

**STATE, FOREIGN OPERATIONS, AND RELATED
PROGRAMS APPROPRIATIONS FOR FISCAL
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U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, DC.

The subcommittee met at 10:06 a.m., in room SD-192, Dirksen Senate Office Building, Hon. Patrick J. Leahy (chairman) presiding.

Present: Senators Leahy and Landrieu.

REVIEW OF U.S. FOREIGN ASSISTANCE FOR CHILDREN IN ADVERSITY

OPENING STATEMENT OF SENATOR PATRICK J. LEAHY

Senator LEAHY. Thank you all for being here. I especially want to thank Senator Landrieu. It was her idea to hold this hearing. She is very subtle about it. She just came to me and said, Patrick, this is extraordinarily important, and we have to get it done, and let's find a date.

So I agreed with her.

I apologize, but with the immigration debate I'm going to have to leave soon. We're planning to stay at that markup until midnight, if necessary, with the idea of getting the bill finished this week before the Senate leaves for Memorial Day.

I don't need to convince you that the fate of the world's children is the responsibility of everyone. Today, in the 21st century, it's appalling how many children are born into lives of misery.

I've said so many times that for U.S. citizens this is a moral issue. We live in the wealthiest, most powerful Nation on Earth. Many of us do not have to worry about going hungry. We strive to ensure that our children and grandchildren have access to everything they need from education to food to medicine. We have a moral responsibility not to turn our backs on those who could not even imagine what our children and our grandchildren have.

The United Nations Children's Fund (UNICEF) State of the World's Children 2013 report is due to be published later this month. Statistics show that in 2010, more than 8 million children died before the age of 5, mostly from preventable diseases or complications at birth, and about 20,000 children die needlessly every day.

When I was looking at some of the notes that Tim Rieser and Nikole Manatt put together for me on this issue, it just brings

tears to your eyes, because you recognize the pain you would feel if it were your own children or grandchildren.

At any given time, nearly 2.5 million people are in forced labor situations as result of trafficking, and one-quarter to one-half of them are children. Even in the absence of trafficking, some 200 million children are forced to work to survive, and half of them are exposed to dangerous working conditions. I've read many articles in the paper about children who were basically sold into slavery.

We've seen the photographs of child refugees, child soldiers, child prostitutes, children scavenging in garbage dumps, children laboring in garment factories, children starving, children abandoned or orphaned by war or disease, children fending for themselves in a dangerous, unforgiving world. How can we look at these images without it tearing our souls apart?

As much as we wish it were otherwise, this subcommittee doesn't have the resources to eliminate these problems. In fact, the amount of funds we have for programs that directly or indirectly improve the lives of children in adversity is a pittance when you consider what the needs are.

But there are things we're doing and, undoubtedly, there is more we can do to help developing countries care for and protect these children by, one, improving public health and education; two, enforcing laws against child labor, every one of us as a consumer can ask where our clothes come from; and three, improving the capacity of governments to find suitable homes for abandoned and orphaned children so they don't remain on the street or end up in an institution where they're vulnerable to abuse and neglect.

We have witnesses here who can speak to this. Leading off the first panel is Ambassador Donald Steinberg, Deputy Administrator of the U.S. Agency for International Development (USAID). I've known Ambassador Steinberg for nearly 2 decades. He is as dedicated to improving the lives of the world's most vulnerable people as anyone I've met in Washington. And he has been in some areas of the world that are pretty grim.

Dr. Neil Boothby is the USAID Special Advisor for Children in Adversity. He brings a wealth of experience to these issues.

Dr. Susan Bissell is Chief of Child Protection at UNICEF, and has a long history of global leadership on children's issues.

And Dr. Caroline Ryan is Deputy Coordinator for Technical Leadership at the State Department's Office of the U.S. Global AIDS Coordinator. She will speak to the role that her office is playing on behalf of children who are infected by HIV/AIDS. I have friends who have worked with this subcommittee for years on these issues, including Bill Gates, Bono, and many others.

PREPARED STATEMENT

On the second panel are Dr. Philip Goldman, President of Maestral International; Jedd Medefind, President of the Christian Alliance for Orphans; and Dr. Charles Nelson, Professor of Pediatrics and Neuroscience at Harvard Medical School.

[The statement follows:]

PREPARED STATEMENT OF SENATOR PATRICK J. LEAHY

I want to thank Senator Landrieu, whose idea it was to hold this hearing, and I thank our witnesses for being here.

The fate of the world's children is the responsibility of everyone. Today, in the 21st Century, it is appalling to consider how many children are born into lives of misery.

UNICEF's 2013 State of the World's Children report is due later this month, but the statistics available today show that in 2010 more than 8 million children died before the age of five, mostly from preventable diseases or complications at birth. Some 20,000 children die needlessly every day.

At any given time, nearly 2.5 million people are in forced labor as a result of trafficking, and from one quarter to one half of them are children. Even in the absence of trafficking, some 200 million children are forced to work to survive, half of them exposed to dangerous conditions.

We have all seen the photographs of child refugees, child soldiers, child prostitutes, children scavenging in garbage dumps, children laboring in garment factories, children starving, children abandoned or orphaned by war or disease, children fending for themselves in a dangerous, unforgiving world. It is heartbreaking to see.

As much as we wish it were otherwise, this subcommittee does not have the resources to eliminate these problems. In fact, the amount of funds we have for programs that directly or indirectly improve the lives of children in adversity is a pittance, measured against the amount of need.

But there are things we are doing, and undoubtedly more we can do to help developing countries care for and protect these children, by:

- improving public health and education;
- enforcing laws against child labor; and
- improving the capacity of governments to find suitable homes for abandoned and orphaned children so they do not remain on the street or end up in institutions where they are vulnerable to abuse and neglect.

Today's witnesses can speak to this.

—Leading off the first panel is Ambassador Donald Steinberg, Deputy Administrator of the U.S. Agency for International Development. I have known Ambassador Steinberg for nearly two decades, and he is as dedicated to improving the lives of the world's most vulnerable people as anyone I have met in Washington.

—Dr. Neil Boothby is USAID's Special Advisor for Children in Adversity. He brings a wealth of experience to these issues.

—Dr. Susan Bissell is Chief of Child Protection at UNICEF, which has a long history of global leadership on children's issues.

—Dr. Caroline Ryan, Deputy Coordinator for Technical Leadership at the State Department's Office of the U.S. Global AIDS Coordinator, will speak to the role that office is playing on behalf of children who are affected by HIV/AIDS.

For the second panel we will hear from:

- Mr. Phillip Goldman, President of Maestral International;
- Mr. Jedd Medefind [med EH fend], President of the Christian Alliance for Orphans; and
- Dr. Charles Nelson, Professor of Pediatrics and Neuroscience at Harvard Medical School.

Each of these witnesses has devoted their professional lives to the issues that we are here to discuss. Thank you all for coming.

I want to apologize in advance that I cannot stay because I have to chair the Judiciary Committee which is continuing to mark up the immigration bill this morning.

But I commend the Senator from Louisiana for her leadership on this issue, which is important to all of us.

Senator LEAHY. I'm going to ask Senator Landrieu if she can move over one seat to take the gavel.

Senator LANDRIEU [presiding]. Before the Senator leaves, and I'm happy to do that, I just have to say how much I appreciate his leadership. He has been an extraordinary leader of this subcommittee for many years, not extraordinary but effective. His advocacy for children is really second to none. And I so appreciate him taking a few minutes in a very busy week on a major bill that he's leading, immigration reform, to give such opening remarks.

Thank you, Senator Leahy.

Senator LEAHY. Thank you, Mary.

Senator LANDRIEU. Again, let me thank the chairman and the ranking member, who I hope will be joining us, Senator Graham, and other members of the subcommittee may be able to stop in on a very busy morning to join us for this important hearing. I, again, thank him for his leadership.

I also want to thank the chairwoman of the Appropriations Committee, Senator Barbara A. Mikulski, who I spoke to right before this hearing to let her know that we were conducting it. Of course, she gives us her full blessing and is very interested in the outcome of this hearing, and I think it will help instruct us as to how to build a better appropriations bill as we move forward.

Last year, as you all know, the U.S. Government launched the first ever National Action Plan for Children in Adversity. The action plan, which took 18 months to develop, is the product of collaboration among 11 Federal agencies, really unprecedented, including USAID, Centers for Disease Control and Prevention (CDC), the Department of State, the Department of Health and Human Services, the Department of Homeland Security, among others, the broad coalition of stakeholders reflects the current best thinking on how to deliver assistance to the children that Senator Leahy was speaking so eloquently about.

This document, for the first time, gives equal priority, and it's very exciting, to three main objectives. One, strong beginnings, keeping children alive and giving them a chance to thrive. I think Senator Leahy reported that 8 million children in the potential UNICEF report aren't going to live until the age of 5. Millions of other children will die before the age of 12. Our plan says we must help keep children strong in the beginning.

Second, very important, families first, ensuring that all children live and grow and thrive in a safe and permanent family. Which really, ultimately, when you think about it, the best and truly only form of real protection for children is a strong and nurturing and supportive family.

I've often said, if you want to get rid of traffickers, then put every child in the arms of a powerful father and mother. The traffickers will never get them.

Third, protecting each child from violence, abuse, and exploitation. I believe we can and should better target the investments through this subcommittee and other committees in maternal and child health toward ensuring that all children everywhere have a strong and connected beginning.

Increasing our efforts to protect children from all forms of exploitation and abuse, and, perhaps most importantly, serve children in and through their biological families, if intact, and if not, find a family to minister to them.

Even though the action plan has three equally important goals and pillars, the U.S. Government, in my view, and I think it's shared by many, does not seem to be currently organized and resourced to address these three goals equally.

We have many people and significant resources, relatively speaking, in place to help children have strong beginnings, and we do have a great deal of work and resources to protect children from exploitation and abuse and anti-trafficking. And I believe the facts

will show that our child protection work falls short, however, in recognizing the importance of children, their mental and physical need for family care.

If we truly mean it when we say we want to reduce the number of children living without permanent families, we need to make some changes, I believe, in the way that we think and act, resource, and organize, not only as a Government, but to develop stronger partnerships with nonprofits and the faith-based communities to accomplish these important goals.

Dr. Neil Boothby, who is here today from the U.S. Agency for International Development (USAID), can speak to the action plan in more detail. I want to say how proud I am to have lent my efforts to this report, and I want to thank him for his leadership and the leadership of everyone at the table for this really breakthrough strategy.

Today's second panel hosts a distinguish scientist, Dr. Charles Nelson of Harvard University, who will discuss the devastating impact of institutionalization on children. I'm particularly grateful for Dr. Nelson for joining us on such short notice to help make this critical point today. He can say more eloquently than I the importance of a nurturing family to a child's development.

Millions of children are currently growing up in orphanages, on the streets, in refugee camps, asylums seekers, or stateless persons, uncounted, unrecognized, and unhelped. As a Government, we're not, in my view, currently investing sufficiently or with adequate focus in diplomacy or programs that work to preserve families, reunify families, or support development of domestic and international adoption programs in other countries when that might be the only option for millions of children.

But there are organizations that work in the field of international child welfare and protection that have already recognized this fundamental principle and begun putting it into action.

Many of you, no doubt, know the transformative work of Saddleback Church in California led by Kay and Rick Warren, or the dedication of organizations such as Holt International, Buckner International, Bethany Christian Services, the Gladney Center, and dozens of others who do transformative work helping children stay with their biological families or connect them quickly to a strong and willing and able relative, or domestic adoption, and if not, international adoption, to give them the safe harbor that every child deserves and needs.

Today, we have testifying before this subcommittee a representative of the community of such organizations, the president of the Christian Alliance for Orphans, Jedd Medefind. There are many organizations and inspiring individuals that could come before this subcommittee. The room could not hold them all, so there will be people in the second panel giving voice to them.

I'm also looking forward to hearing from Philip Goldman, who makes a very solid case for why putting families first is not only the right thing to do, but the smart thing to do. No investment promises a higher rate of return than a meaningful investment in strong families for every child.

I believe we must embrace the full continuum of solutions and partners which offer permanent families with a sense of urgency to the millions and millions of unparented children in the world.

Children cannot wait years and months without causing them harm in their emotional, spiritual, and physical development. We must carefully consider how we manage and deploy our limited resources as a Government to assist all children in adversity internationally.

The testimony of our witnesses today will serve as a guide in this Congress to making the most meaningful and efficient foreign assistance investments for children in adversity that we can, and to help shape legislation being developed on this important issue.

Thank you again for attending, and let's begin with our first panel. Deputy Administrator Steinberg, Dr. Ryan, Dr. Bissell—I'm very pleased that each have joined us today—and Dr. Boothby.

We'll start with you, Mr. Steinberg.

**STATEMENT OF HON. DONALD STEINBERG, DEPUTY ADMINISTRATOR,
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT**

Mr. STEINBERG. Thank you, Madam Chairman. It's a great honor to testify here before this subcommittee on efforts to address the global challenge of children in adversity. And I did want to begin by saluting your tremendous leadership, as well as that of Senator Leahy, Senator Graham, and other members of the subcommittee.

In his State of the Union Address 3 months ago, the President defined for us a new and inspirational global mission.

He said that the United States will join with our allies around the world to eliminate extreme poverty in the next 2 decades, including by giving our young and brightest minds new opportunities to serve by saving the world's children from preventable deaths and by realizing the promise of an AIDS-free generation.

If we are to achieve this goal, we know we have to empower a new generation of global citizens with the skills they need to contribute fully to their societies. We need to ensure the children not only survive but thrive. And this is, indeed, as you've said, the goal of the President's Action Plan for Children in Adversity, a plan that has three principle objectives: building strong beginnings; putting families first; and protecting children from violence, exploitation, and neglect.

Throughout my career, I've seen what young people can do, if they're properly empowered. All around this country, we have young people who are figuring out how to get arsenic out of drinking water, thus ensuring that children around the world aren't subjected to stunting, to poor cognitive development, and even deaths.

They're developing solar-powered breathing machines that are already saving the lives of newborns with respiratory illnesses in Africa.

They're creating cell-phone applications to inform consumers about how much trafficked labor was involved in manufacturing the goods that they buy.

They're figuring out how to use the world's 6.5 billion cell phones as medical tools to diagnose malaria, tuberculosis, and other diseases.

But, Madam Chairman, I've also seen what happens when we ignore this imperative. In my service in South Africa, I recall the thousands of so-called twilight children, kids separated from their families, wandering the streets of major cities by night, and sleeping in abandoned parking garages and empty lots by evening.

I recall my service in Angola in the wake of 2 decades of civil war where literally millions of children sat in refugee camps, their eyes glazed, already having seen enough violence to last them a lifetime.

Most recently, I recall my visits to children centers in Bangladesh and Guatemala, where up to one-half the children in those countries experience stunting, part of the 200 million children worldwide who have passed their 5th birthdays with serious cognitive and developmental delays.

It's for this reason that we take so seriously the challenge of helping our young people survive and thrive. This is one of the reasons that we have created at USAID a Center on Excellence for Children in Adversity, bringing together world-class experts like Dr. Neil Boothby who serves not only as the U.S. Government special advisor but as the special coordinator at USAID itself.

My written testimony describes a number of the efforts we're putting together globally. In the area of new beginnings, they include our work to eliminate preventable child death by 2035. When I began in the development arena some 3 decades ago, about 15 million children under the age of 5 died from common, preventable diseases. Today, that figure is 6.9 million, still a shocking number, but the lowest in my lifetime.

To accelerate this progress, we are investing in high-impact solutions to address the main causes of mortality, and we're supporting a strong enabling environment.

Last year, we hosted, with Ethiopia, India, and UNICEF, the Child Survival Call to Action. And since that point, we've had 172 countries and 400 civil society organizations sign a pledge to accelerate declines in child deaths. Each signature and the work it embodies represents a renewed commitment to give every child the best possible start in life.

