The Action Plan on Children in Adversity is the first ever whole-of-government strategic guidance for U.S. Government international assistance for children, with its stated goal to achieve a world in which all children grow up in protective family care and free from deprivation, exploitation, and danger.

Cover photo: In Cambodia, child protection systems help prevent and respond to violence, exploitation, and unnecessary separation of children from parents.
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Message from the Special Advisor

Dear Colleagues,

On behalf of the Federal Departments and Agencies that provide assistance to highly vulnerable children around the world, I am pleased to submit the Tenth Annual Report to Congress on Public Law 109-95, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005 and the United States (U.S.) Government Action Plan on Children in Adversity (APCA).

The Annual Report describes results achieved in Fiscal Year 2017, and to date. In addition, since APCA was a five-year strategy that covered 2012–2017, this report also provides highlights of the significant work undertaken by the U.S. Government over the life of APCA, and defines our commitment to renew and update a U.S. Government Strategy for Children in Adversity moving forward.

The U.S. Government Action Plan on Children in Adversity provided a common U.S. Government framework and shared objectives for engagement on behalf of vulnerable children around the world, which significantly elevated the issue within the U.S. Government, civil society and government partners. In particular, APCA spurred robust interagency coordination, generated actionable research evidence, and catalyzed additional resources for children in adversity in APCA’s priority countries. APCA has shown that child development is the cornerstone of all development, and there is nothing more fundamental to the principle of self-reliance than the capacity of families, communities and nations to care for their children. The U.S. Government intends to build on the foundation established during this first whole-of-Government strategy as we look to reaffirm our commitment to vulnerable children and launch a follow-on Strategy in 2018.

Sincerely,

Sarah Gesiriech
U.S. Government Special Advisor on Children in Adversity

Page 2 photo: A young Syrian boy attends a makeshift school set up in a Zaatri village, which helps ensure that he and other refugee children have access to education.
Millions of children in low- and middle-income countries around the world are growing up in adverse circumstances, and often suffer from ill health, chronic undernutrition, deprivation, abuse, neglect and exploitation. Violence also extensively affects children: one study indicated that one billion children had experienced violence during the year prior to the study. In the most-severe circumstances, children live without permanent or protective care, in abusive living situations, on the streets, or in inadequate institutional settings. Some are subjected to sex trafficking, conscripted into armed groups, or exploited for labor.

Children who experience toxic stress generated by such circumstances can suffer from health difficulties and cognitive, socio-emotional and other developmental delays that have life-long negative impacts, including inhibited learning, a constrained capacity to build relationships, and a loss of earning potential. These challenges, predictably, also significantly compromise a country’s social and economic progress. Individuals affected by toxic stress are estimated to suffer a loss of about one-quarter of the average adult income per year, which costs countries significant potential for their Gross Domestic Product. Annex II of this report provides key statistics on children in adversity.

Public Law 109-95, signed into law in 2005, promotes a comprehensive, coordinated and effective response by the U.S. Government to the urgent needs of the world’s most-vulnerable children. For the past five years, the U.S. Government’s five-year Action Plan on Children in Adversity (APCA), which expired in December 2017, has provided strategic guidance on the U.S. Government’s international assistance for highly vulnerable children. It has served as a strategic framework for our investments and advocacy on behalf of children in adversity, and provided objectives and guidance for the programs American taxpayers fund around the world to improve child well-being and address the needs of the world’s most-vulnerable children. APCA affirms that country-level investments to improve the development, care and safety of children in adversity are essential to advancing enduring national growth and self-reliance. The following report details the investments made by the U.S. Government Departments and Agencies that contribute to APCA, and how those investments have supported APCA’s objectives.

U.S. Government Departments and Agencies that Contribute to APCA

Multiple offices across six Federal entities collaborate on the implementation of APCA to respond to children who face adversity in low- and middle-income countries: the Departments of State, Labor, Health and Human Services, Agriculture; the Peace Corps; and the U.S. Agency for International Development (USAID).

The following report details the investments made by the U.S. Government Departments and Agencies that contribute to APCA, and how those investments have supported APCA’s objectives, which include:

**Objective One**
*Build Strong Beginnings*
The U.S. Government will help ensure that children who are under age five not only survive, but also thrive by supporting comprehensive programs that promote sound development of children through the integration of health, nutrition and family support.

**Objective Two**
*Put Family Care First*
U.S. Government assistance will support and enable families to care for their children, prevent unnecessary family-child separation and promote appropriate, protective and permanent family care.

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

The following report details the investments made by the U.S. Government Departments and Agencies that contribute to the U.S. Government Action Plan on Children in Adversity and how those investments have supported its objectives, which include:
U.S. Government Departments and Agencies that Contribute to the U.S. Government Action Plan on Children in Adversity

**Centers for Disease Control and Prevention (CDC)**
- National Institutes of Health (NIH)
  - Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
  - Fogarty International Center
  - National Institute for Mental Health (NIMH)

**USDA**
- Foreign Agricultural Service (FAS)
  - McGovern-Dole Food for Education Program (McGovern-Dole Program)

**USDOL**
- Bureau of International Labor Affairs (ILAB)
  - Office of Child Labor, Forced Labor and Human Trafficking (USDOL/ILAB/OCFT)

**USAID**
- Bureau for Africa (AFR)
  - Office of Sustainable Development (SD)
- Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA)
  - Center of Excellence on Democracy, Human Rights and Governance (DRG)
  - Center on Children in Adversity/Displaced Children and Orphans Fund (CECA/DCOF)
  - Youth Coordinator
- Office of Food for Peace (FFP)
- Office of U.S. Foreign Disaster Assistance (OFDA)

**Bureau for Food Security (FS)**

**Bureau for Global Health (GH)**
- Office of Maternal and Child Health and Nutrition (MCHN)

**Bureau for Latin America and the Caribbean (LAC)**

**Overseas Missions**

**Office of Global Health and HIV**

**PEACE CORPS**

**PEPFAR**
- Office to Monitor and Combat Trafficking in Persons (TIP Office)

**Under Secretary for Civilian Security, Democracy and Human Rights**
- Bureau of Democracy, Human Rights and Labor (DRL)
- Bureau of International Narcotics and Law Enforcement Affairs (INL)
- Bureau of International Organization Affairs (IO)
- Bureau of Population, Refugees and Migration (PRM)
- Office to Monitor and Combat Trafficking in Persons (TIP Office)

