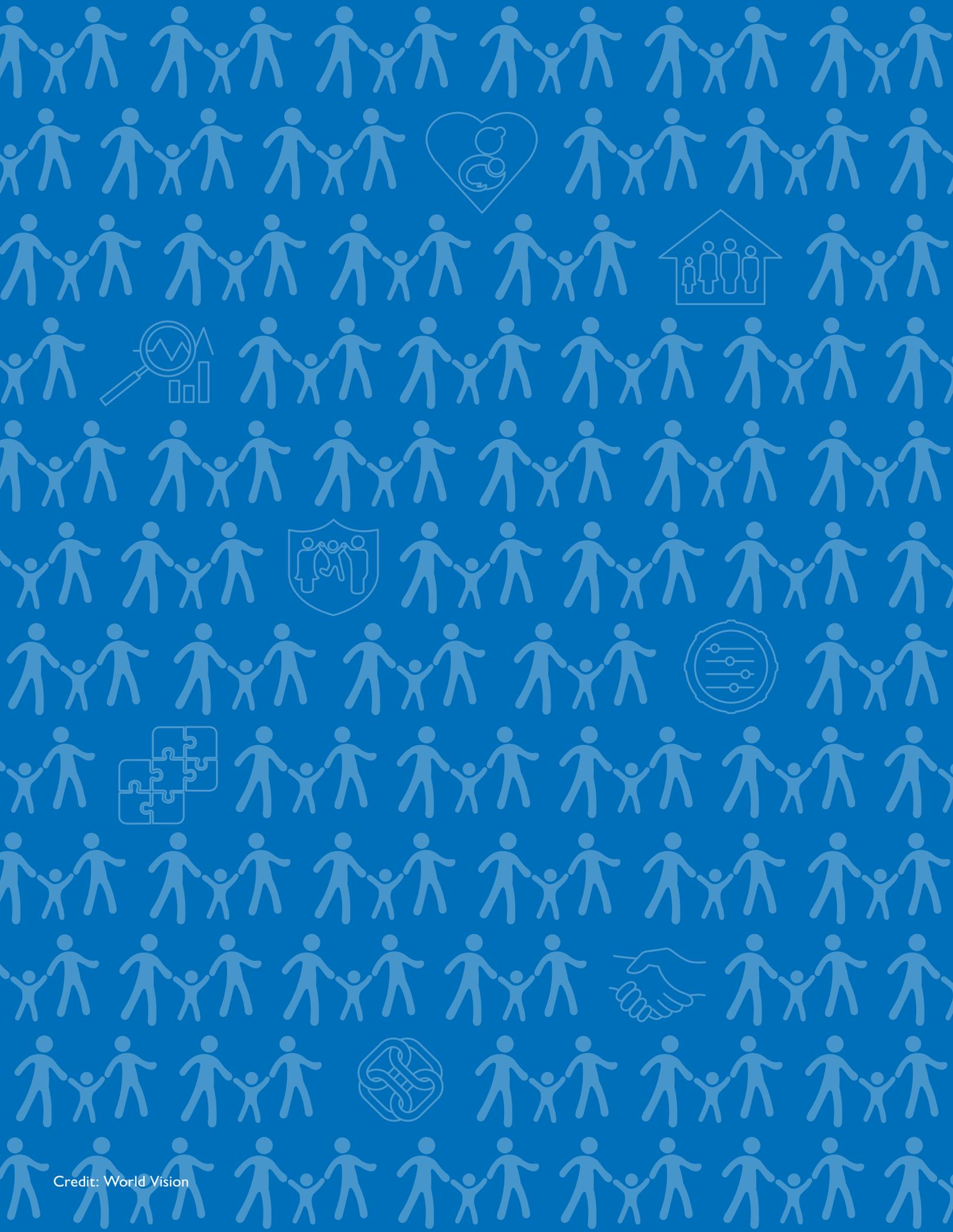


Advancing Protection and Care for Children in Adversity

ANNUAL REPORT TO CONGRESS

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Message from the Acting U.S. Government Special Advisor on Children in Adversity

Dear Colleagues,

On behalf of the U.S. government (USG) departments and agencies that provide assistance to highly vulnerable children around the world, I am happy to submit the 13th *Annual Report to Congress on Advancing Protection and Care for Children in Adversity*. The report is submitted pursuant to Public Law 109-95: Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005. This report covers progress and results by USG partners from October 1, 2019, to September 30, 2020, and other key achievements to date.

The COVID-19 pandemic enormously impacted children and remains a key concern for the USG. Despite these challenges, programs continue to operate and adapt to ever-changing conditions, demonstrating extraordinary achievements to protect and care for children and families around the world. Prior USG investments also created a foundation that encouraged governments to consider child-protection issues and family strengthening in their responses to the pandemic. This report outlines many of these COVID-19-related efforts.

We welcomed the enactment of the **Global Child Thrive Act** in January 2021. The law strengthens the mandate to address the first objective of the **Advancing Protection and Care for Children in Adversity (APCCA) Strategy**, “Build Strong Beginnings,” by strengthening USG policy support for early childhood development (ECD) in relevant foreign assistance programs. In addition to the five USG departments and agencies currently participating in the *APCCA Strategy*, the Global Child Thrive Act directs the Departments of Agriculture, Defense, Education, and the Treasury, as well as the Millennium Challenge Corporation, to incorporate and promote ECD activities. We are continuing to build on existing ECD programming, collaborating with additional departments and agencies, and look forward to reporting key accomplishments in future APCCA reports to Congress.

Thank you for your continued support for the USG’s efforts to assist the world’s most vulnerable children and their families.

Sincerely,



Rebecca Levy
Acting U.S. Government Special Advisor on Children in Adversity

U.S. Government Departments and Agencies That Contribute to the Advancing Protection and Care for Children in Adversity: A U.S. Government Strategy for International Assistance (2019–2023)



Introduction

In 2005, the U.S. Congress recognized the importance of a whole-of-government response to the world's most vulnerable children when it passed Public Law 109-95: The Assistance for Orphans and Other Vulnerable Children in Developing Countries Act. This Act requires an interagency strategy to promote a comprehensive, coordinated, and effective U.S. government (USG) response to the urgent needs of the world's most vulnerable children. In June 2019, USG partners launched *Advancing Protection and Care for Children in Adversity: A U.S. Government Strategy for International Assistance (2019–2023)*, or *APCCA Strategy*, which outlines the USG's approach to investing in the development, care, dignity, and safety of the world's most vulnerable children and their families. USG partners involved in implementing the *APCCA Strategy* include the U.S. Departments of Health and Human Services (HHS), Labor (DOL), State (DOS); the U.S. Agency for International Development (USAID); and the Peace Corps.

This report highlights collaboration among USG interagency partners, as well as progress and achievements in fiscal year (FY) 2020 on the *APCCA Strategy's* three strategic objectives and guiding principles. Most programs target multiple needs and support the realization of all objectives yet highlights are reported by objective in this report. This report also features progress made on several cross-cutting areas identified in the *Implementation Plan* for the *APCCA Strategy*: increasing knowledge, capacity, and policies on child safeguarding and protection; investing in strategies to support the social-service workforce;

and promoting positive parenting and family-strengthening programs. Appendix A provides more detailed achievements by department and agency.

The newly enacted Global Child Thrive Act, effective January 2021, also calls for the USG to report on efforts to advance early childhood development (ECD) internationally. Highlights from activities in line with the Global Child Thrive Act are described in the section on Objective One: "Build Strong Beginnings."