Madam Chairman, I strongly agree with you that we need to identify additional resources and put additional attention behind the second pillar, that of putting families first. We're pleased to be able to implement the Displaced Children and Orphans account, which assists programs to benefit children in vulnerable households and especially outside of family care in some 45 countries.

These programs promote family-based alternatives to institutional care, something I care deeply about as the adoptive parent of two absolutely fabulous children. These programs also prevent family separation. They facilitate deinstitutionalization. They strengthen the capacity of families and communities and governments to care for children.

We've succeeded under these programs in moving literally thousands of children from institutional or orphanage settings into appropriate and protective families.

It's equally important that we protect the world's children from violence and abuse, especially in situations when social order breaks down or in situations of natural disaster.

Last year, we promoted some two dozen humanitarian assistance programs to address child protection for vulnerable children. We also are supporting the minimum standards for child protection in humanitarian action. And we've put together new policies and programs to fight the phenomenon of child marriage, child soldiers, and child labor exploitation.

These challenges are daunting for us, and we're not satisfied with the results we've achieved. Dr. Boothby will describe for you our efforts to restructure and reinforce our work to create coherent and visible homes for children in adversity, our efforts to build better cooperation among agencies, and our efforts to strengthen oversight to ensure effective implementation of the action plan.

PREPARED STATEMENT

We must come together as a whole of society to bring strong beginnings, put families first, and protect our children from violence and abuse. The next generation of world citizens deserves nothing less.

Thank you.

[The statement follows:]

PREPARED STATEMENT OF HON. DONALD STEINBERG

INTRODUCTION

Chairman Leahy and Ranking Member Graham, members of the subcommittee, thank you for having me here today. Let me first take a moment to express my appreciation for your ongoing and steadfast support for foreign assistance and in support of children throughout the world.

In his State of the Union Address, President Barack Obama reaffirmed America's commitment to global development. In an inspiring challenge, he said:

"We also know that progress in the most impoverished parts of our world enriches us all. In many places, people live on little more than a dollar a day. So the United States will join with our allies to eradicate such extreme poverty in the next two decades: by connecting more people to the global economy and empowering women; by giving our young and brightest minds new opportunities to serve and helping communities to feed, power, and educate themselves; by saving the world's children from preventable deaths; and by realizing the promise of an AIDS-free generation."

If we are to achieve this objective, we know that healthy mothers and children are the key.

United States Agency for International Development (USAID) makes critical contributions to the U.S. Government's work to aid children in adversity. Our work to help children to first survive, then thrive, is an important piece of the efforts being coordinated under the recently released U.S. Government Action Plan for Children in Adversity. The action plan represents the work of more than seven different agencies across the government—and is one of finest examples of interagency collaboration and coordination in recent years.

USAID's Global Health programs focus on ensuring child survival and basic health. USAID's foreign disaster assistance program works to protect the health and welfare of children in disaster situations, an especially acute form of adversity. USAID's Displaced Children and Orphans Fund program prevents family separation, promotes family-based alternatives to institutional care for children, and reduces other protection risks for children through strengthening the capacities of families, communities and governments to care for children.

Together, our global health, humanitarian and disaster assistance programs, along with our broader development efforts, directly contribute to achieving the principal objectives of the Action Plan for Children in Adversity: building strong beginnings, putting families first, and protecting children from violence, exploitation, and neglect.

STRONG BEGINNINGS

The effort to strengthen our support for children in adversity begins by ensuring that all children live to celebrate their 5th birthday.

Nearly 30 years ago, USAID and United Nations International Children's Emergency Fund (UNICEF), with the support of the U.S. Congress, launched a "child survival revolution" aimed at reducing the number of deaths among young children in developing countries. Back then, every year, almost 15 million children younger than the age 5 died from common preventable diseases. Without action, that number today would be about 17 million. Instead, by 2011 it had dropped to 6.9 million—still a shocking figure, but arguably the lowest level in my lifetime.

Almost a year ago in June, the Governments of the United States, Ethiopia and India, in close cooperation with UNICEF, held a Child Survival Call to Action in Washington D.C. World leaders embraced the strategic shifts necessary to speed up progress in reducing preventable child deaths, including: increasing efforts in the countries where most deaths occur; focusing on vulnerable populations; investing in high-impact solutions to address the main causes of mortality; and supporting a strong enabling environment for women, including education and empowerment.

Since the Call to Action event, 172 countries have signed the A Promise Renewed pledge to accelerate declines in child deaths, with a goal of all countries having fewer than 20 deaths per 1,000 live births by 2035. More than 400 civil society and faith-based organizations and more than 2,000 individuals also pledged support. Each signature represents a renewed commitment to give every child the best possible start in life.

Healthy children need healthy mothers. Global health programs are working to combat the majority of these preventable maternal deaths. We help women have children when her body is healthiest for pregnancy. We provide pregnant mothers with quality antenatal care and nutrition and with cost-effective interventions that target the preventable complications of pregnancy and birth.

USAID has contributed to better care for childbearing women by training midwives as primary healthcare providers and introducing a results-based financing scheme to increase coverage of assisted deliveries throughout countries such as Afghanistan, and we are seeing much success. This is one reason why the average life expectancy for women has increased by 15 years in Afghanistan over the past decade. Ten years ago, Afghanistan's maternal mortality was estimated to be among the highest in the world. Despite years of conflict and insecurity, today 60 percent of women receive prenatal care (compared to 16 percent in 2003), one-third of women deliver with a skilled birth attendant, and the level of maternal mortality is approaching other countries in the region.

Roughly 40 percent of all child deaths occur in the first month of life. Up to two-thirds of these deaths can be prevented through existing effective interventions delivered during pregnancy, childbirth and in the first hours, days and week after birth. USAID is developing and testing simple, low-cost approaches to prevent death and treat severe illness in newborns in low-resource settings with limited access to quality facility-based care.

USAID's newborn health programs provide training and improve policies for delivering high-impact interventions like immediate and exclusive breastfeeding, warmth, clean cord care, resuscitation, and antibiotics. In Bangladesh, Nepal, Rwanda, and Malawi, USAID supports successful community-based newborn health programs that are linked to strengthened health facilities.

USAID invests in vaccine research directed at major killers of children and research to develop innovative vaccine delivery models. To help end preventable child deaths from pneumonia and diarrhea, USAID is supporting the introduction of pneumococcal and rotavirus vaccines, to children most in need.

Thanks to support from USAID and partners, more than 100 million children receive a set of basic immunizations each year, and tens of millions more receive supplemental immunizations against polio, measles, and other killer diseases.

In the early 2000s in Kenya, a partnership between USAID and the Kenyan Ministry of Health addressed the needs of each district and focused on systems issues. Our support helped to increase immunization coverage from 76 percent in 2005 to nearly 88 percent in 2011.

Investments in nutrition are some of the most powerful and cost-effective in global development. Good nutrition during the critical 1,000-day window from pregnancy to a child's second birthday is crucial to developing a child's cognitive capacity and physical growth. In some countries half of all children are chronically undernourished or "stunted". I recently traveled to Guatemala and to Bangladesh, where such stunting levels for children younger than the age of 5 are 48 and 43 percent, respectively.

Undernutrition is an underlying killer of more than 2.6 million children and more than 100,000 mothers every year. Sustained poor nutrition weakens immune systems, making children and adults more likely to die of diarrhea or pneumonia. Ensuring a child receives adequate nutrition during this window can yield dividends for a lifetime. A well-nourished child will perform better in school, more effectively fight off disease and earn more as an adult.

In 2012, USAID reached more than 12 million children younger than the age of 5 through nutrition programs such as micronutrient supplementation and food fortification, anemia reduction, and the treatment of acute malnutrition.

The financial and technical contributions of the President's Malaria Initiative (PMI) are the major catalyst in the remarkable progress that has been achieved over the last 7 years. Of the 12 PMI focus countries (Angola, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Senegal, Tanzania, Uganda, and Zambia), where baseline and followup health surveys with data on childhood mortality have been conducted, all-cause mortality rates among children younger than the age of 5 have dropped by 16 percent (in Malawi) to 50 percent (in Rwanda).

Early childhood health and development links health and survival with the young child's cognitive, social/emotional, language, and motor development. The mix of effective, proven health interventions and stable and supportive caregiving helps break cycles of poverty and inequality. Over the last year, USAID, together with UNICEF, the Centers for Disease Control and Prevention, and National Institutes of Health has been undertaking an evidence review process on effective social and behavior change interventions to achieve child survival and development. We are hosting an evidence summit next month to report the findings on how best to promote child survival and development through population-level behavior change. These findings will inform an evidence-to-action strategy.

PUTTING FAMILIES FIRST

USAID supports programs to identify children who are separated from their families in crisis situations and care for them while their families are traced and until children can be reunited with their caregivers. USAID supports efforts like these in Mali, Democratic Republic of the Congo, and other crises situations. In the aftermath of the devastating earthquake in Haiti, we implemented emergency family tracing programs to reunite children with their parents. And this past year in the Horn of Africa, when the worst drought in 60 years sent tens of thousands of families fleeing, we helped establish a single database that multiple partners across different refugee camps could use to identify and reunite separated and unaccompanied children.

To preserve families, USAID sets up safe, child-friendly spaces in internally displaced person camps, where children can receive on-site food and water and join classes and activities, and changes community attitudes about the stigma of rape through door-to-door outreach.

The impacts of illness, conflict, poverty, and lack of access to basic services seriously undermine families' abilities to care for their children. For some children the result is family separation and their living outside of family care, whether on the streets or in institutions or in exploitive labor situations away from the protective care of families. These children face increased risks of violence, abuse, exploitation and insufficient access to the emotional and developmental support they need.

USAID's Displaced Children and Orphans Fund (DCOF) provides financial and technical assistance to programs benefiting children in vulnerable households and outside of family care, including children living on the streets and in residential care, in more than 45 countries.

DCOF programs prevent family separation, promote family-based alternatives to institutional care for children, facilitate de-institutionalization, and reduce other protection risks for children through strengthening the capacities of families, communities and governments to care for children. DCOF supports innovative programs that promote household economic strengthening with caregiving support, including education on child protection risks and prevention strategies. DCOF leverages its resources through a learning agenda aimed at influencing and improving the state-of-the-art in programming for children in adversity who lack adequate family care.

Last year, DCOF support resulted in more than 3,000 children directly moved from institutional or orphanage settings into family-based care alternatives. To strengthen child protection systems DCOF worked to help governments and civil society partners develop and apply relevant national child protection legislation and policies, strengthen coordination among key actors, develop information systems to identify and monitor children at risk, build social service workforce capacities, strengthen community capacities to identify vulnerable children and increase their

access to protective interventions. In fiscal year 2012 more than 550 social workers or government child welfare staff was formally trained and thousands of parents received coaching and mentoring. In Belarus alone, 1,208 foster/adoptive parents from 45 local communities were trained in parenting skills and 216 children were placed within these families.

For USAID, strengthening families is a top priority—whether that means providing cash transfers in times of hardship or linking families to support networks.

Nyepue Bondo is a widow and a mother of five children in Bong Country, Liberia and a participant in the DCOF-funded “Agriculture for Children’s Empowerment” project. Before joining the project, Nyepue grew vegetables on a small scale. With inadequate farming skills the results of her work did not yield sufficient vegetables for her to sell and adequately support her family. The project trained her how to do nursery preparation, planting in line, weeding on time and how to keep farm records. After 1 year in the project, Nyepue generated \$371 from vegetable sales. Part of her income was used to pay for her children’s school expenses and to start a small dry goods business.

In Burundi, we’ve developed a 3-year randomized impact evaluation to explore how village savings and loans associations and family counseling could reduce poverty and nurture families. Results from the mid-term evaluation are in—and it is already clear that these combined interventions led to a 20-percent increase in the amount the household spends—a key indicator of welfare. And cases of harsh discipline-like hitting a child with a stick—fell by 64 percent.

PROTECTING CHILDREN

A 2011 report on global funding for child protection in humanitarian crises found that in 2009 the U.S. Government was the single largest donor for humanitarian child protection programming.

In fiscal year 2012, USAID funded 26 humanitarian assistance programs to address child protection for especially vulnerable children in 10 countries affected by disasters and conflicts. USAID invests in innovative technologies and capacity building initiatives to facilitate rapid, high-quality responses for separated children, and other highly vulnerable girls and boys in the wake of conflict and disaster.

USAID works with children remaining within family care in crises to support them, their families, and their communities with holistic assistance. For example, to rapidly restart education in crisis-affected communities by providing school supplies and repairs to school buildings. We support safe recreational activities for children—places where they can play with their peers and be watched over by trained, caring adults or older children.

To ensure children’s survival when faced with life-threatening crises, USAID also supports maternal and child healthcare, nutrition supplements for malnourished children, clean water, sanitation, hygiene materials, shelter, food, and blankets.

USAID supports the roll-out of the newly developed Minimum Standards for Child Protection in Humanitarian Action. These standards provide guidance for all types of humanitarian interventions on how to ensure that children’s unique needs are met, and that they are protected from harm, exploitation, and abuse.

Across the world today, 5.5 million children are engaged in forced labor. Roughly 300,000 children serve as soldiers for rebel and government forces. And disturbingly large numbers of children—150 million girls and 73 million boys—have experienced rape or other forms of sexual violence.

USAID is harnessing the power of science and technology and the creativity of problem-solvers everywhere to end the enduring outrage of human trafficking and prevent and respond to atrocities—whether it is a new mobile app to help locate children and reunite them with their family in a crisis or a new monitoring tool that helps governments remain accountable to their citizens.

CONCLUSION

In closing, for USAID, support to children in adversity starts with making sure they are planned and spaced, their mothers well-nourished, and they grow and flourish in the womb. It continues with saving their lives at birth, along with that of their mothers. And it goes on, making sure they are fed, kept warm, and protected from vaccine-preventable diseases through vaccines, rehydrated from diarrhea, kept safe from mosquitos, and given the right care at the right time when they are sick.

Finally, our support preserves families and protects children in crisis situations and ultimately contributes to the economic growth and development needed to create a future with many positive possibilities.

This is the vision our programs strive for.

I appreciate the opportunity to testify today and look forward to your questions.

Senator LANDRIEU. Thank you so much, Dr. Steinberg.
Dr. Ryan.

**STATEMENT OF DR. CAROLINE RYAN, M.D., DEPUTY COORDINATOR
FOR TECHNICAL LEADERSHIP, OFFICE OF THE U.S. GLOBAL
AIDS COORDINATOR, DEPARTMENT OF STATE**

Dr. RYAN. Chairman Leahy, Ranking Member Graham, Senator Landrieu, I thank you for the opportunity to appear before you to discuss the U.S. President's Emergency Plan for AIDS Relief and to highlight our essential work to support orphans and vulnerable children.

On behalf of the entire PEPFAR family, we are profoundly grateful to Congress for its sustained investment in and support of our programs.

In 2013, PEPFAR will celebrate 10 years of success. None of this would've been possible without the vision and leadership of President Bush, President Obama, and the bipartisan support of Congress.

A decade ago, AIDS was wiping out an entire generation in Africa. Today, because of the efforts coordinated by Ambassador Eric Goosby at the Department of State and those of its many partners, we have brought the world to a new era, a time when new AIDS infections, HIV infections are on the decline, and AIDS deaths are also on decline. And an AIDS-free generation is both U.S. policy and a goal within our reach.

As of October 2012, PEPFAR directly supported more than 5 million people on antiretroviral treatment. That is a threefold increase in only 4 years. This means that more parents with HIV are staying alive. That's averting 1.6 million children from becoming orphans in 2012 alone.

PEPFAR also supports ARV treatment to prevent mother-to-child transmission to more than 750,000 pregnant women living with HIV, and directly supports 15 million people with care and support, which includes nearly 5 million OVCs.

PEPFAR already supports and plays a critical role to contribute to the objectives of the recently released U.S. Government's Action Plan for Children in Adversity.