**Office of the U.S. Global AIDS Coordinator and Health Diplomacy (OGAC)**
This is the final year of the five-year Action Plan. The objectives set out in APCA were bold and ambitious, and much still needs to be done to achieve a world in which all children grow up within protective family care, free from deprivation, exploitation and danger. However, U.S. Government stakeholders have achieved significant results and learning over the past five years. Prior to APCA, Federal Departments and Agencies had no common guidance regarding highly vulnerable children. In some cases, the U.S. Government was working at cross-purposes: Some organizations supported the renovation of orphanages, while others were working to close orphanages and reintegrate children into family care. APCA provided the U.S. Government with a common framework and shared objectives for engagement. It also elevated the issue of vulnerable children within the U.S. Government, as well as with partner governments, to achieve greater impact. Over the five years of the implementation of APCA, we have made remarkable progress.

**Improved U.S. Government Coordination**

In addition to conducting regular coordination meetings through APCA interagency working group, APCA partners have developed several specific partnerships and programs that created synergies and efficiencies through inter- and intra-agency coordination. In particular, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), USAID, and the Centers for Disease Control and Prevention (CDC) within the U.S. Departments of Health and Human Services (HHS) have partnered on supporting HHS/CDC’s Violence Against Children Surveys (VACS) in more than 20 countries. Funding from PEPFAR, the Central American Regional Security Initiative (CARSI), and USAID’s Displaced Children and Orphans Fund (USAID/DCOF) have significantly expanded the number of countries where HHS/CDC was able to implement the survey, which gathers national-level data on the magnitude, nature and impact of physical, emotional and sexual violence against girls and boys. USAID and PEPFAR have also supported VACS follow-on assistance to help governments in developing and implementing multi-sectoral plans to prevent and respond to violence.

Another example of improved coordination between offices is USAID/DCOF’s partnership with the Agency’s Bureau for Global Health (USAID/GH) to create more efficient and cost-effective ways to improve early childhood development (ECD) outcomes. Building on a platform of maternal-child survival programs that use trained community health care workers to implement nutrition and health activities, USAID/DCOF funded the development of a responsive-parenting and ECD module that the same network of health workers can deliver, and which provides parents with specific interventions to improve their children’s cognitive and socio-emotional development.

The work of the U.S. Department of Labor (DOL) on the List of Products Produced by Forced or Indentured Child Labor has helped ensure that U.S. Government Departments and Agencies do not procure goods made by forced or indentured child labor. This is a list of products and their source countries that DOL has a reasonable basis to believe are produced by forced or indentured child labor. Under procurement regulations, Federal contractors that supply products on the list must certify they have made a good-faith effort to determine whether forced or indentured child labor was used to produce the items supplied.

**Catalyzed Additional Resources and Partnerships for Vulnerable Children**

In Cambodia, USAID leveraged significant private-sector investments for an APCA initiative called Family Care First (FCF). More than 30 FCF partners, including the Royal Government of Cambodia (RGC), aim to contribute together to the vision of safe, nurturing family-based care for every child in Cambodia. FCF has successfully advocated for the RGC to implement strong laws and policies to reverse the increasing trend of placing non-orphaned children into orphanages in Cambodia. The FCF initiative has worked with more than 100 Residential Care Institutions (RCI) to help them transition to community-based-care models.

The U.S. Department of State’s Office to Monitor and Combat Trafficking in Persons (TIP Office) stood up its
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Child-Protection Compact (CPC) Partnership program, and currently has partnerships with Ghana, the Philippines and Perú. These plans, which could last up to five years and provide up to $5 million in funding, are developed jointly by the United States and a particular country to document the commitment to achieve shared objectives to combat the trafficking of children. The CPC Partnerships include objectives 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 July 2016 launch of the World Health Organization’s INSPIRE: Seven Strategies for Ending Violence Against Children also marked a key achievement for the APCA interagency and its partners. The strategies outlined in INSPIRE can guide countries that are implementing VACS in their efforts to link national data to effective multi-sectoral prevention and response actions. HHS/CDC, PEPFAR and USAID contributed to its development, along with other global organizations such as the United Nations (UN) Children’s Fund (UNICEF) and the UN Office on Drugs and Crime. HHS/CDC has further supported this effort by collaborating with key multilateral, bilateral and civil-society partners to develop an INSPIRE Implementation Handbook, as well as an INSPIRE Indicators Guide for monitoring progress toward reducing violence against children from birth to 18 years of age.

Increased Attention to the Needs of Children in Humanitarian Crisis

APCA recognizes that, in times of crisis, children are particularly vulnerable to negative affects on their physical, mental and emotional development. Unfortunately, we have seen the explosion of a migration crisis over the past five years that has severely traumatized children. In response, USAID’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA) has increased its attention to, and support for, targeted and specialized child-centered psychosocial support in recognition that this programming is life-saving and essential for survival and longer-term recovery, resilience and healing during times of crisis. USAID/OFDA has funded child-protection programming in Syria, Iraq, Nigeria, Yemen, Haiti, the Democratic Republic of the Congo, South Sudan, Ukraine and the Central African Republic. These programs aimed to ensure that children were safe in their communities through interventions such as the establishment of community-based child-protection mechanisms, safe healing and learning spaces and child-friendly spaces, child-protection case-management, counseling and psychosocial support, adapted-learning opportunities in temporary learning spaces, and family-tracing and -reunification for unaccompanied and separated children. Additionally, USAID/OFDA’s global programs addressed critical challenges and gaps in child-protection programming by creating supervision and mentoring guidance for in-service training for child-protection caseworkers, the development of guidance on community-based child-protection mechanisms, and support to improve and strengthen services for

A “little teacher,” or peer educator in the Philippines, helps younger children in his community to catch up with their studies.
child survivors of sexual violence and the reintegration of children formerly associated with armed forces and armed groups back into their communities.