Despite the enormous challenges for ongoing programs presented by the COVID-19 pandemic, USG foreign assistance continued to promote healthy development within safe and protective families in 108 countries in FY 2020 by:

- Providing 27,756,461 children with services such as family tracing and reunification or other child development, protection, safety, and well-being services;
- Providing 1,797,650 parents or caregivers with services such as psychosocial support and training in positive parenting practices;
- Training 400,527 service providers to deliver high-quality services to vulnerable children and their families; and
- Strengthening the capacity of 922 governmental and nongovernmental organizations to provide services and support to children and their families.

See Appendix B for detailed data on the services and support provided to children and their families in FY 2020.

U.S. Government Response to Protecting and Caring for Children During the COVID-19 Pandemic

As COVID-19 spread around the world, the pandemic resulted in the deaths of parents and caregivers, as well as increased risks to the safety and well-being of children, including interruptions to health services; exposure to violence, abuse, exploitation, and neglect; decreased essential services; often severe hunger and nutritional deprivation; increased rates of child, early, and forced marriage; increased rates of female genital mutilation/cutting; diminished livelihoods and increased care burdens; disruptions in and loss of education that disproportionately affect girls; as well as psychosocial distress. The COVID-19 pandemic also renewed and expanded evidence demonstrating how critical the role is that schools and educators play in protecting children and supporting families, particularly during crises.

Since the pandemic began, the APCCA Interagency Working Group has played a leadership role in providing guidance, technical assistance, and advocacy to incorporate the protection and care needs of children into COVID-19 response. In spring 2020, the U.S. Government Special Advisor on Children in Adversity issued an internal guidance note, “Child Protection Resources and Answers to Frequently Asked Questions on COVID-19,” to inform USG programming and response under the *APCCA Strategy*. The guidance promotes the integration of child protection activities across sectors; advocates for social work and child protection posts in hospitals, clinics, and other response centers; prioritizes the development of procedures and systems to identify and provide care for children who are separated from or lose parents or caregivers as a result of COVID-19; and supports the development of tools to strengthen family and caregiving environments. In summer 2021, the APCCA

Interagency Working Group issued an updated [guidance note](#),¹ with a particular focus on addressing the issues facing the more than 5 million children who have lost a parent or caregiver.

APCCA colleagues also played key roles in promoting technical best practices for child protection during the COVID-19 pandemic. At the 2021 Global Health Science and Practice Technical Exchange, APCCA colleagues presented ways child protection programming can prevent and mitigate COVID-19 impacts. In November 2020, USAID’s Bureau for Resilience and Food Security (RFS) led the development of sessions focused on the impact of COVID-19 on vulnerable children and families at the Information and Communication Technology for Agriculture Development (ICTforAg) Conference, attended by people around the globe. The Centers for Disease Control and Prevention (CDC) and USAID supported the development of parenting tips addressing Mitigation of Second Order Impacts of COVID-19, which are available on the [CDC global resources website](#). These tips were translated into more than 100 languages and reached more than [193 million people](#).² Lastly, a number of Institutes and Centers of the National Institutes of Health funded research to understand the effects of COVID-19 infections in children, including the [Eunice Kennedy Shriver National Institute of Child Health and Human Development](#), [National Institute of Allergy and Infectious Diseases](#) (NIAID), [National Institute of Mental Health](#), and the [Fogarty International Center](#).

Through FY 2020 programming, the USG worked to intensify programmatic efforts around child protection.

¹ <https://www.usaid.gov/documents/us-government-guidance-note-critical-action-protection-and-care-children-adversity-0>.

² <https://www.covid19parenting.com/home>.

For example:

- In **Ethiopia and Eswatini**, the CDC, with funding from the President's Emergency Plan for AIDS Relief (PEPFAR), is enhancing Violence Against Children Survey (VACS) questionnaires to measure the impacts of the pandemic on children. During the pandemic, VACS data helped governments develop National Action Plans, identify priority programs and supports, and define monitoring and evaluation strategies based on evidence
 - In **Mexico**, the U.S. Department of Labor funded communications, including leaflets, posters, and radio broadcasts, to explain the risks of COVID-19 to children and families working on sugar and coffee farms in remote communities.
 - In **Rwanda**, USAID partners adapted a nurturing care program to conduct remote programming via radio and phone. Partners revised 17 pre-existing radio scripts to add COVID-19-specific messages, such as what to do if parents suspect they or their children have coronavirus; tips for seeking prompt care; handwashing; caregiver mental health, well-being, and self-care; debunking myths on COVID-19 (particularly on breastfeeding); and maintaining and promoting nurturing care during COVID-19. In October 2020, eight radio stations, including the national Radio Rwanda, began airing these adapted sessions countrywide.
 - PEPFAR Orphans and Vulnerable Children (OVC) programs adapted to COVID-19 by rapidly shifting to remote case management, while prioritizing in-person support for children and adolescents needing HIV treatment, as well as those who had experienced violence. During remote interactions, case managers educated children and families on COVID-19 prevention, violence prevention, and parenting. PEPFAR partners also provided basic water, sanitation, and hygiene kits to families and connected them with cash grants and food assistance according to their need.
- » For example, in **Côte d'Ivoire**, PEPFAR worked with local leaders in each district to ensure OVC program families' eligibility to receive government financial support.
 - » PEPFAR partners in **Kenya** and **Uganda** created multidisciplinary teams to continue support of critical HIV prevention and treatment services for children enrolled in the OVC program.
- In response to the COVID-19 pandemic, the Peace Corps evacuated Volunteers from all posts in March 2020. However, staff developed creative ways to continue programs and to support all three APCCA objectives. For example, in **Uganda**, staff have been working closely with ten local nongovernmental organizations and intend to collaborate with five more organizations on a variety of activities, including mosquito-net distribution targeting OVCs, as well as establishing shelters for survivors of gender-based violence (GBV).
 - In the **education sector**, USAID worked to mitigate the impact of national school closures and associated risks on children. In 30 countries, USAID education programs equipped educators and caregivers with knowledge, skills, and resources to support the psychosocial well-being of children and youth during the uncertain and unpredictable COVID pandemic. In 52 countries, USAID supported partners in deploying a variety of distance-learning modalities to keep children and youth engaged and to limit learning loss. For example, in **Senegal**, USAID supported the Ministry of National Education in developing and disseminating radio- and television-based educational content so students could continue learning from home. The program created a one-stop shop for teachers to gain access to distance learning resources from home and provided ongoing support through text messages. In addition, USAID developed a Return to Learning Toolkit, which provided comprehensive guidance on the safe and responsible opening of schools, as deemed appropriate.

FISCAL YEAR 2020 HIGHLIGHTS

OBJECTIVE ONE: Build Strong Beginnings

USAID leads interagency implementation of the *APCCA Strategy*. Below are FY 2020 highlights of USG programs in alignment with the first objective of the *APCCA Strategy*, “Build Strong Beginnings.” Additional information about programming by department and agency can be found in Appendix A.

INTEGRATING A NURTURING CARE APPROACH

Nurturing care refers to conditions that enable communities and caregivers to promote children’s good health and nutrition, protect them from threats, and give young children opportunities for early learning through emotionally supportive and responsive interactions. USG agencies and departments advanced the provision of nurturing care, which is critical to promoting ECD, in myriad ways in FY 2020.

In Cambodia, Rwanda, and Mozambique, USAID supports caregivers in providing nurturing care as part of inclusive and integrated ECD and nutrition programming. The programs improve children’s outcomes by focusing on strengthening caregiver knowledge and provision of responsive care and early learning, and by strengthening the enabling environment for ECD at the national and subnational levels. In addition, in Mozambique, USAID supports validation of the Global Scale for Early Development—a World Health Organization (WHO) tool to measure the number of young children (0–3 years old) developmentally on track.

NIH-funded child development research often informs other USG programs aimed at benefiting at-risk children around the globe. One such study investigates whether micronutrient supplementation during pregnancy and in early childhood might mitigate the effects of malnutrition on later health outcomes.