Our 2012 OVC guidelines outline our strategic goals: one, strengthen families as primary caregivers of children; two, support the capacity of communities to create protective and caring environments; three, build capacity of social service systems to protect the most vulnerable; and four, integrate OVC programs into the broader PEPFAR platform and response.

The impact of HIV and AIDS on children is absolutely devastating. It's estimated that there are 16 million children that have lost one or both of their parents due to AIDS, and 90 percent of those live in to sub-Saharan Africa.

Children can quickly move from being affected by HIV to becoming infected with HIV, and an estimated 3.4 million children under the age of 15 are now living with HIV.

PEPFAR's comprehensive, integrated, evidence-based approach has had a transformative effect. While it's well-known that PEPFAR dedicates 10 percent of its country funding to orphan and

vulnerable children programs, our OVC interventions gain from their integration across the broader PEPFAR platform.

And family strengthening is a major priority for PEPFAR programs. We support family unity both with keeping families and caregivers healthy and alive to care for their children, and also through household economic strengthening. We also support parenting skills training, educational support, and early childhood interventions, such as preschools.

For example, in Rwanda, the PEPFAR global community supports stability and resilience in the most vulnerable of families, those affected by HIV and AIDS and with OVCs. Since 2009, this program has served over 62,000 households delivering a holistic package of services that are designed to build household resilience, including economic strengthening, food and security, nutrition, and formal educational assistance.

PEPFAR also strengthens community and system responses to combat gender-based violence against children, including improved legislation and enforcement of child protection.

Addressing all of these needs requires a strong child welfare system that facilitates access to services across sectors, including social protection through child grants, deinstitutionalization, foster care, local adoption procedures, and resources.

PEPFAR has strengthened the capacity of partner countries to improve the leadership and governance of social service ministries, civil society organizations, faith-based organizations, and communities that support children.

In South Africa, we have been supporting the Department of Social Welfare to hire 10,000 new children and youth care workers by 2017. These workers will protect children from exploitation and abuse, ensuring children remain in school, and referring for children for HIV testing. Thirty-six thousand children were referred for HIV testing in 2012 alone.

Thank you again for the opportunity to testify before you, to share what PEPFAR is doing across the globe to bring children out of adversity and to create an AIDS-free generation.

Congress's 10 years of bipartisan support and investment in PEPFAR's work has profoundly improved the lives of so many children and their families. This has only been possible because of PEPFAR's integrated approach, which strengthens access to medical care, support services at the family, community, and country level.

PREPARED STATEMENT

While significant challenges remain, there is no doubt that millions of men, women, and children have a brighter, healthier, and more productive future thank to PEPFAR. This is truly a smart investment in our future.

Thank you.

[The statement follows:]

PREPARED STATEMENT OF DR. CAROLINE RYAN, M.D.

Chairman Leahy, Ranking Member Graham, Senator Landrieu and distinguished members of the subcommittee, thank you for the opportunity to appear before you to discuss the President's Emergency Plan for AIDS Relief (PEPFAR) and to high-

light the lifesaving work we do each day, including our essential work to support orphans and vulnerable children.

PEPFAR INTRODUCTION

Let me begin by stating that on behalf of the entire PEPFAR family, we are profoundly grateful to Congress for its sustained investment in and support of our program. At the end of this month, PEPFAR will celebrate 10 years of success. None of this would have been possible without the vision and leadership of President Bush, President Obama, and the bipartisan support of Congress. A decade ago AIDS was wiping out an entire generation in Africa, stalling economic development, and leaving countries in poverty. Today, PEPFAR's efforts and those of its many partners have brought the world to a new era—a time when new HIV infections and AIDS-related deaths are on a steep decline and creating an AIDS-free generation is both U.S. policy and a goal within our reach.

Through the resources appropriated to PEPFAR, as of September 30, 2012, PEPFAR was directly supporting more than 5.1 million people on antiretroviral treatment—a three-fold increase in only 4 years. Moreover, in 2012 alone, PEPFAR provided antiretroviral drugs to prevent mother-to-child transmission of HIV to more than 750,000 pregnant women living with HIV, which allowed approximately 230,000 infants to be born without HIV; enabled more than 46.5 million people to receive testing and counseling, and directly supported nearly 15 million people with care and support, including nearly 5 million orphans and vulnerable children (OVC).

PEPFAR's efforts already play a critical role in contributing to many of the coordinated objectives of the recently released U.S. Government Action Plan for Children in Adversity, a Government-wide plan for vulnerable children.

CHILDREN AND HIV/AIDS

While significant progress has been made through PEPFAR, our work is far from done. A central mission from the start of PEPFAR has been addressing the diverse, complex and critical needs of orphans and vulnerable children affected by the AIDS epidemic, and so we appreciate the opportunity to discuss the progress made and the challenges that remain in caring for this very special population. It is important to note that PEPFAR has a disease-specific mandate, serving many populations including orphans and vulnerable children. PEPFAR's role concerning OVCs is to mitigate the effect of the HIV epidemic on this population.

The impact of HIV and AIDS on children is devastating. To date, an estimated 16 million children have lost one or both parents due to AIDS, 90 percent of whom live in sub-Saharan Africa. In addition, an estimated 3.4 million children under the age of 15 are living with HIV, and millions more children are made vulnerable due to chronically ill parents or the social and economic effects of living in communities with high HIV prevalence. These numbers clearly demonstrate how vulnerable children are to the social, emotional, economic, and environmental effects that HIV and AIDS has on families, communities, and countries.

Experience shows us that children can quickly move from being affected by HIV to becoming infected with HIV, particularly if they lack the necessary services and support to address their complex needs. In addition, even when children are not living with HIV, social and economic conditions can impede their ability to lead healthy, productive lives.

PEPFAR'S IMPACT ON CHILDREN IN ADVERSITY

PEPFAR's programs are first and foremost guided by evidence-based interventions that work. As the Institute of Medicine recently reported as part of its congressionally mandated evaluation of PEPFAR, "With its explicit focus on orphans and vulnerable children, PEPFAR has elevated attention to and investment in meeting the needs of this population through programs and services that are informed by evidence." Building on nearly a decade of lessons learned, and rigorous evaluation of our programs, PEPFAR released new Guidance for Orphans and Vulnerable Children in 2012, which outlines sound interventions for children in adversity and specifically for children affected by HIV/AIDS. This guidance not only benefits our U.S. Government efforts but is a significant resource for vulnerable children's programming across the globe. Additionally, on World AIDS Day last year, PEPFAR released a blueprint that outlines a global path toward creating an AIDS-free generation, including key interventions necessary to aid children in adversity.

PEPFAR'S ORPHANS AND VULNERABLE CHILDREN PROGRAMS

PEPFAR's comprehensive, integrated, results driven approach has had a transformative effect on vulnerable children. While it is well known that PEPFAR dedicates 10 percent of its country funding directly to Orphans and Vulnerable Children programs, the truth is that our cross-cutting investments across our portfolio benefit children and families. PEPFAR's interventions for vulnerable children gain from their integration across the broader PEPFAR platform and specifically support achieving an AIDS-free generation as well as general child well-being. In turn, the integrated goals of other portions of the HIV/AIDS response gain from the interventions to support child vulnerability.

Broadly speaking PEPFAR has enabled access to healthcare where previously little or none existed and strengthened the capacity of partner country health systems to address a range of issues. Through PEPFAR, we have ensured that more parents with HIV/AIDS are staying alive, thus averting 1.6 million children from becoming orphans in 2012 alone, expanding access to pediatric treatment, and ensuring that fewer children are being infected with HIV/AIDS through successful prevention of mother-to-child transmission (PMTCT).

In addition to these meaningful contributions to the well-being of children, PEPFAR's 10 percent OVC set-aside strategically and comprehensively addresses the diverse support services that complement the entire PEPFAR portfolio, including family-strengthening education initiatives that keep children in school, and building the capacity of social service systems for children. These programs protect children from HIV/AIDS and other risks to their development and well-being, and work directly with families, communities, national social service systems, and governments to strengthen national capacity for OVC service delivery, as well as HIV treatment and prevention services.

FAMILY STRENGTHENING

Family strengthening is a major priority of the PEPFAR program, and we have integrated large-scale programming that supports and keeps children in families whenever possible. Over the past decade, PEPFAR has worked hand-in-hand with partner countries to provide the physical, emotional, and social support that strengthens families and communities, and mitigates negative outcomes for children. PEPFAR is able to support family unity both through its work on keeping families and caregivers healthy and alive to care for their children, and also through extensive and evidence-based household economic strengthening interventions such as village savings and loans associations which have positive effects on the well-being of families and the children in their care. These programs prevent the separation of children from families due to the heavy economic burden placed by HIV.

Globally, PEPFAR OVC programs have supported 9,000 Village Savings and Loans Associations in 15 countries. As a result of these efforts, approximately 720,000 children affected by AIDS are living in families with improved economic stability. And these groups are not only self-sustaining after a few years, they are also self-generating, and do not require ongoing support from PEPFAR or any government to continue and even to expand their membership.

PEPFAR programs also strengthen families to keep children within them, through parenting skills training, educational support and early childhood interventions that promote strong attachment and stimulation for the youngest children. Throughout the world PEPFAR-supported programs have created pre-school classrooms and home and community-based programs for thousands of children.

SYSTEMS STRENGTHENING

PEPFAR programs also recognize that some children are already living outside of care and that all families made vulnerable by AIDS need support. Important progress toward better meeting the needs of vulnerable children are underway in many countries, including social protection through child grants, deinstitutionalization, and foster care. Within this, PEPFAR strengthens system and community responses to combat gender-based violence (GBV) against children, including efforts to improve legislation and enforcement for child protection. Addressing these needs requires strong child welfare systems that facilitate access to services across sectors.

Therefore, in recent years, PEPFAR has focused its efforts not only on community-based responses for children but also on child welfare systems strengthening. In fact, PEPFAR has been a leader in spearheading such efforts globally. The needs of OVC and their families are complex, including health services, economic security, legal rights, education, child protection, and emotional support. When systems are

strong and working then all of the services required for children in and outside of family care are typically in place.

To strengthen social welfare systems, PEPFAR has prioritized strategies in 16 countries to improve the leadership and governance of social service ministries, civil society organizations, and communities that support children. This strengthening includes facilitating strategic planning and child protection responses, as well as supporting and training government and community leaders, and assisting in the development of policies, including OVC quality standards and local adoption procedures and resources.

With PEPFAR support, 17 countries in sub-Saharan Africa have formulated national plans of action for vulnerable children. Through its implementing partners, PEPFAR also works with ministries and non-governmental organizations (NGOs) to increase the number of social workers and expand their capacity in partner countries. In Uganda, for example, PEPFAR support has led to the training and accreditation of 1,100 Community Development Officers and probation officers in child protection, who, in turn, provide services to 66,000 children.

And in South Africa, with PEPFAR support, the Department of Social Welfare will hire 10,000 new child and youth care workers by 2017. These workers play a vital role in strengthening families to protect children from exploitation and abuse, ensuring children remain in school, and referring children for pediatric testing—36,000 of them in 2012 alone.

CLOSING

Thank you again for the opportunity to testify before you to share the significant work that PEPFAR is doing across the globe to bring children out of adversity, and to create an AIDS-free generation. Congress' 10 years of robust and bipartisan investment in PEPFAR's work has profoundly improved the lives of so many children and their families. This has only been possible because of PEPFAR's integrated approach and the multifaceted nature of the interventions it supports, which strengthen access to medical care and support services at the family, community and country level. While significant challenges remain, there is no doubt that millions of men, women and children have a brighter, healthier, more productive future thanks to PEPFAR. This is truly a smart investment in our future.

Senator LANDRIEU. Thank you very much.
Dr. Bissell.

STATEMENT OF DR. SUSAN BISSELL, ASSOCIATE DIRECTOR AND PROGRAMMES CHIEF CHILD PROTECTION, UNITED NATIONS CHILDREN'S FUND

[NOTE: In accordance with the rules governing the appearance of United Nations employees before parliamentary bodies, Susan Bissell of the United Nations Children's Fund (UNICEF) comes before the U.S. Senate Appropriations Committee's Subcommittee on State, Foreign Operations, and Related Programs as a UNICEF representative in her capacity as an official of the United Nations and as part of her official duties. She provides an informal, unsworn, oral briefing to the subcommittee on the topic of "children in adversity" and UNICEF's programming responses to that issue. UNICEF has agreed voluntarily to provide this briefing and she is pleased to offer a written copy of her remarks to the subcommittee to be included in the record of proceedings. Dr. Bissell is available to provide clarifications and additional comments related to her briefing and will be available to provide those either orally or at a later time in writing, subject to complying with her duties as an official of the United Nations. Nothing relating to the provision of this informal briefing shall be considered as a waiver, express or implied, of any of the privileges and immunities of the United Nations.]

Dr. BISSELL. Good morning, Senator Landrieu. Thank you very much for inviting UNICEF to brief you here on the role that we play globally in the protection of children.

And if I may, before I get into the full remarks, I wanted to express particular thanks to the leadership of Senator Leahy on a particular area that this subcommittee has worked on, which is protecting children from the effects of landmines and explosive remnants of war, particularly relevant in our contemporary child protection work.

We have ample examples of UNICEF and American Government collaboration in child protection, including in gender-based violence prevention, a pioneering public-private partnership we're involved right now with USAID, PEPFAR, and the CDC, where we are working on the prevention of violence against children and, in particular, sexual violence and girls.

We also work together with the Displaced Children and Orphans Fund strengthening child protection systems and strengthening families to enable them to stay together. And we also have our collective efforts with the U.S. Government on the prevention of female genital mutilation and cutting, as well as child marriage, which Don has already mentioned.

Madam Chairman, a key principle in our child protection work is universality, and, accordingly, we focus on children everywhere. We also realize that children do thrive best in loving and supporting families. An important principle in our work includes protecting all children in early, middle, and late childhood. We engage with specialists in early childhood education at primary and secondary education, health, and, importantly, with experts in adolescence and youth as well as gender.

Prevention is the critical feature of all of our work. To wit, we do not want the 1 billion children living in countries affected by conflict to be its victims. And we're active in these countries that are affected by our armed conflict, preventing the recruitment of children as soldiers and integrating them into schools and communities, as well attempting to return them to their families.

We're on the ground where children are displaced across borders and within countries, including where there are natural disasters.

And we're slowly winning the fight together with partners against child labor, but the recent tragedies in Bangladesh and Cambodia are a stark reminder that not enough is being done. Preventing trafficking also preoccupies us and many of our partners.

Madam Chairman, 220 million children younger than the age of 5 don't even have a birth certificate right now. A birth certificate is a basic form of protection of children. It also allows them access to health care, to education, and prevents them from being recruited, married early, recruited into labor.

Technology, innovation, and political will are helping us to make sure that children are documented. Caste, class, faith, and ethnicity simply don't matter in this regard.

We're using technology also for family tracing and reunification after floods and earthquakes.

With an emphasis on prevention, we also know that we need to respond to those who experience violence, abuse, exploitation, and neglect. We have a child protection strategy that lays out some fundamental approaches, and there are two sort of pillars in that approach. The first is strengthening parts of what we call a child protection system.

You've referred to that already in your comments, Caroline.

Social Welfare, justice, labor, planning ministries together with health and education coming together to create an allied system that prevents violence, abuse, and exploitation, and social workers—a social worker workforce, such as we see a health workforce, is integral to the success of that system.

But we know that even where we have strong child protection systems in place, there are aspects of social change and social norms that prevent, if we can put it that way, the protection of children. And to address social change and harmful social practices such as child marriage and female genital mutilation and cutting, we engage with local leaders, the faith-based community, and others to whom the families and communities look for wisdom and guidance. Social change requires deep and sustained cooperation at local levels.