The United States continues to be the top donor to UNICEF, both in core resources and programmatic funds from a number of U.S. Government agencies—USAID; the Bureaus of Population, Refugees, and Migration (PRM) and International Organizations (IO) of the U.S. Department of State (DOS); and HHS/CDC.

In addition, advocacy and support from DOS/PRM has increased collaboration with the UN High Commissioner for Refugees (UNHCR) and the international child-protection community, including the integration of refugees within the next iteration of the Child-Protection Minimum Standards and complementarity with the revision of the UNHCR Best Interests Determination. The UNHCR Guidelines on Determining the Best Interests of the Child describe the formal process and strict procedural safeguards designed to determine the child’s best interests for particularly important decisions affecting the child.

Supported Ground-Breaking Research and Tools

The research and tools APCA supports contribute to the ability of caregivers, development practitioners and even the private sector to better address the needs of children in adversity. For example, the Department of Labor developed a Comply Chain app, “Comply Chain: Business Tools for Labor Compliance in Global Supply Chains,” which provides targeted guidance for businesses on addressing the risk of child labor in their supply chains. The app, available for iPhone and Android, targets companies and industry groups that wish to develop robust social-compliance systems for their global production. The app provides practical, step-by-step guidance on eight critical elements of social compliance, and is designed for companies that do not have a social-compliance system in place, or those that need to strengthen their existing systems.

USAID/OFDA also made strategic investments in the development of child-protection knowledge, tools and capacities. USAID/OFDA supported the development of the “Safe Healing and Learning Spaces” toolkit. This evidence-based, open-source toolkit enables humanitarian agencies to set up and start running rapidly a safe space for children. The toolkit includes curricula designed to enhance math and English skills, social-emotional learning, and child-parent relationships.

From 2007–2015, USAID/DCOF funded the Supporting Transformation by Reducing Insecurity and Vulnerability with Economic Strengthening (STRIVE) project, which sought to increase the understanding of the link between households’ economic situations and children’s well-being. Until recently, the development community has largely assumed that greater household economic welfare also leads to improved well-being for children. While some research has found a direct relationship between increased household economic welfare and child well-being, other studies have found that in the short term, household economic activities might have no—or even negative—effects on children’s well-being, including decreased school attendance and/or increased engagement in child labor. These research findings have helped inform economic-strengthening projects, to maximize benefits for children.

Developed Nationwide Systems of Care and Protection of Children in Priority Countries

Over the life of APCA, especially notable progress has occurred in reforming and developing nationwide systems for children’s care and protection in priority countries, such as Moldova and Rwanda. In Moldova, USAID/DCOF supported legislation and social policies to address family-separation effectively. The number of children who are living in large institutions has dramatically declined during the period of USAID/DCOF support: In 2011, more than 11,500 Moldovan children were living in residential institutions, but by 2017, the number had shrunk to fewer than 1,400. This substantial reduction in the number of children who are growing up in residential care partly stems from the country’s ability to manage cases at a District level and to address the root causes of family-separation, including poverty, alcohol-abuse and violence. USAID/DCOF funds supported 15,000 children to stay with their families, and enabled training for more than 10,000 of the country’s decision-makers and social-service workers to provide improved interventions.

In Rwanda, USAID/DCOF supports the National Commission for Children (NCC) to implement national child-care
reform and develop and coordinate an effective child-protection system. The first official social-welfare workforce, a total of 70 Rwandan social workers and psychologists, has worked as teams to enable children in residential facilities to return to family care. In 2012, more than 3,300 children and some young adults were living in residential facilities in the country. By 2017, authorities had returned more than 2,500 to family care. Under the USAID/DCOF program, NCC recruited and trained nearly 30,000 “Friends of the Family” community volunteers who serve as the front line of the country’s protection and care system for children, by monitoring the well-being of children returned to family care and addressing any protection issues that arise in the community.

As demonstrated in Rwanda and Moldova, at the heart of a functioning care-and-protection system is a robust social-service workforce. In the Federal Democratic Republic of Ethiopia, PEPFAR funded the establishment of the National Social-Service Workforce Taskforce, and the creation of a new cadre of frontline workers. The Taskforce trained and deployed 4,000 social-service workers in areas with a high burden of HIV and those with high numbers of orphans and vulnerable children. The U.S. Government’s investments leveraged additional resources from the Government of Ethiopia in the form of trainers, training facilities and a commitment to employ graduates.

In Mozambique, PEPFAR similarly worked with the Ministry of Gender, Children and Social Action (MGCAS) to identify and prioritize the training needs of social-service workers and other public servants. PEPFAR and MGCAS created and piloted competency-based curriculum packages in partnership with the Ministry of Health’s regional training institutions. Over 200 social-action technicians and 50 early childhood educators graduated from courses that use these competency-based curricular packages. An additional 150 public servants from Sofala and Niassa Provinces received short-term training in human-resource management, planning and budgeting, assets-management, and monitoring and evaluation.

In Zimbabwe, PEPFAR is assisting efforts to support the workforce by enabling graduate social-welfare officers and social-services assistants to “top-up” their qualifications through earning social-work diplomas and certificate-level studies. Through a partnership with the Government of Zimbabwe’s Department of Social Services and the National Association of Social Workers, PEPFAR also created a graduate internship program for new social-service workers and ongoing mentorship opportunities.
OBJECTIVE 1: BUILD STRONG BEGINNINGS

The early years are critical for child growth and development because the brain develops most rapidly during this window. Investments made in this time period pay dividends later in life, by laying a foundation for health and well-being and allowing children to meet their full potential. Optimal brain growth critical for cognitive, social, emotional and physical development requires a stimulating environment, adequate nutrients and social interaction with nurturing caregivers.

In FY 2017, the Government of Ghana adapted and piloted training materials in early childhood development created with funding from USAID/DCOF. Nearly 700 community health workers have received training on the materials, which has built their capacity to promote early psychosocial stimulation and responsive and protective parenting alongside ongoing coordinated health and nutrition interventions. The Ghanaian Government will scale up the program in a larger number of Districts in 2018, with the goal of institutionalizing cognitive stimulation within health programming at all levels of Ghana’s health services.