Several NIH Institutes fund research on how schools can help address the health care needs, including mental health, of schoolchildren and adolescents.

Keys to advancing a child’s health and development include promoting hygiene practices to minimize infections, strengthening preventive health care, and ensuring that parents and caregivers seek care and treatment for children’s illnesses in appropriate ways. In 2020 alone, USAID Bureau of Global Health (GH) partners helped more than 92 million women and children access essential—and often lifesaving—care. GH funded WHO to examine evidence-based approaches to monitoring individual children’s development in primary care services. These efforts informed the [Nurturing Care Handbook](#), as well as the design of the draft practice guide for strengthening health and nutrition services, which includes messages on responsive caregiving. GH also collaborated with WHO to develop new standards for providing quality care to small and sick newborns, including nurturing care, with specific focus on nutrition, pain management, warmth, and safeguarding sleep.

Nurturing care is also a key component of Advancing Nutrition, USAID’s global multi-sectoral nutrition program. In addition to developing responsive care and early learning counseling cards to integrate into existing country infant and young children feeding counseling cards used globally, USAID is supporting guidance on improving nutritional care for children with developmental disabilities.

USAID is also collaborating to fill a gap in understanding among implementers, researchers, and funders on the experience of frontline workers and caregivers in delivering and receiving, respectively, integrated services to bolster ECD outcomes in children.

STRENGTHENING PARENTING SKILLS

In FY 2020, the USG prioritized strengthening parenting skills to advance ECD. In Rwanda and Senegal, USAID funded the Responsible, Engaged and Loving Fathers Initiative to build young fathers' positive and nonviolent engagement in caring for their young children and promote improved couples' relationships. Also in Rwanda, USAID is part of a public- and private-sector partnership to promote ECD, positive parent-child relationships, and overall healthy child development. Activities include home visitation to support playful parenting, father engagement, improved nutrition, care seeking, and family functioning. Among the 1,049 families that participated in the pilot of this activity, parents used more positive parenting techniques; children's health and development outcomes and families' mental health improved; and families experienced less violence, including intimate-partner violence and harsh discipline. With USAID funds and other donor support, partners expanded this program to reach an additional 10,000 Rwandan households in 2020. In Uganda, the Mama Ambassador Program improves the health and ECD of babies and the physical, emotional, and psychological health and well-being of their adolescent mothers.

Furthermore, the DOS Office of the U.S. Global AIDS Coordinator and Health Diplomacy leads the implementation of PEPFAR programs to strengthen OVC caregivers' ECD knowledge and skills. For example, the CDC, with PEPFAR funding, worked with the Ugandan Ministry of Health to establish ECD spaces for children affected by HIV and to integrate

ECD into group antenatal and postnatal care curricula for infants of adolescent mothers. In Tanzania, PEPFAR-funded implementing partners are strengthening OVC caregivers' knowledge and skills in ECD, including emphasizing the importance of early stimulation.

COORDINATION BETWEEN HUMANITARIAN AND DEVELOPMENT ACTORS

The COVID-19 global pandemic underlined the need for close collaboration between humanitarian and development efforts to advance ECD. In FY 2020, USAID's Center for Education (USAID/DDI/EDU) continued to partner with the LEGO Foundation to champion learning through play for children in crisis and conflict, with holistic programming that builds children's social and emotional skills. As a result, USAID and the LEGO Foundation jointly pledged \$12.5 million to increase investment in ECD in emergency settings. In September 2020, USAID broadened its partnership with the LEGO Foundation to share learning on early childhood education, increase co-funding in learning through play and social and emotional learning, and collaborate on investments in learning through play and early childhood education.

EARLY CHILDHOOD EDUCATION

Additionally, the USAID pre-primary education working group developed a number of technical products, including a technical note and literature review, to support the design of high-quality early learning programs for children ages three to six. USAID is also conducting research to fill gaps in evidence-based best practices for implementing high-quality, inclusive pre-primary curriculum in Lower and Middle Income Contexts (LMICs), and is currently developing technical information about integrating the principles of Universal Design for Learning (UDL) into pre-primary instruction.

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OBJECTIVE TWO: Put Family First

An estimated 5.2 million children lost a parent or caregiver as a result of the COVID-19 pandemic.³ To counter these effects and avoid further adversity, the USG global response must be guided by the *APCCA Strategy* and its “Put Family First” objective by supporting and preserving family care and reuniting separated children with their families or placing them in nurturing, loving, protective, and permanent family care. Below are FY 2020 highlights of USG programs in alignment with the second objective of the *APCCA Strategy*, “Put Family First.” Find additional information about programming, organized by department and agency, in Appendix A.

STRENGTHENING FAMILIES

The USG funds household strengthening activities key to preventing unnecessary child-family separation, which often occurs due to poverty and other stressors. In FY 2020, USAID’s Bureau for Humanitarian Assistance (BHA) supported reuniting unaccompanied and separated children with their families. It also educated families on the needs of children, including offering contextualized parenting skills curricula for caregivers of children associated with armed forces and armed groups, and for caregiving amid COVID-19-related restrictions, closures, and fears, which added to humanitarian needs. USAID’s Center for Education supported disability inclusive education for children that helps children stay with their families while attending school rather than moving to residential care institutions to gain access to education.

Likewise, PEPFAR OVC programs provided household economic strengthening, health, and school access programs to reduce stress on families and empower them to provide for their children’s essential needs. For example, PEPFAR OVC programs implemented evidence-based programs to strengthen parenting skills, such as Parenting for Lifelong Health and Families Matter! In South Africa, USAID, with PEPFAR funds, supported increased access to legal documentation

and assistance related to guardianship, civil registration, and inheritance. Peace Corps Volunteers worked collectively to build household resilience by promoting financial literacy, savings, and income generating projects with both caregivers and older adolescents.

SUPPORTING FAMILY-BASED CARE

APCCA Partners played key roles in supporting family-based care for children in adversity. Through the Vulnerable Children directive, USAID funded family strengthening, family reunification, and family-based alternative care programming. In Rwanda, a USAID-funded project continued to work with the Government of Rwanda on deploying 30 social service professionals to each district, along with ongoing training for the cadre of nearly 30,000 community-level paraprofessionals who act as the first line of child protection and family strengthening.

With DOS Bureau of Population, Refugees, and Migration funding, implementing partners in Ethiopia supported the protection of and alternative care arrangements for unaccompanied and separated children, with the long-term goal to place more children in family-based care, reduce the number of children living in residential care, and transform such care to interim family-like environments while working

⁴ <https://nurturing-care.org/handbook>

to reunite families. Following a market assessment of the cash value provided to foster families, partners increased this incentive for the first time in five years. At the end of October 2020, the number of children residing in community care was the lowest it had been since the communal care model began in 2010.

The DOS Bureau of Consular Affairs' Office of Children's Issues (DOS/CA/OCS/CI) develops and implements intercountry adoption policy for the Department of State, ensuring that intercountry adoption is in the best interest of each child after first fully exploring domestic options. Despite COVID-19 constraints, DOS/CA/OCS/CI increased its engagement with foreign child welfare authorities, domestic stakeholders, and the Hague Conference on Private International Law to facilitate adoption processing wherever possible, consistent with local laws and regulations. When international border closures began in March 2020, the Department assisted 57 families that were already overseas with finalizing their adoption processes and returning safely to the United States with their adopted children.

PROMOTING CARE REFORM

In FY 2020, USAID, through PEPFAR funds, supported the Government of the Republic of South Africa in developing a care and protection policy, improving the availability of family-based alternative care, and strengthening child protection systems. Through the Vulnerable Children directive, USAID funded activities to build sustainable national child protection and care systems in Armenia, Cambodia, Ethiopia, Ghana, Guatemala, Kenya, Moldova, Rwanda, and Uganda.