Finally, our child protection efforts rely on good data. In times of conflict and, in particular, in countries and parties that are listed by the Security Council for having grave violations against children, of which there are 14 at present, we're a key party to what's called the monitoring and reporting mechanism wherein we are creating databases of the killing and maiming of children, sexual violence against children, recruitment and use by rebel groups, as well as armed forces.

PREPARED STATEMENT

Madam Chairman, what can be more important than the protection of our children? We protect them to enable them to develop, to grow, to become active and productive citizens in safe families, safe communities, and societies. All of this protection comes at a cost. But to coin the phrase of some contemporary thinkers, the cost of inaction is simply too high.

Thank you for inviting UNICEF to be here and for including our views in this very important hearing.

[The statement follows:]

PREPARED STATEMENT OF DR. SUSAN BISSELL

Mr. Chairman, Senator Landrieu, and members of the State, Foreign Operations, and Related Programs Subcommittee: It is a pleasure to appear before you today to brief you on the role that the United Nations Children's Fund (UNICEF) plays in the protection and care of children. Our efforts are guided by a Child Protection Strategy that was approved by our executive board in May 2008. We work on the protection of children, their well-being and development in all contexts, including in armed conflict and natural disaster. Our child protection teams are currently present in roughly 170 countries, spanning seven regions. We enjoy strong collaboration with and the support of the U.S. Government. One of our most important and successful interventions and partnership with the U.S. Government has been as a result of this subcommittee, and your leadership in protecting children and their families from landmines and other explosive remnants of war for decades. You have been working with UNICEF and many partners to provide mine risk education and to eradicate these lethal hazards once and for all.

U.S. Government engagement has also been critical to gender-based violence prevention through programming at the field and global levels. This includes participating in the revision of the minimum standards for addressing gender-based violence in humanitarian contexts. It also includes supporting innovative approaches to addressing sexual violence prevention in conflict settings. Child protection in humanitarian settings has historically been an area of high-priority U.S. Government leadership.

Another area of collaboration is a pioneering public/private partnership to address violence against children, with a focus on the prevention of sexual violence against girls, called Together for Girls. The U.S. Government has provided financing for the Together for Girls Secretariat, in addition to support provided via the Centers for Disease Control and Prevention. The President's Emergency Plan for AIDS Relief (PEPFAR), though the United States Agency for International Development (USAID), has also provided resources for survey work and implementation. The partnership has made important progress from a technical perspective with the joint development of a survey methodology or instrument that can be used at the global

level and contributes to improved national data, the ability to compare data across countries and regions, and the consequent use of data to prevent and respond to violence against children.

UNICEF is also grateful for the support provided from the Displaced Children and Orphan's Fund (DCOF) to strengthen child protection systems. Since 2009, DCOF funding supported activities in Liberia, Guatemala, Cambodia and Rwanda. In all countries, the work focused on developing a range of services to strengthen families to enable them to stay together.

Finally, I would be remiss in not mentioning that the U.S. Government has been an active supporter of UNICEF efforts to address female genital mutilation and cutting (FGM/C) and child marriage. This work together has largely been in the form of national and global advocacy as well as financial support to some of UNICEF's key partners on the ground, in the global South.

Mr. Chairman, a key principle in our child protection work is universality, and accordingly we focus on the protection of children everywhere, irrespective of the income status of the country in question. Our work in high-income countries relies on the important work of the national committee family, such as in the case of the U.S. Fund for UNICEF here in the United States.

Realizing that children grow and thrive best in loving and supportive families, an important principle of our work includes protecting all children across the life course; that is, in early, middle, and late childhood. Additionally, we work intersectorally, including with specialists in early childhood education, in education, health, and importantly with experts in adolescents and youth, as well as in gender.

The 2008 Child Protection Strategy necessitates that we privilege the prevention of violence, abuse, exploitation, and neglect. Indeed—addressing violence is a growing imperative for us all. We do not want the 1 billion children living in countries affected by conflict to be its victims. It is for this reason that you will see UNICEF active in such countries, preventing the recruitment of children as soldiers, trying to integrate them in schools and communities or returning them to families. UNICEF is also active and on the ground where children are displaced across borders or within countries. Family preservation and reunification are critical to these efforts.

Likewise, we want to reduce the numbers of children working in the worst possible conditions, in hazardous conditions in factories and diamond and coal mines. There are 115 million such children today. This is a lower number than we saw 10 years ago as we see the responses to our collaboration, but it is still unacceptably high. Add to that the approximately 220 million children under the age of 5 who do not have a birth certificate, and you quickly get a sense of our challenges to prevent recruitment of all types, including into marriage as a child. Thankfully, with the use of technology and thinking innovatively, we are striving to have every child, everywhere, documented.

Eleven percent of women worldwide today, between the ages of 20 and 24, report being married before the age of 15. All of these numbers—including those children subjected to sexual violence—are staggering and I append them to this statement for your closer review.

With that emphasis on prevention, we also know that we need to respond to those who experience the impact of violence, abuse, exploitation, and neglect. Our Child Protection Strategy lays out some fundamental approaches to that. First, we emphasize the strengthening of child protection systems, and allied systems—those that make the interventions and approaches of core protection actors more effective. This means working with ministries of social welfare, justice, labor and planning, together with health and education ministries. We here all know well that there is a dearth of social workers globally, and we also know that a strong social welfare workforce can make the difference between a family finding ways to cope in times of stress, and child abandonment. At the same time, where social workers are active alongside medical professionals trained in the counseling of parents with newborn children with disabilities, that child is less likely to be placed in an institution. Add to that a widespread system of social protection—support to families in the form of cash, free health care, and access to education—and we have a very good recipe for the protection of children and the preservation of family and community.

The second fundamental approach of our strategy targets and supports processes of social change. In particular, in the face of child marriage, FGM/C and other social practices and violations of the rights of children, we work on social norms. This means we engage with local leaders, the faith-based community and others to whom families and communities look for wisdom and guidance. Changing social norms requires deep and sustained cooperation at the local level. Legal norms and processes of social change in terms of law reform are also important. This is an area where there has been considerable success. However, we know from more than two decades

of child protection work that law reform is a necessary but not a sufficient condition for the lives of children and families to change, and to improve.

Finally, our child protection efforts rely on good data. In times of the conflict, and in particular in countries and parties “listed” by the Security Council for committing grave violations against children, UNICEF is a key party to the establishment of the Monitoring and Reporting Mechanism. Based on that data, we are able to prepare action plans to prevent and respond to children’s lived experiences, not to hypothetical understanding, anecdotes, or assumptions. Household data is critical to our work, however we know that the most marginalized and least protected children are out of households, on the streets, in institutions and otherwise “hidden”. Any work that the international community can do to fill this gap is both urgent and important.

Mr. Chairman, what can be more important than the protection of our children? We protect them to enable them to develop, to grow, and to become active and productive citizens of safe families, communities, and societies.

Naturally, we strive to protect them in very early childhood from the neglect and associate toxic stress that has life-long consequences. In middle childhood, protection actors work hard to make sure children are safe in schools, not laboring, and are far from the reach of traffickers and exploiters.

Thankfully, as global education data demonstrates, more children are protected from labor and are in schools than ever before. Late childhood years carry with them great resilience and promise, however concomitant vulnerability lends itself to gang violence, the afore-mentioned child marriage, and even recruitment into armed groups.

All of this protection comes at a cost, but to coin the phrase some contemporary thinkers, “the cost of inaction” is simply too high.

Thank you for inviting UNICEF to be here, and for including our views in this important hearing.

APPENDIX 1

“VIOLENCE AGAINST CHILDREN” STATISTICS

Domestic Violence

- Each year, between 133 million and 275 million children witness episodes of violent behavior between their parents.¹
- Three in four children are disciplined by their parents in a violent manner.²

*Sexual Violence*³

- Approximately 20 percent of women and between 5 to 10 percent of men report being sexually abused as a child.⁴
- According to the World Health Organization (WHO), approximately 150 million girls and 73 million boys under age 18 experienced sexual violence and exploitation in 2002, the most recent year for which comprehensive data are available.⁵
- In a number of countries with available data, large proportions of adolescent girls aged 15–19 report having experienced sexual violence, defined as forced sexual intercourse or the performance of sexual acts against their will.⁶
- The National Violence Against Children Surveys showed that among women aged 18–24 years; nearly 38 percent in Swaziland,⁷ 27 percent in Tanzania⁸

¹ Estimates based on: UN Population Division Data for Global Population under 18 Years for 2000; Domestic Violence Studies from 1987 to 2005; analysis conducted by the Secretariat of the United Nations Secretary-General’s Study on Violence against Children (2006).

² Sources: UNICEF global databases, including data from the most recently available MICS, DHS, other nationally representative household surveys, 2005–2011. This estimate is based on data for 49 countries representing around one third of the world population of children.

³ The data presented here are based on different definitions of sexual violence used in the various studies. Therefore, the data are not a comparison of prevalence across countries/regions but rather demonstrates that sexual violence is a pervasive global problem.

⁴ WHO Child Maltreatment Fact Sheet, August 2010.

⁵ UNICEF Progress for Children Report Card on Adolescents, April 2012.

⁶ UNICEF PFC Report Card on Adolescents, April 2012.

⁷ UNICEF Swaziland and CDC. 2007. National Survey on Violence Against Children in Swaziland. Atlanta: CDC.

⁸ UNICEF Tanzania, CDC, and Muhimbili University of Health and Allied Sciences. 2011. Violence Against Children in Tanzania: Findings from a National Survey 2009. Dar es Salaam, Tanzania. *Prevalence data may differ from the report due to additional analysis focusing on 18–24 year olds.

and 32 percent in Zimbabwe⁹ reported experiencing any sexual violence before the age of 18. About 1 in 9 men in Tanzania and 1 in 10 men in Zimbabwe experienced the same.

- A multi-country survey reveals that the prevalence of forced first sex among adolescent girls younger than 15 years ranges between 11 percent and 48 percent globally.¹⁰
- In a study conducted in six Central American cities, 3 to 10 percent of men aged 19–30 reported experiencing sexual abuse as a child. Most men reported this abuse taking place when they were between 4 and 9 years of age.¹¹
- Recent data from the U.S. show that 1 in 5 women has been raped—about 40 percent of those occurring before age 18.¹²

Armed Violence

- An estimated 526,000 people die violently every year from, but only 55,000 of them lose their lives in conflict or as a result of terrorism.¹³
- In the 53 countries for the WHO European region, 15,000 young people lose their lives each year to interpersonal or gang violence, the third-leading cause of death among people aged 10–29 years old.¹⁴
- For each young person killed, 20–40 more sustain injuries requiring hospital treatment.¹⁵

Bullying

- In numerous countries, large percentages of students aged 13–15; boys in particular, report having been involved in physical attacks or bullying within the last month. Bullying, whether physical or emotional, typically takes place at school and affects many adolescents.¹⁶

Child Marriage

- Globally, almost 400 million women aged 20–49 (or 41 percent of the total population of women of this age) were married or entered into union while they were children (i.e., at less than 18 years old). Although the proportion of child brides has generally decreased over the last 30 years, in some regions child marriage is still common, even among the youngest generations, and particularly in poor rural areas.¹⁷
- Around 1 in 3 (or 70 million) of young women aged 20–24, worldwide, were married as children, and around 11 percent (or 23 million) entered into marriage or union before they reached 15 years of age.¹⁸

Female Genital Mutilation/Cutting

- More than 120 million girls and women have been cut in 29 countries in Africa and the Middle East where FGM/C is concentrated, and as many as 30 million young girls are at risk of being cut before they reach their 15th birthday.¹⁹

⁹Zimbabwe National Statistics Agency (ZIMSTAT). 2012. National Baseline Survey on Life Experiences of Adolescents in Zimbabwe 2011: Preliminary Report.

¹⁰World Health Organization (WHO). 2005. WHO multi-country study on women's health and domestic violence against women. Geneva: WHO.

¹¹Contreras J, et al. 2011. Sexual Violence in Latin America and the Caribbean: A Desk review. Pretoria: Sexual Violence Research Initiative.

¹²Black M, et al. 2011. The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report. Atlanta: National Center for Injury Prevention and Control, CDC.

¹³*Global Burden of Armed Violence: Lethal Encounter (2011)*. Geneva Declaration Secretariat. Published by Cambridge University Press.

¹⁴UNICEF PFC Report Card on Adolescents, April 2012.

¹⁵WHO Youth Violence Fact Sheet, 2011.

¹⁶UNICEF PFC Report Card on Adolescents, April 2012.

¹⁷UNICEF global databases, including data from the most recently available MICS, DHS, other nationally representative household surveys, 2002–2011. This estimate is based on data for 105 countries representing 90 percent of the world population of women aged 20–49. The estimate was calculated using the 2011 figures for the number of women aged 20–49 years and prevalence of child marriage for the period 2002–2011. This estimate does not include China and its population since data on child marriage is not available in UNICEF databases for this country.

¹⁸Idem.

¹⁹Sources: UNICEF global databases including data from the most recently available MICS, DHS, and other nationally representative household surveys (1997–2012) for the 29 countries where FGM/C is concentrated.

Birth Registration

—Only half of children under 5 years of age have had their birth registered in the developing world.²⁰

Sexual Exploitation & Recruitment & Hazardous Child Labor

—Around the world millions of children, predominantly girls, are exploited in prostitution and pornography, and thousands of boys and girls are recruited into government armed forces and rebel groups, placing them at heightened risk of physical, psychological, and emotional violence (UNICEF).

—An estimated 215 million children are involved in child labor, of which 115 million are in hazardous work.²¹

Senator LANDRIEU. Thank you very much.
Dr. Boothby.

**STATEMENT OF DR. NEIL BOOTHBY, PH.D., SPECIAL ADVISOR AND
THE SENIOR COORDINATOR FOR THE UNITED STATES AGENCY
FOR INTERNATIONAL DEVELOPMENT ADMINISTRATOR ON CHILDREN
IN ADVERSITY**

Dr. BOOTHBY. Thank you, Senator Landrieu, for your leadership and, more importantly, for your heart.

You've already outlined, essentially, what the U.S. Action Plan on Children in Adversity is. It's the first ever whole-of-government strategic guidance for the U.S. Government international assistance for children.

It's a requirement of Public Law 109–95. Seven U.S. agencies and departments have endorsed the action plan, which was cleared by OMB and launched at the White House on December 19, 2012.

The goal is simple: to achieve a world in which all children grow up within protective family care free from deprivation, exploitation, and danger. And as you've already noted, it has three core objectives.

One we're referring to as strong beginnings. Now, most of us are familiar with the 6.9 million preventable deaths and the incredible effort that is underway to reduce that number. What we may not be as well aware of is 200 million children will fail to reach their full potential, their full developmental potential.

And the reason we have to ensure that child development stays on a healthy track is because we know much more now than we did before about the consequences of it being off track. Adverse early experiences including unstable care giving, deprivation of love or stimulation or nutrition, and stresses associated with neglect and maltreatment greatly increase the likelihood of poor health outcomes across the entire life course.

The evidence is compelling to expand the child survival agenda to encompass child development as well. We have science that now tells us this is imperative and our programs need to catch up with that science.

The family care first objective is extremely important. We are wired neurologically, if not otherwise, into relationships. It's actually in our DNA. And we have seen babies in Goma, for example,

²⁰ Sources: UNICEF global databases, including data from the most recently available MICS, DHS, other nationally representative household surveys and vital registration systems, 2005–2011. This estimate is based on data for 113 countries representing around 90 percent of the world population of children under-5. This estimate does not include China and its population since data on birth registration is not available in UNICEF databases for this country.

²¹ Children in Hazardous Work. What we know. What we need to do. International Labour Organization (ILO). 2011

in the aftermath of the genocide in Rwanda the summer of 1994. I was working there with a special envoy and watched babies die by the tens per day sitting on cots like loaves of bread with IVs in their veins being fed, being taken care of from a health and nutrition standpoint, and they were dying because they did not have that human interaction or contact. It's called failure to thrive.

