out its best-interest determination guidelines for unaccompanied minors and supports UNHCR's five commitments to refugee children: education, prevention of and response to sexual exploitation and abuse, reunification after separation from families and caregivers, protection from military recruitment, and special needs of adolescents. Part of PRM's funding supports the U.S. Refugee Admissions Program. This program resettled more than 74,000 refugees in FY 2009, including many families and 213 unaccompanied refugee minors. The \$21.2 million identified above represents specialized programming for women and children, and does not include the majority of the multilateral contributions provided to UNHCR, ICRC, and UNWRA.

PRM partners with NGOs and other international organizations to provide specialized programming for women, children, and adolescents. In 2009, this programming included education (including emergency education for recently displaced populations), psychosocial care, livelihoods training, youth services, health programming, prevention and response to gender-based violence, and other activities. PRM continues to work with NGO partners to implement an action plan on prevention of sexual exploitation and abuse of beneficiary populations in order to increase partners' accountability and commitment to this important issue.

OFFICE TO MONITOR AND COMBAT TRAFFICKING IN PERSONS (DOS/G/TIP)

FY 2009 Funding: \$26,014,411⁶⁵

The U.S. Department of State's Office to Monitor and Combat Trafficking in Persons (G/TIP), created by the Trafficking Victims Protection Act (TVPA) of 2000, coordinates, both internationally and across the U.S. Government, the United States' fight against contemporary forms of slavery. The Department of State leads the U.S. global engagement on the phenomenon of human trafficking, partnering with foreign governments and international and civil society to develop and implement effective strategies for confronting modern slavery. G/TIP has responsibility for bilateral and multilateral diplomacy, targeted foreign assistance, and public engagement on trafficking in persons.

G/TIP publishes an annual *Trafficking in Persons Report (the TIP Report)*, which assesses countries' efforts to address human trafficking. The TIP Report serves as the U.S. Government's principal diplomatic tool to engage foreign governments on the issue. Additionally, G/TIP administers approximately \$22 million in grants annually, which fund public international organizations and NGOs to implement targeted anti-trafficking programs that serve as a catalyst for change in over 60 countries around the world. G/TIP aligns funding decisions with the tier rankings of the annual TIP Report, focusing its foreign assistance on Tier 3, the Tier 2 Watch List, and some Tier 2 countries where there is political will to address the problem but limited resources and expertise.

G/TIP currently has 178 programs implementing activities across the globe. This accounts for about \$54 million dollars of anti-trafficking programming to address prevention, protection, and prosecution efforts. In FY 2009, G/TIP obligated \$26,014,411 for 93 anti-trafficking programs globally. Beneficiaries of G/TIP programs include, but are not limited to, highly vulnerable children. Activities to combat child trafficking include:

- Implementation of key prevention and protection measures (community protection committees, media campaigns, peer awareness initiatives) for children at risk of being trafficked.
- Rescue and rehabilitation of child and teenage victims of trafficking from bars, brothels, and factories, including the provision of shelter, medical, and psychological assistance as well as education and technical training.
- Vocational training for older youth in an effort to develop viable income-generating opportunities that are not exploitative.
- Training and technical assistance for shelter care staff to improve quality of care for trafficked children residing in TIP shelters.

Most recently, following the earthquake in Haiti, G/TIP has been engaging with the Haitian government, UNICEF, local and international NGOs, and various offices within the USG to increase understanding of the protection needs of large numbers of Haitian children enslaved in domestic servitude (known as restaveks), advocate for the development of child welfare policies that reduce vulnerability and protect trafficking victims, and promote Haitian legislative reform to criminalize this practice.



PEACE CORPS

FY 2009 Funding: \$3,241,000

- Total PEPFAR Funding: \$ 3,241,000
- OVC Funding: \$3,241,000

In FY 2009, Peace Corps Volunteers reached more than 27,500 highly vulnerable children, including HIV/AIDS-affected orphans, and assisted nearly 2,000 service providers with \$3,241,000 through PEPFAR. Some volunteers were placed in PEPFAR-funded NGOs that support orphans and vulnerable children in countries receiving PEPFAR funding. Successful activities have included camps, after-school activities, vocational training, perma gardening for nutritional enhancement, scholarship programs, income generation, and interventions aimed at empowering girls.



USAID
FROM THE AMERICAN PEOPLE

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT,

AFRICA BUREAU (USAID/AFR)

FY 2009 Funding: \$21,493,229⁶⁶

High rates of orphaning and increased levels of vulnerability for children impacted by AIDS or residing in high HIV prevalence countries have had a significant impact on USAID Africa Bureau's work for children. Many of the Bureau's field-based programs have been merged into the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and are reported accordingly under PEPFAR. Simultaneously, however, USAID continues to respond to congressional guidance summarized in the FY 2008 Congressional Appropriations Act and numerous Senate and Conference Reports as a component of the health element goal: "To contribute to improvement in the health of people, especially women, children and other vulnerable population in countries of the developing world, through expansion of basic health services, including family planning; strengthening of national health systems and addressing global issues and special concerns such as HIV/AIDS and other infectious diseases."

In FY 2009, the Africa Bureau's activities to meet these goals included programs to improve household food security and reduce malnutrition. For example, activities in Chad and Madagascar incorporate assistance to improve and strengthen economic capacity at the family level, improve infant and child care and access to health services, and improve access to clean water. In Ethiopia, the Africa Bureau working with PL480 Title II development programs provides direct resources to children who are orphaned and abandoned, who are in households with the chronically ill, or those who are unable to work; this social assistance approach is linked to an education and livelihoods opportunities program for children. In Liberia, an associate award provides family planning and reproductive health services for youth and women's groups; the program has a strong focus on awareness and advocacy activities intended to modify high-risk behaviors, promote social cohesion, and reduce stigma and includes the placement of street children and non-orphans in non-institutional care settings with access to education, shelter, and protection services.

The Bureau also supports several programs intended to improve human health and biodiversity conservation, such as the Healthy Families, Healthy Forests program. These multi-country, multi-sectoral initiatives are coordinated with environmental conservation NGOs and provide essential services and food support for vulnerable families (and children)

living in and around biodiversity hotspots. Several regional activities managed by the Washington bureau or the regional programs located in the field address a range of policies and services concerning highly vulnerable children including increased access to HIV/AIDS, health, and other related services for mobile populations and vulnerable communities; collaboration with African regional institutions to test and scale up new approaches and state-of-the-art practices; setting standards for coordinating care and improving community performance as well as child and family well-being; and strengthening the capacities of local authorities to respond to the needs of vulnerable children.

ASIA BUREAU (USAID/ASIA)

FY 2009 Funding: \$13,720,797⁶⁷

The USAID Missions in Asia work to improve the quality of life for children, youth, and refugees left vulnerable, disabled or orphaned. USAID/Asia programs contribute to the creation of an inclusive society and support quality social services for children. All of the Asia programs supporting highly vulnerable children are Mission funded. This summary includes a description of projects in Bangladesh, Timor-Leste, and Uzbekistan:

Actions for Combating Trafficking-in-Persons (ACT), 10/2008–09/2012/Bangladesh: Through the coordinated efforts of government and nongovernment actors, civic leaders, and citizens at all levels, the ACT program contributes to the abolition of human trafficking, including trafficking of children, in Bangladesh. Activities focus on working with local nongovernment groups on public awareness initiatives in rural and semi-urban areas. ACT also broadens the role of teachers, students, and community and local leaders as activists for disseminating messages focused on equality and human rights, safe migration, and employment practices. ACT outreach and public education efforts expand the focus of anti-trafficking to include sexual exploitation of women and children.

Victim Support Services Under the Access to Justice Program, 9/2002–9/2012/Timor-Leste: USAID funded Victim Support Services (VSS) under the Access to Justice Program provides legal assistance to women and children who are victims of gender-based violence. VSS liaises with other agencies to ensure that victims are provided with support they may need, including shelter, access to a safe house, counseling, and medical support.

Inclusive Education, 10/2009–9/2012/Uzbekistan: The project works to improve the quality of life and social integration of children with disabilities and thus contributes to the creation of an inclusive society that respects and satisfies the needs and rights of children with disabilities. Primary beneficiaries of the project will be children with different types of disabilities living in families with low income from selected pilot urban and rural areas in Uzbekistan. The project will help parents of children with disabilities, educational institutions, and NGOs promote inclusiveness and provide quality social services for these children.

EUROPE AND EURASIA BUREAU (USAID/E&E)

FY 2009 Funding: \$3,647,722⁶⁸

All of the E&E programs are Mission funded or funded by DCOF. This summary includes a description of two projects, one in Russia and one in Bosnia.

Russia: USAID/Russia's child welfare projects have provided technical assistance to regional governments in nine regions and over 200 sub-grants to local NGOs, schools, hospitals, and social centers to establish a spectrum of services to prevent child abandonment, support birth families' reunification, support alternative care, and mainstream orphans, disabled children, and HIV-affected children. USAID-supported models have been integrated into regional legislation and initiatives to provide the basis for federal laws. These models include a comprehensive regional system

of social care based on a case management approach implemented in Tomsk Oblast, which was studied and highlighted by the Russian State Duma. With USAID support, a package of interventions for HIV-positive women with young children and HIV prevention for orphanage alumni and street youth was approved and adopted by the government of St. Petersburg for dissemination. Innovative child welfare models developed with USAID's support are being rolled out beyond pilot regions through buy-in from 14 Russian regions.

Bosnia: Most E&E anti-TIP activities focus on adults, not children. However, the TIP program in Bosnia (the Sustainable Interventions to Combat Trafficking in Persons in BiH [SUSTAIN]) program has a significant component that focuses on youth. Specifically, the program is ensuring that anti-trafficking education becomes an integral part of secondary education, that social workers increase their capacity to provide assistance to victims of trafficking, and that the State Coordinator's Office for Anti-Trafficking implements and monitors the National Action Plan.

FY 2009 funds resulted in the development of anti-trafficking training modules for teachers of all secondary schools in the country, trafficking-prevention materials for children out of school, and a handbook for social workers assisting domestic victims of trafficking.

LATIN AMERICA AND THE CARIBBEAN BUREAU (USAID/LAC)

FY 2009 Funding: \$14,003,620⁶⁹

In Colombia, USAID's Bureau for Latin America and the Caribbean supports five programs that are assisting highly vulnerable children. Combined, the programs are reaching 71,940 children in FY 2009, with an additional 10,000 reached through prevention activities. Outreach programs in Colombia raise awareness and strengthen local organizations and networks that prevent trafficking of children and youth, prevent recruitment of young people into illegal armed groups, and focus attention on displaced youth. One program, for example, works with schools and local communities to identify youth at risk of joining illegal armed groups and provides services such as health clinics, tutoring, and psychological counseling. It includes a variety of activities to assist youth who are internally displaced, such as sessions on human rights and educational activities that help reconstruct their memories of displacement. Another program in Colombia focuses on health care and prevention for displaced persons in 169 municipalities in the Department of Antioquia, which includes health workshops, medication provision, and consultations. USAID/Colombia provides assistance to help children who were members of armed groups reintegrate into society and to provide protection from the factors that made them vulnerable to recruitment. Various programs across Colombia assist displaced children (or children vulnerable to displacement) through bolstering food security, health, education, family cohesiveness, education, and child development.

In Haiti, USAID/Dominican Republic is providing a temporary School for Local Haitian Children. Prior to the January 12 earthquake in Haiti, Love a Child was an orphanage in the community of Fond Parisien. As a result of the earthquake, Love a Child's school was converted into a field hospital, known as the Disaster Recovery Center (DRC). Though the DRC is widely recognized as an outstanding facility, providing critical support to thousands displaced in the community, the result is that the 550 children once served by the school have had no opportunity to continue their education. Therefore, Love a Child requested and received a grant to support the creation of a temporary school for the displaced children. It is the intention of Love a Child to continue the use of the temporary school for the entire duration of the occupation of the field hospital within the permanent school's premises. This temporary school will provide basic education for 550 school children. Without this opportunity, the future options available to these children would be "significantly curtailed."

In El Salvador, youth comprise more than 35 percent of the population and are a segment of society that is particularly vulnerable to risks, including gang recruitment, delinquency, violent crime, and the consequences of reproductive

health decisions such as adolescent pregnancy. Young males are the most frequent victims of crimes and are often perpetrators of violent acts. When jobs are not a ready option, joining a gang is seen as an escape from an otherwise hopeless situation. U.S. assistance through the \$7.7 million Community-Based Crime and Violence Prevention Project will continue to engage this age group – especially youth most at risk of joining gangs or coming into conflict with the law, in violence prevention activities that will contribute to building peaceful relations at the community level. The project contributes to the diminishing of crime and violence by using effective, locally based models and enabling civil society to act as reform advocates by offering viable solutions to the problem. Crime prevention activities have expanded to 10 additional high-risk communities (for a total of 15 in seven municipalities) with the participation of local authorities, community and youth leaders, NGOs, and the private sector.

USAID/Jamaica's Community Empowerment and Transformation (COMET) program is working to transform poor, underserved communities beset with violent crime. The program brings together the expertise of a variety of partners, including representatives from the Government of Jamaica, the Jamaica Constabulary Force, church groups, and community-based and nongovernmental organizations. Additionally, the Safe Schools Program helps to foster a safer school environment for all – including vulnerable children – by providing assistance and capacity building to the safe schools' stakeholders. In FY 2009, 11 school guidance counselors, 10 school resource officers, and three deans for disciplines were trained and/or involved in safe schools training. Gang awareness workshops were conducted that affected approximately 9,100 students. Students Expressing Truth (SET) targeted 25 students with maladaptive behavior to provide them with life-skills. The GoGSAT program assisted 3,900 at-risk students from several schools to prepare for the National Grade Six Achievement Test, which is necessary to matriculate into secondary schools. GoGSAT also worked with the Jamaican Constabulary Force and the Ministry of Education to design an online Safety and Security curriculum, which is student-accessible.

The LAC Bureau's Office for Regional and Sustainable Development (RSD), in partnership with the Organization of American States (OAS), will work to provide at-risk youth with alternatives to gangs and crime as well as support donor coordination and community security initiatives in a Central America regional program entitled Stemming the Tide of Youth Violence, Crime, and Drug Abuse in Central America.

MIDDLE EAST BUREAU (USAID/ME)

FY 2009 Funding: \$180,000,000⁷⁰

The USAID Missions in the Middle East support programs for children, youth, and refugees left vulnerable, disabled, or orphaned by earthquakes, natural disasters, conflict, exploitive labor, HIV/AIDS, poverty, abandonment, and other causes. The following are examples of ME Mission-supported programs that assist vulnerable children:

Youth:Work Jordan (YWJ)/Jordan: The project is designed to improve social services and protection for vulnerable populations, with an overarching focus on youth employability and civic engagement. YWJ is initiating program activities in six communities in Jordan based on poverty, social factors, population density, and demographics. The project is currently working in 12 of the most disadvantaged and overcrowded urban neighborhoods in Jordan.

Drive to Read/Jordan: The project targets children aged 6–12 years in eight disadvantaged neighborhoods in Jordan to provide them with free access to educational and cultural activities and promote the culture of reading. The project operates through driving a bookmobile to a neighborhood park and facilitating different types of activities to Jordanian and Iraqi children.

Community Action Program (CAP)/Iraq: CAP helps to mitigate violence, providing citizens with an opportunity to participate in decision-making and local development initiatives that affect their everyday lives. The project benefits highly vulnerable children in Iraq. The implementers are International Relief and Development (IRD), ACIDI/VOCA, Mercy Corps, and CHF International. CAP is a \$200 million program that started in October 2008 and will end in November 2010.

BUREAU FOR ECONOMIC GROWTH, AGRICULTURE AND TRADE (USAID/ EGAT)

FY 2009 Funding: \$2,290,037¹

As one of USAID's three technical ("pillar") bureaus, the Bureau for Economic Growth, Agriculture and Trade has a portfolio that spans economic growth, microenterprise development, development credit, education and training, natural resources management, environment and science policy, agriculture, energy, women in development, and urban programs. A number of the Bureau's activities have an impact on vulnerable children and youth. The following are examples of EGAT-supported programs that assist vulnerable children:

The Power to Lead Alliance promotes leadership in girls aged 10–14 in vulnerable communities in Egypt, Honduras, India, Malawi, Tanzania, and Yemen. The goal of the Power to Lead Alliance is to promote girl leaders in vulnerable communities by (1) cultivating opportunities for girls to practice their leadership skills; (2) creating public-private partnerships to promote girls' leadership; and (3) enhancing global knowledge to implement and promote girls' leadership programs. Illustrative activities include supporting participation and leadership in sports, public speaking, computer lessons, planning and management, and financial and legal literacy.

The Healthy Unions Program is a three-year program in Ethiopia focused on ending child marriage. The program is specifically designed to educate and encourage change within communities regarding the harmful traditional practices of bride abduction, bride price, and early marriage. The Healthy Unions program is carried out in the Oromiya Region of the country, where 80 percent of the marriages result from bride abduction.

The CARE Nepal project titled Chunauti, which means "challenge" in Nepali, aims to change the harmful traditional practice of child marriage in three districts in Nepal. The project advocates for the establishment and enforcement of laws and policies that address child marriage and other forms of gender-based violence. Chunauti targets families from poor, vulnerable, and socially excluded communities. It aims to transform community norms that underpin child marriage through peer educators, leaders, community-based organizations, schools, and a behavior change communication campaign.

BUREAU OF DEMOCRACY, CONFLICT AND HUMANITARIAN ASSISTANCE, DISPLACED CHILDREN AND ORPHAN'S FUND (USAID DCHA/DCOF)

FY 2009 Funding: \$13,000,000²

USAID's Displaced Children and Orphans Fund provides financial and technical assistance for the care and protection of vulnerable children who are displaced or separated from their families or are at risk of losing family care and protection. This includes children in institutions, children living on the street, children displaced from their families and communities as a result of armed conflict, and other highly vulnerable children. DCOF places strong emphasis on strengthening family and community capacity for identifying and responding to the special physical, social, educational, and emotional needs of these children. In the past 21 years, DCOF has provided more than \$237 million to support projects for vulnerable children in more than 45 developing countries.

Recently, DCOF has developed programs whose aim is to strengthen the economic capacities of vulnerable families to provide for their children's needs. DCOF is also participating in a pioneering effort to develop and strengthen national child protection systems and is helping build networks of key actors to improve policies and the state-of-the-art in programming to benefit vulnerable children and families. DCOF has played a catalytic role in starting several technical networks. In FY 2009, DCOF assisted approximately 214,000 vulnerable children and trained more than 45,000 caregivers.