USAID's Changing the Way We Care Global Development Alliance supported safe and nurturing family care for children previously living in institutions and children at risk of separating from their families in Guatemala, Kenya, and Moldova. Through the alliance, 795 caregivers received support and 941 children were reunited with their families, placed in family-based care or independent living situations, or received after care support. USAID also supported online training for more than 200 orphanage managers and local practitioners around the world who wanted to transition their programs so they could support children in returning to family care in communities. With support from the Changing the Way We Care Alliance, the Better Care Network accelerated broad-based global momentum for family-based care for children through the recently mobilized Transforming Children's Care Collaborative Platform. This new Platform combines country-level care reform with international and regional advocacy to achieve global change.

In March 2021, USAID launched its first Care Leaders Council of young adults from around the world who have lived in alternative care ("care leavers") and also have professional experience in care reform. The aim is to engage directly with young leaders who have experience living in institutional or foster care to better inform programs, strengthen Council members' advocacy for care reform in their home countries, and increase the knowledge and skills of a new generation of care reform leaders. USAID is committed to engaging these young leaders in a manner that is respectful and empowering, is sensitive to their experiences, recognizes their knowledge and expertise, and creates opportunities for them to advocate for change in care systems.

3

OBJECTIVE THREE: Protect Children from Violence

The COVID-19 pandemic significantly disrupted children's lives, bringing an increased risk of exposure to violence in many forms for women, children, and youth. Education shifted to digital platforms and parents lost child care, resulting in children and youth spending more time online and thus facing increased risk of exposure to digital violence and harm. More alarming, reports of violence in the home increased as parents came under greater stress while coping with lockdown conditions and economic insecurity. Throughout FY 2020, the USG amplified its efforts to respond to and prevent violence against children. Below are FY 2020 highlights of USG programs in alignment with the third objective of the *APCCA Strategy*, Protect Children from Violence. Find additional information about programming, organized by department and agency, in Appendix A.

PREVENTION OF DIGITAL HARM

Children who are vulnerable in physical spaces are equally vulnerable in the digital world. USAID's *Digital Strategy*, launched in 2020, strives to achieve and sustain open, secure, and inclusive digital ecosystems that contribute to development and humanitarian assistance outcomes and increase partner countries' self-reliance. Under the *APCCA Strategy* and USAID's Digital Strategy, USAID commits to helping children and youth safely navigate digital ecosystems through the Protecting Children from Digital Harm Initiative. In implementing these strategies, USAID is developing guidelines and raising awareness of the types of digital harm children and youth face and showcasing how USAID programs can help prevent and respond to this harm. Also in 2020, USAID launched its first Digital Youth Council, with members from ten countries, to incorporate youth voices in implementing the USAID *Digital Strategy* objective to protect children and youth from digital harm. This Council also will strengthen the professional capacity of a generation of digital change-makers and advocates.

VIOLENCE AGAINST CHILDREN SURVEYS

As of December 2020, 22 countries had received complete data from the Violence Against Children Surveys (VACS), thanks to interagency collaboration among PEPFAR, DOS, CDC, and USAID. In FY 2020, the USG funded VACS in five additional countries (Colombia, Côte d'Ivoire, Kenya, Lesotho, and Moldova) to compile complete, timely data to inform national actions to prevent violence. Using a variety of virtual technologies, the USG completed these VACS during the COVID-19 pandemic through innovative programming that upheld data efficiency and quality. In FY 2020, Colombia, Côte d'Ivoire, Kenya, Lesotho, Mozambique, Namibia and Zimbabwe also transitioned to activities aimed at strengthening processes for developing national action plans, convening key stakeholders and increasing government capacity to address violence against children. USG-funded activities employed VACS data to inform policies tested in multiple settings and implemented through a variety of virtual adaptations. Additionally, the CDC led the development of an implementation guidance document and a revised questionnaire for implementing VACS in humanitarian settings.

In Colombia, USG Partners and key international stakeholders are working with the Government of Colombia to develop an evidence-based national action plan (NAP). This NAP, built from the VACS data, identifies and maps 132 programs, establishes measurable goals and indicators, and develops 32 subnational action plans addressing state-level (department) priorities. Additionally, as a result of this collaboration, the Government of Colombia hosted a VACS South American Regional course focused on the [INSPIRE package for ending violence against children](#). This approach focused on establishing local country support at the presidential level through the Office of the First Lady with ongoing, transparent collaboration with both international and national institutions. This interinstitutional collaborative approach in Colombia will serve as a model for post-VACS work in other countries.

CHILD PROTECTION

In FY 2020, USAID's BHA funded 227 awards that included protection activities, of which 74 supported field-level child protection and six contributed to global research, policy, and capacity-building for child protection in emergencies. These interventions supported more than 1.7 million people in 27 countries. The programs aimed to keep children safe in their communities by establishing community-based child protection mechanisms, parenting skills training, structured recreational and educational activities through child-friendly spaces, safe healing and learning spaces for adolescents, child protection case management, counseling and psychosocial support, and family tracing and reunification for unaccompanied and separated children. Additionally, BHA's global programs

address critical gaps in child protection programming, supporting initiatives such as guidance on programming with girls associated with armed forces, development of child well-being indicators, and guidance on coordinated programming for child survivors of sexual violence.

USAID's Bureau for Africa; Development, Democracy, and Innovation (DDI); and Global Health partnered to tackle the common root causes and social motivators that drive child, early, and forced marriage and female genital mutilation/cutting in northern Kenya. USAID built the capacity of 274 community child protection champions and revitalized and strengthened four area advisory councils and four community-based organizations responsible for advocacy on child protection, child rights, gender equality, and health rights. USAID also established two new child protection units.

Through the Bureau of International Labor Affairs' Office of Child Labor, Forced Labor and Human Trafficking, the U.S. Department of Labor awarded over \$25 million in new grants to combat child labor and forced labor in seven countries in FY 2020. Among other objectives, these projects will help increase vulnerable children's access to education and their families' access to financial assistance, thereby reducing reliance on child labor. At the national, district, and community levels, these projects will help strengthen systems and services that prevent and reduce child labor and forced labor and enable those who have been exploited to build new futures for themselves and their families.

INVESTING IN YOUTH, FAMILIES, AND COMMUNITIES

USAID-funded programs work to strengthen families and increase youth resilience. For example, in the Dominican Republic, USAID helped youth networks design and execute crime and violence prevention plans. Eleven youth networks presented their plans to authorities, including police chiefs, judges, and justice department representatives, then implemented conflict resolution and health and safety activities in their communities. To provide youth with more representation in public oversight and advocacy in the Dominican Republic, USAID trained 155 young civil society organization members, with a focus on gender-based violence, conflict resolution, and violence prevention.

In FY 2020, PEPFAR funding supported a variety of child protection initiatives aimed at strengthening families through community partnerships. For example, PEPFAR trained faith and community leaders in ten countries on child safeguarding practices and sexual violence against children, including mapping relevant sectors, actors, and processes to respond to violence against children. PEPFAR funding also supported mental health programming, such as in Zambia, with a simple, cost-effective, evidence-based program that aims to improve the mental health of women and girls. Peace Corps Volunteers funded by PEPFAR focus specifically on preventing violence and the core drivers of violence, namely gender inequity and harmful gender norms. In FY 2020, Volunteers reported reaching more than 20,000 participants through an activity addressing gender norms.