USAID/DCOF is also collaborating with the World Bank and several foundations to support a randomized controlled trial to measure the impact of a family-strengthening intervention on milestones in early childhood development. Children’s language, fine and gross motor skills, as well as personal-social development, are undergoing rigorous assessment through a tool adapted from the Malawi Developmental Assessment Tool, developed with funding from USAID’s Bureau for Global Health. A health care worker can administer this tool to a child in a clinic or home setting in rural African contexts after adequate training. Both the results of the research itself, as well as the assessment tool, are contributions that can inform future programs.

The Maternal and Child Health and Nutrition Office (USAID/MCHN) within the USAID Bureau for Global Health also funds programs that fulfill APCA’s Objective 1. Nutrition activities focus on the first 1,000 days of a child’s life, from conception through age two. Such activities entail ensuring pregnant women and women of reproductive age receive their proper nourishment, including through consuming nutrient-dense foods and taking micronutrient supplementation. Social and behavior change surrounding breastfeeding and teaching mothers essential feeding practices for infants and young children are key elements of nutrition programming that have developmental implications related to the growth and
stimulation of the brain. USAID and its partners have created resources to guide implementers of integrated programming in nutrition and early childhood development. The Governments and NGOs in countries like Mozambique, Kenya and Cambodia have integrated programs focused on nurturing care for children under age two.

The Peace Corps also plays a unique role in building strong beginnings, given that Volunteers live and work at the community level, and interact closely with vulnerable children over a two-year timeframe. Volunteers often serve as a critical link to broader health care and social services for children and their families. They also conduct direct trainings on positive parenting, economic-strengthening and care-management with parents and caregivers to strengthen households in which vulnerable children live. In FY 2017, Peace Corps programs reached 7,000 caregivers with training on preventing childhood illnesses; 6,900 individuals/caregivers with training on maternal and newborn care; 133,000 individuals, mostly youth, with HIV-prevention messages; and 24,600 orphans and vulnerable children and their caregivers with HIV-related services.

In emergencies, USAID’s Office of Food for Peace (USAID/FFP) works to reduce hunger and malnutrition, and helps give children and adults access to sufficient food for a healthy and productive life, including the nutrition necessary to meet developmental milestones. In FY 2017, USAID/FFP reached about 27 million children under age 18 (or 40 percent of USAID/FFP’s total beneficiaries), through both emergency and development food-assistance activities that represented an investment of $3.6 billion. The largest recipients were Syria, South Sudan, Yemen, Ethiopia and Somalia.

In Morocco, the U.S. Government is working to improve the early grade reading abilities of children who are deaf or hard of hearing.
OBJECTIVE 2: PUT FAMILY CARE FIRST

Optimal support for a child comes from a caring family. APCA interagency partners act to prevent the unnecessary separation of children from families, and to support the reintegration of separated children into appropriate, protective and permanent family care. For example, in FY 2017, USAID/DCOF programs addressed APCA’s second objective in all six of the APCA priority countries—Armenia, Colombia, Cambodia, Moldova, Rwanda and Uganda—as well as in Zambia and Ghana. USAID/DCOF’s programs reduce the number of children outside of family care and who are living in institutions; and increase the percentage of children who live permanently within appropriate, protective family care, with adequate care, nutrition and education opportunities. USAID/DCOF also works with national and local governments to develop systems to prevent the unnecessary separation of children from families, and enable the reintegration into family care of children in residential institutions. In FY 2017, USAID/DCOF’s programs directly served 87,400 vulnerable children and families, trained 43,500 service-providers, and strengthened 1,250 organizations.

PEPFAR’s programming for orphans and other vulnerable children addresses at a significant scale the needs of orphans and other vulnerable children, many of whom are likely at risk of separation and already outside of family care. Treatment programs supported by PEPFAR make fundamentally important contributions to preserving family care for children by preventing the deaths of parents and caregivers. PEPFAR programming in areas with high burdens of HIV strengthens the capacities of the front-line social workforce to support permanent and protective family care for children at risk of separation. Its programs raise family and community awareness of the risks to children of institutional placement, which helps to reduce the flow of children into such facilities. Its programming to improve parenting skills, and to support household economic stability, serve to strengthen family care, and help prevent unnecessary separation. Since a lack of access to school is a significant reason children leave their families to access education in residential facilities, PEPFAR supports orphans and other vulnerable children to go to school in their own communities, which helps to preserve family care.

PEPFAR and USAID/DCOF have also developed co-programming in APCA priority countries; these programs have informed best practices in family-strengthening and reforming child care. In Uganda, for example, USAID/DCOF is utilizing action research to inform guidance on how best to tailor economic interventions that help prevent family-child separation. It is also funding a randomized controlled trial to determine whether the addition of a parenting component in child-reintegration support significantly improves the well-being of children who are returning to family care. These action-research studies are also responsive to the mandate of APCA’s Objective 5 to develop evidence-based programming.
OBJECTIVE 3: PROTECT CHILDREN FROM VIOLENCE, EXPLOITATION, ABUSE, AND NEGLECT

Protecting children from violence, exploitation, abuse and neglect requires, first, a focus on prevention and, second, a response to those children who have survived these experiences. The responsibility to protect children in homes, schools and communities falls to parents, caregivers, teachers, community and faith leaders, and regional and national leadership. Through support to caring families; stronger child-protection systems; and key, targeted interventions, the U.S. Government has made substantial progress in making children and their families safer and better protected.

The Department of State’s TIP Office provided assistance to more than 4,300 child victims of trafficking or children vulnerable to trafficking in FY 2017. The TIP Office’s programs removed victims from trafficking situations; provided housing through shelter services; offered comprehensive services and reintegration assistance (including family-reunification), psychosocial and health care, and basic education; trained child-protection officers; and paid for legal support to advance justice for victims. Programs funded by the TIP Office identified more than 270 child victims of trafficking, and referred them to appropriate care during the reporting period. More than 380 children received emergency shelter and/or medical services, and more than 360 had access to legal support. These programs also helped more than 2,600 children qualify for entitlements from their national governments.