BUREAU OF DEMOCRACY, CONFLICT AND HUMANITARIAN ASSISTANCE,

FOOD FOR PEACE (USAID/ FFP)

FY 2009 Funding: \$1,098,138,700⁷³

The Food for Peace Act, approved in FY 2008 and effective as of FY 2009 continues to focus on reducing food insecurity in vulnerable populations and improving resiliency to shocks with a continuing focus on the "poorest of the poor" households, who are generally the hardest hit in emergencies. Overall, Food for Peace funding was approximately \$2.6 billion dollars with approximately 61 million beneficiaries, approximately 88 percent of whom were families affected by emergencies. At least 40 percent of the total, approximately 25 million beneficiaries, are estimated to be children under 18.

Title II emergency programs aim to address two forms of emergencies: natural disasters, such as floods or droughts, and complex emergencies characterized by a combination of natural disaster, conflict, and insecurity. All of these elements pose substantial programmatic and operational challenges in responding effectively to the needs of food-insecure populations.

In 2009, in countries such as Pakistan, Food for Peace, through its support of the World Food Program, helped to support the more than 2.2 million people who were internally displaced by the conflict that erupted in the North-West Frontier Province in early 2009. When security conditions improved and internally displaced persons (IDPs) began to return to their places of origin, FFP continued to provide assistance to IDPs and returnees' families, providing an important safety net until the families could provide for their households again.

Ethiopia: In FY 2009, FFP continued to support the Government of Ethiopia's Productive Safety Net Program (PSNP) by providing an estimated \$120 million of food assistance through its NGO partners to chronically food insecure beneficiaries. The food and cash transfers prevent the depletion of household assets, such as the sale of livestock.

The Food for Peace Title II development (non-emergency) food aid program constitutes one of the largest sources of USAID funding in promoting long-term food security, assisting families and communities to improve their food production and dietary diversity, hygiene, sanitation, education, and especially children's nutritional status. In addition, these programs assist communities to prepare better for the shocks that they continually encounter such as drought, floods, and hurricanes or to continue their rehabilitation from conflict.

In FY 2009, 19 awardees implemented 78 Title II non-emergency programs in 31 countries carrying out programs that benefited more than seven million people.

Beginning in FY 2009, Food for Peace has been emphasizing the prevention of malnutrition in vulnerable children under two years of age with a new approach: Prevention of Malnutrition in Children Under Two Approach (PM2A). This is a food-assisted program aimed at reducing the prevalence of child malnutrition by targeting a package of health and nutrition interventions to all pregnant women, mothers of children 0–23 months, and children under two years in food-insecure program areas, regardless of nutritional status. Some FFP resources are dedicated to carrying out

operations research on this approach, in order to better understand the elements that lead to sustainable reductions in malnutrition in this vulnerable population. Some program highlights from non-emergency programs follow:

Guatemala: In the northern department of Alta Verapaz in Guatemala, more than 60 percent of children under five are chronically malnourished, while infant and maternal mortality rates are among the worst in the country. To improve food security in Alta Verapaz, FFP provided Mercy Corps International (MCI) with \$7.6 million of resources to implement a program using PM2A. By the end of the PM2A program in Guatemala in FY 2013, health providers will have increased their capacity to plan for community health needs, and over 200,000 program beneficiaries are expected to have improved their nutritional status and access to sustainable, quality health care.

Liberia: While Liberia continues on its path to recovery and development after decades of poor governance and civil war, high rates of chronic malnutrition persist. As part of the U.S. President's Food Security Response Initiative (PFSRI), FFP provides \$6.3 million in resources for non-emergency assistance in Liberia. Using these resources, CRS and over a dozen international and domestic NGOs are working with 35,380 beneficiaries in 24 districts to improve agricultural production, infrastructure, and emergency preparedness. The program also aims to improve the management of childhood illnesses, rehabilitate malnourished children, and provide life skills education for children and adolescents who have experienced the impact of HIV.

Other countries where Food for Peace supports programs aimed at reducing food insecurity for highly vulnerable families include Uganda, where, after decades of civil insecurity and successive seasons of poor rains and harvests, families in northern and northeastern Uganda remain highly food insecure. In addition, the programs in Uganda focus extensively on People Living with HIV/AIDS (PLWHA) and their families. In addition to providing the families with food aid, FFP programs support income-generating grants, agricultural support, and other support services so these families can move toward greater food security.

**BUREAU OF GLOBAL HEALTH, OFFICE OF HIV/AIDS (USAID/GH/OHA)
AND PEPFAR FUNDING FOR USAID FIELD MISSIONS**

FY 2009 PEPFAR Funding to USAID Field Missions: \$391,940,911⁷⁴

PEPFAR OVC Funding: \$315,833,603
PEPFAR Pediatric Care: \$23,717,121
PEPFAR Pediatric Treatment: \$52,390,187

In FY 2009, USAID received \$391,940,911 in PEPFAR funds to support orphans and vulnerable children, pediatric care, and pediatric treatment programming in the field. These funds are programmed by field missions and are reflected in Country Operation Plans (COPs).

Since the inception of its HIV/AIDS program in 1986, USAID has been at the forefront of the global AIDS crisis and has become a technical leader within the fields of pediatric HIV care and treatment and support for children orphaned and made vulnerable by HIV/AIDS. Most OVC and pediatric HIV projects are managed by USAID field missions in Africa, Asia, Latin America, Eurasia, and other areas of the world. Technical advisors and program managers from USAID's Office of HIV/AIDS, in coordination with colleagues from USAID's Africa Bureau and other departments and agencies responsible for orphans and vulnerable children and pediatric HIV programming, provide technical support to field missions, host government agencies, and other bilateral and multilateral organizations. OHA technical staff are represented on the interagency PEPFAR Technical Working Groups for OVC, Pediatric HIV, and Care and Support. OHA also directly manages several regional OVC and pediatric HIV projects as well as projects implemented under the New Partners Initiative. In addition, OHA has designed and manages a number of

global initiatives intended to expand the orphans and vulnerable children and pediatric HIV research base and develop technical tools and resources to support the work of USAID field missions and partners.

USAID OVC and pediatric HIV programs work directly with host-country governments, NGOs, FBOs, community-based organizations, and the private sector to support partners to implement programming in line with guidance and standards established by PEPFAR's Technical Working Groups and other international technical experts. USAID works with partners through traditional USAID funding mechanisms that support NGOs, such as grants and cooperative agreements; through contracts; and through international organizations, including UNICEF, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and UNAIDS. USAID also enters into unique and robust public-private partnerships and distinct collaborative agreements with businesses and multinational corporations.

**BUREAU OF DEMOCRACY, CONFLICT AND HUMANITARIAN ASSISTANCE,
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (USAID/DCHA/OFDA)
FY 2009 Funding: \$264,712,422⁷⁵**

In FY 2009, DCHA's Office of U.S. Foreign Disaster Assistance, as the U.S. Government's lead international disaster response program, responded to 57 disasters in 46 countries. One of the most important objectives of humanitarian assistance is to prevent or reduce the negative impacts of all types of disasters on children around the world. Through its implementation and collaborative relationships with partners that include international and local NGOs and PVOs, other USG departments and agencies, the United Nations, and applied research institutions, OFDA helps millions of children each year maintain or regain their health and well being, both directly and indirectly. OFDA provides direct assistance to children through health, vaccination, shelter, protection, water and sanitation, and nutrition programs. Indirect assistance is provided through programs that assist mothers, fathers and other family members, communities, governmental structures, and the local economy. OFDA ensures that its humanitarian assistance reaches especially vulnerable children through programs that protect them from risks of exploitation, abuse, and other violations. In FY 2009, the majority of the total budget in the program area, Protection, Assistance, and Solutions, went to critical response activities that included targeted, direct assistance to children through health, vaccination, shelter, protection, water and sanitation, and nutrition programming. Children in disaster- and conflict-affected areas are an especially vulnerable population due to the disruption of community and family support systems. In FY 2009, OFDA supported programs to protect especially vulnerable children from risks of exploitation, abuse, and other violations in DRC, Georgia, Iraq, Liberia, Pakistan, Somalia, and Sudan.



**THE U.S. PRESIDENT'S EMERGENCY PLAN
FOR AIDS RELIEF (PEPFAR)**

In 2003, PEPFAR was launched to combat global HIV/AIDS – the largest commitment by any nation to combat a single disease in history. The initial legislative authorization for PEPFAR is PL 108-25, the United States Leadership Against Global HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

On July 30, 2008, H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 was signed into law, authorizing up to \$48 billion over the next five years to combat global HIV/AIDS, tuberculosis, and malaria. The reauthorization includes a 10

percent earmark for orphans and vulnerable children. A definition of orphans and vulnerable children has been included in the legislation for the purposes of programming PEPFAR funds.

Through FY 2013, PEPFAR plans to work in partnership with partner countries to support treatment for more than 4 million people; prevent 12 million new infections; and care for 12 million people, including 5 million orphans and vulnerable children. PEPFAR is an interagency effort involving multiple implementing departments and agencies. The primary PEPFAR implementing departments and agencies include USAID, Department of Defense (DOD), Department of State (DOS), Department of Labor (DOL), Department of Health and Human Services (HHS), and Peace Corps. In order to coordinate the work of these primary departments and agencies, PEPFAR has established several decision-making structures, including a series of technical working groups. The U.S. Global AIDS Coordinator is appointed by the President and confirmed by the Senate to coordinate and oversee the U.S. global response to HIV/AIDS.

PEPFAR orphans and vulnerable children programming

FY 2009 Funding: \$354,600,397⁶

Because HIV/AIDS predominantly affects people of childbearing age, its impact on children can be devastating. For this reason, caring for orphans and vulnerable children is integral to PEPFAR's efforts to mitigate the broad socioeconomic impact of HIV/AIDS. In FY 2009, PEPFAR provided \$354.6 million in funding for orphans and vulnerable children (OVC) activities in the countries and regions completing PEPFAR operational plans. This represented 10.3 percent of total PEPFAR funding for HIV prevention, care, and treatment.

PEPFAR projects related to vulnerable children are implemented by the U.S. Departments of Defense, Health and Human Services, and State, Peace Corps, and USAID. Most projects targeting orphans and vulnerable children are managed by field Missions. The OVC Technical Working Group, based in Washington, DC, formulates technical guidance and supports implementation in the field. Country-specific OVC technical working groups similarly bring together representatives from several USG departments and agencies to establish USG programming priorities in partnership with relevant host-country government representatives, as well as other donors and implementing partners. These OVC technical working groups serve as in-country teams of technical specialists for orphans and vulnerable children, policy, programming, and management. They help to establish country-level indicators and targets for programs and use them to evaluate the success of programs. They identify and disseminate best practices, tools and resources, as well as provide a channel through which information can flow between the field and headquarters.

Recognizing the central importance of preserving families, PEPFAR OVC programming in FY 2009 has continued to prioritize efforts to strengthen the capacity of families to protect and care for orphans and vulnerable children. PEPFAR has invested in treatment to prolong the lives of parents and caregivers and has provided them with the necessary skills and resources to address the needs of children affected by HIV/AIDS. Economic strengthening has been one of the primary means of assisting families to be able to care for the children within their households. In addition, PEPFAR continues to support communities to create social safety nets for orphans and vulnerable children and their caregivers and develop strategies to strengthen more formal systems of support – including policies and programs developed and implemented by community- and faith-based organizations, NGOs, and relevant governmental bodies. In this way, PEPFAR hopes to facilitate more sustainable support for orphans and vulnerable children, ensuring that fewer vulnerable children “slip through the cracks.” PEPFAR has also continued to support interventions that enable young people to meet their own needs, support their peers and families, and contribute to the well-being and development of their communities. PEPFAR has worked with partners to develop a Child Status Index to help programs initially assess the level and type of need and monitor the impact of services on child well-being.

As a result of PEPFAR directly-supported activities in FY 2009, 3,620,140 orphans and vulnerable children benefited from support. The types of support they receive may include food and nutrition, shelter and care, legal protection, health care, psychosocial support, education and vocational training, and economic strengthening.

Pediatric care and treatment

FY 2009 Funding: \$159,296,669

In FY 2009, PEPFAR provided \$49.0 million in funding for pediatric care and support activities in the countries and regions completing PEPFAR operational plans. In FY 2009, PEPFAR also provided \$110.3 million through bilateral programs to support pediatric treatment services in countries and regions that prepared PEPFAR operational plans.

A key priority of PEPFAR is providing lifesaving antiretroviral treatment (ART) to people living with HIV/AIDS. ART, which usually involves a combination of three drugs, can dramatically decrease the number and severity of illnesses associated with HIV infection. ART can also significantly improve the duration and quality of life of HIV-positive men, women, and children. These improvements are vital for maintaining the integrity of families and the welfare of children in severely affected communities. During the 2008–2009 period, PEPFAR expanded access to treatment for children, with the number of children receiving ART through downstream PEPFAR support increasing 55 percent from FY 2008 levels. In 2009, PEPFAR reached approximately 201,500 children with direct treatment and care support, compared with only 4,800 in FY 2004.

PEPFAR prioritizes and supports evidence-based care and treatment of HIV-exposed and HIV-infected infants and children. To expand access to early, accurate pediatric diagnosis, PEPFAR-supported programs are testing infants and children using dried blood spot polymerase chain reaction (PCR) technology, which requires less blood per test and is easier to transport to central laboratories. Diagnostic clinical algorithm roll-out is being supported where PCR is unavailable. To ensure that children requiring treatment receive it, PEPFAR supports strategies to link infected infants and children into appropriate care and treatment programs and eventually transition these children into adult care. These efforts include pediatric-specific health care worker skill building, the promotion of appropriate pediatric treatment guidelines, adherence and disclosure support (including appropriate drug formulations), and careful attention to minimizing loss to follow-up.

PEPFAR also provides “care and support,” which refers to the wide range of services other than antiretroviral treatment offered to people living with HIV/AIDS and other affected persons, such as family members. Care and support comprises five categories of services: clinical (including prevention and treatment of opportunistic infections and AIDS-related malignancies, and pain and symptom management), psychological, social, spiritual, and preventive services. PEPFAR-supported pediatric HIV care programs at the facility, community, and household level are promoting multidisciplinary pediatric prevention efforts, pain/symptom management, and psychosocial support.

PEPFAR’s first five-year goal was to support care for 10 million infected and affected by HIV/AIDS, including orphans and vulnerable children. As of September 30, 2009, the U.S. Government had directly-supported (1) care for more than 10.9 million people affected by HIV/AIDS worldwide, including 3.62 million orphans and vulnerable children; (2) HIV counseling and testing for more than 28.5 million people; and (3) tuberculosis treatment for more than 308,719 HIV-infected patients.

B. Other Major USG Assistance Programs that Help Children

Not all USG programs for children fall within the PL 109-95 coordination framework. Many USG programs that do not focus primarily on highly vulnerable children are nevertheless highly complementary to the legislation's goals and critically important to a comprehensive, whole-of-government approach to children. The USG supports extensive activities to help children survive the first phase of life, to help parents survive, and to reduce children's vulnerability generally by helping them go to school, stay in school, and do well in school.

Education

USAID's Basic Education Program supports host-country efforts to provide equitable access to quality basic education at the pre-primary, primary, and secondary levels. Teacher training for these levels, as well as training in literacy, numeracy, and other basic skills for adults and out-of-school youth, also are important elements of this program. USAID's basic education activities emphasize improving opportunities for girls, women, and other underserved and disadvantaged populations. In conflict and post-conflict settings, such as Afghanistan and Iraq, USAID works to reopen schools and keep them functioning and to find alternative ways of reaching the underserved.

Because programming decisions for education are largely decentralized, many of the USAID-funded activities for vulnerable youth are at the country level. Below are examples of regional and country-level initiatives.

The Africa Bureau, in partnership with the Office of the Global AIDS Coordinator, is funding the expansion of Takalani Sesame from South Africa into English-speaking Southern Africa. The focus of this expansion is to build a strong television and print library focusing on vulnerable children and their caregivers. USAID Missions in Asia and the Middle East support programs for children, youth, and refugees left vulnerable, disabled or orphaned by earthquakes, natural disasters, conflict, exploitive labor, HIV/AIDS, poverty, abandonment, and other causes. For example, the inclusive education program in Uzbekistan works to improve the quality of life and social integration of children with disabilities. The project will help parents of children with disabilities, education institutions, and NGOs promote inclusiveness and provide quality social services for these children. The LAC education office funds a regional workforce development program, A Ganar, that focuses on at-risk youth. A Ganar is a global development alliance that uses a sports-based methodology to train youth in market-driven employment skills. The Europe and Eurasia Bureau's Roma Education Project (REP) in Macedonia supports increased school retention rates and academic achievement among Roma youth. REP also supports Roma Educational Centers in Skopje, Kumanovo, and Prilep, which provide out-of-school support and other creative activities for children, parents, and communities.

USAID's Office of Education in the Bureau for Economic Growth, Agriculture, and Trade (EGAT/ED) oversees basic and higher education, workforce, and youth and participant training assistance to USAID Missions. Activities support increased access to education and workforce development skills, improved quality of education and training, and more robust education and development institutions.

Family Planning and Reproductive Health

The U.S. Government's Family Planning and Reproductive Health (FP/RH) objective is to expand sustainable access to quality voluntary FP/RH services and information. The effects of birth spacing on perinatal health as well as the effects of both short and long intervals on infant, child, and maternal health, have been proven. Intervals between pregnancies that are less than six months result in a 40 percent increased risk of preterm birth, a 61 percent increased risk of low birth weight (LBW), and a 26 percent increased risk of small for gestational age (SGA), compared to children of mothers with an interval of 18 to 23 months between pregnancies. Infants of mothers with pregnancy intervals longer than 59 months had a 20 to 43 percent greater risk of these adverse outcomes. For each month that the time between pregnancies was shortened from 18 months, the risk for preterm birth, LBW and SGA increased by 1.9, 3.3, and 1.5 percent, respectively. And for each month that the time between pregnancies was lengthened beyond 59 months, the risk for these outcomes increased by 0.6, 0.9, and 0.8 percent, respectively.

The Interagency Youth Working Group, led by Family Health International with support from USAID, organized a meeting in June 2009 that focused on unique needs of adolescent sex workers, men who have sex with men, and injecting drug users, populations typically at greatest risk for HIV in concentrated epidemics. Experts from the World Health Organization, United Nations, U.S. Centers for Disease Control and Prevention, the Office of the Global AIDS Coordinator, and several youth-serving NGOs presented to an audience of 100 health professionals examples of successful programs for adolescents, methods to identify those most vulnerable and most at risk, and recommendations for improving the research and programming agenda.