And we know from the Bucharest study, which Dr. Nelson has played an important part of, short of dying, children growing up in institutions can have IQs as low as 64 when the control group outside were up to 103. And if you don't get them out of that situation within the first 24 months, they never recover that intellectual capacity.

So there's an urgent need to focus more firmly on this particular objective.

And in my role as special advisor in Public Law 109-95, I will say, unequivocally, that this is a gap area to what is otherwise a very generous and robust response to these sets of issues.

Protecting children from violence, exploitation, abuse is the third sort of pathway out of adversity. These three pathways focus on brain health and body health, making sure kids stay in families, and protecting them from violence—the three minimal investments in pathways out of adversity. This is what science would tell us.

Between 133 million and 275 million children are estimated to witness domestic violence annually. One-hundred-fifty-million girls and 73 million boys under the age of 18 experience forced sexual intercourse or other forms of sexual violence in 1 year. And the percentage that is happening in schools is obscene, and it needs to be addressed.

What I'd like to do is spend my last 50 seconds here talking about implementation. We have agreed in the action plan to focus on focus countries or priority countries. We're meeting weekly now to determine what those countries are.

I'm going to use Rwanda as an example, illustrative only. If we were to look at approximately \$21 million that's being spent in Rwanda by the United States Government in health and nutrition, and added a bit to that, we could transform that health platform into——

Senator LANDRIEU. Take your time. I want you to explain this.
Dr. BOOTHBY. Okay.

We could transform this already robust child survival, maternal health, reproductive health, nutrition platform into a strong beginnings initiative that would reduce by 40 percent developmental delays in 4 years. A modest investment.

We are already funding, the Government of Rwanda is committed to deinstitutionalization, to getting kids out of orphanages into families. USAID is providing \$3.2 million toward that effort. It requires a bit more. With a bit more, we could reduce, over 4 years, the percentage of children living outside of family care by 75 percent.

The third area—let me just augment the second area.

PEPFAR is a leader in the area of preventing family separation, and Caroline has made reference to this. It is a game-changer. It is a mega-force out here that occupies the space in a way that no other government agency or other government does, and I want to

just make that really clear. They focus on prevention, for the most part.

The part that's missing, really, is the deinstitutionalization, and the resource base there is not adequate.

Protecting children from violence is an imperative. Just to mention a couple of agencies, CDC is going to be engaged in Rwanda with the Government to look at surveillance, to actually create a system where we can measure results. And our friends at the Department of Labor, DOL, are engaged in an initiative in Rwanda that will eliminate, and I love that word, eliminate exploit of child labor, eliminate children in the tea sector industry within 4 years.

PREPARED STATEMENT

When we work together, when we combine, when we look at synergies and working together, we can accomplish a lot more than we're currently doing separately.

Thank you.

[The statement follows:]

PREPARED STATEMENT OF DR. NEIL BOOTHBY, PH.D.

Thank you Chairman Leahy, Ranking Member Graham and members of the Senate Appropriations Subcommittee on State, Foreign Operations, and Related Programs, for the opportunity to speak with you today about the U.S. Government Action Plan on Children in Adversity. Thank you for your continued support for our efforts to make a difference in the lives of millions of children.

OVERVIEW

The U.S. Government Action Plan on Children in Adversity is the first-ever whole-of-government strategic guidance for U.S. Government international assistance for children. It is a requirement of Public Law 109-95. Seven U.S. Government agencies and departments have endorsed the Action Plan, which was cleared by the Office of Management and Budget (OMB) and launched at the White House on December 19, 2012.

The Plan is grounded in evidence that shows a promising future belongs to those nations that invest wisely in their children, while failure to do so undermines social and economic progress. Child development is a cornerstone for all development, and it is central to U.S. development and diplomatic efforts. The Plan seeks to integrate internationally recognized, evidence-based good practices into all of its international assistance initiatives for the best interests of the child.

GOAL

The goal of the U.S. Government Action Plan on Children in Adversity is to achieve a world in which all children grow up within protective family care and free from deprivation, exploitation, and danger.

PRINCIPAL OBJECTIVES

The Plan is focused on coordinating programs throughout the U.S. Government to achieve three primary objectives. The first objective is to build strong beginnings. The U.S. Government will help ensure that children younger than the age 5 not only survive, but also thrive by supporting comprehensive programs that promote sound development of children through the integration of health, nutrition, and family support.

The second objective is to 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.

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

SUPPORTING OBJECTIVES

In addition, the Plan highlights the importance of three supporting objectives and across the U.S. Government we are working to execute these objectives. The first supporting objective is to strengthen child welfare and protection systems. The U.S. Government will support partners to build and strengthen holistic and integrated models to promote the best interests of the child.

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

The third and final supporting objective of the Plan is to integrate this Plan within U.S. Government departments and agencies. The U.S. Government will institutionalize and integrate the components of this Plan as reflected in its diplomatic, development, and humanitarian efforts overseas.

LEGISLATIVE MANDATE

An interagency strategy is a requirement of Public Law 109–95: The Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005, which was signed into law to promote a comprehensive, coordinated, and effective response on the part of the U.S. Government to the world’s most vulnerable children. In accordance with the legislative mandate, an interagency coordination strategy was developed in 2006. However, interagency partners agreed that the strategy required revision given the number of U.S. Government offices, departments and agencies involved in international assistance to vulnerable children that were not included in the 2006 strategy, the 2006 strategy lacked clarity with regard to overarching guiding principles, goals, objectives and outcome indicators.

LEADERSHIP

The U.S. Agency for International Development (USAID) is the coordinating agency under Public Law 109–95 and the administrative home of the U.S. Government Special Advisor on Children in Adversity, a position mandated by Public Law 109–95 (see roles and responsibilities below). To better coordinate its efforts, USAID has recently established a Center of Excellence on Children in Adversity to bring together USAID’s technical experts—abroad and in Washington—who are leading our response to the world’s most vulnerable children.

THE ARCHITECTURE OF U.S. GOVERNMENT INTERNATIONAL ASSISTANCE TO CHILDREN

U.S. international assistance to children is substantial and channeled through more than 30 offices in seven U.S. Government departments and agencies—the Departments of Agriculture, Defense, Health and Human Services, Labor, and State; the U.S. Agency for International Development, and Peace Corps—in more than 100 countries.

U.S. Government efforts to assist vulnerable girls and boys in low- and middle-income countries have focused on single vulnerability cohorts and categories—for example, children affected by HIV/AIDS, in emergencies, or in the worst forms of child labor, including those who have been trafficked. Although such efforts have produced substantial benefits, this diffused approach has sometimes resulted in a fragmented response.

Before the U.S. Government Action Plan on Children in Adversity was released in December 2012, there had been no overarching policy or guidance for U.S. international assistance for children. Coordinated, multifaceted action can help ensure that children in adversity benefit fully from policies and services. With its significant investments in international development, the technical expertise and research capabilities embedded within key agencies, and diplomatic outreach, the U.S. Government is well positioned to lead and mobilize around a sensible and strategic global agenda for children in adversity.

THE CHALLENGE

The United States’ sustained commitment through investments and partnerships has resulted in important initiatives that have increased the impact of foreign assistance in many key areas, including impressive gains in child survival. The Action Plan on Children in Adversity signals a strong commitment to providing the integrated assistance required to ensure that children not only survive, but thrive.

While the Action Plan on Children in Adversity applies to U.S. Government assistance globally, it also identifies a more targeted starting point for coordination of these efforts: to achieve three core outcomes in at least six focus countries over a span of 5 years. In these countries, through U.S. Government collaboration with other government, international, private, faith-based, and academic partners, the Plan calls for significant reductions in the number of children not meeting age-appropriate growth and developmental milestones, children living outside of family, and children who experience violence or exploitation.

FOCUS COUNTRIES

The vision for focus countries is proof of concept: ensuring that U.S. Government assistance is coordinated and effective at the country level by focusing on the Action Plan's three core outcomes over a span of 5 years. In essence, focus countries are "laboratories" to see if we can achieve, scale up, and sustain greater results for children through a defined (3 outcomes) and comprehensive (whole-of-government) approach. A focus on outcomes, measurement and results reporting are Action Plan and Public Law 109-95 requirements.

Designation will be based on consultations with the Congress, U.S. departments and agencies, partner donor governments, and other stakeholders. To promote country ownership and ensure meaningful engagement in the additional and intensive effort required for transformational positive change in children's lives, host country governments will fully be part of discussions, planning, and negotiations from the outset.

IMPLEMENTATION PLANS

In accordance with the Action Plan agency—and Department-specific implementation plans are due within 180 days of the Plan's launch (June 20, 2013). These plans specify how each U.S. Government entity that signed onto the Plan will work to achieve its objectives. The consolidated plans will be included as a web-based appendix in the annual report to Congress on Public Law 109-95, also due at the end of June.

MEASUREMENT AND ACCOUNTABILITY

In accordance with the legislative requirements set forth in Public Law 109-95: Section 3(e)(2), the Special Advisor will coordinate U.S. Government assistance to vulnerable children, establish priorities that promote the delivery of assistance to the most vulnerable populations, and measure the effectiveness of this assistance by administering a whole-of-government monitoring and evaluation system.

"The monitoring and evaluation system shall—

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

CONCLUSION

I am excited about the potential for gains in assisting children in adversity and humbled by the challenges we face. I look forward to continued partnership with my colleagues throughout the U.S. Government, and with the subcommittee and Congress more generally, to harness our U.S. foreign assistance investments to meet the worthy aims of the Action Plan.

U.S. ACTION PLAN FOR CHILDREN

Senator LANDRIEU. Thank you so much, Dr. Boothby.

I'm going to have a line of questioning, because I think this is some of the most important testimony this subcommittee will receive is the game-changing possibilities of getting other U.S. agencies involved in meeting the objectives, so beautifully stated by other members that testified, but really impossible to do without a more unified and comprehensive and coordinated approach. So thank you very much.

Let me start with Administrator Steinberg. On December 19, 2012, the U.S. Action Plan for Children was launched at the White House, as you know. This effort represents the first time which appropriate and permanent family care has been explicitly set forth as a core objective of U.S. foreign assistance policy.

Objective one of the plan calls for strong beginnings. I was pleased to see the maternal and child health account in this committee grow from \$680 million, 12 percent up from 2012. However, action plans two and three, which call for family for every child, with a particular focus on getting children out of institutions and into families and protection for children—and again, to underscore, the best protection any child could have is not a government, not an army, not the navy, not the air force, but in the loving arms of a supportive and nurturing family.

What are we going to do or how can the action plan present a coordinated approach of key accounts used for the collaboration for the second and third? The vulnerable children account fell from \$13 million, 26 percent below fiscal year 2000.

And so, how are we going to meet objectives two and three with \$13 million? And, if there is more, please testify to where it is in the USAID budget, what additional divisions and what other funds are specifically responsible for focusing on objectives two and three.

Mr. STEINBERG. Madam Chairman, indeed the \$13 million that Congress has appropriated to us for the DCOF program is an important element in addressing objectives two and three. But it's only a tip of the iceberg.

We have to expand our assistance under our global health initiatives. We effectively use, at USAID, much of the funding that Dr. Ryan was referring to. We implement a wide variety of funds under that initiative. We have also made resources available to objective two and three in support of Dr. Boothby's efforts from the administrator's initiative fund, which is a special fund that he has available to address—

Senator LANDRIEU. And how much is that fund?

Mr. STEINBERG. That fund is \$5 million, and we are in the process of trying to determine exactly how much of that funding for next year we will provide in this space. And the information you're providing in this hearing is going to be very useful for that.

In addition, however, we have a very important element in terms of mainstreaming and integration of these principles into our broader programming. And so as we look at our program for Feed the Future and for climate change and democracy and governance, we have done trainings for our staffs. I've participated in a half dozen of those trainings, where we highlight the need for family orientation, we highlight the need to prevent violence against children, and we ensure that there is indeed mainstreaming in that area.

The third area that we're working in is partnerships. And Dr. Boothby can describe these much more carefully, but we are working with nongovernmental organizations, we're working with foundations, with private businesses and with other donors to create international partnerships that can dramatically expand the funding that's available.

We realize in the U.S. Government that no agency has a monopoly on financial resources or ground truth or good ideas or moral authority.

And I'd like to leave it to Dr. Boothby, who has been the key in putting those partnerships together, to describe those.

Senator LANDRIEU. Okay, I will call on him in a minute, but let me understand clearly for the record a couple of things.

In your view, is it true that the Action Plan for Children in Adversity is the first time the U.S. Government has set forth a whole-of-government, outcome-focused strategy to help better align our foreign assistance resources for vulnerable children in the world? Would you say yes or no?

Mr. STEINBERG. Yes.

Senator LANDRIEU. If so, could you state again, as succinctly and clearly, how USAID is positioned to lead and oversee the level of interagency cooperation that is now necessary under this plan? And what resources do you have to do that?

Mr. STEINBERG. Well, the first thing that we did was to set up Dr. Boothby and the office as a full-fledged center, so he now has a Center of Excellence. We have staffed that with a wide variety of individuals. We have identified within each of our other bureaus individuals to work with him to ensure that the multitude of USAID programs are indeed dedicated to the initiatives that he has identified.

By June 20, we have committed to put together the plan to implement for USAID the programs that we've been discussing, including the identification of six target countries. I, myself, have traveled around the world and talked with mission directors to encourage them to be the sponsors of this program in their countries.

I would be the first to acknowledge that we have a long way to go. The program has only been in place for about a year, building on the great work that Gary Newton had previously done as the coordinator. But this, indeed, is the first time we've brought together the whole variety of U.S. Government programs.

We did, in our report to you, 109-95, identify the literally 1,500 projects that are being conducted by the U.S. Government and, in particular, by PEPFAR and USAID in support of the objectives you've identified.

Senator LANDRIEU. And that's exciting to have 1,500 projects that we've identified, but to have \$5 million to coordinate them is, I think, the gap that Dr. Boothby and others are concerned about.

Let me ask you this question, Dr. Boothby, to follow up on what Administrator Steinberg said, and I want to commend you all for a close working relationship and really appreciate the team effort that you all are making here.

As you are aware, because you run this, the Public Law 109-95 passed in 2005. It required USAID specifically to establish a special advisor on orphans and vulnerable children, develop an interagency strategy for more comprehensive, coordinated, and effective response on behalf of U.S. Government to the world's most vulnerable children, thinking about AIDS orphans actually.

Is it correct that the Action Plan for Children in Adversity grew out of a shared desire to improve upon the 2006 coordination strategy, which focused almost exclusively on programming for children

affected by HIV, which did not include input from critical departments, which lacked some clarity with regard to goals, objective, and outcome indicators?

Would you say that that's a fairly correct description of the first law and the need to upgrade it? Or what would your views of that be?

Dr. BOOTHBY. Thank you. I think it is fair to say that since 2005, the world has evolved and the U.S. Government's response for these issues have evolved, and there are more actors and more parts in play.

I think it is fair to say that the original strategy was very HIV/AIDS-centric and really encouraged, if I understand the history correctly, by our HIV/AIDS colleagues to expand out to include other issues.

And so the U.S. action plan is an effort to put together a framework and to focus on three core objectives and to begin doing these three objectives in five or six priority countries over the course of 4 or 5 years. By focusing and moving towards—the concept we're trying to prove is by doing this in countries and combining resources and colocating resources that the mandate, the law, Public Law 109–95, will actually be realized at the country level.

Senator LANDRIEU. Thank you.

Dr. Steinberg, let me ask you this, and then I'm going to move on to some other questions to other panelists. You've identified the resources, which are very slim. I think you said \$5 million. Do you need additional authorities in order to accomplish what Dr. Boothby is saying? Or is it really just a matter of resources and organization? How would you clarify or testify to this?

Mr. STEINBERG. I would say it's primarily a question of resources. I think with the leadership that Dr. Boothby is providing, with the strong support of Administrator Shah, with, frankly, my own personal engagement in trying to achieve these objectives, I think that will be there. I think the intellectual brainpower is there. I think you and other Senators have provided us, along with House Members, the attention that we need.