As an example, USAID/DCOF worked with the Royal Government of Cambodia and Cambodian civil society to increase and improve protective services for children and their families. USAID/DCOF funded the delivery of a wide range of child-protection and specialized social services to over 8,500 vulnerable children and their families. Programs provided outreach services, such as case-management and counseling, to families in response to reported incidents of emotional and physical violence. Strengthening of social networks has created smaller, specialized groups that address specific problems in communities, such as alcohol-abuse, domestic violence and violence against children.

In Moldova, USAID/DCOF has been working with the Ministry of Labor, Social Protection and Family to finalize a national vision to strengthen the system of specialized child-protection services to meet the complex needs of children who have suffered violence, abuse or neglect. The vision document supports Moldova’s National Action Plan for Child Protection (2016–2020).

Under CARSI, USAID funded community-based violence-prevention programs that target those most at risk of becoming perpetrators and/or victims of violence, and complementary macro-level reforms to strengthen the institutions charged with enforcing and administering justice to keep people safe. USAID’s youth-focused programs in high-violence neighborhoods reach those most at risk of recruitment by gangs, crime, violence and out-migration. CARSI’s integrated approach includes working with

A youth from Bugiri District, Uganda, proudly shares her ledger from the produce stand she was able to launch with support from a U.S. Government program.
communities, civil society, governments and the private sector to develop local violence-prevention plans, investing in municipal crime observatories, creating safe community spaces, expanding after-school activities, providing job and life-skills training, and building trust between police and residents.

Also in FY 2017, the Department of Labor awarded approximately $54 million for 25 projects to support efforts to combat exploitative child labor and forced labor in more than 17 countries. In line with International Labour Organization (ILO) Convention 182, the Worst Forms of Child Labor Convention, these projects often work directly with children and families to provide education or financial assistance, and with countries at the national, district and community levels to strengthen the systems and services required to address child labor.

During FY 2017, USAID, PEPFAR, and HHS/CDC provided VACS-related technical assistance for planning, implementing, disseminating and linking VACS data to effective action in 15 countries. Data-to-Action workshops built in-country capacity to guide programmatic action in Uganda and Botswana. Both workshops resulted in national frameworks for action to address the burden of sexual and other forms of violence against children and youth. Of note, these national frameworks produce government-led national plans under the direction of a multi-sector task force, with participation by USAID, HHS/CDC and PEPFAR. Engagement visits took place in Guatemala, Colombia, Moldova, Namibia, Kenya, Mozambique, Côte d’Ivoire and Lesotho, so that these countries will be poised to complete data-collection for the VACS in 2018 and then link those data to evidence-based prevention and response strategies, as outlined in the INSPIRE package for ending violence against children. Data-collection for VACS surveys occurred in Botswana, Honduras, El Salvador and Zimbabwe, and HHS/CDC staff collaborated with in-country partners to complete analyses and draft VACS reports for Rwanda, Uganda and Zambia. The Botswana survey incorporated testing for HIV for the first time in VACS history, also replicated in the Zimbabwe VACS completed in August 2017.

USAID/OFDA funded 154 awards that included protection-sector activities in FY 2017. Of those awards, 84 supported field-level child-protection, prevention and response, and a further 16 contributed to global research, policy and capacity-building for child-protection in emergencies. Collectively, these interventions supported over 3.6 million people—3.2 million of whom were internally displaced persons (IDPs)—in 20 countries, and at the global level. These interventions constitute stand-alone child-protection initiatives, as well as integrated protection programming, including gender-based violence, psychosocial support and child-protection.

The U.S. Government was the single-largest bilateral donor to international humanitarian organizations such as the United Nations High Commission for Refugees, UNICEF, the International Committee of the Red Cross and the UN Relief and Works Agency for Palestine Refugees in the Near East. In FY 2017, DOS/PRM contributed $216.5 million and USAID over $240 million to UNICEF to address the needs of children affected by conflict, including Syrian refugees, Iraqis, and refugees in the Horn of Africa and in Bangladesh. Activities implemented through UNICEF included child-protection, education, health and addressing gender-based violence. DOS/PRM funding allows maximum flexibility to humanitarian partners to meet the most-urgent needs, and to provide a holistic response. This support enhances APCA’s objectives not only by providing direct child-protection services, but also by improving the environment for children as a whole.
OBJECTIVE 4: STRENGTHEN CHILD WELFARE AND PROTECTION SYSTEMS

Strong child-welfare and protection systems are critical to the long-term success and sustainability of APCA programs across all three core objectives. In FY 2017, APCA partners achieved significant results, and found opportunities even in disaster settings. For example, DOS/PRM, through nearly $1.5 million to UNHCR, helped strengthen the management of refugee child-protection cases; and supported best practices and improved field implementation, built on Global Youth Consultations to support adolescents.

In FY 2017, USAID/DCOF developed a national assessment tool for child-care reform, implemented by country teams in Armenia, Ghana, Moldova and Uganda, to assess government policies, structures, systems and financing across key areas of child-protection and care. Based on the strengths and weaknesses identified, the country teams will complete national action plans in 2018, and USAID will fund follow-on technical assistance to improve the collection and use of data in country systems.

In Colombia, USAID funds an activity for Reintegration and Prevention of Recruitment (RPR) that has (a) strengthened technical capabilities for building community-based models for reconciliation, peace-building, and the social reintegration of disengaged children and adolescents; (b) strengthened protective environments for these minors through participation in activities designed to occupy their free time in a positive way; and (c) assisted civil-society organizations that support the release of children under 15 from the Revolutionary Armed Forces of Colombia (FARC). In FY 2017, more than 200 children and adolescents disengaged from illegal armed groups in Colombia, all of whom benefited from RPR services. Also in FY 2017, RPR worked with 6,424 at-risk children and adolescents to prevent recruitment into illegal armed groups.