Infection Disease Prevention and Control

The U.S. Centers for Disease Control and Prevention (CDC) contributes to reducing the number of children who are vulnerable to serious, disabling disease and premature death through a number of targeted infectious diseases programs. For example, CDC's Neglected Tropical Diseases (NTD) Control Initiative includes seven diseases that can be addressed through targeted mass drug administration (MDA), including lymphatic filariasis (LF), onchocerciasis, schistosomiasis, hookworm, roundworm, whipworm, and trachoma. The program's objectives include delivery of 300 million treatments through integrated MDA in high burden countries in Africa, Asia, and Latin America/Caribbean; operations research to improve NTD program impact; enhancement of access to safe water and improved sanitation; and surveillance, prevention, and control, with technical assistance to partners. The program receives funding through CDC and USAID, with activities in many countries, including Togo, Cambodia, Haiti, and India. Other critical public health contributions to preventing infectious diseases in vulnerable children include the joint implementation of the President's Malaria Initiative in 15 target countries in sub-Saharan Africa, with aims to cut malaria deaths by 50 percent and to deliver effective interventions to 85 percent of one of the most vulnerable groups – children under five years of age. In addition, CDC is one of the spearheading partners for the Global Polio Eradication Initiative, with the aim of global eradication of this irreversible, disabling disease. Similarly, CDC contributes substantively to reducing child morbidity and mortality through strengthening initiatives, which support the delivery of effective vaccines for children around the world.

Malaria

In the past year, the President's Malaria Initiative (PMI), led by USAID and implemented jointly with the Department of Health and Human Services, the U.S. Centers for Disease Control and Prevention, and others, reached more than 50 million people. As a result, an impact on malaria transmission is already being seen in PMI countries. For example, in Rwanda, Zambia, and Zanzibar, in collaboration with other partners, there have been major reductions in people infected with malaria. Regional and district-level impact has also been reported from Mozambique, Tanzania, and Uganda. In addition, reductions in under-five mortality have been reported from both Rwanda and Zambia. The PMI has moved ahead rapidly and built on almost two decades of U.S. Government work and experience. USAID and CDC collaborated on much of the original research related to insecticide-treated mosquito nets, intermittent preventive treatment of malaria in pregnancy, and artemisinin-based combination therapies. Sustainability of progress will require increased funding by host governments of their own national malaria control programs; increased diversification and long-term funding by donors and partners; improved quality of malaria services; achievement of high and sustained national coverage rates for malaria prevention and treatment; and active involvement of community, NGO, and private sector organizations in malaria control at all levels.

PMI is working to improve laboratory-based diagnosis of malaria, primarily at Ministry of Health facilities, and to increase understanding, acceptance, and correct use of microscopy and Rapid Diagnostic Tests by laboratory staff and health care practitioners who provide direct care to patients. The use of accurate and timely diagnosis in making treatment decisions is critical to making optimal use of the latest treatment options.

Maternal, Neonatal, and Child Health

USAID efforts over the past five years have supported substantial reductions in under-five and maternal mortality, using proven interventions such as vaccinations to prevent life-threatening childhood infections (including measles and tetanus), vitamin A supplementation programs, and prompt treatment for pneumonia and diarrhea (oral rehydration solution and zinc). All efforts in the developing world, including those of the United States and the countries themselves, have resulted in the saving of an estimated 7 million lives of children under age five each year, compared with the 1980s. Last year, UNICEF announced that the estimated number of deaths among children under age five fell to 8.8 million in 2008. The announcement – based on annual compilations of best available data by experts at UNICEF, the World Health Organization, the World Bank and the United Nations Population Division – marks the first time ever that annual child deaths have fallen below 9 million. Across-the-board improvements in child survival are associated with increases in coverage of several interventions, especially those that could be ramped up in just a few years, such as immunization, vitamin supplements, and the use of insecticide-treated bed nets to prevent malaria, breastfeeding, and appropriate treatment of diarrhea, pneumonia, and malaria.

USAID has played a continuous leadership role in this progress in child survival. In 1985, with the support of Congress, USAID and UNICEF jointly launched the “Child Survival Revolution.” Since that time, with continued bipartisan support, USAID has provided over \$7 billion to child survival programming in more than 80 countries. This funding has supported the delivery of life-saving interventions, from immunization and vitamin A delivery to promotion of breast-feeding and improved child feeding, to development and delivery of low-cost treatments for diarrhea, pneumonia, and malaria, the major killer diseases of young children. It has also built the capacities of countries themselves to provide these critical health services. Since 2000, these investments have been augmented by U.S. support for the GAVI Alliance, strengthening immunization programs and bringing new vaccines for children in poor countries. The President’s Malaria Initiative, begun in 2006, has also brought additional resources and a focus on a major killer of children in Africa; this initiative is already showing impact in reduced mortality in several countries.

To advance maternal health, the U.S. focuses on preventing unintended pregnancies with provision of high quality voluntary family planning services; increasing access to birth with a skilled attendant for all pregnancies, and access to essential and emergency obstetric care when complications arise; strengthening health systems to include support for policies to remove financial barriers to accessing maternal health services; development of programs to recruit, train, deploy, retain, and reward midwives and other personnel; improving systems for adequate supply of drugs and commodities for prevention and treatment of obstetric complications; and tackling the social determinants of maternal mortality by supporting girls’ education, delaying early marriage and childbearing, and expanding access to income generation skills.

An example of USAID’s support to maternal mortality programming is the support provided in Afghanistan, which has the world’s second-highest death rate in women during pregnancy and childbirth. USAID, the World Bank, the European Commission, UNICEF, and other donors have all helped Afghanistan’s Ministry of Public Health to make improvements. Between 2002 and 2009, 25 schools of midwifery were established in 25 provinces (serving 29 provinces) and another five schools were scheduled to become functional and/or open soon for a total of 32 schools serving 34 provinces. In May 2009, the midwifery workforce (n=1,961) had increased 3.5 times from 2002 levels (n=467).

PEPFAR: HIV Prevention

PEPFAR supports the most comprehensive, evidence-based prevention program in the world, targeting interventions based on the epidemiology of HIV infection in each country. These include reducing sexual transmission and the transmission of HIV through unsafe blood and medical injections, and supporting the prevention of mother-to-child transmission and male circumcision. In FY 2009, PEPFAR funding also provided support for biomedical and other sexual prevention activities.

PEPFAR's past five-year goal was to prevent 7 million infections. As of September 30, 2009, the U.S. Government had directly supported programming that (1) reached an estimated 77.6 million people, many of whom are youth, through community outreach programs to prevent sexual transmission; (2) supplied more than 2.7 billion condoms worldwide from 2004 to 2009; (3) supported prevention of mother-to-child HIV transmission during nearly 7.3 million pregnancies; and (4) supported antiretroviral prophylaxis for 509,800 pregnant women found to be HIV positive, allowing 98,862 infants to be born HIV free.

PEPFAR: Prevention of mother to child transmission of HIV (PMTCT)

Prevention of mother to child transmission of HIV is an essential intervention for maternal and child health as well as a key component of overall HIV prevention efforts. HIV is the leading cause of death for women of reproductive age worldwide and a major contributor to infant mortality not only due to the consequences of HIV infection in the infant, but also the resulting impact on children who lose their mothers to the virus. Without intervention, 25 percent to 40 percent of infants born to HIV-positive mothers will become infected. With current interventions, including new 2010 WHO guidelines for earlier initiation of treatment and prophylaxis in pregnant women and the extension of antiretrovirals throughout the breastfeeding period, this risk can be reduced to less than 5 percent.

In 2008, an estimated 1.4 million pregnant women living with HIV in low- and middle-income countries gave birth, 91 percent of whom reside in sub-Saharan Africa (UNAIDS, 2009). Without treatment, one third of children living with HIV die before they reach one year of age, and more than 50 percent die by the second year of life (Newell 2004). Prevention of transmission of HIV from a pregnant woman to her infant is possible and essential for improving maternal health and infant HIV-free survival.

PEPFAR currently supports PMTCT programs in more than 34 countries and regional programs. Through the PEPFAR reauthorization bill and Five-Year Strategy, there has been a renewed emphasis on the urgent need for scale-up of PMTCT services and the establishment of a goal for PEPFAR to help partner countries with a generalized epidemic achieve at least 80 percent coverage of testing for pregnant women at the national level and 85 percent coverage of antiretroviral drug prophylaxis and treatment, as indicated, of women found to be HIV-infected (PEPFAR 2009). In addition, for HIV exposed infants, early infant diagnosis is to be expanded to reach 65 percent coverage, along with comprehensive care and treatment for exposed and infected infants.

Gender

Gender issues that affect the vulnerability of children are cross-cutting throughout USG-supported efforts to assist vulnerable children and their households. In order to effectively prevent and respond to the causes and the consequences of children's vulnerability, gender-related attitudes, norms, and behaviors must be taken into consideration. For example, while *The World Report on Violence Against Children*⁷⁷ confirmed that violence against children happens in all parts of the world; it also documents the fact that girls and boys are at different risk for different forms of violence across different setting. Below are examples of USG-supported programs, activities, and initiatives that address some of the particular gender-related issues that reflect and affect vulnerability among girls and boys.

- The Interagency Gender Working Group (IGWG) -

The IGWG is a network comprising NGOs, USAID, and other U.S. Government agencies, focusing on gender education, advocacy, and the development and dissemination of operational tools. Gender-related issues affecting youth are a priority for the IGWG, along with gender-based violence, gender implications and vulnerabilities of HIV/AIDS, and constructive male engagement.

- Partnership to End Sexual Violence against Girls -

CDC and PEPFAR are part of a public-private partnership to address sexual violence against girls in the developing world. Building from the success in Swaziland, CDC has worked with UNICEF to conduct a national survey on violence

against boys and girls in Tanzania and Kenya. Data will be used to identify the national prevalence of violence against children in each country, risk and protective factors for violence victimization, and the health outcomes of such violence.

- Reducing HIV among Vulnerable Adolescent Girls -

The PEPFAR Gender Initiative to Reduce Adolescent Girls' Vulnerability to HIV, also known as the Go Girls! Initiative in Mozambique, Botswana, and Malawi seeks to develop, implement, and test multifaceted interventions to reduce girls' susceptibility to HIV infection. Programmatic approaches include working with stakeholders to inventory interventions and identify gaps; introduce innovative approaches and strengthen existing programs that address key drivers of the epidemic for vulnerable girls; promote multifaceted and integrated programming with consideration of structural factors; and conduct rigorous evaluation.

- Focusing on Men and Boys -

The PEPFAR Male Norms Initiative aims to scale up coordinated, evidence-based interventions to address male norms and behaviors in an effort to reduce HIV risk in Ethiopia, Namibia, and Tanzania. A collaborative effort by PEPFAR, Engender Health, Instituto Promundo, PATH, and local organizations in-country, the initiative provides technical assistance that allows organizations to integrate programming related to male norms within existing HIV activities and helps to develop strategies to address gender issues within the local context.

- Promoting Girl Leaders in Vulnerable Communities -

USAID's Economic Growth and Trade Bureau supports the Power to Lead Alliance in Egypt, Honduras, India, Malawi, Tanzania, and Yemen. The goal is to promote girl leaders in vulnerable communities by (1) cultivating opportunities to practice leadership skills; (2) creating public-private partnerships to promote girls' leadership; and (3) enhancing global knowledge to implement and promote girls' leadership programs.

- Encouraging School Attendance among Vulnerable Girls -

One of the primary objectives of the School Feeding Project in Malawi, supported through USDA's McGovern-Dole Program and Malawi World Food Program, is to encourage regular school attendance among girls who are living in poor communities. Take-home rations are distributed to all girls as incentives for parents and guardians to enroll their girl children in school and encourage regular attendance.

- Child Marriage -

In Yemen, male and female community educators have mobilized nearly 29,000 community members on the health and social consequences of child marriage. In Ethiopia, USAID partners have established girls' advisory committees in more than 3,700 public schools to prevent child marriage and encourage both unmarried and married girls to attend school. In Benin, USAID conducted community sensitization programs in 91 targeted communities about the importance of girls' education and the impact of forced marriage. In Nepal, USAID's Chunauti project is challenging social norms and decreasing the harmful practices of child marriage through a behavior change communications campaign.

- Measuring Gender Norms in Young Adolescents -

Georgetown University's Institute for Reproductive Health (IRH), in partnership with USAID, has developed specific evaluation tools for measuring gender-related outcomes in young adolescents aged 10–14 years. IRH has developed a mixed method toolkit that includes card games, pile sorts, and photo elicitation and is applied to initiatives implemented by Catholic Relief Services, Save the Children, and APROFAM in Rwanda, Nepal, and Guatemala.

- The Global Health Initiative (GHI) – Women, Girls and Gender Equality -

Evidence has repeatedly shown that women are the gateway to healthy families and key to achieving long-term development goals. Central to the GHI are long-term, systemic changes in the way health programs respond to and incorporate the needs, perspectives, and abilities of women and girls.

ANNEX A: NOTES ON TABLE 1

The categories included in Table 1 correspond approximately with the types of vulnerability listed in this report. Omission of a category (or NA, for “Not Available,” given for children with food insecurity or street children) does not mean that the category is less important than those that are included. Efforts to identify acceptable estimates continue.

Table 1 in this annual report is very similar to Table 1 in the 2009 report because most of the underlying data sources are only renewed occasionally. Censuses and even surveys are usually repeated in intervals of several years. For example, the Demographic and Health Surveys (DHS) of USAID and the Multiple Indicator Cluster Surveys (MICS) of UNICEF are typically repeated in specific countries in five-year cycles. These surveys are the main sources of information about child health and living conditions. Data on hard-to-reach groups such as street children and children in armed groups are limited and not regularly updated. Only a few numbers can be revised annually, and those changes usually rest on models rather than on new data. For example, the numbers of orphans are re-estimated annually by UNAIDS from complex models that make assumptions about the incidence of new HIV infections and the impact of drug therapy.

The underlying data used to construct the global Table 1 are scheduled to be available for countries and regions on November 1, 2010, as a database on the PL 109-95 Web site. The indicators can be produced and exported in table format, for reports, or can be searched online using maps. Dates and sources can easily be called up. This expansion of user access is a major step forward. Readers are encouraged to go to the PL 109-95 Website home page (<http://www.measuredhs.com/PL10995/>), click on “Indicators Database,” and explore this new feature.

PL 109-95’s database of indicators is intended to be a key source of reliable data on highly vulnerable children. Expansion and updating of the database that underlies Table 1 will have value for the larger international community of child protection work, not just for the U.S. Government. As it evolves, it will become increasingly useful for

- Estimating the number of highly vulnerable children
- Providing a general sense of the nature and magnitude of need
- Improving the targeting of resources to children most in need
- Avoiding duplication of effort
- Promoting program efficiency
- Facilitating monitoring and evaluation

COMPREHENSIVE NOTES ON TABLE I: HIGHLY VULNERABLE CHILDREN: A GLOBAL PROFILE

Introduction

Table 1 provides the most comprehensive and up-to-date data currently available to quantify various categories of vulnerable children. There is currently no single global method to define and measure “highly vulnerable children,” the target population of PL 109-95. Instead, this table includes estimates of children who are vulnerable due to root causes – such as extreme poverty – and estimates of the number of children suffering the consequences of poverty, disaster, conflict, family dissolution, and other factors that threaten their physical and emotional well-being.

There are no credible estimates for a number of key categories of highly vulnerable children, such as street children or children who are food insecure. In other cases, the source(s) on which commonly used estimates were based was found unreliable. Not reflected in the table are gaps in our ability to collect data on other children who are equally as vulnerable. For example, there is no current estimate of the global number of children who are in psychological or social distress, or the number of children without the protection of a caring adult.

Despite the impressive amount of global data that is included in Table 1, huge gaps exist in our ability to estimate the total number of children who are highly vulnerable.¹ Comprehensive and reliable data are needed to understand the size of this population and where they are located – to plan how to best reach these children with resources and services, and to monitor whether interventions are making a difference. USG agencies, as well as our external partners, need good data to monitor the effect of our joint efforts on reducing the vulnerability of the children who are the focus of our interventions. However, as is evidenced by the gaps in existing data, the challenges to quantifying the vulnerability of children are enormous, including the following:

1. The definitions used to describe and to count vulnerable children vary. Policymakers, programmers, donors, and researchers may focus on similar target groups but use different definitions to describe the children with whom they work.
2. It is often difficult to find the highly vulnerable children and, therefore, to “count” them. The situations that cause children to be vulnerable often reflect their position outside of mainstream society – sometimes they are participating in illegal activities. For the same reasons that it is difficult for child protection systems and service providers to find these children, it is difficult to “capture” them in data sets (e.g., trafficked children, children in the worst forms of child labor, and children associated with armed forces or groups). In addition, most population-based surveys generally use a system of data collection that relies on interviewing heads of households, which would preclude data on street children, institutionalized children, and other children outside of family care.
3. There is a great deal of overlap among various types of vulnerable children. Double counting would be a major threat to creating a summary statistic that represents “highly vulnerable children” if the summary statistic required that data be combined from various different data sets, such as those represented in Table 1.

The following are the criteria used to determine inclusion in Table 1:

- The number or percent is from a report supported by documented national household and community surveys or administrative data (DHS, MICS, AIS, income and living standards surveys, education administrative data, and UNHCR data).
- The number or percent is from a database supported by an organization with a credible reputation (UN Population Division World Population Prospects database; UNESCO UIS database; EM-DAT Emergency Disaster database, supported by WHO and USAID; ILO, SIMPOC, and UCW databases; and Internal Displacement Monitoring Center IDP database).
- The number or percent comes from a UN agency or World Bank official document, and the definition of the indicator is clear in that document (even if the sources and/or methodology for calculation are vague). It is assumed that numbers used in official UN and World Bank documents have already been vetted, and that those agencies stand behind them.
- Numbers or percents given on Web pages were not included unless they were validated by one of the inclusion criteria stated above.

Please note that the year given in the table is the year for the data in the original source, and not the year of the document publication. For example, for children living in extreme poverty (less than \$1.25/day) the year given for the global number and percent in the World Bank Indicators Poverty Supplement is 2005. The year given for each indicator refers to the most recent year available during the period of study specified in the source document.

Notes on the calculation of numbers and percents given in the Indicators of Table 1:

Many sources of information present estimates of vulnerable children as either percents or absolute numbers, but not both. In these cases, the Futures Institute (FI) used what was given in the source (either a number or a percent) in

combination with population estimates matching the source age, gender (if applicable), and geographic groupings to calculate a percent (if only an absolute number was provided in the source) or number (if only a percent was given). Unless the particular source material presented its own population estimates, the Futures Institute used the 2005 population estimates of the United Nations Population Division.