But indeed, I think this is a question. We're in a period of constrained resources, and we have some tough decisions to make.

AID FOR ORPHANS

Senator LANDRIEU. Okay, let me ask Dr. Ryan, in 2012, 10 percent orphans and vulnerable children set-aside in PEPFAR totaled of \$330 million. As you know, PEPFAR, as Dr. Boothby said and we all recognize, is the largest single investment made for health in the world. And we're very, very proud of what we've done there. But some of us had thought that setting aside 10 percent focused on orphans and vulnerable children of \$330 million might be a good start to help focus the need for single and double orphans to find families, if the original family wasn't able to be kept alive.

What percentage of the 10 percent set-aside today is used to fund programs that are not health-related, that provide assistance specifically to orphans and children that find themselves without a family having perished from the disease?

Dr. RYAN. Thank you, Senator, for your question. It's a very important one, and I look forward to perhaps giving you more detail.

But the majority of the programs that are under that 10 percent are not health-related, because the guidance to our countries is that any care for pediatric care, any drugs, would not come out of that budget code. So it really is for social service support. We see it as the community level support.

It also is for things such as deinstitutionalization, like in PEPFAR where the government asked us to train social workers so they could process placement and permanency, and also support community service organization, FBOs, to identify adopting families and provide family follow-up.

We've been very careful about making sure that that did not become a pediatric AIDS resource, especially in the limited environment we all are in. And we fought very hard to keep that. It really is, in our program, a very strong part of our continuum of care and supports the community response.

Senator LANDRIEU. Okay, I think it would be very helpful to this subcommittee to have some real detail about the \$330 million that's been approximately that amount in the budget over the last several years, about how many new families, both domestic and international, were found for double orphans; what the most likely outcome is for single orphans, et cetera, et cetera; in some specificity, because I think this subcommittee and I are having a little difficult time sorting through some of that data, because this could be a resource solution here. \$330 million is a lot more than \$5 million.

And while your program is specifically focused on children affected by AIDS, as Dr. Boothby said before, and I've heard him, and I've said it, I mean, this disease produces orphans at a greater rate than almost anything in the world.

And so while it's not the only subset of orphans, it's a big subset. It's probably the largest subset of orphans, perhaps. It's going to be interesting to get this data.

But if you could submit that to the subcommittee, and I'm glad to know that you recognize it as not just another health account but as a specific response for those children orphaned by AIDS or likely to be orphaned by AIDS to try to find them a permanent family.

Dr. RYAN. I'd be happy to submit that.

PRIORITIES WITHIN PEPFAR

Senator LANDRIEU. It's very, very good to know.

So how much would you say is focused on finding permanent family care for children? Would you say that \$330 or a big percentage or half? Or what would you say?

Dr. RYAN. I would prefer to give you a more detailed answer, so we will submit that to you.

Senator LANDRIEU. Okay, that would be great.

Let me ask again here, over the past decade, PEPFAR has worked hand-in-hand with partner countries to provide the physical, emotional, and social support that strengthens families and communities, and mitigate negative outcomes for children, including robust efforts to prevent mother-to-child transmission of HIV, and expand access to pediatric HIV treatment.

To what extent do you see programs funded by the 10 percent set-aside being aligned with the goals of two and three? I think this is a repeat of a question, but basically, can we take away from this hearing that the \$330 is really focused on goals two and three of the Children in Adversity plan?

Dr. RYAN. I would say that there is putting families first and protecting children against violence, since we have been supporting the majority of violence against children programs, and then working with partner countries to get a plan at the country level for response.

We do support the strong beginnings to an early childhood development, and we have programs in Zimbabwe, Kenya, Malawi, and South Africa that have led to the establishment of thousands of new pre-school classes for young children. And what we're trying to do is also integrate attachment and stimulation into PMTCT and pediatric programs. So it's a very good venue.

But I do agree that that is an emerging part of the program, so there probably is more investment in objectives two and three. But as I said, we can provide additional detail to the record.

EFFECTS ON CHILD DEVELOPMENT

Senator LANDRIEU. And, Dr. Boothby, we'll have more testimony on the second panel, which we're going to move to in just a minute, but why don't you just mention sort of the, and reinstate again, the latest findings about attachment, that it's attachment to one or two particular adults, not attachment to multiple adults, and the difference between that, as we're trying to build some of these programs? I mean, what is the difference, in your mind, between a child's attachment to one caring adult or 20 caring adults?

Dr. BOOTHBY. Well, again, I think that Dr. Nelson will probably speak to this, so I'll be brief. But essentially, the last trimester of pregnancy and the first couple years of life, first 24 months, is a critical time in terms of cognitive development, brain development. And we think about nature and nurture, it's both. It's a combination.

As children's brains are growing, the experiences that they receive or the experiences that they're deprived of become part of their DNA. It actually gets in. It's what the epigenetic signature is, in a sense.

And if you don't get that stuff early, and I think this is what the Bucharest study shows us, it wasn't that the orphanage couldn't feed children. It wasn't that they weren't getting healthcare. It's they were getting inadequate social stimulation.

And the only constellation of human relationships that we've found in the world that does this on a regular basis is the family. And it can be extended; it can be nuclear. But at heart, whether it's an aunt, an uncle, a grandmother, a mother, a father, having that person in a child's life, that when she cries, she's held; when her diapers or the equivalent thereof are wet, she's changed; when she's hungry, she's fed; that becomes part of who we are. And we are wired for human connections.

It's an area that we need to pay much more attention to.

UNICEF CHILD PROGRAMS

Senator LANDRIEU. Thank you.

Dr. Bissell, let me ask, UNICEF is recognized as a world leader in ensuring the survival and development of every child. Last year, our Government, the U.S. Government, contributed about \$132 million in direct support to UNICEF, as well as millions of other dollars for country-specific grants. Can you tell me what portion of the money that we send from this subcommittee to UNICEF was dedicated to programs specifically promoting permanent family care for children? Any idea?

Dr. BISSELL. UNICEF's child protection work, broadly, receives 10 percent of UNICEF's overall funding, so that allocation that you described goes into what are called regular resources, which then get dispersed through all—

Senator LANDRIEU. But child protection work is much broader than children and families, right?

Dr. BISSELL. Right.

Senator LANDRIEU. So it would be less than 10 percent?

Dr. BISSELL. Absolutely, less than 10 percent.

Senator LANDRIEU. What portion of the 10 percent do you think it would be dedicated to finding permanent families for children?

Dr. BISSELL. I wouldn't have that data.

Senator LANDRIEU. Okay, if you could try to get us that data, I think it would be important. Do you know what portion of UNICEF funding is dedicated to preventing abandonment?

Dr. BISSELL. The way the budgets are determined, it would be under a broad category of child protection programming, which is, as you probably know, the budgets are done on a country-by-country basis, so it would be possible to aggregate the programs that are specifically dedicated to the system-strengthening work and aspects of interaction with families.

Senator LANDRIEU. So you're testifying, which is a little concerning to me and I think would be concerning to other members, but it is what it is, and I appreciate you being so clear, that there is really no way to track how much money of UNICEF's budget is either going to preventing abandonment, going to reunification of family care, or going to find domestic adoptive families or kinship adoption or intercountry adoption?

Dr. BISSELL. Well, first, I'm not testifying. I'm briefing, just for the record.

And I am saying that it is possible to disaggregate our budgets to determine which parts of our child protection program, for instance, are addressing child soldiers or humanitarian, and those that are addressing child protection system strengthening, which would speak to your point.

Senator LANDRIEU. Well, I'm going to ask for UNICEF to provide some detail to this subcommittee, because I think it's important for the subcommittee to look at it through the lens of how UNICEF's budget is either supporting or currently organized to support this Children in Adversity plan based on the three goals.

[The information follows:]

The following are estimates of approximate expenditures in calendar year 2012 in the following three principal objectives areas of the U.S. Action Plan:

—Build strong beginnings: helping children under five survive and thrive;

- Put family care first: supporting and enabling families to care for their children, prevent unnecessary separation, and promote appropriate, protective, and permanent family care; and
- Protect children: work with national governments and partners to prevent, respond to, and protect children from violence, exploitation, abuse, and neglect.

1. BUILD STRONG BEGINNINGS

More than half of UNICEF's program funding in 2012 supported Young Child Survival and Development programs, totaling \$1.57 billion. These programs focus on sectors critical to the health and well-being of young children and their mothers, including improving child nutrition, improving child and maternal health through increased coverage of integrated packages of services, and increasing access to and sustainable use of improved water sources and sanitation facilities. This amount includes funding for humanitarian crises to help ensure that every child is covered with life-saving interventions.

In addition, UNICEF has increased its support for family care practices and early childhood development (ECD) in recent years, to help children develop appropriately and be ready to succeed in school. In 2012, UNICEF provided \$55 million for ECD policy and programming activities.

Finally, UNICEF's work to build strong beginnings for children includes children threatened by HIV. UNICEF spent \$52.5 million to prevent mother-to-child transmission of HIV, to help ensure treatment for children with AIDS, and to help build government capacity to assist children orphaned or made vulnerable by HIV/AIDS.

Examples of UNICEF's work to "build strong beginnings" include:

- Malnutrition contributes to nearly half of all child deaths; it can cause stunting that affects a child's physical and cognitive development. In 2012, UNICEF procured 29,000 tons of therapeutic foods to treat 2.1 million severely malnourished children, and 271 million sachets of micronutrient powder to boost children's diets, that reached 12 million young children in more than 30 countries.
- Immunizations are critical to child survival and well-being. For more than 50 years, UNICEF has been a world leader in immunizations. In 2012, UNICEF supplied 1.9 billion vaccine doses for 96 countries, and procured half a billion immunization syringes. UNICEF is responsible for procuring vaccines for the GAVI Alliance; and also buys all vaccines and related items for global campaigns not covered by GAVI, including polio eradication, elimination of neonatal and maternal tetanus, and measles control. In addition, UNICEF works in-country to ensure that vaccines safely reach even the poorest children and communities.
- UNICEF provided research and guidance to inform the PEPFAR strategy for orphans and vulnerable children, launched in 2012. This strategy places strong emphasis on strengthening child protection systems for children affected by HIV and AIDS, to keep HIV-affected children in family-based care, protect orphans and vulnerable children from abuse and neglect, and ensure that children affected by AIDS can access basic services.
- Malaria is still a major killer of children under 5 years old. UNICEF is one of the largest buyers of mosquito nets in the world, delivering 18.5 million bed-nets to 39 countries in 2012; as well as 18.1 million malaria rapid diagnostic test kits.
- Maternal and neonatal tetanus (MNT) is still endemic in 28 countries, and kills a baby every nine minutes. MNT is easily preventable by immunizing women against tetanus, which also protects newborn babies; and with hygienic birth practices and cord care. UNICEF is partnering with Kiwanis International to eliminate maternal and neonatal tetanus by immunizing 100 million women and their future babies.

2. PUT FAMILY CARE FIRST

UNICEF believes that a family is the best place to raise a child, and works with governments to build and strengthen systems to support families, promote parental care, prevent separation of families, and end institutionalization of children. UNICEF further believes that children's well-being begins at home. The practices of a caregiver are intimately connected to the relationship between children and the adults in their lives, and are crucial to children's survival and well-being. Within its basic education and gender equality portfolio, UNICEF provided \$55 million for early childhood development activities, including programs to help parents provide structured play and other stimulation activities at home, with resources through radio programs, access to training in designated centers, and access to appropriate equipment and materials.

In relation to family separation, UNICEF's work is informed by the Guidelines for the Alternative Care of Children,¹ adopted by the UN General Assembly in 2009, which stipulate that a child should only be separated from their family if necessary, and then a placement should be found that best addresses the individual child's needs and best interests. Kinship care, foster care, other forms of family-based or family-like care, and inter-country adoption are among the range of appropriate, stable care options. UNICEF does not play a role in the placement of children in foster or adoptive families. Rather, its work and funding address overall systems and issues affecting children in adverse circumstances, such as orphans or children otherwise separated from their families (e.g. in emergencies, or due to poverty or abuse), in order to address policy, legislative, service delivery and budget issues and social norms that can lead to the unnecessary separation of children from their families. In extreme circumstances, UNICEF negotiates directly with armed forces to rescue child soldiers and help them return to their families and communities, and supports family reunification services after disasters for unaccompanied children.

In 2012, UNICEF spent nearly \$208 million on its work to improve child protection systems. In addition, UNICEF spent \$60 million on promoting policy and advocacy engagement with governments, focused on strengthening budgets, policies, and social protection systems to protect children and families.

Helping governments build appropriate policies and systems to support families requires a solid understanding of the challenges and disparities that families face. UNICEF is a global leader in developing new approaches to analyze child poverty and deprivation, focused on identifying the most vulnerable communities and populations, including children with disabilities. In 2012, UNICEF invested \$65 million in such research and policy analysis.

Examples of UNICEF's work to support families include:

- In 2012, UNICEF's support to protection programs resulted in the reintegration of 5,300 children associated with armed forces or groups into their families and communities; and the reunification of nearly 20,000 unaccompanied and separated children with their family members.
- UNICEF supported the continuing development of child protection systems in more than 122 countries during 2012, including supporting 82 countries to improve their birth registration rates, 51 countries to improve their alternative care systems, 53 on addressing trafficking and migration issues, and 94 on strengthening justice for children.
- UNICEF has supported the development of a Rapid Family Tracing and Reunification application. It serves as a versatile open-source mobile phone application and data storage system that expedites the collection, sorting and sharing of information about unaccompanied and separated children in emergency situations.
- In 2011, UNICEF launched a regional campaign in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) to end the placement of children under age 3 in institutions, with positive responses from many countries in the region.
- UNICEF worked in 113 countries on various aspects relating to alternative care, with 51 countries focusing specific efforts to strengthen social protection and community-based services provision. We are seeing results: in Azerbaijan, the residential care population was reduced from 21,000 to 8,336 children over 5 years; in Albania, the Government is expanding a successful pilot foster care program that includes financial allowances to foster parents. In addition, UNICEF supported 35 countries in aligning their alternative care standards to the Guidelines for the Alternative Care of Children, including Bangladesh, Belize, Croatia, Haiti, Iran, Kenya, Kosovo, Mexico, Papua New Guinea, Rwanda, Senegal, Serbia, South Sudan, and Togo.

3. PROTECT CHILDREN

For UNICEF, protecting children from violence, exploitation, and abuse is a strategic priority, a development necessity, and a moral duty. In 2012, UNICEF spent \$331 million overall on programs for child protection, including in humanitarian crises.

Keenly aware of the lifelong impact that the lack of protection can have on a child, UNICEF focuses its child protection efforts on four key areas:

- strengthening systems to better protect all children from violence, exploitation, and abuse;

¹ http://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

- promoting the social conventions, norms, and values that keep children from harm;
- protecting children from the immediate and long-term impact of armed conflict and humanitarian crises; and
- improving country-level monitoring, research, evaluation, and use of child protection data.

UNICEF is the sole UN agency with the full breadth of child protection within its mandate, and this is the organization's comparative advantage as it plays convening and advocacy roles, bringing technical expertise and applying research and innovative approaches to deliver results for children worldwide. UNICEF also has unique access to governments who, under the Convention of the Rights of the Child, hold the ultimate responsibility for supporting families and ensuring the well-being of the children in their country. Working with many partners, UNICEF focuses on strengthening systems and promoting beliefs and practices that protect children in all contexts, and on replicating "what works" through robust evidence.

The focus on equity and on child protection has galvanized UNICEF at all levels to better generate representative data on child protection issues, which, compared to other sectors, remains difficult due to the hidden and sensitive nature of many violations. Data collection on the scale and extent of violations against children in situations of armed conflict also presents complex challenges. Current global household surveys, such as Multiple Indicator Cluster Surveys and Demographic and Health Surveys, do not account for children living outside of households—those in institutions, in detention centers, trafficking victims, engaged in the worst forms of child labor, or living on the street.