Credit: Cynthia Rukundo

IN THE SPOTLIGHT:

Increasing Knowledge, Capacity, and Policies on Child Safeguarding and Child Protection

In fall 2020, the APCCA Secretariat launched a sub-working group on child safeguarding, co-chaired by USAID and the Department of State. With the assistance of the consulting partner Keeping Children Safe, this sub-working group is reviewing current USG child safeguarding policies, recommending guiding principles on child safeguarding for the USG, and developing training that could be adapted to the country context and type of programming and used across the interagency. The sub-working group, with representation from participating APCCA departments and agencies, will pilot training materials to strengthen understanding of child safeguarding issues and highlight how the USG can better safeguard children and youth in its programs.

The APCCA Secretariat also worked with USAID's Action Alliance to Prevent Sexual Misconduct

to develop the new Agency Guidance on Child Safeguarding for Implementing Partners. This guidance envisions a collaborative effort to protect children from abuse, exploitation, or neglect in any USAID-funded program by increasing partners' awareness of practical steps to prevent, stop, and respond to child abuse, exploitation, and neglect. The guidance provides basic information on the content and application of USAID's mandatory child safeguarding requirements that are included in all grants and contracts regardless of the type of program. USAID's Africa Bureau is also developing a virtual training course to strengthen knowledge and understanding of safe learning environments, child protection, and child safeguarding practices within the education sector to enhance USAID staff's capacity to design, implement, and monitor and evaluate education activities.

APPENDIX A: Additional Department and Agency Progress and Results

In addition to the accomplishments highlighted in the main body of this report, APCCA partners funded a multitude of other research and evidence-based programs and initiatives to advance efforts that aim to help children thrive within protective, loving families.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

As the lead development actor for the U.S. government (USG), USAID provides assistance to help save lives, build communities, and establish self-sufficiency in our partner countries. USAID prioritizes addressing the needs of vulnerable children in our programming across sectors and throughout our Bureaus, Missions, and Independent Offices. USAID's Children in Adversity team within the Inclusive Development Hub (ID) in the Bureau for Development, Democracy, and Innovation (DDI) coordinates the implementation of the *APCCA Strategy* and houses the U.S. Government Special Advisor on Children in Adversity.

In addition to the programmatic achievements outlined in the body of this report, USAID continued to improve collaboration and coordination efforts among internal offices and external partners in FY 2020. The formation of the ID Hub facilitated even closer collaboration among the Agency Coordinators for Indigenous Peoples, LGBTQI+ people, mental health, persons with disabilities, and youth. Likewise in FY 2020, USAID's Center for Education's intra-agency pre-primary working group developed technical guidance for USAID Missions on the design and implementation of high-quality pre-primary programs for children ages three to six.

USAID's Office of Maternal and Child Health and Nutrition (MCHN) and its implementing partners participated in global working groups to expedite implementation of the nurturing care framework.

MCHN is also supporting research of a model of nurturing care for newborns and young infants in Kenya to better address health care provider practices that do not respect parents, provide adequate pain management, or demonstrate warmth and nurturing behaviors for newborns and infants. The research and support process will result in implementation of a family-centered model in two districts.

USAID's Bureau for Africa, in partnership with the USAID Innovation, Technology, and Research Hub, formerly the U.S. Global Development Lab, and the U.S. Centers for Disease Control and Prevention (CDC), is supporting secondary analyses of the Violence Against Children Surveys (VACS) to better understand the complexities and nuances of gender-based violence in and around schools. The partners will create a framework that governments, organizations, and other actors can use to better prevent and address violence. In FY 2020, USAID launched the second phase of analysis, which examines VACS data along with other subnational data sets to assess the linkages between violence and its potential drivers and consequences within the education sector. As a partnership between USAID, Early Childhood Development Measure, and other global partners, the Consortium on Pre-Primary Data and Measurement in Africa convened policymakers, researchers, and other early learning experts to bridge the gap between research and practice and increase national capacity for interpreting and applying data on early learning.

The Bureau for Resilience and Food Security (RFS) stood up an Inclusive Development Division, launched the Youth Power 2 Learning and Evaluation Youth in Agri-Food Systems Learning Activity, which will involve youth-led research on shocks and stressors experienced by young people amid COVID-19, conflict, desert locust infestations, and climate change. RFS also entered into a strategic partnership in Generation Africa, the thematic working group on Youth of the African Green Revolution Forum. In addition, RFS funded research through Advancing Women's Empowerment on the intended and unintended consequences of youth- and women-focused market systems development (MSD) programming in agriculture and supporting markets. The findings are being used to inform MSD approaches that address gender and youth issues at each stage of the program cycle, including to prevent and address gender-based violence (GBV).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

The U.S. Department of Health and Human Services (HHS) contributes to the USG's foreign assistance on children in adversity through numerous research grants and evidence-based interventions provided by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). HHS and NIH do not provide foreign assistance to countries and do not collect data on APCCA indicators. However, HHS/NIH-funded research and evidence-based interventions are often the basis for, or are incorporated within, programs of other USG departments and agencies aimed at benefiting at-risk children around the globe.

For example, one such study funded by the National Institute of Environmental Health Sciences (NIEHS) is examining the effects of environmental exposures

on child development. Between 2010 and 2020, 88 countries practiced Indoor Residual Spraying (IRS), using insecticides on the interior walls of residences to control malaria.⁴ This practice is decreasing and most countries practicing IRS have shifted to other classes of insecticides. However, several countries still utilize endocrine-disrupting chemicals such as dichlorodiphenyl trichloroethane (DDT) and pyrethroids. Few human studies have investigated associations between DDT exposure and body composition or pubertal onset, but studies of dichlorodiphenyl dichloroethylene (DDE), a breakdown of DDT, have found associations with delayed puberty in boys and increased risk of obesity in South African girls.

Since the start of the COVID-19 pandemic, the NIH has had a lead role in understanding the effects of SARS-CoV-2 in children and, in particular, in the development of multisystem inflammatory syndrome in children (MIS-C) associated with the infection. To address this need, NIH formed a trans-NIH collaborative called CARING for Children with COVID. Additionally, as part of the trans-NIH Post-Acute Sequelae of SARS-CoV-2 (PASC) initiative to rapidly improve understanding of recovery after SARS-CoV-2 infection and to prevent and treat PASC, children and pregnant women have been included as populations of focus. While several of these studies are being conducted in the U.S., results from all will have public health implications for children around the world. Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), with several NIH partners, also leads the PreVAiL Kids Program, which is a U.S. and international consortium of eight studies across 30 U.S. states and international research sites in Colombia, Canada, the United Kingdom, and South America. The program aims to develop translational tools to comprehensively evaluate SARS-CoV-2 exposure, infection, and illness in children.

⁴ <https://www.who.int/publications/i/item/9789240040496>

In addition to the VACS activities described in the main body of the report, CDC supported activities in support of APCCA through the Data for Change initiative, that are designed to produce data summaries and a suite of materials highlighting data findings on education and violence. Key themes include (1) the need to create safe school environments for all students, especially girls; (2) gender-related sociodemographic factors that pose barriers to education for girls (child marriage, early sexual debut, early pregnancy, intimate partner violence), and (3) access to piped water as a facilitator to greater educational attainment for both boys and girls.

U.S. DEPARTMENT OF LABOR

Through the Bureau of International Labor Affairs' (DOL/ILAB) Office of Child Labor, Forced Labor, and Human Trafficking, the U.S. Department of Labor (DOL) contributes to the USG's foreign assistance on children in adversity by addressing child labor and expanding global knowledge on child-labor issues.

In FY 2020, DOL awarded over \$25 million in new grants to combat child labor and forced labor in seven countries. At the end of FY 2020, DOL/ILAB was supporting a total of 45 projects in 41 countries. Among other objectives, these projects will help increase vulnerable children's access to education and their families' access to financial assistance, thereby reducing reliance on child labor. At national, district, and community levels, these projects aim to help strengthen systems and services that prevent and reduce child labor and forced labor and help those who have been exploited to build new futures for themselves and their families.