The Population Division of the United Nations Secretariat estimates the population of every country, as well as regional, developing country, and global totals. Global population estimates are released only for five-year cohorts (e.g., 0–4, 5–9), disaggregated by sex. For reference, the 2005 population estimates using five-year age cohorts from The Population Division of the United Nations Secretariat. *World Population Prospects*. 2008. (This will be abbreviated as UNPP. 2008.) Applicable to the table percent or number calculations are:

- Total population [global]: 6,512,276,300
- Population [female, developing countries excluding China] aged 20–24: 184,285,800
- Population [female, developing countries excluding China] aged 15–19: 200, 274,400
- Population [male, developing countries excluding China] aged 15–19: 209,013,800
- Child population [global] aged 0–14: 1,847,488,500
- Child population [global] aged 0–4: 627,034,800
- Child population [developing countries excluding China] aged 0–4: 472,578,900

For age groups that do not break down by five-year cohorts (for example, many indicators for children are measured in terms of the population under age 18), the Futures Institute needed to splice out those age groups from the 2005 population estimates of the United Nations Population Division. Using the Spectrum model, the Futures Institute interpolated using the Beer's formula to obtain the population of children aged 2, 3, 4, 15, 16, and 17. These numbers were added to or subtracted from the cohorts of children aged 0–4,² 5–9, and 10–14 to obtain the number of children aged 0–17, 5–17, and 2–14 needed to match the indicator age grouping given by the source in calculating the number of affected children from a percent or vice versa (if only a number or percent was given in the source).

Using the methodology above, the child population groupings (not in five-year age cohorts) in 2005, based on UNPP. 2008. UNPP. 2008 were calculated by Futures Institute to be:

- Child population [global] aged 0–17: 2,220,164,700
- Child population [developing countries] aged 0–17: 1,964,458,700
- Child population [global], excluding West and Central Africa and South Asia aged 0–17: 1,505,183,300
- Child population [female, global] aged 0–17: 1,073,490,800
- Child population [male, global] aged 0–17: 1,146,673,900
- Child population [global] aged 2–14: 1,590,749,800
- Child population [global] aged 5–17: 1,593, 129,900
- Child population [global] aged 2–14: 1,590,749,800
- Child population [less developed regions] aged 0–17: 1,964,458,700

Here is an example of one of the more complicated calculations of a percent from the absolute number given in the source:

Indicator 20: Children in institutional care. As the footnote for indicator 20 states, the number was given in the source (UNICEF. 2009. *Progress for Children: A Report Card on Child Protection*), and the percent was calculated by FI. Table 1 shows that the age group from the source is 0–17, and the coverage of the indicator is global, excluding West and Central Africa and South Asia. As no global population aged 0–17 (excluding West and Central Africa and South Asia) is given in the source, this had to be calculated by FI to obtain a percent. The methodology above explains how

the age grouping 0–17 was calculated from the five-year cohorts of the UNPP. 2008. After the 2005 0–17 age group was calculated globally, FI selected for Western Africa and South-Central Asia (the regional groupings from World Population Prospects that most closely match UNICEF’s West and Central Africa groupings, in addition of the countries that made up the South Asia region for UNICEF), and subtracted their 0–17 populations from the global 0–17 total. The resulting population is given above under child population [global] excluding West and Central Africa and South Asia aged 0–17. Thus, you have: 2,000,000 (from source)/1,505,183,300 = 0.0013, or rounded to 0.1 percent

For further clarity, here is an example of the calculation of a number from the percent given in a source:

Indicator 7: Children who are wasted. The percent was given in the source (UNICEF. State of the World’s Children: Special Edition Report. 2009). As shown in Table 1, the age group from the source is 0–4, and the coverage of the indicator is global. As no global population aged 0–4 is given in the source, the 2005 global (five-year cohort) population aged 0–4 was taken directly from the World Population Prospects. That population is given above as 627,034,800. Thus, you have: .13 (or 13 percent) * 627,034,800 = 81,514,524.

The Futures Institute used the year 2005 in all cases (except for indicators 1a, b, c, and d for which 2010 data were requested) to make the absolute levels of the indicators approximately comparable. Also, most of the indicators are reported with a lag, as they are based on surveys that were conducted 1–3 years before publication. In many cases, a 2005 estimate of population was closer in time to the survey data than 2010 or 2000.

(1) (a,b,c,d) Population

Source: Number for total population [global] from United Nations Population Division (UNPP). 2008. Number for children [global] aged 0–17 calculated by Futures Institute (FI) as described in the methodology above based on the population aged 0–19 from UNPP. 2008. Percent calculated by FI by dividing the number for children [global] aged 0–17 (numerator) by the 2010 estimate of the total population from UNPP. 2008 (denominator). Number for total population [developing countries] from the 2010 estimate of less developed regions of the United Nations Population Division (UNPP). 2008. Number for children [developing countries] aged 0–17 calculated by Futures Institute as described in the methodology above based on the population in less developed regions aged 0–19 from UNPP. 2008. Percent calculated by FI by dividing the number for children [developing countries] aged 0–17 (numerator) by the 2010 estimate of the total population in less developed regions from UNPP. 2008 (denominator).
Basis2: Modeled estimates using extensive national survey data.

(2) Children who are highly vulnerable

The percent or number of children who are highly vulnerable is difficult to ascertain. Currently, the USG, UN, and partners are engaged in an ongoing effort to determine the feasibility of developing a measureable, cross-nationally applicable definition of “highly vulnerable children,” alternatively called “children in need of additional support,” and a related composite index or set of indicators that would allow estimates of the percent of children who are highly vulnerable – or in need of additional support – in a given country, and ultimately estimates of coverage and unmet need.

(3) Children living in extreme poverty (less than \$1.25 per day)(aged 0–14)

Source: Number and percent of total population living on less than \$1.25 a day in 2005 from World Bank. World Development Indicators Poverty Data Supplement. 2008. Percent of children [developing countries] aged 0–14 living on less than \$1.25/day is assumed to be the same as for total population. Futures Institute calculated the number of children [developing countries] aged 0–14 living on less than \$1.25 a day by multiplying the percent of children [developing countries] aged 0–14 living on less than \$1.25 a day by the 2005 estimate of the child population [low to middle income countries] aged 0–14 from the World Bank Development Indicators online (accessed August 2009). Please note, the World Bank 2005 estimate of the child population aged 0–14 has been changed from those

in low and low to middle income countries (in last year's report), to those in low-middle income countries. Upon further review, the World Bank 2005 total population for low-middle income countries more closely matched the "developing countries" total population used in the World Development Indicators Poverty Data Supplement 2008. Basis: Modeled estimate using extensive national survey data.

The World Bank recommends using the percent of the population living on less than \$1.25 per day as a definition of extreme poverty. In the Poverty Data Supplement, the World Bank estimates the percent of the population in developing countries living in extreme poverty and the total population in developing countries living in extreme poverty, using 2005 purchasing power parity constant prices (newly released in 2008). The estimates are based on expenditure surveys and extrapolations to countries where expenditure surveys do not exist. The World Bank does not estimate ultra poverty for children in this source. The Futures Institute assumed that the percent of children in extreme poverty is the same as the percent of adults in poverty. This is likely to be an underestimate since in general poor women have more children than wealthier women in developing countries.³ The Futures Institute calculated the number of children aged 0–14 living in extreme poverty by multiplying the population of children living on less than \$1.25 a day [developing countries] aged 0–14 by the population of children [low-middle income countries] aged 0–14 from the World Bank World Development Indicators online⁴ (accessed August 2009).

(4) Children living in ultra poverty (less than \$0.50 per day) (aged 0–14)

Source: Number of total population [developing countries] living on less than \$0.50 a day from Ahmed, Akhter U., Ruth Vargas Hill, Lisa C. Smith, Doris M. Wiesmann, and Tim Frankenberger. 2007. *The World's Most Deprived: Characteristics and Causes of Extreme Poverty and Hunger*. 2020 Discussion Paper 43. International Food Policy Research Institute (IFPRI). October 2007. Percent of total population [developing countries] living in ultra poverty was calculated by FI by dividing the number of total population [developing countries] living on less than \$0.50 a day (numerator) by the total population [low to middle income countries] from the World Bank World Development Indicators online (denominator). Percent of children [developing countries] aged 0–14 living on less than \$0.50 a day is assumed to be the same as for total population. Futures Institute calculated the number of children [developing countries] aged 0–14 living on less than \$0.50 a day by multiplying the percent of children [developing countries] aged 0–14 living on less than \$0.50 a day by the 2005 estimate of the child population [low to middle-income countries] aged 0–14 from the World Bank Development Indicators online. Basis: Modeled estimate using limited national survey data.

The number of total population living in ultra poverty comes from an expenditure analysis by IFPRI using techniques similar to those used in the World Bank analysis above, and based on estimates of the population living on less than \$1.08 per day in 1993 purchasing power parity constant prices.

Please note that because of the different methodology and sources for children in extreme poverty and children in ultra poverty, the latter indicator cannot be seen to be directly a sub-set of the former.

(5) Children who are stunted (aged 0–4)

Source: Percent from United Nations Children's Fund (UNICEF). *State of the World's Children: Special Edition Report*. 2009. Number calculated by Futures Institute by multiplying the percent of children who are stunted [global] aged 0–4 by the 2005 estimate of the child population [global] aged 0–4 from UNPP. 2008. Basis: Extensive national survey data.

The UNICEF *State of the World's Children: Special Edition Report* presents the global percent of children who are stunted⁵ among all children aged 0–4, which is a population-weighted average calculated from DHS and MICS surveys (2003–2008). Stunting is a measure of chronic malnutrition.

(6) Children who are underweight (aged 0–4)

Source: Percent from UNICEF. State of the World's Children: Special Edition Report. 2009. Number calculated by Futures Institute by multiplying the percent of children who are underweight [global] aged 0–4 by the 2005 estimate of the child population [global] aged 0–4 from UNPP. 2008. Basis: Extensive national survey data.

The UNICEF State of the World's Children: Special Edition Report presents the global percent of children who are underweight⁶ among all children aged 0–4, which is a population-weighted average calculated from DHS and MICS surveys (2003–2008). Please note that underweight according to the WHO Child Growth Standards was used here because it is a more accurate measure of underweight than the previous NCHS standard. State of the World's Children 2009 statistical table notes state:

“In April 2006, the World Health Organization released the ‘WHO Child Growth Standards’ to replace the widely used National Center for Health Statistics/WHO reference population, which was based on a limited sample of [formula fed] children from the United States. The new standards are the result of an intensive study project involving more than 8,000 children from Brazil, Ghana, India, Norway, Oman and the United States. This is the first year that Table 2 includes underweight estimates according to the new ‘WHO Child Growth Standards’. It should be noted that due to the differences between the old reference population and the new standards, prevalence estimates of child anthropometry indicators based on these two references are not readily comparable.”

Underweight was previously thought to be a measure principally of acute malnutrition, but is now considered to stem from numerous causes. It is included in Table 1 because it is the anthropometric measure for MDG 1c.

(7) Children who are wasted (aged 0–5)

Source: Percent from UNICEF. State of the World's Children: Special Edition Report. 2009. Number calculated by Futures Institute by multiplying the percent of children who are wasted [global] aged 0–4 by the 2005 estimate of the child population [global] aged 0–4 from UNPP. 2008. Basis: Extensive national survey data.

The UNICEF State of the World's Children: Special Edition Report presents the global percent of children who are wasted⁷ among all children aged 0–4, which is a population-weighted average calculated from DHS and MICS surveys (2003–2008). Wasting is a measure of acute malnutrition.

(8) Children who are food insecure (aged 0–17)

There are two principal alternate sources for data on food security, which could complement anthropometric measures of children:

[Possible] Source 1: World Food Programme (WFP). Projected Needs for WFP Projects and Operations. 2009, Basis: Modeled estimate using extensive administrative and WFP country office data.

The World Food Programme estimates 95,581,020 total persons will need WFP assistance in 2009. The World Food Programme does not present demographic breakdown by age. Therefore, to estimate the number of children aged 0–17 needing World Food Programme Assistance, the FI estimate of the 2005 child population [global] aged 0–17 based on UNPP. 2008 could be applied. Alternatively, a factor of 0.44 could be applied to the total population needing World Food Programme Assistance. The factor of 0.44 comes from UNHCR. Global Trends: Refugees, Asylum Seekers, Returnees, Internally Displaced and Stateless Persons. 2009, Annex Table 13. It is the percentage of UNHCR's total persons of concern [global] in 2008 that are under the age of 18.⁸

[Possible] Source 2: Food and Agricultural Organization (FAO). The State of Food Insecurity in the World. 2009. Basis: Modeled estimate using extensive administrative and FAO country office data.

The Food and Agricultural Organization gives an estimate of 1.02 billion undernourished people in 2009. The number of undernourished children could be calculated in the same manner as suggested above for children in need of World Food Programme assistance.

However, it is unclear to what extent the “population in need of WFP assistance” and the “undernourished” population measure food insecurity, especially in regard to children. Therefore, no data are included in the table for food security. A consultative process involving the Food and Nutrition Technical Assistance II (FANTA-2) Project and FAO, among others, is ongoing to develop and field test the Household Food Insecurity Access Scale (HFIAS), which is based on the U.S. Household Food Security Survey Module. The UN Standing Committee on Nutrition Fact Sheet on Food and Nutrition Security Indicators: Household Food Insecurity Access Scale states:

“The HFIAS is a tool to assess whether households have experienced problems in food access in the preceding 30 days. The tool is composed of nine questions that ask about modifications households made in their diet or food consumption patterns due to limited resources to acquire food. It measures the severity of food insecurity in the past 30 days, as reported by the households themselves.”

HFIAS reflects the household experience of food access problems during the previous month. Increasing prevalence of food insecurity as measured with HFIAS can identify seasonal food insecurity or an impending food crisis, and can be used to monitor changes in food security over time.

Compared to indicators of nutritional status (e.g., anthropometry), HFIAS is specific to food consumption aspects; it is not influenced by health and care aspects, as it refers to modifications of the diet pattern specifically due to lack of resources to access food.

Field tests of the HFIAS have shown that many of the questions were not understood the same way across cultures, and thus an accurate measure of food security is not yet available.

(9) Children who die before age 1

Source: Percent from UNICEF. State of the World’s Children: Special Edition Report. 2009. Number calculated by Futures Institute by multiplying the percent of children who die before age 1 [global] by the estimate of births in the same source. Basis: Extensive national survey data.

The UNICEF State of the World’s Children: Special Edition Report presents the percent of children who die before age 1. The percents for most developing countries are based on the most recent surveys from the Demographic and Health Surveys or the Multiple Indicator Cluster Surveys.

(10) Children 0–4 who die before age 5

Source: Percent and Number from UNICEF. State of the World’s Children: Special Edition Report. 2009. Basis: Extensive national survey data.

The UNICEF State of the World’s Children: Special Edition Report presents both the percent and number of children dying before age 5. The percents for most developing countries are based on the most recent surveys from the Demographic and Health Surveys or the Multiple Indicator Cluster Surveys.

(11) Children living with HIV (aged 0–14)

Source: Number from Joint United Nations Programme on HIV/AIDS (UNAIDS). AIDS Epidemic Update. 2009. Percent calculated by FI by dividing the number of children living with HIV [global] aged 0–14 (numerator) by the estimate of the child population [global] aged 0–14 from UNPP. 2008 (denominator). Basis: Modeled estimate using extensive national survey data.

These estimates from UNAIDS include all children under age 15 with HIV infection, whether or not they have developed symptoms of AIDS, for the year 2008. These have been produced and compiled by UNAIDS/WHO. The general methodology and tools used to produce the country-specific estimates have been described in a series of papers in *Sexually Transmitted Infections* 2008; 84 (Suppl 1) “Improved data, methods and tools for the 2007 HIV and AIDS estimates and projections,” and in *Sexually Transmitted Infections* 2006; 82 (Suppl 1). They have been shared with national AIDS programs for review and comments, but are not necessarily the official estimates used by national governments.

(12) (a,b) Children who have had an early sexual debut (aged 15–19)

Source: Percent from UNICEF, UNAIDS, World Health Organization (WHO). 2009. Children and AIDS: Fourth Stocktaking Report. 2009. Number calculated by FI by multiplying the percent of children who have had an early sexual debut [developing countries, excluding China] aged 15–19 [by gender] by the estimate of the child population [less developed regions, excluding China] aged 15–19 [by gender] from UNPP. 2008. Please note, these estimates in this report are nearly double what they were in last year’s report due solely to the inaccurate use of the age group 15–17 (rather than 15–19) in calculating the number of girls and boys who have had an early sexual debut. Basis: Limited national survey data for males and extensive national survey data for females.

The Fourth Stocktaking Report gives a percentage for females and for males aged 15–19 who say they had sex before age 15 for developing countries, excluding China. However, it should be noted that country data that make up these percentages come principally from sub-Saharan Africa and South Asia.

(13) Children who are disabled (aged 0–17)

Source: Percent of total population that is disabled from Mont, D. for the World Bank. Measuring Disability Prevalence. 2007. Percent of children disabled is assumed to be the same as percent of total population disabled. Number of children disabled calculated by FI by multiplying the percent of children who are disabled [global] aged 0–17 by the FI 2005 estimate of the child population [global] aged 0–17 based on the UNPP. 2008. Basis: Expert opinion [likely] from limited case studies.

The 2007 report Measuring Disability Prevalence by Mont, D. for the World Bank estimates that 10 to 12 percent of the total population is disabled.⁹ Futures Institute thus applied 11 percent to the FI 2005 estimate of children aged 0–17 based on the 2008 UN World Population Prospects to arrive at 244 million. UNICEF uses a figure of 150 million children disabled, which comes from Landsdown, G. for UNICEF and the UN General Assembly Special Session on Children. It is Our World Too! A Report on the Lives of Disabled Children. 2001. That figure was established using an estimate of 10 percent of the total population disabled (which in turn comes from an expert “guesstimate” in the 1970s by Rehabilitation International on data from developed countries, as cited by DisabilityWorld.org at http://www.disabilityworld.org/06-08_03/children/unicef.shtml) and a population of 6 billion persons, which is roughly the global population in the year 2000.

The World Bank estimate of 10 to 12 percent was used because it is more recent, it is based on surveys from developing countries, and the World Bank has been involved in the recent analysis of disability measurement methodology with the UN Washington City Group on Disability Statistics. The number calculated by Futures Institute was chosen over the

150 million number used by UNICEF because the year selected (2005) for the child population to which the disability prevalence is applied is more recent and thus accounts for the large growth in the population of children since 2000.

Please note that UNICEF does include measurement of disabled children 1999–2007 in the 2009 State of the World's Children Report, which they define as the percentage of children 2–9 years old with at least one reported disability (i.e., cognitive, motor, seizure, vision, hearing, or speech). However, there is no global percentage, and only East Asia and the Pacific has a regional percentage.