UNICEF is a global leader in developing safe, appropriate ways to collect data, working with governments and partners to strengthen data collection systems. For example, UNICEF works in partnership with the University of California-San Diego, the University of Pennsylvania, and the Centers for Disease Control and Prevention to strengthen data collection on violence against children and changes in social norms. UNICEF also works with partners to enable humanitarian actors to more securely collect, store and analyze reports of gender-based violence, and facilitate the safe and ethical sharing of this data with other local actors.

Conflicts and emergencies are especially difficult for children. They can cause displacement, breakdown of family and social structures, erosion of traditional value systems, and violence, all of which seriously degrade the protective environment for children. UNICEF is the global leader on child protection in emergencies; in 2012, UNICEF responded to the protection needs of children in emergencies in at least 46 countries affected by armed conflict and natural disasters, including situations in the Syrian Arab Republic and the Sahel region that required intensive efforts to develop sub-regional and cross-border responses for integrated programming.

Key results for child protection in 2012 include:

- The capacity of UNICEF partners to address issues of child protection was greatly strengthened in over 98 countries, including the provision of social welfare services, alternative care, and psychosocial support.
- With UNICEF support, in 82 programming countries birth registration is now free and universal, in line with international standards. More than 29.5 million births were registered in these countries, thus helping to ensure the social and legal rights of the newborns.
- An additional 1,775 communities declared their abandonment of female genital mutilation and cutting, bringing the number of communities that have abandoned the practice to approximately 10,000 since the start of the UNICEF program with other partners.
- More than 1.4 million children in emergencies in 42 countries had access to protective community spaces, learning spaces, and psychosocial support services.
- Over 5,300 children associated with armed forces or groups in nine countries were released and reintegrated into their families and communities.
- Globally, UNICEF is involved in a groundbreaking public-private partnership that collects evidence on the prevalence and pervasiveness of violence against children, with a particular focus on sexual violence. Countries are using the findings to develop programs and approaches to address the underlying drivers of sexual violence against children and support survivors. So far, "National Violence Against Children Surveys" have been completed in Kenya, Swaziland, Tanzania, and Zimbabwe; and are in process in Cambodia, Haiti, Indonesia, Malawi, Nigeria, and the Philippines.

These examples underscore how UNICEF's global child survival, child development, and child protection efforts reflect major objectives that are being advanced by the Children in Adversity Action Plan.

Senator LANDRIEU. So to look at your budget under a new light, which is how much is helping kids survive and thrive in the early years, how much of the UNICEF budget is going to find permanent families for kids, how much of the UNICEF budget is primarily for protection.

And it might be a good exercise for UNICEF to be able to go through the budget and provide some detail on that.

One of the most critical needs facing the world's vulnerable children is the lack of surveillance and baseline data. I think you testified to this. Would you say that, of all the groups and organizations in the world, and I think UNICEF has the most money to spend of any child adversity group in the world, is that true? UNICEF has the most money? Is your budget—what is it, \$5 billion?

Dr. BISSELL. Our budget is little less than \$4 billion annually, all privately raised, but I haven't actually seen data that compares us to other organizations.

Senator LANDRIEU. Does anybody at the table know of any organization larger?

Do you, Dr. Ryan? Do you, Dr. Steinberg? Do you, Dr. Boothby?

Okay, I think that UNICEF is the largest. If I'm wrong, then somebody can correct me.

So given that you're the largest group in the world focused on children, and you're producing the state of the world's children report and other sources of data, what advice would you give to the U.S. Government as it attempts to build a system to measure the effectiveness of programming for children in adversity? That's question number one.

UNICEF DATA-GATHERING

And two, do you believe that UNICEF's data-gathering approach through household surveys adequately captures the full spectrum of children in adversity? If so, why? And if not, why not?

Dr. BISSELL. I think your second question speaks well to the first, and it's not a surprise. The whole area of measuring out-of-household populations, I think, has been—well, the evidence would suggest has been grossly overlooked.

So we've invested, as an international community, in DHS, demographic and health surveys, and in multiple indicator cluster surveys, which look at households. And those are a good way of tracking what happens in households.

And your second question, if you're going to track the National Action Plan on Children in Adversity, and as Dr. Boothby has already indicated, a priority area of data collection on out-of-household populations is precisely the way to go, and something we've also been advocating for.

Senator LANDRIEU. Okay, you are sharing information before this subcommittee that indicates, I just want to get this straight, that currently, UNICEF, which we believe is the largest group in the world focused on children's health and well-being, is not counting children out of households; yes or no?

Dr. BISSELL. Well, we are but there's no comparable method to DHS and MICS for out-of-household populations. There are many approaches in many different countries for determining—for example, we're currently surveying around the world the number of chil-

dren in institutions. There's actually no global number on that. Governments need to put systems in place to collect that kind of information. We're supporting that.

But there is no universal, systematic approach to collecting data on children out of households.

Senator LANDRIEU. Okay, so out of households would mean children in orphanages or institutions or group homes, children's homes, licensed, unlicensed. It would also mean children in refugee camps?

Dr. BISSELL. In refugee camps, on the streets.

Senator LANDRIEU. It would also mean children on the streets.

Dr. BISSELL. In brothels, yes.

Senator LANDRIEU. In brothels, in drug trafficking, in the sex trade, all the above. We don't have a real accurate count.

So how do we actually know how many double orphans there are in the world, if we're not counting accurately?

Dr. BISSELL. Well, the double orphan issue, I mean, our information on household—the information that is used for determining that is actually quite—I would let Caroline comment—but there's actually a systematic method of data collection, in terms of children affected by HIV and AIDS.

But I think we know that we have—the single and double orphan definition gets us into a lot trouble.

TYPES OF ORPHANS

Senator LANDRIEU. Let's describe what those definitions are real quickly before we move to the second panel, because I think it's important. What is a double orphan? What is the definition of a double orphan?

Dr. BISSELL. A child who has neither father nor mother.

Senator LANDRIEU. Okay, and what is a single orphan?

Dr. BISSELL. A child who has lost one parent.

Senator LANDRIEU. Is there a word for a child that has lost either one or both parents but that is currently unparented because the one parent they have is not willing to parent?

Dr. BISSELL. No.

Senator LANDRIEU. Do you know a title for that? Okay, so we don't we have a definition of unparented, really? We just have double orphans; we have single orphans. But we don't really even count kids that have a single parent, but a parent that is either unwilling or unable, like if a parent was a paraplegic and couldn't, or if a parent was in jail for the next 30 years and couldn't, or a parent that was missing, alive but missing. We don't have good counts of that.

Dr. BISSELL. No.

Senator LANDRIEU. Caroline, do you want to add anything, Dr. Ryan, to this discussion?

Dr. RYAN. Just to say that, often, what we see is, if a child, even if it is a double orphan, it is sometimes cared for, or often cared for, by an extended family. So it's brought into a family unit. So we often find our support going to households where there are orphan, but the household is supported. It may be a grandmother or an aunt, especially in sub-Saharan Africa.

So I wouldn't say that it's necessary the same thing as a child that has been abandoned to the streets.

But those are the households that we're supporting. Because of the extra burden, usually an economic burden, you try to keep those extended family households still viable.

Senator LANDRIEU. Do we have any actual data of how many single or double orphans who are unparented have been placed with family members? And do we have any information about how those children are thriving in those extended families?

Dr. RYAN. We could probably get that information, if we were to go to the country level and look at what the household programs are doing. They probably keep track of who are in those households and what kind of support.

Senator LANDRIEU. Would you do something, would you just pick one country, the best country that you think is doing that work, and submit some data to this subcommittee within the next 30 days about their reports on children who are unparented, who have been taken in in a guardianship or an adoption by the extended family, and what their reports are regarding the status of that child?

Dr. RYAN. We'd be happy to do that.

Senator LANDRIEU. And the programs that support that?

Dr. RYAN. Okay.

Senator LANDRIEU. Okay, the record will be open for other members as well for other questions to be submitted to the record.

Let me just ask each of you to give a 30-second wrap-up, something that you want to say that you didn't say that you think is important, starting with you, Mr. Steinberg.

Mr. STEINBERG. Well, just addressing your last question, that is one of the purposes for identifying six countries over the next 5 years for intensive activity. And we have a variety of metrics we're applying to decide what those countries are, including how best to impact the most amount of children, how to make sure that the government is cooperative in that effort, how to build civil society. And we hope to have to you within the next month the list of those countries and the implementation plans that we're putting together.

Senator LANDRIEU. Thank you very much.

Mr. STEINBERG. Thank you for your leadership.

Senator LANDRIEU. Dr. Ryan.

Dr. RYAN. Thank you very much. I just wanted to say that we're fully supportive of the Action Plan for Children in Adversity and feel that coordinating with the plan will be very helpful. And we think that we have a very good platform already in which to base the coordination on. And we see it as a coordination program to support our implementation of programs.

Senator LANDRIEU. Thank you.

Dr. Bissell.

Dr. BISSELL. Thanks again for the opportunity to be here. I think any effort that brings more resources to the table through the U.S. Government will be very welcome, and we look forward to collaborating in the counties in question that we're working in.

And finally, I think it's very important that all of us, in the particular roles and agencies that were playing, that we leverage the

resources of national governments in those countries as well. We're increasingly seeing that this protection work is playing out in low- and middle-income countries where, in fact, there are domestic resources. So the power of the U.S. Government to help us bring those national resources to the table would be welcome. Thank you.

Senator LANDRIEU. Yes, particularly encouraging countries to have—everybody has different views, but to take as value the fact that children should be in families and not in institutions and not in make-believe families or in group homes, but real families, if possible, their relatives, hopefully, but if not, someone in the community or somebody in the world that can care for them.

Dr. Boothby.

Dr. BOOTHBY. Thank you very much. Public Law 109-95 states that the President of the United States “shall establish a monitoring and evaluation system to measure the effectiveness of United States assistance to orphans and other vulnerable children.” CDC is taking the lead on surveillance of violence. We are in the process of stepping up around surveillance on children outside of family care and are developing methods and approaches, and actually doing that with UNICEF.

Where the rubber hits the road will be in these six countries. And I think it will be here that the surveillance will get into existence. It is here that the proof of concept of Public Law 109-95 will either succeed or fail. And we think it will succeed tremendously, because we have such great cooperation from PEPFAR, CDC, DOL, and other actors. Thank you.

Senator LANDRIEU. Thank you very much. You all are excused. I appreciate it. Thank you.

And we'll get the second panel up. And if you all could stay and listen to the second panel, as we requested earlier, if your time permits, I think that would be very appropriate.

Okay, we have three gentlemen on our second panel, and I really appreciate their tremendous advocacy in this area and their knowledge.

First, Dr. Charles Nelson is a professor of pediatric and neuroscience and a professor of psychology at Harvard Medical School and holds the Richard David Scott Chair in Pediatric Developmental Medicine Research at Boston Children's Hospital. Dr. Nelson also holds faculty appointments in the Harvard School of Public Health, Harvard Graduate School of Education, and sits on the steering committee for the Center on the Developing Child and the Interfaculty Initiative on Mind, Brain, and Behavior.

We could not have a more distinguished expert in the area of child development, and we're truly honored, Dr. Nelson, that you have appeared before our panel today.

Philip Goldman is the president of Maestral International, a consulting firm that is working to strengthen child protection systems around the world. In 1992 to 2005, Mr. Goldman was a member of the World Bank human development operations team in Europe and Central Asia, supervising a significant portfolio of social protection, education, and health operations, supporting poverty reduction and providing related project funding.

From 2005 to 2008, Mr. Goldman was senior vice president of Encore One, LCC, a private equity firm in Minneapolis, Minnesota,

and has done an enormous amount of work both privately and publicly in this field.

And finally, Jedd Medefind—and, Jedd, thank you for short notice and rearranging your schedule to come.

He serves as president of the Christian Alliance for Orphans, an alliance that unites more than 145 organizations that collectively serve millions of orphans and vulnerable children both in the United States and around the world. The program of the Christian Alliance for Orphan member organizations vary widely from foster care groups mentoring, to adoption, family preservation, in-country orphan care worldwide. They are churches, individuals, I understand, and nonprofit organizations that are members of your growing and very dynamic organization.

Prior to this role, Jedd served in the White House, leading the Office of Faith-Based and Community Initiatives. In this post, he oversaw reform efforts across the Government to make community and faith-based groups essential partners in all Federal efforts to aid the needy, from prisoner re-entry to global HIV and AIDS.

So thank you, Jedd.

And let's begin, if we could, with you, Dr. Nelson, and why the subject is so important and why you're here today to testify.

**STATEMENT OF DR. CHARLES A. NELSON III, PH.D., PROFESSOR OF
PEDIATRICS AND NEUROSCIENCE AT HARVARD MEDICAL
SCHOOL**

**ACCOMPANIED BY RICHARD DAVID SCOTT, CHAIR IN PEDIATRIC DE-
VELOPMENTAL MEDICINE RESEARCH AT BOSTON CHILDREN'S
HOSPITAL**

Dr. NELSON. Good morning. Thank you, Senator Landrieu, for the honor of being invited to talk with this group about the science of early child and brain development and what it has to say about children growing up in adversity.

The basic principles of neuroscience in child development tell us that what happens early in life can have a profound impact in what happens later in life, even decades later, both psychologically and biologically.

For example, a child exposed to so-called toxic stress, which might include things like serious abuse and neglect, living in object poverty, exposure to violence, or exposure to a parent suffering from serious——

Senator LANDRIEU. Doctor, pull the mike a little bit closer to you. There you go. Thank you.

Dr. NELSON [continuing]. serious or untreated mental health problems, raises the risk of that child growing up with psychological problems themselves.

In addition, important aspects of biological development can also be compromised. For example, if they're exposed to chronic stress or they experience a severe lack of social or emotional stimulation, the parts of the brain that can help regulate our response to stress or regulating our emotions can be compromised.

Advances in neuroscience tell us that although early brain development benefits from good experiences, it can also be disadvantaged by bad ones. Further, if these bad experiences occurred dur-

ing what neurosciences refer to as a sensitive period, there's the risk that a child's subsequent development may be derailed.

And the longer these bad experiences continue, the more difficult it will be to redirect development back towards normal—not impossible, just more difficult and more costly.

So the simple reason for this is that, as the brain continues to develop over the first years of life, its architecture becomes less flexible, making it more difficult to adapt and change.

Let me illustrate these issues with one example with children experiencing profound early adversity, children reared in institutional care. UNICEF estimates that there may be as many as 8 million children worldwide living in institutions, although, as we heard moments ago, that figure is very squishy.

Some children wind up in institutions because their parents die, such as occurs in war-torn regions or because of HIV infection. Others are simply abandoned by their parents for a variety of social, cultural, and economic reasons. Some of the more common examples include poverty, a baby with a birth defect, and parents who leave their children behind to move to another town, another city, or, increasingly, another country to find work.

Countless studies have demonstrated that children who are brought up in institutions instead of family suffer from a variety of developmental problems.

For example, if you can look at this slide here, children who grew up in institutions have IQs that typically are in the 70s, sometimes lower. They also showed dramatic reductions in their brain's electrical activity. So if you look here, the more red in this image, the more brain activity. Children who grow up in an institution show dramatically less brain activity than children who do not grow up in an institution.

But importantly, as you can see here, a lot of these developmental problems can be remediated if institutions are replaced by families.

So, this is the IQ of children raised in families and this is the IQ of children placed in families after institutional care, but before the age of 2 years. Similarly, if this is the brain activity of children who grow up in institutions, notice it's identical to the brain activity who started in an institution but moved to a family before the age of 2.

Being abandoned to an institution is but one example of children living in adversity. Other examples include children who experience food insecurity, those experiencing violence in the home or the neighborhood, children growing up with an HIV-infected parent, and children growing up in regions where armed conflict is prevalent, which currently affects approximately 1 billion children worldwide. All those experiences can substantially compromise development.