Throughout FY 2017, the Department of State also supported the Colombian Government to sign a new adoption law that limits administrative delays and allows thousands of additional children who are currently living in institutions to be placed for domestic and intercountry adoption. As demonstrated in this example, the Department of State addresses the needs of children who are living outside of family care through its bilateral and multilateral diplomatic engagements with countries that seek to improve the transparency or administration of their intercountry adoption programs. The Department of State encourages intercountry adoption as one of a range of options to provide for the welfare and best interests of children in need of permanency worldwide, and encourages member countries to fully implement the Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption.

USAID worked to increase access to education for out-of-school children in the Democratic Republic of the Congo (DRC) in FY 2017, to improve school readiness and primary-education opportunities for 310,500 children (of whom 50 percent are girls), including from specific vulnerable groups. This program is working to establish 100 foundational classes (kindergarten) to enroll more than 300,000 out-of-school vulnerable children in 1,000 primary schools. USAID is also strengthening the capacity of national counterparts to address issues that face out-of-school children by building systems, collecting data, reporting outcomes, and helping the Government of the DRC to implement programs that support the national expansion of proven interventions.
OBJECTIVE 5: PROMOTE EVIDENCE-BASED POLICIES AND PROGRAMS

During FY 2017, the U.S. Government continued devoting resources to building and maintaining a strong evidence base to reach and assist the most vulnerable children more effectively.

Nearly one billion children are victims of violence every year. While violence against children happens everywhere, it can disproportionately impact the most-vulnerable children and their families. The first step in addressing violence against children is to understand its severity, nature and impact. As described in APCA’s Objective 3, the U.S. Government and partners have utilized the VACS to measure physical, emotional and sexual violence against girls and boys, as well as to identify risk and protective factors. VACS data enable countries to prioritize limited resources to develop, target and evaluate violence-prevention programs and child-protection systems. For example, in Cambodia, VACS data showed that 6 out of every 10 girls and boys experienced at least one form of violence during their childhood. The Royal Government of Cambodia launched their Action Plan to Prevent and Respond to Violence Against Children 2017–2021 in December 2017, and a Government-led positive parenting program to prevent violence and unnecessary family separation is underway.

USAID’s Office of Sustainable Development within the Bureau for Africa also funds violence-related research. The Office has piloted a measurement toolkit that quantifies school-related gender-based violence and its impact on learning outcomes, and has also completed secondary data-analysis to understand the effect of school safety on academic performance.

The HHS National Institutes of Health (NIH) does not provide foreign assistance to countries; however, HHS/NIH-funded research and evidence-based interventions are often the basis for, or are incorporated within, programs of other U.S. Government Departments and Agencies aimed at benefiting at-risk children around the globe. In FY 2017, HHS/NIH funded research in three APCA priority countries: Colombia, Uganda and Cambodia. In Uganda, an HHS/NIH study is comparing two experimental approaches for delivering multi-family group interventions for children to reduce disruptive behavior and improve behavioral functioning. In Cambodia, HHS/NIH is studying the determinants of resilience in youth who have been either infected with, and/or are living in families affected by, HIV. This study is also exploring factors associated with HIV risk, HIV-testing, and engagement and retention in HIV-treatment during adolescence and young adulthood.

The Department of Labor conducts research that contributes to the global knowledge base on child labor and forced labor, including ILO’s 2017 prevalence estimates. Businesses and industry groups use flagship reports produced by DOL to conduct due diligence and risk-assessment in their global supply-chains. DOL’s publication List of Goods Produced by Child Labor or Forced Labor provides a list of goods it has reason to believe are produced by child labor or forced labor in violation of international standards and their source countries. In addition, DOL’s Findings on the Worst Forms of Child Labor report and its accompanying Sweat & Toil mobile app assess the efforts of approximately 140 countries and territories that are beneficiaries of U.S. trade assistance to eliminate the worst forms of child labor in the areas of laws and regulations, institutional mechanisms for coordinating and enforcement, and government policies and programs. It also offers a snapshot of where child labor is found in each country, and recommends 1,700 country-specific actions governments can take to tackle these issues.
Objective 6 of the Action Plan calls for the U.S. Government to institutionalize and integrate the components of the Plan into its diplomatic, development and humanitarian efforts overseas. USAID, which houses the U.S. Government Special Advisor on Children in Adversity, supports efforts to coordinate the whole-of-government response and increase the impact of the U.S. Government’s assistance.

The U.S. Government has done much to integrate APCA’s goals and objectives into its efforts, from the incorporation of early childhood development interventions into the U.S. Government’s Global Nutrition Coordination Plan (2016–2021), to the multi-agency collaboration and support of the INSPIRE strategies to end violence against children, to the active interagency working groups at U.S. Embassies around the world that coordinate at the country level. Yet much more needs to be done to address the needs of vulnerable children adequately across the spectrum of U.S. foreign assistance, and reduce the risk of uncoordinated responses that could lead to suboptimal results.

In FY 2017, interagency APCA members validated the importance of having a whole-of-Government strategy to address the needs of children in adversity, and committed to developing a follow-on strategy to guide programming and coordination efforts over the next five years. USAID convened the Children in Adversity Stakeholder Symposium with more than 70 participants in December 2017 to celebrate the fifth anniversary of APCA’s launch, and to gather broad input for how the U.S. Government’s strategy for vulnerable children can move forward most effectively. Interagency partners and civil-society stakeholders alike emphasized the need to strengthen data and measurement tools related to the strategy and the sector more broadly; to ensure the strategy addresses emerging thematic issues such as the global humanitarian crisis, the rise of child trafficking, and the inclusion of children with disabilities; to improve information-sharing on U.S. Government programming; and to support and foster partnerships with civil society and the private sector more actively. An interagency “Core Strategy Group” is driving the strategy-development process, and the U.S. Government will launch a new strategy in 2018.
### Annex I: U.S. Government Departments and Agencies that Contribute to the U.S. Government Action Plan on Children in Adversity

For a full mapping of the U.S. Government’s activities by Department and Agency in APCA priority countries, please visit: https://www.childreninadversity.gov/news-information/publications