(14) Children who lack adequate shelter¹⁰ (aged 0–17)

Source: Number and percent from UNICEF. State of the World's Children. 2005. Percent confirmed by FI by dividing 640,000,000 children into the FI 2005 estimate of the child population [less developed regions] aged 0–17 based on UNPP. 2008. Basis: Limited national survey data.

Work was commissioned in 2003 by UNICEF through the University of Bristol and the London School of Economics to assess severe deprivation in children (seven indicators, including lack of adequate shelter), and resulted in the following study: Gordon, David, et al., Child Poverty in the Developing World, The Policy Press, Bristol, UK. 2003. To obtain the 2005 number and percent of children in poverty, UNICEF updated the original Gordon et al. study data using Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS).

(15) (a,b,c) Children who have experienced psychological aggression¹¹ at home, children who have experienced minor physical punishment¹² at home, and children who have experienced severe physical punishment¹³ at home (aged 2–14)

Source: Percents from UNICEF. A World Fit for Children: A Statistical Review. 2007. Numbers calculated by FI by multiplying the percent of children who have experienced psychological aggression, minor or severe physical punishment [global] aged 2–14 by the FI 2005 estimate of the child population [global] aged 2–14 based on UNPP. 2008. Basis: Limited national survey data.

Please note that these indicators refer only to abuse “at home.” Global numbers could not be found for an inclusive measure of psychological or physical abuse that children encounter at home, in school, in the workplace, or in other settings outside the home.

(16) (a,b) Girls and boys who have experienced sexual abuse (aged 0–17)

Source: Numbers from United Nations (UN). General Assembly Sixty-First Session, Promotion and Protection of the Rights of Children A/61/299. 2006. Percent calculated by FI by dividing the number of children who have experienced sexual abuse [global] aged 0–17 [by gender] (numerator) by the FI 2005 estimate of the female and male child populations [global] aged 0–17 based on UNPP. 2008. (denominator). Basis: Meta-analysis of 604 articles using author-defined criteria for child sexual abuse.

The UN General Assembly Sixty-First Session report cites its source for the number of female and male children who have experienced sexual abuse¹⁴ as Global Estimates of Health Consequences due to Violence against Children, based on estimates by G. Andrews et al., Child sexual abuse, chapter 23 in M. Ezzati et al. Comparative Quantification of Health Risks: Global and regional burden of disease attributable to selected major risk factors Geneva, World Health Organization, vol. 2, pp. 1851-1940. 2004 and using data of the Population Division of the United Nations Department of Economic and Social Affairs for population under 18 years.

(17) Child marriage: Women aged 20–24 who were married or in union before age 18

Sources: Percent from UNICEF. State of the World's Children: Special Edition Report. 2009. Number calculated by FI by multiplying the percent of women who were married or in union before age 18 [developing countries, exclud-

ing China] aged 20–24 by the 2005 estimate of the female population [less developed regions, excluding China] aged 20–24 from UNPP. 2008. Basis: Extensive national survey data.

(18) (a,b,c) Children who have lost one or both parents due to all causes, children whose mother has died due to any cause, and children whose father has died due to any cause (aged 0–17)

Source: Numbers from UNICEF, UNAIDS, and WHO. Children and AIDS: Fourth Stocktaking Report. 2009. Percent calculated by FI by dividing the number of children who have lost one or both parents, their mother, or their father [global] aged 0–17 (numerator) by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008 (denominator). Basis: Modeled estimates based upon extensive national survey data.

The Fourth Stocktaking Report cites “unofficial UNAIDS estimates” as the source for the orphan numbers. The orphan numbers in the Fourth Stocktaking Report are updated estimates calculated by UNAIDS using the Spectrum program, based on the latest data from countries on HIV/AIDS and the United Nations Population Division on population size, age, structure, and mortality. They are somewhat higher than previous estimates because of the new data, and possible adjustments made in projection methodology due to better understanding of the reporting of HIV incidence and of family structures (as defined across cultures). For example, the DHS and MICS data used for input into the Spectrum program seem to be fairly accurate in estimating the number of paternal orphans but underestimate maternal orphans. After a child has been living with a foster mother for a while she tends to report that the child is hers, not an orphan. This has been demonstrated using cohort studies to see serial reports on the same child. One publication addressing this is Nyamukapa L Robertson, S. Gregson, C. Madanhire, N. Walker, P. Mushati, G. Garnett and C. NyamuKapa Discrepancies Between UN Models and DHS Survey Estimates of Maternal Orphan Prevalence: Insights From Analyses of Survey Data from Zimbabwe, *Sex. Trans. Inf.* 2008;84;i57-I 62. For more information on UNAIDS methods and assumptions for estimates, please see: http://www.unaids.org/en/KnowledgeCentre/HIVData/Methodology/default_old.asp

To understand if orphan numbers are truly going up or down in a given timeframe, a trend analysis must be conducted by applying the same criteria and methodology to available data from that timeframe (for example 1990–2010). It is hoped that this trend analysis will soon be available in either the annual UNAIDS/WHO/UNICEF Children and AIDS Stocktaking Report or the annual UNAIDS Report on the Global AIDS Epidemic, publications which are publicly launched around December 1 (World AIDS Day).

(18) (d) Children both of whose parents have died due to any cause (aged 0–17)

Source: Number calculated by FI based upon UNICEF, UNAIDS, and WHO. Children and AIDS: Fourth Stocktaking Report. 2009. Percent calculated by FI by dividing the number of children both of whose parents have died due to any cause [global] aged 0–17 (numerator) by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008 (denominator).

The Fourth Stocktaking Report does not give a specific number for children both of whose parents have died due to any cause (double orphans). However, the formula for calculating children who have lost one or both parents due to all causes (total orphans) is:

Total orphans (d) = maternal orphans (a) + paternal orphans (b) – double orphans (c)

Given that we know d, a, and b, it is possible to solve for c. Thus:

$$163,000,000 = 55,300,000 + 126,000,000 - ?$$

or

$$55,300,000 + 126,000,000 - 163,000,000 = 18,300,000$$

(19) Children who have lost one or both parents due to AIDS (aged 0–17)

Source: Number from UNICEF, UNAIDS, and WHO. Children and AIDS: Fourth Stocktaking Report. 2009. Percent calculated by FI by dividing the number of children who have lost one or both parents due to AIDS [global] aged 0–17 (numerator) by the 2005 FI estimate of the child population [global] aged 0–17 based on UNPP. 2008 (denominator). Basis: Modeled estimate based upon limited national survey data.

In the past, the calculation of children who have lost one or both parents due to AIDS was made by a consultative group within UNAIDS. These estimates are produced by the Spectrum program as part of the process by which UNAIDS prepares country and global HIV/AIDS estimates. They are prepared by country teams and reviewed by UNAIDS staff.

(20) Children in institutional care¹⁵ (aged 0–17)

Source: Number from UNICEF. Progress for Children: A Report Card on Child Protection. 2009. Percent calculated by FI by dividing the number of children in institutional care [global, excluding West and Central Africa and South Asia] aged 0–17 (numerator) by the FI 2005 estimate for the child population [global, excluding Western Africa and South Asia] aged 0–17 based on UNPP. 2008 (denominator). Basis: Modeled estimate from limited administrative and international organization data, country reports for the Second International Conference on Children and Residential Care, and UNICEF country office estimates.

Please note that only the countries of Central and Eastern Europe and the Commonwealth of Independent States have been tracked comprehensively, through the TransMONEE database of the UNICEF Innocenti Research Center. For the regions of Latin America and the Caribbean, Middle East and North Africa, Eastern and Southern Africa, and East Asia and the Pacific, country data for the Progress for Children Report was provided by national estimates, UNICEF country offices, or country reports prepared for the Second International Conference on Children and Residential Care. South Asia and West and Central Africa had no data available. The global number should thus be interpreted with caution.

(21) Children of (living on) the street (aged 0–14)

[Possible] Source: Stover, J., et al. Coverage of Selected Services for HIV/AIDS Prevention, Care, and Treatment in Low- and Middle-Income Countries in 2005. 2006. Basis: Expert opinion.

This is the only source of survey data on street children that could be found, the estimates coming from a survey of country experts on HIV/AIDS prevention services conducted between 2003 and 2005. However, it appears from the widely varying numbers reported by country that there may have been some respondent reporting bias, difference in interpretation of the definition of street children,¹⁶ and/or unfamiliarity with the specific issue of street children. Therefore, no number of children living on the street is included in Table 1.

(22) Children on (working and living on) the street (aged 0–17)

No clear source could be identified. Thomas de Benítez (for the Consortium on Street Children) writes in the 2007 State of the World's Street Children: Violence,

“Estimating numbers of ‘street children’ is fraught with difficulties. In 1989, UNICEF estimated 100 million children were growing up on urban streets around the world. 14 years later UNICEF reported: ‘The latest estimates put the numbers of these children as high as 100 million’ (UNICEF, 2002: 37). And even more recently: ‘The exact number of street children is impossible to quantify, but the figure almost certainly runs into tens of millions across the world. It is likely that the numbers are increasing’ (UNICEF, 2005: 40–41). The 100 million figure is still commonly cited, but has no basis in fact (see Ennew and Milne, 1989; Hecht, 1998; Green, 1998). Similarly, it is debatable whether numbers of street children are growing globally or whether it is the awareness of street children within societies which has grown. While there are under-

standable pressures for policies to be informed by aggregate numbers, estimates of street child populations, even at city levels, are often hotly disputed and can distract rather than inform policy makers.”

In regard to the quote above, State of the World's Children 1989 was found and downloaded. However, no reference to street children can be found in that report. Given that few other documents from 1989 are available electronically for a keyword search on street children, the 1989 source and origin of the 100 million number is at present a mystery. The reference above to UNICEF 2002 is for State of the World's Children 2003, which in turn cites Serrano, Alfonso F. Education Crucial for Street Kids, *On the Record for Children*, (vol. 3, no. 14, New York, 10 May 2002, p. 7.) as the source. However, we have been unable as yet to obtain the Serrano source to determine how or if the 100 million number was calculated there. In addition, as original sources cannot be found, it is further unclear what ages street children cover and the exact indicator definition. The uncertainty of this number negates inclusion in the table.

(23) Children whose births are not registered¹⁷ (aged 0–4)

Source: Percent from UNICEF. State of the World's Children: Special Edition Report. 2009. Number calculated by FI by multiplying the percent of children whose births are not registered [developing countries, excluding China] aged 0–4 by the 2005 estimate of the child population [global] aged 0–4 from UNPP. 2008. Please note, the number in this year's report is far larger than in last year's report because, upon further review, it was determined that the source of the number in last year's report [source: text p.24 State of the World's Children Special Edition] referred only to children “registered at birth.” The denominator of “children registered at birth” is likely children aged 0–1, rather than children aged 0–4, for which we have the percentage unregistered from the statistical tables of the Special Edition. Basis: Extensive national surveys and administrative data.

(24) Children out of school (primary aged)

Source: Number from United Nations Educational, Cultural, and Scientific Organization (UNESCO), Education For All Global Monitoring Report. 2010. Percent calculated by FI by dividing the number of children out of school [global] of primary age (numerator) by the UNESCO number for primary school aged children in the same source (denominator). Basis: Extensive administrative data and national surveys.

Please note that in the UNESCO 2010 report Education for All and the UNESCO Institute for Statistics database, the percent of primary school aged children out of school DOES NOT equal 100-net enrollment rate (NER). The 2005 UNESCO/UNICEF joint publication Children Out-of-School: Measuring Exclusion from Primary Education states that:

“The joint estimate of the number of children out of school considers the whole school year and not a specific point in time. Children are considered to be out of school if they had no exposure to school during the school year in question. All other children are considered to be participating in school if they attended at any point during the reference period, no matter to what extent they were absent or whether they later dropped out. To avoid confusion with the concepts of enrolment and attendance, this report uses the term participation to denote being in school.

How can this definition of in school or participation lead to comparable results when applied to administrative and household survey data? Enrolment data provide the number of children enrolled or registered in school. This is measured differently across countries. Definitions used for international data collections emphasise that the unit of measurement are pupils enrolled, meaning that children registered more than once should be counted only once and that registration is linked to a pupil. Enrolment data potentially differ from the definition above in three ways. They can:

- *overstate participation by counting registered children who never attend school;*
- *underestimate participation by missing children who attend school without being registered; and*
- *underestimate participation when enrolment is counted at the beginning of the school year while some children register later in the school year.*

Household surveys allow the estimation of school attendance in two ways: current attendance, the most commonly used estimate, and attendance at some point during the school year, which is the estimate used for this methodology. The latter is based on the parents' or guardians' report as to whether the child is currently at school or, if not, whether the child attended school at some time during the school year. If the answer to either question is 'yes,' the child is considered to have attended in the reference school year, even if currently absent or out of school.

[In calculating the number of primary school aged children out-of-school] First, the number of out-of-school children is calculated for each country. Wherever possible, the calculation is made from both data sources. The method of calculation used depends on the data source.

- *With administrative data, the number of out-of-school children is calculated as the difference between the total number of children in the primary school-age population and the number of those children reported as enrolled in either primary or secondary education. (Total population of primary school-age children – number of primary school-age children enrolled in primary or secondary education = number of out-of-school children.)*
- *With household survey data, the percentage of out-of-school children in the sampled school-age population is calculated. Then, the percentage is applied to the national number of children of primary school age.*
- *In both cases, the primary school-age population is based on data provided by the UN Population Division.*

The second step is to decide which data result should be selected for the global estimate.”

In comparison to the UNESCO 2010 Education for All Report estimation of 71.8 million primary school aged children out of school, UNICEF has an estimation of 100.7 million primary school aged children out of school. This is due to differences between the two organizations in the criteria for selection of source data by country.

Please note also that the estimates in the World Bank EdStats database come from the UNESCO UIS database. The World Bank has added a household survey module to its EdStats database that links the user to household surveys by country with education data; however, the World Bank has not produced independent country or global estimates for out-of-school children.

Finally, it is interesting to read in the ILO 2010 paper Accelerating Progress Against Child Labour that:

“Girls represent approximately 54 percent of the world’s total out-of-school children and are much more likely than boys never to enroll. One estimate suggests the global cost of not educating girls is US\$92 billion a year, just less than the total annual development assistance budget of developed countries (estimate from: Plan International: Paying the price: The economic cost of failing to educate girls, Woking, UK, 2008).”

(25) Children out of school (secondary aged)

[Possible] Source: United Nations Educational, Cultural, and Scientific Organization (UNESCO), Education for All Global Monitoring Report. 2010. Basis: Extensive administrative data.

The UNESCO 2010 report presents neither the number nor the percent of secondary school aged children out-of-school. However, both UNESCO and UNICEF report the net enrollment ratio for secondary school aged children, and the number of secondary school aged children. The net enrollment ratio is the number of children enrolled in secondary school divided by the number of secondary school aged children. A proxy for secondary school aged children out of school as 100 minus the net enrollment ratio. Please note, however, that the proxy of secondary school aged children out of school (i.e., not enrolled in secondary school) is a poor one because it does not match the methodology used to calculate out of school for primary school, the main issues being that it includes only secondary aged children enrolled in secondary school (and not secondary aged enrolled in tertiary or vocational school) and the

data for upper secondary education is unreliable for some countries. If 100-NER is used as a proxy, from the 2009 UNESCO report, 42 percent of secondary aged children are not enrolled in secondary school. Using the secondary aged population from the report, this yields 328,707,540 children.

If the proxy for secondary out of school is not acceptable, and a second indicator for education is desired, one possibility is the youth literacy rate¹⁸ by gender. This indicator is well reported (sources include census, household, and labor force surveys) and gives a measure of current access to learning at the primary level, retention of primary education, and gender disparity at the global level. It does not, however, give a good measure of education beyond the primary level, or of vulnerability of children due to the poor education of their adult caregivers. The UNESCO 2009 report gives a 2006 youth literacy rate of 91 percent for males and 86 percent for females.

(26) Child laborers (aged 5–17)

Source: Number and percent from International Labour Organization (ILO). Acceleration Action Against Child Labour. 2010. Basis: Extensive national surveys and case studies.

The 2008 estimates for child laborers¹⁹ (and children in hazardous work below from the same source) are based on data taken from national SIMPOC surveys on child labor; the World Bank's Living Standards Measurement Study (LSMS) surveys; the Multiple Indicator Cluster Surveys (MICS), labor force surveys; the United Nations Population Division; and data provided by the interagency Understanding Children's Work (UCW) Project. These estimates have, according to the Accelerating Action Against Child Labour report, benefited from:

- “the resolution concerning statistics of child labor adopted by the 18th International Conference of Labour Statisticians (ICLS) in 2008, which lays down statistical standards for the measurement of child labor;
- more and richer data from national household surveys conducted between 2004 and 2008;
- an integrated approach of estimating the broader category of ‘children in employment’ and the narrower band of ‘child labour’; and
- an improved extrapolation and estimation methodology, which is fully compatible with previous exercises.”

The estimate of child laborers was taken from the ILO 2010 Accelerating Progress Against Child Labour Report, rather than UNICEF's 2008 estimate of child laborers from State of the World's Children: Special Edition Report because (1) The ILO report includes children 15–17, which is important particularly in regard to hazardous work, (2) the ILO uses a more comprehensive set of data sources than UNICEF (which uses only DHS and MICS data), and (3) the definition of child laborers used by ILO matches more closely the definitions contained in ILO conventions No. 138 and 182 (UNICEF sets a boundary of 28 hours of domestic work for inclusion in child labor, which is not specifically included in the ILO conventions).²⁰

(27) Children in hazardous work (aged 5–17)²¹

Source: Number and percent from ILO. Accelerating Progress Against Child Labour. 2010. Basis: Extensive national surveys and case studies.

The data on children in hazardous work cited is from 2008, in Table 1.1 of the ILO 2010 report, Accelerating Progress Against Child Labour. There are data in the report for 2000, 2004, and 2008; the most recent data were used here.