In FY 2020, DOL managed a number of pivotal projects directly addressing the need to reduce and combat child labor. For example, in Burma, DOL funded a project that taught participants to sew washable masks to produce income and help protect people in the villages from the coronavirus. The project also

taught a community savings group how to make soap and increase production during the crisis to better protect group members and families in the village while augmenting savings group income.

U.S. DEPARTMENT OF STATE

The U.S. Department of State has been a pivotal interagency partner in the USG's foreign assistance to advance protection and care of the world's most vulnerable children. Through numerous bureaus and offices, the State Department contributed to the well-being of children in adversity in alignment with all three of the objectives of the *APCCA Strategy*.

In addition to the activities already reported, the Department of State advanced APCCA goals through PEPFAR's DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe) Partnership. DREAMS aims to prevent HIV among adolescent girls and young women by providing a package of programs and initiatives beyond the health sector to address structural drivers that directly and indirectly increase girls' HIV risk, including gender inequality, sexual violence, a lack of access to education, and a lack of economic independence. PEPFAR results in 2020 showed that, since 2015, new HIV diagnoses among women attending antenatal care services have declined in all geographic areas implementing DREAMS across ten countries. The Department of State also continued to support activities developed under Child Protection Compact (CPC) Partnerships in Ghana, the Philippines, Peru, Jamaica and Mongolia. CPC Partnerships are multiyear plans developed jointly by the United States and a particular country. The plans document the commitment of the two governments to achieve shared objectives aimed at strengthening the country's efforts to effectively prosecute and convict child traffickers, provide comprehensive trauma-informed care for child victims of these crimes, and prevent child trafficking in all its forms.

The Department of State also reported additional key highlights for FY 2020. With the support of the Office of Children's Issues in the Department of State's Bureau of Consular Affairs, the Republic of Congo became party to the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption. In FY 2020, the Bureau for Population, Refugees, and Migration (PRM) issued its first-ever global child protection funding opportunity focused on innovative ideas to address the unique protection needs of children on the move, resulting in two new projects. Through the first project, PRM supports a partner in Rwanda that works with refugee children ages 0 to 5 and their caregivers to build psychosocial and social-emotional resilience. In Iraq and Colombia, PRM supports activities with a specific focus on male caregivers as a means to mitigate the negative developmental impact of toxic stress on young children.

THE PEACE CORPS

The Peace Corps collaborates with USG interagency partners to provide a wide array of community-based services to the most vulnerable families and children. Those services include antenatal care; newborn and child health care; HIV prevention, care and treatment; and social services for children and their families that ensure a nurturing care approach. Peace Corps supports all three of the APCCA objectives.

In support of APCCA objective one, Peace Corps activities target pregnant and breastfeeding women and households with newborn and young children under five. Volunteers, for example, work through Maternal, Newborn, and Child Health groups to promote the adoption of healthy behaviors for safe and healthy pregnancies and the adoption of essential child health and nutrition practices. Volunteers also work with community health workers to provide essential messages within child wellness and welfare clinics.

Peace Corps Volunteers contribute in a number of ways in alignment with APCCA's second objective. In PEPFAR countries where there is a high burden of HIV, Volunteers use a small group approach to provide comprehensive education on HIV prevention, sexual reproductive health, and life skills, in addition to providing psychosocial support. Volunteers also provide critical support to children living with HIV or families that have a member living with HIV. Further contributions include Volunteers working collectively to build household resiliency by promoting financial literacy, savings and income generating projects with both caregivers and older adolescents. Through these efforts, Volunteers establish relationships with myriad counterparts, ranging from community health workers and social workers to teachers and NGOs, to facilitate training sessions that enhance health services and organizational skills to help stakeholders deliver needed services to children.

Peace Corps Volunteers also contribute to APCCA's third objective by investing in youth, families, and communities through programs that address the core drivers of violence, with a focus on gender inequity and harmful gender norms.

Due to the COVID-19 pandemic, the Peace Corps made the difficult decision to temporarily suspend Volunteer operations at all Peace Corps posts in March 2020. Driven by the agency's commitment to support youth around the world to thrive, the Peace Corps adapted and developed creative ways to continue programs and support all three APCCA objectives. For example, in Uganda, staff worked with local organizations on a variety of activities, including distributing 20,000 long-lasting insecticide-treated mosquito nets targeting OVCs. These creative and innovative adaptations will shape our work and continue until Volunteers return to service overseas.

APPENDIX B:

System for Monitoring and Evaluating the *APCCA Strategy*

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DESCRIPTION OF THE APCCA MONITORING AND EVALUATION (M&E) SYSTEM

Following the launch of the *APCCA Strategy*, and as part of implementation planning, U.S. government (USG) partners agreed on a monitoring and evaluation (M&E) system to track each partner’s contributions to the *APCCA Strategy’s* strategic objectives, as required by Public Law 109-95. The M&E framework is based on partners’ existing reporting systems, indicators, and definitions.

The M&E system includes output and outcome indicators that report USG Partners’ contributions to

APCCA and process indicators that report the degree of coordination among USG partners in implementing the *APCCA Strategy*. Following are indicator tables for FY 2020. Because some of these indicators were introduced in 2019, data for those indicators are not yet available. The M&E system represents a starting point for the partners to improve monitoring, evaluating, and reporting, and to use results to implement the *APCCA Strategy*, with the ultimate goal of more effectively capturing the tremendous work being done for vulnerable children across the USG.

APCCA M&E FRAMEWORK

GOAL

A world in which all children thrive within protective, loving families, free from deprivation, violence, and danger.

GUIDING PRINCIPLES



ADAPT
APPROACHES



STRENGTHEN
SYSTEMS



GENERATE AND USE
EVIDENCE-BASED
INFORMATION

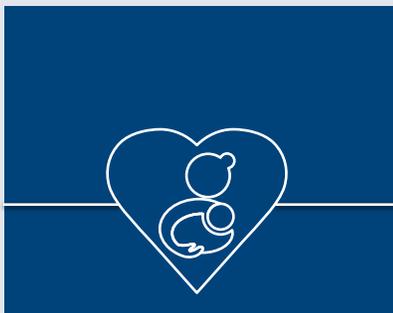


CREATE
SYNERGIES



PROMOTE
STRATEGIC
PARTNERSHIPS

STRATEGIC OBJECTIVES



APCCA INDICATORS

- Number of child beneficiaries receiving U.S. Government-supported services
- Number of parents or caregivers receiving U.S. Government-supported services
- Number of service providers trained to deliver quality services to vulnerable children and their families
- Number of instances of strengthened capacity of governmental and non-governmental organizations to plan, manage, implement and oversee programs or interventions related to Children in Adversity

AGENCY INDICATORS

- Agency/Department and operating unit specific output or outcome level indicators

PROCESS INDICATORS

- Number of deliverables jointly developed by the APCCA Interagency Working Group
- Number of instances of new programs or initiatives explicitly addressing the *APCCA Strategy's* Objectives

TABLE I: APCCA INDICATORS, ALL RELEVANT U.S. GOVERNMENT PARTNERS

Description: The APCCA Interagency Working Group identified four indicator categories that all relevant USG Partners contribute to through their programs, projects, and activities across departments and agencies. The following numbers are an aggregation of indicators relevant to these four categories as measured by individual USG Partners.