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<thead>
<tr>
<th>Agency</th>
<th>Programs and Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>USDA</strong></td>
<td><strong>Foreign Agricultural Service (FAS)</strong>&lt;br&gt;• McGovern-Dole Food for Education Program (McGovern-Dole Program): Funds education, child development and food security in low-income, food-deficit countries around the globe. The program provides for the donation of U.S. agricultural commodities, as well as financial and technical assistance, to support projects in school-feeding and maternal and child nutrition</td>
</tr>
<tr>
<td><strong>USAID</strong></td>
<td><strong>Bureau for Africa (AFR)</strong>&lt;br&gt;• Office of Sustainable Development (SD)&lt;br&gt;<strong>Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA)</strong>&lt;br&gt;• Center of Excellence on Democracy, Human Rights and Governance (DRG)&lt;br&gt;  » Center on Children in Adversity/Displaced Children and Orphans Fund (CECA/DCOF)  Supports efforts to coordinate the whole-of-government response; houses the Special Advisor on Children in Adversity.&lt;br&gt;  » Youth Coordinator&lt;br&gt;• Office of Food for Peace (FFP)  Works with others to reduce hunger and malnutrition, and ensure that all individuals have adequate, safe and nutritious food to support a healthy and productive life.&lt;br&gt;• Office of U.S. Foreign Disaster Assistance (OFDA)  Responsible for leading and coordinating the U.S. Government’s response to disasters overseas.</td>
</tr>
<tr>
<td><strong>Bureau for Food Security (FS)</strong></td>
<td>Leads the Feed the Future initiative (FTF), leverages the strengths of other U.S. Government partners, multilateral institutions, non-governmental organizations (NGOs), the private sector, universities and civil-society organizations to support country-driven strategies, and invests in strengthening both public and private institutions that underpin growth in the agricultural sector.</td>
</tr>
</tbody>
</table>
| **Bureau for Global Health (GH)** | • Office of Maternal and Child Health and Nutrition (MCHN)  USAID’s technical and policy lead on maternal and child health and nutrition, and plays a leading role in the Agency’s goal of preventing child and maternal deaths.  
**Bureau for Latin America and the Caribbean (LAC)**<br>**Overseas Missions** |
| **HHS** | **Centers for Disease Control and Prevention (CDC)**<br>As the nation’s health-protection agency, CDC saves lives and protects people from health, safety and security threats.  
**National Institutes of Health (NIH)**<br>• Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)<br>• Fogarty International Center<br>• National Institute for Mental Health (NIMH)  Awards research grants to individual researchers and their home institutions—most often U.S. universities/research institutions—as determined by peer review. Research projects are intended to fulfill the NIH’s mission, but resulting research findings/interventions could help inform programs and contribute to the achievement of APCA’s objectives by other U.S. Government Departments and Agencies. |
<p>| <strong>USDOL</strong> | <strong>Bureau of International Labor Affairs (ILAB)</strong>&lt;br&gt;• Office of Child Labor, Forced Labor and Human Trafficking (USDOL/ILAB/OCFT)  Addresses child labor by expanding global knowledge on child labor, including how to tackle the problem better; strengthening laws, law enforcement, coordination among government bodies, policies and programs related to child labor, including social protection and education; improving awareness of the importance of education for all children; increasing mobilization of a wide array of stakeholders who improve and expand economic and educational opportunities for children and families; and increasing the numbers of children in school who no longer work in exploitative child labor. |</p>
<table>
<thead>
<tr>
<th>Agency</th>
<th>Description</th>
</tr>
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</table>
| USDOS                                    | **Bureau of Consular Affairs (CA)**  
  - Office of Children’s Issues (CA/OCS/CI)  
    The U.S. Central Authority for the Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption; addresses the needs of children living outside of family care through liaison with many countries seeking to improve the transparency or administration of their intercountry adoption programs.  
  **Under Secretary for Civilian Security, Democracy and Human Rights**  
  - Bureau of Democracy, Human Rights and Labor (DRL)  
    Leads the U.S. Government’s efforts to promote democracy, protect human rights and international religious freedom, and advance labor rights globally.  
  - Bureau of International Narcotics and Law Enforcement Affairs (INL)  
    Works to keep Americans safe at home by countering international crime, illegal drugs and instability abroad. INL helps countries deliver justice and fairness by strengthening their police, courts and corrections systems. These efforts reduce the amount of crime and illegal drugs that reach U.S. shores.  
  - Bureau of International Organization Affairs (IO)  
    The U.S. Government’s primary interlocutor with the United Nations and a host of international agencies and organizations.  
  - Bureau of Population, Refugees and Migration (PRM)  
    Addresses the unique needs of displaced and stateless children through global humanitarian-assistance programs and through humanitarian diplomacy to advocate for the world’s most-vulnerable populations.  
  - Office to Monitor and Combat Trafficking in Persons (TIP Office)  
    Leads the United States’ global efforts against human trafficking, partnering with foreign governments, international organizations, civil society and the private sector to develop and implement effective anti-trafficking strategies. The TIP Office is responsible for bilateral and multilateral diplomacy, targeted foreign assistance, and public and interagency engagement on trafficking in persons.  
  **PEPFAR: Office of the U.S. Global AIDS Coordinator and Health Diplomacy (OGAC)**  
    Leads implementation of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR): Orphans and Vulnerable Children (OVC) Programming for AIDS-affected children has promoted resilience in children and broader society by reducing adversity and by building services and systems that reach people directly in their households and communities.  
| Peace Corps                               | **Office of Global Health and HIV**  
  Provides technical assistance and operational support to Peace Corps posts to improve the health and well-being of individuals, families and communities where Volunteers serve by proactively addressing community health programming across HIV, youth health and Maternal, Newborn, and Child Health (MNCH) sectors to improve outcomes for vulnerable children and their families.  
  - Youth health and HIV Peace Corps Volunteers serve as a critical link to broader health, social and other services for children and their families; providing psychosocial support through life skills and conducting trainings on positive parenting, economic-strengthening and care-management with parent/caregivers to strengthen the health and well-being of vulnerable households and children.  
  - MNCH Peace Corps Volunteers focus on coordinated health and nutrition interventions, to ensuring that pregnant and/or lactating women receive the necessary care and information to prevent maternal newborn and child deaths. |
Annex II: Global Profile of Children in Adversity