At times, statistics for “worst forms of labor,” “hazardous work,” and “unconditional worst forms of labor” seem to be cited interchangeably by the media and some organizations outside of the ILO. Care must therefore be taken when looking at sources outside of the ILO that cite global numbers on these topics, even if those citations include references to ILO literature. For clarity, the ILO publication, A Future Without Child Labor. 2002, states:

“The adoption of Convention No. 182 helped to focus the spotlight on the urgency of action to eliminate, as a priority, the worst forms of child labour, which it defines as:

- (a) all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;*
- (b) the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;*
- (c) the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;*
- (d) work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children (Article 3).*

A distinction can be drawn between two categories of the worst forms of child labour:

- those that this report terms the ‘unconditional’ worst forms of child labour, referred to in Article 3(a)–(c) above of Convention No. 182, that are so fundamentally at odds with children’s basic human rights that they are absolutely prohibited for all persons under the age of 18;*
- hazardous work (referred to above as (d)), as defined by national legislation, that may be conducted in legitimate sectors of economic activity but that is nonetheless damaging to the child worker.”*

Please note, children in unconditional worst forms of labor is not longer included in Table 1. As the Accelerating Action Against Child Labor publications states:

“Hazardous work by children is often treated as a proxy category of the worst forms of child labor. This is for two reasons. First, reliable national data on the worst forms other than hazardous work, such as children in bonded and forced labor or in commercial sexual exploitation, are still difficult to come by. Second, children in hazardous work account for the overwhelming majority of those in the worst forms (at least 90 percent).”

(28) Children in prostitution and pornography (aged 5–17)²²

Source: Number from ILO. A Future Without Child Labour. 2002. Percent calculated by FI by dividing the number of children in prostitution and pornography [global] aged 5–17 (numerator) by the FI 2005 estimate of the child population [global] aged 5–17 based on UNPP. 2008 (denominator). Basis: Modeled estimate [likely] from limited case studies, administrative data, and expert opinion.

The ILO report. A Future Without Child Labor. 2002. states that there are 1.8 million children in prostitution and the production of pornography or pornographic performance. The data source is the same as for children in unconditional worst forms of labor.

Several other sources also cite statistics for child prostitution. End Child Prostitution, Child Pornography, and Trafficking in Children for Sexual Purposes (ECPAT International) is one of the authorities on the issue, and has special consultative status with the Economic and Social Council of the United Nations (ECOSOC). Although ECPAT tracks progress by country via categories of actions to be taken by governments and civil society against commercial child sexual exploitation,²³ there are no global or country numbers of children in these reports, the annual reports of ECPAT, or the EXPAT. Questions and Answers about the Commercial Sexual Exploitation of Children. 2008. The report ECPAT. Stop Sex Trafficking of Children and Young People. 2009. cites a global figure of 1.2 million children worldwide trafficked for sexual exploitation; however, that number is specific to trafficking and not prostitution and pornography. It is also questionable that this number is truly specific in regard to sex trafficking, since the source is cited as UNICEF. http://www.unicef.org/media/media_40002.html. 2007. That Web site cites children trafficked in general (not sex trafficking alone), and the source traces back through UNICEF. Press Release

Day of the African Child. 2007, which cites from <http://www.ilo.org/ipecc/Campaignandadvocacy/WDAACL/2003/lang--en/index.htm> (World Day Against Child Labor. 2003), and eventually back to the report ILO. A Future Without Child Labour. 2002.

Obtaining reliable statistics is challenging given the underground nature of the crime, circular reporting, frequent definitional difficulties, and the lack of consistent data collection across countries.

(29) Children in other illicit activities (in particular production and trafficking of drugs)²⁴ (aged 5–17)

Source: Number from ILO. A Future Without Child Labour. 2002. Percent calculated by FI by dividing the number of children in illicit activities [global] aged 5–17 (numerator) by the FI 2005 estimate of the child population [global] aged 5–17 based on UNPP. 2008. Basis: Modeled estimate [likely] from limited case studies, administrative data, and expert opinion.

(30) Forced labor as a result of trafficking (aged 0–17)²⁵

Source: ILO. A Global Alliance Against Forced Labor: Global Report Under the Follow-up to the ILO Declaration on Fundamental Principles and Rights at Work. 2005. The Global Alliance against Forced Labor reports that 2.45 million people are in forced labor as a result of trafficking. The report estimates that 40 to 50 percent of those are children. FI applied 45 percent to 2.45 million to arrive at 1,102,500 children in forced labor as a result of trafficking. Percent calculated by FI by dividing the number of children in forced labor as a result of trafficking [global] aged 0–17 (numerator) by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008 (denominator). Basis: Modeled estimate [likely] from limited administrative data, case studies, and expert opinion.

An update to the 2005 ILO Report was recently published. However, it does not include numbers. ILO. The Cost of Coercion. 2009 states,

“A repeat of the first global estimate would be premature. The methodology, which involved extrapolations from real cases of forced labour reported over a ten-year period, meant that repeating the exercise so soon afterwards would have limited value. Instead, this Report captures the basic trends of forced labour over the past four years, including the main patterns and geographical incidence of forced labour abuse, and also the law and policy responses, and presents the main challenges to be faced in the years ahead.”

The United Nations Office of Drugs and Crime also recently published a report on trafficking, which states that 14,909 victims of trafficking were identified by state authorities between 2003 and 2007, of whom 22 percent are children. Thus, it is estimated that the number of children identified by state authorities between 2003 and 2007 is 3,280. These data are not reported in Table 1 because it is severely limited by 1) the sparse existence and insufficient scope of national laws on trafficking, 2) the inability of countries to detect and prosecute offenders, and 3) deficient data collection and recording capacities.

Please note that the report from ILO. Child Trafficking: The ILO’s Response through IPEC. 2007 quotes a figure of 1.2 million children trafficked, which comes from ILO. Every Child Counts. 2002, which in turn has the same statistic for child trafficking (and other unconditional worst forms of labor) as ILO. A Future Without Child Labour. 2002. The FI calculation of 1.1 million children trafficked based on ILO. Global Alliance Against Forced Labor. 2005 was used in Table 1 because it is based on more recent data (a time period of 1995–2004) and an updated methodology for tracking forced and bonded labor (which includes trafficking) that the ILO. The Cost of Coercion. 2009 report will use for future tracking of forced and bonded labor.

(31) Children associated with armed forces or groups (aged 0–17)

Source: Number from United Nations General Assembly. Fifty-fifth Session: Children and Armed Conflict A/55/163S/2000/712. 2000. Percentage calculated by FI by dividing the number of children associated with armed forces or groups [global] aged 0–17 by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008. Basis: Expert opinion or modeled estimate based on limited case studies.

This estimate of 300,000 child soldiers in the report was made without reference to the method for calculation. It is probable that the supporting documentation comes from Machel, G. for the United Nations. Fifty-first Session: Impact of Armed Conflict on Children. 1996, a report for which a series of 24 case studies was conducted that cover conflicts over the 30 years previous to the report. However, no number of child soldiers is given in the Graca Machel report. The Coalition to Stop the Use of Child Soldiers, which no longer quotes a number for child soldiers, was contacted directly to obtain further information on the difficulties involved in tracking child soldiers and to clarify the terminology for the indicator. Lucia Withers writes:

“The numbers of child soldiers at any given time is virtually impossible to establish. For example, military commanders frequently conceal children or deny access to observers. Armed groups frequently operate in dangerous, inaccessible zones to which observers do not have access and many children perform support roles and are therefore not visible in military operations.

The way in which children are recruited also prevents accurate documentation. Children are recruited both formally and informally. In some situations they stay in their communities and report only when required and often for short periods of time, for example when fighting escalates or to build strength while negotiating a demobilization package. Child soldiers also shift between groups or are released and then recruited by a different group. Many children are killed or die of injuries sustained or illnesses caused by the hardships of military life. Child soldiers often reach the age of 18 while in the ranks and are no longer considered children. The years spent as a child soldier then become invisible....

The term ‘child soldiers’ is widely used, but it is more appropriate to use the term ‘children associated with armed forces or groups’— this covers all scenarios — i.e., membership of both armed forces and armed groups and forced or voluntary recruitment. It also captures the broader role that children perform in military forces i.e., not only as gun-carrying combatants, but as porters, guards, cooks, messengers, spies etc. It might be useful to look at the definition of terms in the Paris Principles on Children Associated with Armed Forces or Armed Groups²⁶ which has been endorsed by some 66 governments to date.”

The age group for children associated with armed forces or groups in ILO. A Future Without Child Labour. 2002 is given as 5–17; however, the Fifty-fifth Session: Children and Armed Conflict Report from 2000 cites “children under the age of 18,” and thus that is what is used in Table 1.

(32) Refugee children (aged 0–17)²⁷

Source: Total number of refugees from UNHCR. 2009 Global Trends: Refugees, Asylum Seekers, Returnees, Internally Displaced and Stateless Persons. 2010. Futures Institute calculated the number of refugee children by multiplying the total number of refugees [global] by 45 percent, which is the percent of the total persons of concern who are aged 0–17 from UNHCR. 2009 Global Trends: Refugees, Asylum Seekers, Returnees, Internally Displaced and Stateless Persons. 2010, Annex Table 13. Percent of children [global] who are refugees was calculated by FI by dividing the number of children who are refugees [global] aged 0–17 (numerator) by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008 (denominator). Basis: Extensive administrative and UNHCR country office data.

(33) Internally displaced children (as a result of conflict or persecution) (aged 0–17)

Source: Total number of internally displaced people as a result of conflict or persecution: Internal Displacement Monitoring Centre (IDMC). Internal Displacement: Global Overview of Trends and Developments, 2009. 2010.

Futures Institute calculated the number of internally displaced children as a result of conflict or persecution [global] aged 0–17 by multiplying the total number of internally displaced people as a result of conflict or persecution [global] by 45 percent, which is the percent of total population of concern who are aged 0–17 from UNHCR. Global Trends: Refugees, Asylum Seekers, Returnees, Internally Displaced and Stateless Persons. 2010, Annex Table 13. Percent calculated by FI by dividing the number of internally displaced children as a result of conflict or persecution [global] aged 0–17 (numerator) by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008 (denominator). Basis: Extensive administrative, and UN and NGO country office data.

The IDMC report Internal Displacement: Global Overview of Trends and Developments, 2009 was used because UNHCR collects only data on internally displaced persons²⁸; it assists, and refers those looking for information on total IDPs to the IDMC. The IDMC report does not have demographic information on IDPs. However, the UNHCR 2009 Global Trends report Statistical Annex Table 13 reports that 45 percent of the UNHCR population of concern is aged 0–17.

The adequacy of data for the number of children internally displaced by conflict or persecution is problematic because, as stated in the IDMC Global Overview of Trends and Developments, 2008 report:

“...profiles of IDP populations were still generally scarce in 2008. Only in six out of the 52 countries surveyed (or 56 ‘situations’ including, for example, Darfur and Southern Sudan) were there up-to-date information on IDPs, which gave either their disaggregated numbers or their location. Only in two countries, Azerbaijan and Colombia, was there information on both. For the most part, across countries and in all regions, only rough estimates were available. While the collection of core data on IDPs is generally considered to be a responsibility of national authorities, only four governments had profiled IDPs in a comprehensive manner, for a number of reasons. In emergency settings, data collection may have been viewed as too challenging, while populations in situations of protracted displacement may have often disappeared from the radar of national protection agencies. In some cases, the government may not have acknowledged the displacement situation at all (see the section on national responses to displacement). In others, data may have been available only for certain parts of the country, as some areas with IDPs are not under government control.”

However, the IDMC data are the best and only comprehensive global data on IDPs.

(34) Children affected by natural disaster (aged 0–17)

Source: Total number of persons affected by natural disaster: Centre for Research on the Epidemiology of Disasters (CRED). Annual Disaster Statistical Review 2009. 2010. Futures Institute calculated the percent of total population affected by natural disaster by dividing the total population affected by natural disaster [global] (numerator) by the 2005 estimate of total population [global] from United Nations Population Program. 2008 (denominator). The percent of children affected by natural disaster is assumed to be the same as that for total population. The number of children affected by natural disaster was thus calculated by FI by multiplying the percent of children affected by natural disaster [global] aged 0–17 by the FI 2005 estimate of the child population [global] aged 0–17 based on UNPP. 2008. Basis: Extensive UN and NGO country office, insurance company, and press data.

In 2009, 335 natural disasters were reported worldwide and recorded in the International Emergency Disasters Database (EM-DAT). According to the Annual Disaster Statistical Review 2009, “they killed 10,655 persons, caused over US\$41.3 billion in economic damages, and affected more than 119 million others in total.²⁹ The absence of natural disasters with an extremely large human impact in 2009, so-called mega-disasters, was reflected by a decreased number of reported deaths, victims, and economic damages, compared to the annual averages for the period 2000–2008. The Annual Disaster Statistical Review 2008 edition discusses sourcing as follows:

“The database is compiled from various sources, including UN agencies, non-governmental organizations, insurance companies, research institutes and press agencies. Priority is given to data from UN agencies, followed by OFDA, governments and the International Federation of Red Cross and Red Crescent Societies. This prioritization is not only a reflection of the quality or value of the data, but it also reflects the fact that most reporting sources do not cover all disasters or have political limitations that can affect the figures.”

It is unclear if there is an issue of the same people being affected by more than one disaster (for example an earthquake then resulting tsunami, or extreme weather and resulting drought or flood), and thus being “double-counted.” The Annual Disaster Statistical Review does state that “The entries [into the EM-DAT database] are constantly reviewed for redundancy, inconsistencies, and incompleteness.”

(35) Children internally displaced by natural disaster (aged 0–17)

Source: Total number of persons internally displaced by natural disaster: from the UN. General Assembly Sixty-Fourth Session, Promotion and Assistance to Internally displaced Persons A/64/214, 2009. Futures Institute calculated the percent of total population internally displaced by natural disaster by dividing the total number of persons internally displaced by natural disaster [global] (numerator) by the 2005 estimate of total population [global] from United Nations Population Program, 2008 (denominator). Percent of children internally displaced by natural disaster is assumed to be the same as the percent of persons internally displaced by natural disaster. The number of children internally displaced by natural disaster was calculated by FI by multiplying the percent of children internally displaced by natural disaster [global] aged 0–17 by the FI 2005 estimate of the child population [global] aged 0–17 from UNPP, 2008. Basis: Expert opinion from undocumented sources.

There is no documented source for the 36 million number for persons displaced worldwide in 2008 as a result of natural disasters. The UN 64th Session Report report cautions, “reliable figures do not exist in the absence of an agreed methodology and global system to record displacement that is not related to conflict.”

ANNEX A NOTES;

1. Age ranges such “aged 0–4” includes all children from birth to the last day of their fourth year. “Aged 5–9” would be all children from the first day of their fifth year to the last day of their ninth year.
2. “Basis” refers to the percent or number given in the source, and not the calculations used to generate the corresponding number (if a percent was given in the source) or percent (if a number was given in the source). “Extensive” indicates that the source used data from 50 or more countries. “Limited” indicates that the source used fewer than 50 countries. The data quality for a global indicator is only as good as the national survey(s), administrative data, expert estimate, or other sources available for each country. It is not appropriate to document here all issues with the comprehensiveness and accuracy of various national survey instruments, or the limitations of each survey at the country level by indicator. Further specificity in that regard can be found from the sources given for each indicator and associated published literature. For the indicators that are not commonly reported (such as children in forced labor as a result of trafficking), the text of the notes provides further description of data limitations.
3. Demographic and Health Surveys. 2009. Statcompiler run on total fertility rates disaggregated by wealth status. <http://www.statcompiler.com/> accessed 13 September 2009.
4. Number of children aged 0–17 is not available.
5. Percentage of children aged 0–59 months who are below minus two standard deviations from median height for age of the WHO Child Growth Standards.
6. Percentage of children aged 0–59 months who are below minus two standard deviations from median weight for age of the WHO Child Growth Standards.
7. Percentage of children aged 0–59 months who are below minus two standard deviations from median weight for height of the WHO Child Growth Standards.
8. Persons of concern to UNHCR includes (a) refugees; (b) asylum seekers; (c) IDPs; (d) refugees who have returned home (returnees); (e) IDPs who have returned home; (f) stateless persons; and (g) other people who do not fall under any of the above categories but to whom the Office extends its protection and/or assistance activities. In 2007, two additional sub-categories were introduced: (1) people in refugee-like situations (included under refugees); and (2) people in IDP-like situations (included under IDPs).
9. Disability has often been defined as a physical, mental, or psychological condition that limits a person’s activities. However, work is now being conducted through the UN Washington City Group on Disability Statistics to better define disability according to interaction of a person’s functional status with the physical, cultural, and policy environments (and thus disability is defined not just by the person but also by the environment). In addition, work is continuing on trying to (1) establish more than one disability prevalence (for example, disabled and severely disabled), which would more clearly account for the vast differences in the extent of disability; (2) address the special methodological considerations in regard to children (two major factors being that disability can