Reporting Period: October 1, 2019–September 30, 2020

APCCA INDICATORS (All Relevant U.S. Government Partners)	FY 2020 Achievement
APCCA Indicator 1: Number of child beneficiaries receiving U.S. government-supported services	27,756,461
APCCA Indicator 2: Number of parents or caregivers receiving U.S. government-supported services	1,797,650
APCCA Indicator 3: Number of service providers trained to deliver quality services to vulnerable children and their families	400,527
APCCA Indicator 4: Number of instances of strengthened capacity of governmental and nongovernmental organizations	922

TABLE 2: AGENCY-, DEPARTMENT-, AND OPERATING-UNIT-SPECIFIC OUTPUT- OR OUTCOME-LEVEL INDICATORS

Description: The following numbers are a disaggregation of the four APCCA indicators by the individual USG partners. In addition, as applicable, Department and Agency Operating Units (OUs) identified additional relevant indicators providing insight into contributions to the *APCCA Strategy* that are specific only to their programming for inclusion in this report. These indicators demonstrate the breadth of efforts to provide services for vulnerable children and their families and, where possible, highlight the outcomes achieved by USG-funded programs.

U.S. Agency for International Development (USAID)¹

Bureaus/Offices: BHA, DDI (ED, ID/CECA, ID/Youth), E&E, GH/MCHN, GH/Office of HIV/AIDS

Reporting Period: October 1, 2019–September 30, 2020

APCCA INDICATORS (USAID)	FY 2020 Achievement
APCCA Indicator 1: Number of child beneficiaries receiving U.S. government-supported services	26,877,100 ²
APCCA Indicator 2: Number of parents or caregivers receiving U.S. government-supported services	1,545,595 ³
APCCA Indicator 3: Number of service providers trained to deliver quality services to vulnerable children and their families	394,656
APCCA Indicator 4: Number of instances of strengthened capacity of governmental and nongovernmental organizations	850
ADDITIONAL OU-SPECIFIC INDICATORS	
OU: Bureau for Humanitarian Assistance (BHA)	
Number of children under age five (0-59 months) reached with nutrition-specific interventions through U.S. government-supported programs (Indicator M 2)	1,384,251 ⁴

¹ Due to limited universal USG reporting structures, sex and age disaggregates are not included for Departments and Agencies, although USAID does collect this information regularly. Future reports will include more detailed disaggregates.
² Includes 4,286,443 active and graduated child beneficiaries 0-17 years of age served by PEPFAR OVC programs for children and families. This number is included in the 5,161,588 total for PEPFAR reported in the Department of State chart under APCCA Output Indicator 1.
³ Includes 1,338,864 adult beneficiaries (caregivers and OVC aged 18 and older) served by PEPFAR OVC programs for children and families. This number is included in the 1,590,778 total for PEPFAR reported in the Department of State chart under APCCA Output Indicator 2.
⁴ Includes both Development and Emergency NGO Programs that submitted Annual Results Reports (ARRs).

APCCA INDICATORS (USAID)	FY 2020 Achievement
Number of children under age two (0-23 months) participating in growth monitoring and promotion (Indicator M 5)	89,122 ⁵
Number of children under age two (0-23 months) reached with community-level nutrition interventions through U.S. government-supported programs (Indicator M 7)	465,318 ⁶
Number of dollars allocated for child protection programming	\$65,010,5034
OU: DDI/Center for Education	
Percent of learners with a disability targeted for USG assistance who attain a minimum grade-level proficiency in reading at the end of grade 2 (ES.I-47)	4.60% ⁷
OU: DDI/Inclusive Development Hub (Youth)	
Number of youth age 10–19 trained in soft skills/life skills through U.S. government-assisted programs. (Note: The age disaggregates for this indicator are ages 10–14, 15–19, 20–24, 25–29. This number excludes youth 20+ years old).	605,019
OU: Bureau for Global Health, Office of Maternal and Child Health and Nutrition	
Number of cases of child diarrhea treated in U.S. government-assisted programs	6,477,263
Number of cases of child pneumonia treated in U.S. government-assisted programs	5,252,263
Number of newborns who were resuscitated at birth in U.S. government-assisted programs	193,737
Number of newborns who received postnatal care within two days of childbirth in U.S. government-supported programs	5,221,372
Number of children under age five (0-59 months) reached with nutrition-specific interventions through U.S. government-supported programs	27,197,175
Number of children under age two (0-23 months) reached with community-level nutrition interventions through U.S. government-supported programs	9,078,811

⁵ Includes only Development NGO programs that submitted ARRs.

⁶ Includes both Development and Emergency NGO Programs that submitted ARRs.

⁷ Only the Malawi Mission reported on this indicator in FY 2020. These results reflect the baseline study as the Mission is waiting on Ministry approvals of reading benchmarks. These results are for learners who have hearing and seeing disabilities.

U.S. Department of Health and Human Services (HHS)

Bureaus/Offices: CDC, NIH¹

Reporting Period: October 1, 2019–September 30, 2020

APCCA INDICATORS (HHS)	FY 2020 Achievement
APCCA Indicator 1: Number of child beneficiaries receiving U.S. government-supported services	814,790 ²
APCCA Indicator 2: Number of parents or caregivers receiving U.S. government-supported services	241,942 ³
APCCA Indicator 3: Number of service providers trained to deliver quality services to vulnerable children and their families	NA
APCCA Indicator 4: Number of instances of strengthened capacity of governmental and nongovernmental organizations	5 ⁴
ADDITIONAL OU-SPECIFIC INDICATORS	
OU: Centers for Disease Control and Prevention	
Number of VACS surveys implemented	1 ⁵
Number of Data to Action events implemented	2 ⁶
Number of new surveys in planning phase	2 ⁷

¹ HHS/NIH does not provide foreign assistance to countries and does not collect data on these indicators. However, HHS/NIH-funded research and evidence-based interventions are often the basis for, or are incorporated within, programs of other USG Departments and Agencies aimed at benefiting at-risk children around the globe.

² The number of active and graduated child beneficiaries 0-17 years of age served by PEPFAR OVC programs for children and families. This number is included in the 5,161,588 total for PEPFAR reported in the Department of State chart under APCCA Output Indicator 1.

³ Includes 241,942 adult beneficiaries (caregivers and OVC aged 18 and older) served by PEPFAR OVC programs for children and families. This number is included in the 1,590,778 total for PEPFAR reported in the Department of State chart under APCCA Output Indicator 2.

⁴ Number of national action plans developed based on findings from the Violence Against Children and Youth Surveys (VACS). Includes Colombia, Côte d'Ivoire, Honduras, Lesotho, and Kenya.

⁵ Lesotho

⁶ Namibia 2020 (virtual format) and Moldova 2020 (virtual format).

⁷ Ethiopia 2020 and Eswatini 2020.

U.S. Department of Labor (DOL)

Bureaus/Offices: ILAB/OCFT

Reporting Period: October 1, 2019–September 30, 2020

APCCA INDICATORS (DOL)	FY 2020 Achievement
APCCA Indicator 1: Number of child beneficiaries receiving U.S. government-supported services	1,748
APCCA Indicator 2: Number of parents or caregivers receiving U.S. government-supported services	NA
APCCA Indicator 3: Number of service providers trained to deliver quality services to vulnerable children and their families	3,200
APCCA Indicator 4: Number of instances of strengthened capacity of governmental and nongovernmental organizations	30
ADDITIONAL OU-SPECIFIC INDICATORS	
Number of countries with increased capacity to address child labor, forced labor, trafficking in persons, or other violations of workers' rights.	15 ¹

¹ Burma, Colombia, Costa Rica, Côte d'Ivoire, Democratic Republic of Congo, Ghana, Honduras, Jordan, Mexico, Peru, Serbia, Thailand, Timor Leste, Tunisia, and Vietnam.