The Global Profile of Children in Adversity provides the most comprehensive and up-to-date data currently available to quantify various categories of children in adversity. There is currently no single global method to define and measure “children in adversity,” the target population of Public Law 109-95. Instead, this table includes estimates of children in adversity 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. For comprehensive notes on this table, please visit: https://www.childreninadversity.gov/about/why/an-urgent-need

<table>
<thead>
<tr>
<th>Indicators of Adversity in Children</th>
<th>Year</th>
<th>Percent²</th>
<th>Number</th>
<th>Coverage</th>
<th>*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population children (aged 0–4)³</td>
<td>2015</td>
<td>9.1%</td>
<td>673,700,000</td>
<td>Global</td>
<td>1a</td>
</tr>
<tr>
<td>Population children (aged 0–17)</td>
<td>2015</td>
<td>31.0%</td>
<td>2,287,100,000</td>
<td>Global</td>
<td>1b</td>
</tr>
<tr>
<td><strong>Poverty</strong></td>
<td></td>
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<tr>
<td>Children living in extreme poverty (less than $1.90 per day) (aged 0–17)</td>
<td>2009–2013</td>
<td>19.5%</td>
<td>385,000,000</td>
<td>Developing countries</td>
<td>2</td>
</tr>
<tr>
<td><strong>Objective 1: Build strong beginnings</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Children who are stunted (aged 0–4)</td>
<td>2000–2016</td>
<td>22.9%</td>
<td>154,300,000</td>
<td>Global</td>
<td>3</td>
</tr>
<tr>
<td>Children who are disabled (aged 0–17)</td>
<td>2002–2004</td>
<td>15.5%</td>
<td>354,500,000</td>
<td>Global</td>
<td>4</td>
</tr>
<tr>
<td>Children with blood levels above 10 µg/dl (aged 0–4)</td>
<td>2004</td>
<td>16.0%</td>
<td>96,700,000</td>
<td>Developing countries</td>
<td>5</td>
</tr>
<tr>
<td>Children living with HIV (aged 0–14)</td>
<td>2016</td>
<td>0.1%</td>
<td>2,100,000</td>
<td>Global</td>
<td>6a</td>
</tr>
<tr>
<td>Adolescents living with HIV- female (aged 10–19)</td>
<td>2016</td>
<td>0.21%</td>
<td>1,200,000</td>
<td>Global</td>
<td>6b</td>
</tr>
<tr>
<td>Adolescents living with HIV- male (aged 10–19)</td>
<td>2016</td>
<td>0.14%</td>
<td>900,000</td>
<td>Global</td>
<td>6c</td>
</tr>
<tr>
<td><strong>Objective 2: Put family care first</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Children who have lost one or both parents due to all causes (aged 0–17)</td>
<td>2016</td>
<td>6.2%</td>
<td>142,000,000</td>
<td>Global</td>
<td>7a</td>
</tr>
<tr>
<td>Children who have lost one or both parents due to AIDS (aged 0–17)</td>
<td>2016</td>
<td>0.7%</td>
<td>16,500,000</td>
<td>Global</td>
<td>7b</td>
</tr>
<tr>
<td>Children in residential care (aged 0–17)</td>
<td>2012–2017</td>
<td>0.1%</td>
<td>2,700,000</td>
<td>Global</td>
<td>8</td>
</tr>
<tr>
<td>Children in foster care (aged 0–17)</td>
<td>2012–2017</td>
<td>0.3%</td>
<td>1,600,000</td>
<td>CEE/CIS, MENA, Industrialized countries</td>
<td>9</td>
</tr>
<tr>
<td>Children out of school (primary aged)</td>
<td>2016</td>
<td>9.0%</td>
<td>63,300,000</td>
<td>Global</td>
<td>10</td>
</tr>
<tr>
<td><strong>Objective 3: Protect children from violence, exploitation, abuse, and neglect</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children uprooted due to conflict or natural disaster (aged 0–17)</td>
<td>2016</td>
<td>1.2%</td>
<td>35,000,000</td>
<td>Global</td>
<td>11</td>
</tr>
<tr>
<td>Children who have experienced violent discipline at home (aged 1–14)</td>
<td>2010–2016</td>
<td>79.0%</td>
<td>280,200,000</td>
<td>Developing countries</td>
<td>12</td>
</tr>
<tr>
<td>Adolescent girls (aged 15–19) who have experienced forced sex in their lifetime</td>
<td>2005–2016</td>
<td>5.2%</td>
<td>15,000,000</td>
<td>Global</td>
<td>13</td>
</tr>
<tr>
<td>Child marriage: women aged 20–24 who were married or in union before age 18</td>
<td>2010–2016</td>
<td>25.0%</td>
<td>60,900,000</td>
<td>Global, excluding China</td>
<td>14</td>
</tr>
<tr>
<td>Children in hazardous work (aged 5–17)</td>
<td>2016</td>
<td>4.6%</td>
<td>72,500,000</td>
<td>Global</td>
<td>15</td>
</tr>
</tbody>
</table>

* Please see the online appendix at: http://www.childreninadversity.gov for further detail on calculations, sources, indicator definitions, and trends.

NA—Valid sources of data were not available.

¹ Aged 0–4 includes all children from newborns until the end of their 4th year (i.e. aged 0–59 months).

² The percent given represents the percentage of the child population affected within the specific age group, gender, and geographic coverage given for the indicator (with the exception of indicators 1a–1b, for which the percentage given is the percentage of the global or developing country population that is in the 0–4 or 0–17 age group).

³ CEE/CIS and MENA regional groupings follow the UNICEF regional groupings for drawing population totals from UN World Population Prospects, and the Industrialized countries grouping follows the designation of “high-income countries” for drawing a population total from UN World Population Prospects.
Endnotes


3 This statistic is a conservative estimate of children under 18 based on population demographics in countries where USAID/FFP operates, in addition to actual beneficiary calculations of USAID/FFP’s child-specific programming, e.g. UNICEF.

4 See the “Children in Adversity” website at www.childreninadversity.gov/news-information/publications for full details on activities conducted by the departments and agencies participating in APCA in priority countries.

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