- evolve through childhood and adolescence, and assessing if incidence of disability may be higher in children due to risk of accidents, drugs, and other risk-taking behavior); and (3) field test surveys that can be administered to those with mental handicaps and/or children.
10. Adequate shelter is defined as fewer than five people per room and having flooring material (other than mud).
 11. Includes shouting, yelling, and screaming at the child, and addressing her or him with offensive names.
 12. Minor physical punishment includes shaking the child and slapping or hitting him or her on the hand, arm, leg, or bottom.
 13. Severe physical punishment includes hitting the child on the face, head or ears, or hitting the child hard or repeatedly.
 14. Sexual abuse is defined in the document as forced sexual intercourse or other forms of sexual violence. Further clarity on these definitions is found in UNICEF/IASC. 2002. Report of the Inter-Agency Standing Committee Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises. "Sexual abuse" is defined as actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force, or under unequal or coercive conditions; "sexual exploitation" is defined as any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially, or politically from the sexual exploitation of another.
 15. Browne, K., et al. 2005. A European Survey of the Number and Characteristics of Children Less than Three Years Old in Residential Care at Risk of Harm. Adoption and Fostering defines institutional care as: residential health or social care facilities with 11 or more children, where children stay for more than three months without a primary caregiver. The UNICEF Innocenti TRANSMONEE database for CEE/CIS defines residential care as: children in infant homes, orphanages, boarding homes and schools for children without parental care or poor children, disabled children in boarding schools and homes, family-type homes, SOS villages, etc. (with some exceptions by country, according to national reporting definitions). The UNICEF 2009 Concept Note on Child Care System Reform – "Commitment, Partnership, and Action" defines formal care as: any type (public or private) of residential care or alternative family-based care for children who are without parental care (such as, for example, foster and guardianship care) on a permanent or temporary basis. The definition does not include day care services.
 16. A widely accepted set of definitions, commonly attributed to UNICEF (http://www.unicef.org/evaldatabase/files/ZAM_01-009.pdf), divides street children into two main categories:
 - Children on the street are those engaged in some kind of economic activity, ranging from begging to vending. Most go home at the end of the day and contribute their earnings to their family. They may be attending school and retain a sense of belonging to a family.
 - Children of the street actually live on the street (or outside of a normal family environment). Family ties may exist but are tenuous and are maintained only casually or occasionally.
 17. Children whose births are registered are defined as children whose birth certificate was seen by the interviewer or whose mother or caretaker says the birth has been registered. In the case of MICS surveys, data refer to children alive at the time of the survey.
 18. The number of persons aged 15 to 24 years who can both read and write with understanding a short simple statement on their everyday life, divided by the population in that age group. Generally, "literacy" also encompasses "numeracy," the ability to make simple arithmetic calculations.
 19. "Child labour" is defined by ILO. 2010. Accelerating Progress Against Child Labour as under the system of National Accounts production boundary a subset of children [aged 5-17] in employment. It includes those in the worst forms of child labour and children in employment below the minimum age, excluding children in permissible light work, if applicable. It is therefore a narrower concept than "children in employment," and excludes all those children who work only a few hours a week in permitted light work and those above the minimum age whose work is not classified as "hazardous work" or among other worst forms of child labour.
 20. The ILO Web site on domestic labor (<http://www.ilo.org/ipecc/areas/Childdomesticlabour/lang--en/index.htm>) states, "given its [child domestic work] hidden nature and the characteristics of the employment relationship it is very difficult to draw the line between 'legitimate domestic work' and its exploitative forms.... Although it does not explicitly define child domestic labour as a worst form of child labour, Convention No.182, ratified by 163 countries as of 2006, includes a number of important provisions that are applicable to it.... Both Conventions encourage countries to compile a list of hazardous child labour and many countries have included domestic labour in the list."
 21. Children in hazardous work is defined by ILO. (2010. Accelerating Progress Against Child Labor) as any activity or occupation that, by its nature or type, has or leads to adverse effects on the child's safety, health, and moral development. In general, hazardous work conditions include night work and long hours of work; exposure to physical, psychological, or sexual abuse; work underground, underwater, at dangerous altitudes, or in confined spaces; work with dangerous machinery, equipment, or tools, or involving the manual handling or transport of heavy loads; and work in an unhealthy environment which may, for example, expose children to hazardous substances, agents, or processes, or to temperatures, noise levels, or vibrations damaging to their health.
 22. The Optional Protocol on the Sale of Children, Child Prostitution, and Child Pornography defines child prostitution as "the use of a child in sexual activities for remuneration or any other form of consideration," and pornography as "any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for sexual purposes."
 23. Commercial sexual exploitation of children is defined by the Declaration and Agenda for Action Against Commercial Sexual Exploitation of Children as "A fundamental violation of children's rights. It comprises sexual abuse by the adult and remuneration in cash or kind to the child or a third person or persons. The child is treated as a sexual object and as a commercial object. The commercial sexual exploitation of children constitutes a form of coercion and violence against children, and amounts to forced labour and a contemporary form of slavery." ECPAT. 2008. Questions and Answers about the Commercial Sexual Exploitation of Children includes children in prostitution, pornography, trafficking of children for sexual purposes, child-sex tourism, and in some case child marriage in that definition. It also states that children can be sexually exploited through domestic servitude and bonded labor.
 24. Noguchi, Y. 2008. The Use of Children in Illicit Activities as a Worst Form of Child Labor: A Comment on Article 3(c) of ILO Convention 182 in Nesi, G. et al. 2008. Child Labor in a Globalized World: A Legal Analysis of ILO Action states that the term "illicit" was used over "illegal" because "an activity of drug trafficking not prohibited by national law would fall outside the scope" of "illegal"; and clarifies that: "Recommendation 190, which supplements C.182, in Paragraph 12, refers to another example: 'of activities which involve the unlawful carrying or use of firearms or other weapons.' Being a Provision of a Recommendation, it does not have binding force, but offers insight into the types of activities – namely activities involving armed violence – in which the use of a child should be stopped immediately.
 25. "Severe forms of trafficking" is defined by the U.S. Government under Public Law 106-386, the Trafficking Victims Protection Act of 2000, as, "a.) sex traf-

ficking 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.” This definition is in compliance with the UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, which provides the following definition: “Trafficking in persons means the recruitment, transportation, transfer, harboring or receipt of persons: by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, or the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.” Note: This is the globally accepted definition of the trafficking phenomenon. To date, 135 countries have ratified the Protocol. The instrument aims inter alia to distinguish the exploitation-based offense of human trafficking from the movement-based crime of alien smuggling.

26. The Paris Principles Definition: “A child associated with an armed force or armed group” refers to any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys, and girls used as fighters, cooks, porters, messengers, spies, or for sexual purposes. It does not only refer to a child who is taking or has taken a direct part in hostilities.
27. Refugees include individuals recognized under the 1951 Convention relating to the Status of Refugees; its 1967 Protocol; the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa; those recognized in accordance with the UNHCR Statute; individuals granted complementary forms of protection; or those enjoying “temporary protection.” The refugee population includes people in a refugee-like situation.
28. Internally displaced persons are people or groups of individuals who have been forced to leave their homes or places of habitual residence, in particular as a result of, or in order to avoid, the effects of armed conflict, situations of generalized violence, violations of human rights, or natural- or human-made disasters, and who have not crossed an international border. For purposes of UNHCR’s statistical tables, this population includes only conflict-generated IDPs to whom the Office extends protection and/or assistance. Therefore, for the UNHCR 2008 Global Trends Report that includes all IDPs, the total IDP number is drawn from: Internal Displacement Monitoring Centre. 2009. Internal Displacement: Global Overview of Trends and Developments, 2008. The IDP population includes people in an IDP-like situation.
29. Total affected is defined as the sum of those injured, homeless, and affected. Injured is defined as the number of people suffering from physical injuries, trauma, or an illness requiring immediate medical treatment as a direct result of a disaster. Homeless is defined as the number of people needing immediate assistance for shelter. Affected is defined as the number of people requiring immediate assistance during a period of emergency; this may include displaced or evacuated people.

ANNEX B: NGO COMMENTS ON THE FOURTH ANNUAL REPORT TO CONGRESS ON PL 109-95



Representatives from Global Action for Children and the Orphans and Vulnerable Children Task Force on behalf of civil society working for highly vulnerable children.

Last year, the OVC community celebrated the significant progress made in implementing the provisions of the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005, Public Law 109-95 (PL 109-95). Children’s advocates were gratified to see a number of the directives of PL109-95 come into effect, among them the following: the August 2008 appointment of Gary Newton as the first USG Special Advisor for Orphans and Vulnerable Children; the subsequent establishment of the four-member PL 109-95 Secretariat; and the Secretariat’s work to develop the first comprehensive picture of the U.S. Government response to orphans and vulnerable children (OVC), outlined in the 2009 Third Annual Report to Congress on PL 109-95.

While 2009 marked an era of meaningful progress for the PL 109-95 Secretariat, this Fourth Annual Report to Congress explains how 2010 began with a challenge. As a result of the devastating January 2010 earthquake in Haiti, much of the Secretariat’s work in the first six months of the year was dedicated to the coordination of the U.S. Government’s (USG’s) child protection response to the crisis. However, the Secretariat turned this charge into an opportunity to carry out its mandate to ensure a coordinated USG response. Working to increase collaboration and efficiency among the USG’s 60 OVC programs, the PL 109-95 Secretariat created and chaired a Washington-based interagency working group on highly vulnerable children in Haiti, mobilized an interagency task force in Haiti, and facilitated engagement between the two groups. The Secretariat performed a multitude of critical functions, from the deployment of child protection specialists to Haiti and the facilitation of task force responses to Congressional and public inquiries on the situation of children after the earthquake. Importantly, the Secretariat immediately reached out to the NGO community to map NGO coverage and capacity to reach a greater number of children – an effort exemplifying the partnership the Secretariat has developed with civil society.

Apart from its work to address child protection issues stemming from the Haiti earthquake, the Secretariat continued to pursue a number of important initiatives begun in 2009, including: updating the global profile of highly vulnerable children; launching an open-access online database of USG projects focused on OVC; continuing to refine the definitions for “orphan” and “highly vulnerable child” to ensure consistency in monitoring and evaluation efforts; and raising awareness on child protection issues within the USG. The PL 109-95 Secretariat has furthered efforts to define the factors underlining child vulnerability through a “vulnerability index,” which is beginning, for the first time, to show us a global profile of child vulnerability. This innovative tool will aid analysis of how well USG programs are meeting the specific needs of highly vulnerable children in individual countries. We hope the Secretariat will continue to compile this extremely important data and devise creative methods to add to the knowledge base about where, how, and to what extent the United States is supporting OVC in developing countries. Ultimately, these tools should be utilized to improve existing programs’ abilities to most effectively support children in need.

We would also like to commend the work of the PL 109-95 Secretariat in increasing U.S Government agencies’ awareness of child welfare and protection issues in order to motivate increased communication and coordination among them. In May 2010, the Secretariat convened the first USG interagency conference, Coordinating U.S. Government International Assistance for Highly Vulnerable Children: A Whole-of-Government Response to Child

Welfare and Protection, allowing government agencies to share successful models of coordination, including coordinating policy, program planning and design, staff, and other donors. The conference marked an important step in the coordination of the whole-of-government response, and we hope these models will be adapted and applied across USG agencies to most effectively provide the services needed to support highly vulnerable children worldwide.

Despite the notable progress made this year, current and future activities of PL 109-95 remain unfunded by the U.S. Congress. As child advocates and organizations providing services to children in need around the world, we hope the accomplishments presented in this report and the ambitious agenda set for 2010-2011 will inspire Congress to fund this important work. Adequate and secure funding will be necessary to ensure the coordination, monitoring and evaluation, and research needed for the United States to implement an effective whole-of-government approach to child welfare and protection.

Looking to the future, we would like to commend Mr. Newton and his team for their laudable priorities for the coming year. We echo the PL 109-95 Secretariat's call to USG agencies to have a greater impact on the lives of children through a coordinated response, and we very much look forward to continuing our partnership – collectively working to guarantee the realization of these important goals.

– The OVC Community

ENDNOTES

1. Unless stated otherwise, the numbers of children in this document are for the age range 0–17 years. Where Demographic and Health Survey figures have been used, they have been expanded to the estimated national population of 9.12 million, of whom 4.09 million (45%) are children age 0-17 (International Programs Center, U.S. Census Bureau, <http://www.census.gov/ipc/www/idb/>, estimates for January 1, 2010.)
2. Poverty in Haiti, Pal Sletten and Willy Egset, Fafo, 2004.
3. Demographic and Health Survey 2005/6 main report, pp. 177 and 194.
4. Demographic and Health Survey 2005/6 main report, p. 168.
5. 2008 World Population Data Sheet, Population Reference Bureau.
6. Demographic and Health Survey 2005/6 main report, p. xxxiii.
7. DHS 2005/6 data file, expanded to 1/1/2010 population.
8. UNICEF Haiti Earthquake, Situation Report #16, February 8, 2010. This estimate is corroborated in a recent report to UNICEF, Post-earthquake Haiti: A review of factors relevant for planning on alternative care, child protection and adoption, Nigel Cantwell, March 1, 2010.
9. Children and AIDS: Fourth Stocktaking Report, 2009, UNAIDS, UNICEF, WHO, UNFPA, p. 50; a similar estimate arises from analysis of the DHS 2005/6 data file, inflated to the Jan. 1, 2010 population. It is a coincidence that this number matches the one in the previous bullet. Most of the children in residential care centers had living parents.
10. Children and AIDS: Fourth Stocktaking Report, 2009, UNAIDS, UNICEF, WHO, UNFPA, p. 50; a larger estimate, 406,000 arises from analysis of the DHS 2005/6 data file, inflated to the Jan. 1, 2010 population.
11. Lost Childhoods in Haiti. Pan American Development Foundation and USAID, November 2009, page 9. Some other estimates range from 90,000 to 300,000. Restaveks are children age 5-14 who live with distant relatives or non-relatives and work as servants. Some of these children are subject to abuse, exploitation, or trafficking.
12. UNAIDS. Prevalence for ages 15–49 is 2.2 percent. <http://www.unaids.org/en/CountryResponses/Countries/haiti.asp>
13. Demographic and Health Survey 2005/6 main report, p. 270.
14. USG agencies providing assistance to Haitian children have used the following definitions for information, planning, and monitoring purposes. These definitions are consistent with the Interagency Guiding Principles on Unaccompanied and Separated Children and the UN Guidelines for the Alternative Care of Children.

Unaccompanied children: Those who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

Separated children: Those who are separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

Orphans: Definitions of the term orphan vary (see Section II). Some international agencies define orphan as a child who has lost one or both parents; and others, a child who has lost both parents. In an emergency like this, unless/until parents' deaths can be verified, it is best to refer to children without parental or other family care as being "unaccompanied" or "separated," rather than orphaned. The process of tracing families takes time and until the process has been completed, children's actual status cannot be determined.

Children living in residential care centers: Children whose care is provided in any non-family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities. Such facilities include group homes, infant homes, orphanages, boarding homes and schools for children without parental care, and boarding schools and homes for disabled children or poor children. This does not include alternative care in which care is provided in a family-like setting, such as foster families, guardianship care; or group homes that attempt to cultivate a familial atmosphere. It does not include boarding school for children who are otherwise supported by parent(s). Many children in residential care centers may have living parents but are living separately from their parents and other family. Most Haitian children who are placed in residential care in Haiti are there because of the extreme poverty of their families, rather than due to the death of their parent(s).

Restavèks: Children living and working away from home as unpaid domestic servants. Some of these children are subject to abuse, exploitation, or trafficking. Restavèk is a Créole term which, translated literally to English, means "stay with".
15. Two numbers were quoted widely with reference to orphans and vulnerable children: 380,000 and 1 million. Unfortunately, one of the numbers, 380,000, was often used incorrectly, and the other number, 1 million, had no empirical basis at all. The misuse of the two numbers dramatizes the need for good data and careful definitions and interpretations. Where did the figure of 380,000 come from? In 2009, only a few months before the Haiti earthquake, UNICEF published a report entitled "Children and AIDS: Fourth Stocktaking Report, 2009." A lengthy table in that report, prepared by UNAIDS, gave estimates of the number of children under 18, as of 2007, in most countries of the world, who had lost one or both parents. The estimate for Haiti was 380,000 children. After the earthquake, many different sources referred to the 380,000 but with different interpretations. The number was often given as the number of orphans, without the clarification that it included children who have lost one or both parents. For most English speakers, the term "orphan" implies that a child has lost both parents, not just one. Whenever the number was just described as the number of "orphans," there was a risk of misunderstanding. The age range, under 18, was almost never mentioned. There were actually about 50,000 double orphans in Haiti before the earthquake – just over 1% of all children under 18 – a number that was virtually never cited. By coincidence, UNICEF estimated that about 50,000 children – the same number, but different children – were living in residential care centers in Haiti before the earthquake or "orphanages." Most of the children who live in them have one or two living parents. The figure of "one million children" emerged just a few days after the earthquake, when an Associated Press reporter interviewed an unnamed relief worker who was simply expressing the immense magnitude of devastation and chaos.

Here is a small sampling of the references to these two numbers, sometimes in the same article: “Even before Tuesday’s deadly magnitude-7.0 earthquake, Haiti, one of the world’s poorest countries, was awash in orphans, with 380,000 children living in orphanages or group homes, the United Nations Children’s Fund reported on its Web site.” (msnbc.com; January 19)

“Haiti had 380,000 orphans even before the 7.0-magnitude quake of January 12.... The deaths of parents crushed under rubble could see the number of orphans double, while some aid workers fear the island will have to look after as many as one million children.” (*The National*; James Reinl, UN correspondent; January 22)

“Before the earthquake, there were approximately 380,000 orphans. The number of unaccompanied or orphaned children is now estimated to be one million.” (Pan American Health Organization, Emergency Operations Center Situation Report #15, January 28)

“Before the earthquake, an estimated 350,000 children lived in ‘orphanages,’ yet only 50,000 of them had no living parents... There is growing consternation among child-protection workers about the lack of financial and human resources for protecting Haiti’s vulnerable child population, which is estimated by some at 1 million.” (S. Balsari et al., Protecting the Children of Haiti, *New England Journal of Medicine*; February 19)

“Before the earthquake, there were about 380,000 children living in orphanages across Haiti....” (www.aspanational.wordpress.com; February 26)

“Before the earthquake, there were approximately 380,000 orphans in Haiti. The number of unaccompanied or orphaned children (including children with only one parent) is now estimated to be one million.” (Europa Factsheet Haiti Earthquake, March 22)

16. This number is based on an estimate of 230,000 total deaths (USAID/DCHA Haiti Earthquake Fact Sheet #54, 15 May 2010) and the U.S. Census Bureau estimate that 45% of the population was below age 18.
17. Based on the current estimate of 1.69 million people displaced in the Port-au-Prince Metropolitan Area and at least 31,000 residing in settlements outside Port-au-Prince (USAID/DCHA Haiti Earthquake Fact Sheet #54, May 14, 2010), a U.S. Census Bureau estimate that 45% of the population was below age 18 and 25% below 10, and an assumption that the displaced population has approximately the same age distribution as the general population.
18. The estimate of 3 million is included in the USAID/DCHA Haiti Earthquake Fact Sheet #43, March 9, 2010. The estimate of 45% is described in the preceding note and note 1.
19. See previous note.
20. See previous note.
21. This estimate is derived from a simple model in which children and adults had the same probability of dying in the earthquake, and the correlation between adults and children in the same household was assumed to be .25.
22. This estimate combines the numbers in the previous three bullets with the pre-earthquake estimates of single and double orphans, except that the estimated number of single orphans is 406,000, from the 2005/6 DHS survey, rather than 330,000 from UNAIDS.
23. The child protection technical experts were deployed from USAID’s Office of HIV/AIDS, the PL 109-95 secretariat, and the Displaced Children and Orphans Fund.
24. The information specialist was deployed by USAID’s Bureau for Global Health through the Measure Demographic and Health Survey (DHS) mechanism.
25. It may seem counterintuitive that a maternal orphan may have lost the father as well as the mother, and a paternal orphan may have lost the mother as well as the father. However, these terms focus separately on whether the child has experienced the death of the mother, or the death of the father. An alternative practice is to classify children into four complete and mutually exclusive groups: (1) both parents alive; (2) mother alive, father dead; (3) mother dead, father alive; (4) both parents dead.
26. A child is considered to be an “orphan” eligible for immigration as an immediate relative under the Immigration and Nationality Act (INA) §101(b)(1)(F) if, among other things, both parents have died, disappeared, abandoned or deserted him/her
27. Immediately before the publication deadline for this report, global and country-specific estimates of the numbers of orphans in 2009 were issued by UNAIDS (Children and AIDS: Fifth Stocktaking Report, http://www.unicef.org/publications/files/Children_and_AIDS-Fifth_Stocktaking_Report_2010_EN.pdf). The 2009 estimates could not be included in this Annual Report, but will be available on the PL 109-95 Web site early in 2011.
28. These percentages come from a tabulation of the 2005/6 Haiti Demographic and Health Survey data.
29. International Labour Organization. International Programme on the Elimination of Child Labour, August 2009. The Global Jobs Pact-Contributing to the Fight Against Child Labour.
30. The Paris Principles: Principles and Guidelines on Children Associated with Armed Forces or Armed Groups. February 2007, p 16.
31. U.S. Government and Partners: Working Together on Comprehensive, Coordinated and Effective Response to Highly Vulnerable Children. Third Annual Report to Congress on Public-Law 109-95, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005. December 2009, p. 11.
32. UNICEF uses the term “child protection” to refer to preventing and responding to violence, exploitation, and abuse against children – including commercial sexual exploitation, trafficking, child labor, and harmful traditional practices, such as female genital mutilation/cutting and child marriage. http://www.unicef.org/protection/files/What_is_Child_Protection.pdf

Also see The Convention of the Rights of the Child. Protection rights: keeping safe from harm. http://www.unicef.org/crc/files/Protection_list.pdf

33. For example, The Convention on the Rights of the Child affirms that the family has primary responsibility to protect and care for the child and that governments have the responsibility to protect, preserve, and support the child-family relationship.