U.S. Department of State (DOS)

Bureaus/Offices: CA/OCI, PRM, S/GAC, TIP

Reporting Period: October 1, 2019–September 30, 2020

APCCA INDICATORS (DOS)	FY 2020 Achievement
APCCA Indicator 1: Number of child beneficiaries receiving U.S. government-supported services	5,164,056 ¹
APCCA Indicator 2: Number of parents or caregivers receiving U.S. government-supported services	1,590,778 ²
APCCA Indicator 3: Number of service providers trained to deliver quality services to vulnerable children and their families	2,671
APCCA Indicator 4: Number of instances of strengthened capacity of governmental and nongovernmental organizations	37 ³
ADDITIONAL OU-SPECIFIC INDICATORS	
OU: Bureau of Population, Refugees, and Migration (PRM)	
Total amount of funding dollars spent on child protection programming	\$55.8 million ⁴
OU: Office to Monitor and Combat Trafficking in Persons (TIP)	
Number of child trafficking investigations, prosecutions, or convictions made as a result of project activities or in coordination with grantee partners (e.g., reporting from CPC partnerships)	26
Number of people reached by materials to raise awareness about child trafficking issues	1,311,197
OU: Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC)	
Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner (OVC_HIVSTAT)	90% ⁵
Number of HIV-exposed infants with a negative 18-month antibody test documented (PMTCT_FO HIV-uninfected)	250,342

¹ This total includes 5,161,588 active and graduated child beneficiaries 0-17 years of age served by PEPFAR OVC programs for children and families, including programs implemented by the Departments of Defense, Health and Human Services, and State; the Peace Corps; and USAID. Combined with APCCA Output Indicator 2, PEPFAR programs provided critical care and support for 6.7 million orphans, vulnerable children, and their caregivers in 23 countries.

² The number of adult beneficiaries (caregivers and OVC aged 18 or older) served by PEPFAR OVC programs for children and families, including programs implemented by the Departments of Defense, Health and Human Services, and State; the Peace Corps; and USAID.

³ This number does not include significant engagement with nongovernmental organizations and community-based organizations through PEPFAR programs.

⁴ Does not include significant multi-sector contributions to the United Nations High Commissioner for Refugees.

⁵ Reflects known status proxy = HIV negative + HIV positive + HIV test not required. This is a self-reported indicator. Of those HIV+, 99 self-report being on antiretroviral therapy (ART).

Peace Corps

Bureau/Office: Office of Global Health and HIV (OGHH)

Reporting Period: October 1, 2019–September 30, 2020¹

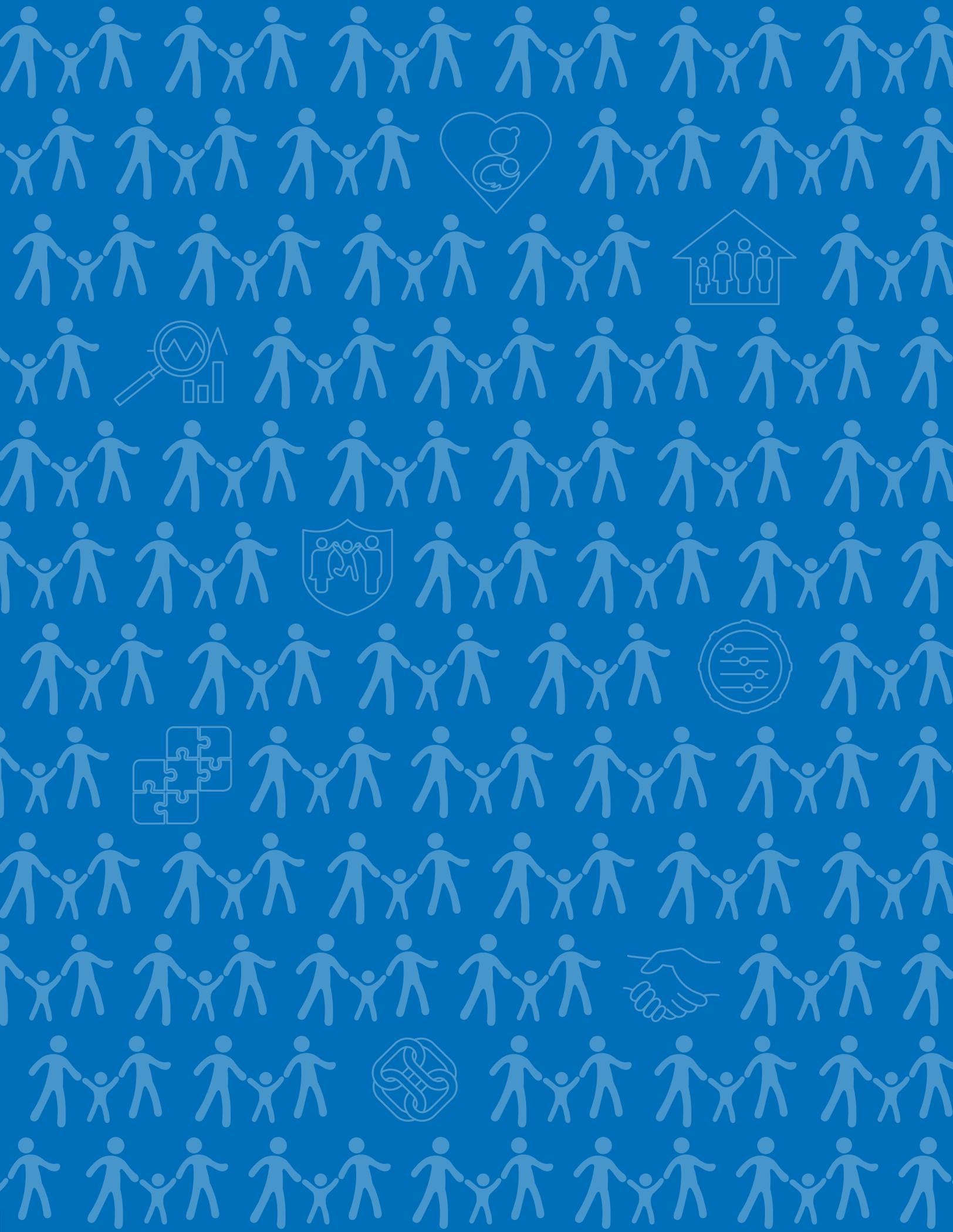
APCCA INDICATORS (Peace Corps)	FY 2020 Achievement
APCCA Indicator 1: Number of child beneficiaries receiving U.S. government-supported services	12,462 ²
APCCA Indicator 2: Number of parents or caregivers receiving U.S. government-supported services	767 ³
APCCA Indicator 3: Number of service providers trained to deliver quality services to vulnerable children and their families	NA
APCCA Indicator 4: Number of instances of strengthened capacity of governmental and nongovernmental organizations	NA
ADDITIONAL OU-SPECIFIC INDICATORS	
Number of orphans and vulnerable (OVC) children regularly attending school	1,170
Number of OVC and caregivers who report having improved financial stability	2
Number of caregivers who report having improved communication with their children	177
Number of caregivers who report having improved attachment with their children	78
Number of children under age five (0-59 months) reached with nutrition-specific interventions through USG-supported nutrition programs	3,138

¹ The Peace Corps had a global evacuation in March 2020, and this indicator data reflects Volunteers' work for the first six months of FY 2020.

² Number of active and graduated child beneficiaries 0-17 years of age served by PEPFAR OVC programs for children and families. This number is included in the 5,161,588 total for PEPFAR reported in the Department of State chart under APCCA Output Indicator 1.

³ Includes 626 adult beneficiaries (caregivers and OVC aged 18+) served by PEPFAR OVC programs for children and families. This number is included in the 1,590,778 total for PEPFAR reported in the Department of State chart under APCCA Output Indicator 2.





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