The Guidelines for the Alternative Care of Children, adopted by the UN General Assembly on 20 November 2009, emphasize the primacy of the family as the fundamental group of society and the natural environment for the growth, well-being, and protection of children. The guidelines recommend that efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.

According to the Joint Learning Initiative on Children and AIDS (JLICA), “Families, in their many forms, are everywhere the primary providers of protection, support, and socialization for children and youth. A large and well established body of research shows that nurturing family environments are associated with positive outcomes for children across a broad range of indicators.”

The influential Children on the Brink series, initiated by USAID, proposes five key strategies for responding to vulnerable children. The first strategy is to strengthen and support the capacity of families to protect and care for their children.

The PEPFAR guidance for the implementation of programs for orphans and other vulnerable children emphasizes the importance of supporting family-strengthening interventions as a guiding principle: “The family is generally the optimal environment for a child to develop. Assistance programs should enable vulnerable children to remain in a loving family situation where they can maintain stability, care, predictability, and protection. Supporting family capacity, whether the head of household is an ill or widowed parent, an elderly grandparent, or a young person, helps build a protective environment for vulnerable children.”

The internationally recognized Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS reaffirms the primary importance of strengthening the capacity of families to protect and care for orphans and vulnerable children as a key strategy.

34. The Department of Labor uses the following definitions for international child labor programs:

“Child labor” is synonymous with the term “exploitative child labor”

Exploitative child labor comprises the “worst forms of child labor” as outlined in ILO Convention 182 Article 3(a)-(d); all types of work by children in violation of national labor laws and international standards, including ILO Conventions 182 and 138; and work that prevents a child from obtaining an education or impedes a child’s ability to learn, as outlined in ILO Convention 138. Article 7.1(b) of ILO Convention 138 states that children within a particular age range shall not participate in work that will “prejudice their attendance at school, their participation in vocational orientation or training programs approved by the competent authority or their capacity to benefit from the instruction received.”

“Hazardous work.” The worst forms of child labor referred to in Article 3(d) of Convention 182 are known as “hazardous work.” According to ILO Convention 182, hazardous work “shall be determined by national laws or regulations or by the competent authority, after consultation with the organizations of employers and workers concerned, taking into consideration relevant international standards.” As this suggests, forms of work identified as “hazardous” for children [Article 3(d)] may vary from country to country. ILO Recommendation No. 190, which accompanies ILO Convention 182, gives additional guidance on identifying “hazardous work.” ILO Recommendation No. 190 states in Section II, Paragraph 3 that, “[i]n determining the types of work referred to under Article 3(d) of the Convention [ILO Convention 182], and in identifying where they exist, consideration should be given, inter alia to:

- a. work which exposes children to physical, psychological, or sexual abuse;
- b. work underground, under water, at dangerous heights or in confined spaces;
- c. work with dangerous machinery, equipment and tools, or which involves the manual handling or transport of heavy loads;
- d. work in an unhealthy environment which may, for example, expose children to hazardous substances, agents or processes, or to temperatures, noise levels, or vibrations damaging to their health;
- e. work under particularly difficult conditions such as work for long hours or during the night or work where the child is unreasonably confined to the premises of the employer.”

ILO Recommendation No. 190 goes on to state in Paragraph 4 that, “[f]or the types of work referred to under Article 3(d) of the Convention and Paragraph 3 above, national laws or regulations or the competent authority could, after consultation with the workers’ and employers’ organizations concerned, authorize employment or work as from the age of 16 on condition that the health, safety and morals of the children concerned are fully protected, and that the children have received adequate specific instruction or vocational training in the relevant branch of activity.”

“Worst forms of child labor” are defined in Article 3 of ILO Convention 182 as:

- a. all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom, and forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict;
- b. the use, procuring or offering of a child for prostitution, the production of pornography, or for pornographic performances;
- c. the use, procuring, or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
- d. work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children.

35. The PEPFAR funds listed in this column include OVC, pediatric care and pediatric treatment funding.

36. Funding is FY 2009 appropriated funds.

37. PEPFAR funding for DOD/DHAPP includes funds tracked through the Country Operational Plan (COP) process as well as those funneled directly to DOD/DHAPP. The \$7,040,297 are exclusively PEPFAR COP-tracked funds.

38. 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 (LMIC) countries and directly relevant to the target populations (i.e., highly vulnerable children). Funding is FY 2009 spent funds.

39. This amount represents the total funding that DOL awarded in FY 2009 for international child labor programs. It does not represent the entire ILAB budget for FY 2009. For more information, visit <http://www.dol.gov/ilab/programs/ocft/>.

40. The FY 2009 budget is based on a cost of service study completed in 2009 and includes the operational costs for the Adoption Division of the Office of Children’s Issues as well as visa services involved in inter-country adoptions.

41. The figure represents current program funds.

42. This does not include the majority of the multilateral contributions provided to PRM’s largest partners, the Office of the High Commissioner for Refugees (\$641,255,483), the International Committee of the Red Cross (\$256,400,000), and the United Nations Relief and Works Agency for Palestine Refugees (\$267,959,631) who work with conflict-affected populations, the majority of whom are women and children.

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43. This reported amount represents funds obligated for 93 anti-trafficking programs globally. Beneficiaries of G/TIP programs include, but are not limited to, highly vulnerable children.
 44. In FY 2009, USAID received \$391,940,911 in PEPFAR funds to support OVC, pediatric care, and pediatric treatment programming, which are programmed by field missions and reflected in Country Operations Plans (COPs). This budget amount does not include funding for Headquarters Operations Plans (HOPs).
 45. This figure represents funding both from Washington and the field missions. Funding is FY 2009 planned funds.
 46. In FY 2009, USAID/Asia funded 27 projects that reached highly vulnerable children. While the total budget of these projects was \$13,720,797, approximately \$5 million was used to target highly vulnerable children specifically.
 47. The number was derived from the FY 2009 PI 109-95 Online Project Database at <http://www.measuredhs.com/PL10995/>.
 48. The budget number includes \$350,000 (FY 2009 obligated funds) for a Central America regional program; \$100,000 (FY 2009 planned, actual, and obligated funds) for a USAID/DR program in Haiti; \$5,853,620 (FY 2009 actual funds) for four programs in Colombia; and \$7,700,000 for a program in El Salvador. USAID/El Salvador's program targets at-risk youth. Vulnerable children comprise part of the overall target group. USAID/El Salvador does not disaggregate funding allocations for vulnerable children from the overall program total planned amount of \$7.7 million and sub-obligated amount of \$4.3 million. USAID/Jamaica reported on one program that reaches vulnerable children, but it is just one part of a very large program. Therefore, exact numbers concerning spending amounts pertaining ONLY to children reached have not been disaggregated. Moreover, numerous students are affected INDIRECTLY by the training that is provided to guidance counselors, police, etc. Therefore, the FY 2009 budget figure of \$1,600,000 has NOT been included in LAC's total indicated above.
 49. The funding amount is approximate and represents \$150,000,000 for programs in West Bank/Gaza, Egypt, and Jordan. Programs in Iraq represent an additional estimated \$30,000,000. Due to mission reporting constraints, it is not possible to disaggregate the beneficiaries in Iraq into persons above/below the age of 18. Thus, this number is only an estimate and may be overstated.
 50. The number was derived from the FY 2009 PI 109-95 Online Project Database at <http://www.measuredhs.com/PL10995/>.
 51. This budget number represents appropriated funds.
 52. The funding amount for FFP was calculated by the PL109-95 secretariat, based on the PL109-95 database. For each food program in the PL109-95 database, submitted by USAID/FFP and 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 obtaining, from the International Data Base (an online database of the International Programs Center of the U.S. Census Bureau, <http://www.census.gov/ipc/www/idb/>), the proportion of the population that was under 18 in each country in 2009. Each project's overall budget was multiplied by this proportion. The totals given here were obtained by adding those estimated amounts for all projects submitted by USAID/FFP.
 53. This PEPFAR OVC funding includes \$26,547,222 for Track 1 programs.
 54. This number is the portion of the budget estimated specifically for children, out of specified project budgets of \$489,579,499. Please refer to the PI 109-95 Online Project Database at <http://www.measuredhs.com/PL10995/> for more information. Funding is FY 2009 spent funds.
 55. This figure does not include funding for pediatric care and treatment.
 56. This figure includes \$48,972,920 for pediatric care and \$110,323,749 for pediatric treatment.
 57. This number represents the total investment of USG funds supporting approximately 1,900 projects in 107 countries in FY 2009.
 58. Funding is FY 2009 appropriated funds. Information on the McGovern-Dole program can be found at the following URL: <http://www.fas.usda.gov/excredits/FoodAid/FFE/FFE.asp>
 59. PEPFAR funding for DOD/DHAPP includes funds tracked through the Country Operational Plan (COP) process as well as those funneled directly to DOD/DHAPP. The \$7,040,297 are exclusively PEPFAR COP tracked funds.
 60. 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 (LMIC) countries and directly relevant to the target populations (i.e., highly vulnerable children). Funding is FY 2009 spent funds.
 61. This amount represents the total funding that DOL awarded in FY 2009 for international child labor programs. It does not represent the entire ILAB budget for FY 2009. For more information, visit <http://www.dol.gov/ilab/programs/ocft/>.
 62. The FY 2009 budget is based on a cost of service study completed in 2009 and includes the operational costs for the Adoption Division of the Office of Children's Issues as well as visa services involved in inter-country adoptions. For the Intercountry adoption website of the U.S. Department of State, visit www.adoption.state.gov. For a List of publications including the FY 2009 Annual Report, visit <http://www.adoption.state.gov/faqs.html>. Text from the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption (Hague Adoption Convention) is at <http://www.adoption.state.gov/hague/overview/text.html>
 63. The figure represents current program funds. For more information, visit www.state.gov/g/drl/p/index.htm
 64. This does not include the majority of the multilateral contributions provided to PRM's largest partners, the Office of the High Commissioner for Refugees (\$641,255,483), the International Committee of the Red Cross (\$256,400,000), and the United Nations Relief and Works Agency for Palestine Refugees (\$267,959,631) who work with conflict-affected populations, the majority of whom are women and children. For a summary of FY 2009 activities, visit <http://www.state.gov/documents/organization/131274.pdf>. For the FY 2011 Congressional Presentation, <http://www.state.gov/documents/organization/137364.pdf>
 65. This reported amount represents funds obligated for 93 anti-trafficking programs globally. Beneficiaries of G/TIP programs include, but are not limited to, highly vulnerable children.
 66. This figure represents funding both from Washington and the field missions. Funding is FY 2009 planned funds.
 67. In FY 2009, USAID/Asia funded 27 projects that reached highly vulnerable children. While the total budget of these projects was \$13,720,797, approximately \$5 million was used to target highly vulnerable children specifically.

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68. The number was derived from the FY 2009 PL 109-95 Online Project Database at <http://www.measuredhs.com/PL10995/>.
 69. The budget number includes \$350,000 (FY 2009 obligated funds) for a Central America regional program; \$100,000 (FY 2009 planned, actual, and obligated funds) for a USAID/DR program in Haiti; \$5,852,620 (FY 2009 actual funds) for four programs in Colombia; and \$7,700,000 for a program in El Salvador. USAID/El Salvador's program targets at-risk youth. Vulnerable children comprise part of the overall target group. USAID/El Salvador does not disaggregate funding allocations for vulnerable children from the overall program total planned amount of \$7.7 million and sub-obligated amount of \$4.3 million. USAID/Jamaica reported on one program that reaches vulnerable children, but it is just one part of a very large program. Therefore, exact numbers concerning spending amounts pertaining ONLY to children reached have not been disaggregated. Moreover, numerous students are affected INDIRECTLY by the training that is provided to guidance counselors, police, etc. Therefore, the FY 2009 budget figure of \$1,600,000 has NOT been included in LAC's total indicated above. For more information, visit http://www.usaid.gov/locations/latin_america_caribbean/pdf/USAID_Story_on_Health_in_LAC.pdf; http://www.usaid.gov/press/factsheets/2007/fs070709_3.html <http://www.usaid.gov/helphaiti/opcfaq.html>
 70. The funding amount is approximate and represents \$150,000,000 for programs in West Bank/Gaza, Egypt, and Jordan. Programs in Iraq represent an additional estimated \$30,000,000. Due to mission reporting constraints, it is not possible to disaggregate the beneficiaries in Iraq into persons above/below the age of 18. Thus, this number is only an estimate and may be overstated.
 71. The number was derived from the FY 2009 PL 109-95 Online Project Database at <http://www.measuredhs.com/PL10995/>.
 72. This budget number represents appropriated funds. Additional information on DCOF programs to benefit vulnerable children can be found on the USAID website at http://www.usaid.gov/our_work/humanitarian_assistance/the_funds
 73. The funding amount for FFP was calculated by the PL109-95 secretariat, based on the PL109-95 database. For each food program in the PL109-95 database, submitted by USAID/FFP and 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 obtaining, from the International Data Base (an online database of the International Programs Center of the U.S. Census Bureau, <http://www.census.gov/ipc/www/idb/>), the proportion of the population that was under 18 in each country in 2009. Each project's overall budget was multiplied by this proportion. The totals given here were obtained by adding those estimated amounts for all projects submitted by USAID/FFP.
 74. In FY 2009, USAID received \$391,940,911 in PEPFAR funds to support OVC, pediatric care, and pediatric treatment programming, which are programmed by field missions and reflected in Country Operations Plans (COPs). This budget amount does not include funding for Headquarters Operations Plans (HOPs).
 75. This number is the portion of budget estimated specifically for children, out of specified project budgets of \$489,579,499. Please refer to the PL 109-95 Online Project Database at <http://www.measuredhs.com/PL10995/> for more information. Funding is FY 2009 spent funds. The FY 2009 Annual Report can be found at http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/publications/annual_reports/fy2009/annual_report_2009.pdf
 76. Figure does not include funding for pediatric care and treatment.
 77. The United Nations Secretary-General's Study on Violence against Children. <http://www.unviolencestudy.org/>

ACRONYMS

ACDI	Agricultural Cooperative Development International
ACF	Administration for Children and Families
ACT	Actions for Combating Trafficking-in-Persons
AIS	Ambassadors in Sport
APROFAM	Asociación Pro-Bienestar de la Familia de Guatemala
CAP	Community Action Program
COMET	Community Empowerment and Transformation
COP	Country Operation Plan
CREA	Center for Reflection, Education, and Action
CRED	Centre for Research on the Epidemiology of Disasters
CVAWC	Combating Violence against Women and Children
DART	Disaster Assistance Response Team
DCHA	Bureau of Democracy, Conflict and Humanitarian Assistance
DHS	Department of Homeland Security
DR	Dominical Republic
DRC	Disaster Recovery Center
ECOSOC	Economic and Social Council of the United Nations
ECPAT	End Child Prostitution, Child Pornography, and Trafficking in Children for Sexual Purposes
ED	USAID's Office of Education
EM-DAT	International Emergency Disasters Database
FANTA-2	Food and Nutrition Technical Assistance II
FAO	Food and Agricultural Organization
GH	Global Health
GHI	Global Health Initiative
GoH	Government of Haiti
HFIAS	Household Food Insecurity Access Scale
HOP	Headquarters Operations Plan
IAA	Intercountry Adoption Act

IASC	Inter-Agency Standing Committee
IBESR	Government of Haiti's Institute for Social Welfare and Research
ICLS	International Conference of Labour Statisticians
ICRC	International Committee of the Red Cross and Red Crescent
IDMC	Internal Displacement Monitoring Centre
IDP	Internally Displaced Person
IFPRI	International Food Policy Research Institute
IGWG	Interagency Gender Working Group
ILO	International Labor Organization
INA	Immigration and Nationality Act
IPEC	International Program on the Elimination of Child Labor
IRD	International Relief and Development
IRH	Institute for Reproductive Health
LBW	Low Birth Weight
LMIC	Low- and Middle-Income Countries
LPA	Legislative and Public Affairs Bureau
LRP	Local and Regional Procurement
LSMS	World Bank's Living Standards Measurement Study
MCI	Mercy Corps International
MDA	Mass Drug Administration
MICS	Multiple Indicator Cluster Surveys
NA	Not Available
NCHS	National Center for Health Statistics
NER	Net Enrollment Rate
NTD	Neglected Tropical Diseases
OAS	Organization of American States
OAU	Organization of African Unity
OE	Operating Expense
PCR	Polymerase Chain Reaction
PFSRI	U.S. President's Food Security Response Initiative

PLWHA	People Living with HIV/AIDS
PM2A	Prevention of Malnutrition in Children Under Two Approach
PMTCT	Prevention of Mother to Child Transmission of HIV
PSNP	Productive Safety Net Program
REP	Roma Education Project
RMT	Response Management Team
RSD	Office for Regional and Sustainable Development
SET	Students Expressing Truth
SG	Small for Gestational Age
SIMPOC	Statistical Information and Monitoring Programme on Child Labour
SUSTAIN	Sustainable Interventions to Combat Trafficking in Persons in BiH
TVPA	Trafficking Victims Protection Act
UCW	Understanding Children's Work
UIS	University Information Services
UNAIDS	The Joint United Nations Program on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund For Women
UNPP	Population Division of the United Nations (???)
UNWRA	United Nations Relief and Works Agency for Palestine Refugees
USDA	U.S. Department of Agriculture
USNS	United States Naval Ship
VOCA	Volunteers in Overseas Cooperative Assistance
VSS	Victim Support Services
WFP	World Food Programme

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