Why is exposure to early adversity bad for the brain and bad for the child? The brief answer is that the developing brain craves experience. If it lacks experience, as occurs, for example, with neglect, the brain, to use a metaphor, has no one talking to it. And it's thus left to its own devices to wire itself, which it invariably does incorrectly.

On the other hand, if it's exposed to overtly adverse experiences, such as violence that occurs with armed conflict, the brain is constructed in such a way as to lead to a variety of poor outcomes. For example, children exposed to war suffer from high rates of traumatic stress reactions, depression, anxiety, and high-risk behaviors.

Importantly, the sequelae of these adversities, these early adverse experiences, can carry forward to the next generation. After all, the ability of these children to parent their own children is surely compromised.

In summary, we must all be mindful of the environment in which children are reared, because the capacity for change is greater earlier in life when the brain is still developing rapidly than it is after the basic architecture of the brain has been established.

The best way to ensure healthy brain development is to see to it that children are protected against exposure to early adversity. If that's not possible, then we must do our best to remove them from these environments as early in life as possible, so as to take advantage of the brain's ability to adapt in early childhood.

If I can leave you with one message then, it is that it is the intersection of the severity, the duration, and the timing of the adversity that largely accounts for how children will grow and develop.

PREPARED STATEMENT

In closing, permit me to thank you for your leadership and to stand ready to offer the help of the scientific community in any way that I can.

[The statement follows:]

PREPARED STATEMENT OF DR. CHARLES A. NELSON III, PH.D. AND RICHARD DAVID SCOTT

Good morning. Thank you for the honor of being invited to talk with you about what the science of early child and brain development has to say about children growing up in adversity.

The basic principles of neuroscience and child development tell us that what happens early in life can have a profound impact on what happens later in life, even decades later, both psychologically and biologically. For example, a child exposed to so-called "toxic stress", which might include things like serious abuse or neglect, living in abject poverty, exposure to violence, or exposure to a parent suffering from serious and untreated mental health problems, raises the risk of that child growing up with psychological problems themselves; in addition, important aspects of biological development may also be compromised—for example, if they are exposed to chronic stress, or experience severe social or emotional deprivation, the parts of the brain that help regulate our response to stress and in regulating our emotions may be compromised.

Advances in neuroscience tell us that although early brain development benefits from good experiences, it can also be disadvantaged by exposure to bad ones. Further, if these bad experiences occur during what neuroscientists refer to as a sensitive period, there is the risk that a child's subsequent development may be derailed. And, the longer these bad experiences continue, the more difficult it will be to redirect development back toward normal. Not impossible, just more difficult . . . and more costly. The simple reason for this is that as the brain continues to develop over the first years of life, its architecture becomes less flexible, making it more difficult to adapt and change.

Let me illustrate these issues with one example of children experiencing profound early adversity—children reared in institutional care. The United Nations International Children's Emergency Fund (UNICEF) estimates that there may be as many as 8 million children living in institutions. Some children wind up in institutions because their parents die, such as occurs in war-torn regions or because of HIV infection. Others are simply abandoned by their parents for a variety of social, cul-

tural, and economic reasons—some of the more common examples include poverty, a baby with a birth defect, and parents who leave behind their children to move to another town or city or increasingly common, another country, so that the parent can find work. Countless studies have demonstrated that children who are brought up in institutions instead of families suffer from a variety of developmental problems; for example, as you can see in the poster, such children have IQs in the 60s and 70s (instead of 100, which is average), and show dramatic reductions in their brain activity—and they also have smaller brains.

Importantly, as can also be seen in this poster, many of these developmental problems can be remedied if children are removed from institutional care and placed in good families . . . with the rule of thumb being the earlier the better. Thus, children removed from institutional care before their second birthday have IQs that are 15–20 points higher than children placed after their second birthday; similarly, earlier placed children show normative amounts of brain activity instead of marked reductions.

Being abandoned to an institution is but one example of children living in adversity. Other examples include children who experience food insecurity; those experiencing violence in the home or neighborhood; children growing up with an HIV infected parent; and children growing up in regions where armed conflict is prevalent (which affects approximately 1 billion children worldwide). All of these experiences can substantially compromise development.

Why is exposure to early adversity bad for the brain and for the child?

The brief answer is that the developing brain craves experience. If it lacks experience, as occurs with neglect, the brain—to use a metaphor—has no one talking to it, and is thus left to its own devices to wire itself, which it invariably does incorrectly. On the other hand, if it is exposed to overtly adverse experiences, such as the violence that occurs with armed conflict, the brain is constructed in such a way as to lead to a variety of poor outcomes. For example, children exposed to war suffer from high rates of traumatic stress reactions, depression, anxiety and high-risk behaviors. Importantly, the sequelae of these adverse early experiences can carry forward to the next generation—after all, the ability of these children to parent their own children is surely compromised.

In summary, we must all be mindful of the environment in which children are reared. Because capacity for change is greater early in life, when the brain is still developing rapidly, rather than after its basic architecture has been established, the best way to ensure healthy brain development is to see to it that children are protected against exposure to early adversity. If that is not possible, then we must do our best to remove them from these environments as early in life as possible so as to take advantage of the brain's ability to adapt in early childhood. If I can leave you with one message, then, it is that it is the interaction of the severity, the duration and the timing of the adversity that largely accounts for how children will grow and develop.

In closing, permit me to thank you for your leadership and to stand ready to offer the help of the scientific community in any way that I can.

Senator LANDRIEU. Thank you so very much.
Mr. Medefind.

STATEMENT OF JEDD MEDEFIND, PRESIDENT, CHRISTIAN ALLIANCE FOR ORPHANS

Mr. MEDEFIND. Madam Chair, as you've already noted, the Christian Alliance for Orphans—thank you, it took a Harvard professor to turn it on. Thank you.

As you've noted, the Christian Alliance for Orphans unites more than 145 respected organizations, which collectively serve millions of orphans and vulnerable children around the world. Most of these organizations do not seek government grants, but all affirm that government has a vital role to play in the protection and survival of vulnerable children.

And as we have already heard this morning, studies consistently show that children that grow up outside of parental care consistently face the worst ravages of poverty, disease, sexual predators,

and human trafficking. These children also offer opportune recruits for child soldiers, gang members, and other harmful engagements.

So it is both compassion and self-interest that calls us to address this need wisely and effectively.

But here is the fundamental challenge. Through government, we can effectively deliver many things on a large scale—food, medicine, shelter, education, and more. And these elements are absolutely critical to enabling children to survive. But while necessary, they are not sufficient to enable unparented children to thrive.

Why is this? Because the deepest need of every child is for things that cannot be mass-produced, things like affection, nurture, and permanent relationship.

As other witnesses here describe well, science now recognizes that these things are not simply fluff elements from childhood. They're utterly essential to brain development, to physical and emotional health, and to essentially every other thing that proves necessary to grow a baby into a whole and productive adult.

We see this vividly even in the United States. Children that grow up in foster care without being adopted struggle for the rest of their lives. By their mid-20s, less than half are employed, and 80 percent of the men have been arrested at least once.

It's believed that between one-half and three-quarters of domestic human trafficking victims have come out of the foster care system.

These statistics are tragic. And yet, we must also remember that children growing up without families in other parts of the world often face an even more difficult route with far less access to private opportunities, public support, and justice systems.

Seeing all of this reveals a vexing reality. This is a mass-scale need that defies mass-scale solutions. We can deliver many things en masse, but nurture, affection, and attachment are not among them.

So how can government cultivate solutions that it cannot create on its own? It can be done.

The State of Colorado offers a great example here. Over the past several years, it has embraced a wide range of partnerships with faith-based organizations, houses of worship, and nonreligious organizations to find welcoming families for waiting children in foster care.

Colorado's Government has worked to be effective at what it can do best, child protection and survival, while partnering to offer children the essential things that government cannot provide on its own.

As a result, since 2008, the number of children in foster care waiting for permanent families has been steadily reduced from nearly 800 to less than 300 today. Similar efforts are proving effective in many regions across the United States as well.

This same basic approach is working around the world as well. We see it in China where regional governments partnering with the organization Care for Children have moved 250,000 children from orphanages into local families. We see it in Ethiopia, where organizations like Bethany Christian Services, Buckner International, Kidmia, and many others are helping keep struggling families together and placing orphans into local foster care and

adoptive families; and in Rwanda, where the government is working with an array of NGOs and a wide network of Rwandan churches, cultivated by Saddleback Church, to shift children from orphanages into families.

Three primary principles are at the root of successes like these.

First, priority. Doing the best for unparented children requires that our policies and investments clearly prioritize family as the goal for children that lack it. The U.S. Action Plan for Children in Adversity takes a very significant step in this direction.

Second, preservation. The best way to guarantee a family for a vulnerable child is to ensure that she does not lose her family in the first place or is reunited with her family if separated.

And third, placement. When preservation or reunification isn't possible, a child deserves a permanent family as soon as is feasible, locally if possible, and via international adoption if not.

PREPARED STATEMENT

If our desire is that global investments will enable children who lack families to truly thrive, these three Ps are essential: priority upon family, preservation of struggling families, and swift placement into permanent families for children who need them.

[The statement follows:]

PREPARED STATEMENT OF JEDD MEDEFIND

Esteemed Senators and Senate Staff: It represents America at her best that our leaders desire not only to aid vulnerable children, but to continually improve our approach to doing so.

Thank you for this opportunity to address you toward that end.

My name is Jedd Medefind. I have the privilege of serving as President of the Christian Alliance for Orphans.

This Alliance unites more than 145 respected organizations. Collectively, they serve millions of orphans and vulnerable children, both across the U.S. and worldwide. Their emphases range from foster care, residential care and adoption, to efforts to help keep struggling families together.

Through the Alliance, these organizations work together to both inspire and equip individuals, families, and churches to care for vulnerable children effectively.

The majority of these organizations do not seek government grants. But all recognize that government has a vital role to play in the protection and survival of vulnerable children.

Among the most vulnerable of all groups worldwide are children growing up outside of parental care.

Currently available statistics are notoriously incomplete, and sometimes misleading, in diagnosing the scope and nature of the need.

UNICEF estimates that 17.8 million children worldwide have lost both parents. Many of these children live with caring relatives. Many others do not. In addition, it is believed that tens of millions of additional children live on the streets, in orphanages, and other settings devoid of consistent, nurturing parental care.

Studies consistently show that children who lack the protection and nurture that parents uniquely provide typically lag far behind their peers in virtually every respect. They are highly susceptible to the worst ravages of poverty, disease, sexual predators, and human trafficking. They also offer opportune recruits as child soldiers, gang members and potential terrorists.¹

¹ For a sampling of research on the impact of lack of parental care on the intellectual, physical and emotional development of children, see:

—Bakermans-Kranenburg, M.J. Steele, H., Zeanah, C. H., Muhamedrahimov, R. J., Vorria, P., Dobrova-Krol, N. A., Steele, M., van IJzendoorn, M. H., Juffer, F., & Gunnar, M. R. (2011). Attachment and emotional development in institutional care: Characteristics and catch-up. The neurobiological toll of early human deprivation. In R. B. McCall, M. H. van IJzendoorn, F. Juffer, C. J. Groark, and V. K. Groza (Eds.), *Children without permanent parents: Research, practice, and policy*. Monographs of the Society for Research in Child Development,

Continued

We see this vividly even in the U.S. Children that grow up in foster care without being adopted often struggle for the rest of their lives. By their mid-20s, less than half are employed. Nearly 70 percent of the women must rely upon food stamps compared to 7 percent of women overall. Among the men, 80 percent have been arrested, versus 17 percent overall.² Experts report that between 55 and 75 percent of domestic human trafficking victims came out of the foster system.³

These statistics are tragic. Yet we must remember that children without parents in other parts of the world often face an even harder road—with far, far less access to private opportunities, public supports, and justice systems.

Little wonder that studies worldwide so often connect literal or effective orphan status with homelessness, suicide, depression, unemployment, violence, crime and all manner of other social ills.

In short, children that grow up without parents are continually threatened as they grow. And those that survive often become a threat to others as well.

So it is both compassion *and* self-interest that call governments and individuals to address this need wisely, passionately, and effectively.

But here is the fundamental challenge.

Governments and large NGOs *can* deliver many vital things on a large scale: food, medicine, shelter, and more.

And these elements *are* vital to enabling children to survive. But we must also affirm that things are necessary but not sufficient to ensuring that children who lack parents can *thrive*.

76(4), pp. 62–91. Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/mono.2011.76.issue-4/issuetoc>

—Bucharest Early Intervention Project (2009) Caring for Orphaned, Abandoned and Maltreated Children. Available at: <http://www.bettercarenetwork.org/BCN/details.asp?id=12323&themeID=1003&topicID=1023>

—Carter, R (2005). Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union. London: EveryChild. Available at: http://p-ced.com/reference/Family_Matters_summary.pdf

—Dobrova-Krol, N. A., Van IJzendoorn, M. H., Bakermans-Kranenburg, M.J., Juffer, F., & Cyr, C.. (2008). Physical growth delays and stress dysregulation in stunted and non-stunted Ukrainian institution-reared children. *Infant Behavior and Development*, 31, pp. 539–553. Abstract available at: www.sciencedirect.com/science/article/pii/S0163638308000404

—EveryChild (2011). Scaling Down: Reducing, Reshaping and Improving Residential Care around the World. Available at: <http://www.bettercarenetwork.org/BCN/details.asp?id=24928&themeID=1003&topicID=1023>

—Johnson, D. E., & Gunnar, M. R. (2011). Growth failure in institutionalized children. The neurobiological toll of early human deprivation. In R. B. McCall, M. H. van IJzendoorn, F. Juffer, C. J. Groark, and V. K. Groza (Eds.), *Children without permanent parents: Research, practice, and policy. Monographs of the Society for Research in Child Development*, 76(4), pp. 92–126. Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/mono.2011.76.issue-4/issuetoc>

—McCall, R., Van IJzendoorn, M., Juffer, F., Groark, C., & Groza, K. (2011). Children without permanent parents: Research, practice and policy. *Monographs of the Society for Research in Child Development*, 76(4). Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/mono.2011.76.issue-4/issuetoc>

—National Scientific Council on the Developing Child. (2012). The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12. Available at: <http://www.developingchild.harvard.edu>

—Nelson, C. A., Fox, N.A., and Zeanah, C.H. (2013). Anguish of the Abandoned Children. *Scientific American*. Available at: <http://www.adoptionpolicy.org/sad0413Nels3pRV.pdf>

—Nelson, C. A., Bos, K., Gunnar, M. R., & Sonuga-Barke, E. S. (2011). The neurobiological toll of early human deprivation. In R. B. McCall, M. H. van IJzendoorn, F. Juffer, C. J. Groark, and V. K. Groza (Eds.), *Children without permanent parents: Research, practice, and policy. Monographs of the Society for Research in Child Development*, 76(4), pp. 201–237. Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/mono.2011.76.issue-4/issuetoc>

—Nelson, C. A., Zeanah, C. H., Fox, N. A., Marshall, P. J., Smyke, A. T., & Guthrie, D. (2007). Cognitive recovery in socially deprived young children: The Bucharest early intervention project. *Science*, 318(5858), pp. 1937–1940. Available at: www.bucharestearlyinterventionproject.org/Nelson_et_al_combined_2007_.pdf

—Van IJzendoorn, M. H., Luijk, M., & Juffer, F. (2008). IQ of children growing up in children's homes: A meta-analysis on IQ delays in orphanages. *Merrill-Palmer Quarterly-Journal of Developmental Psychology*, 54, pp. 341–366. Abstract available at: <http://digitalcommons.wayne.edu/mpq/vol54/iss3/>

²See Courtney, Mark, et al. “Midwest Evaluation of the Adult Functioning of Former Foster Youth.” Available at <http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>.

³See <http://www.tampabay.com/news/publicsafety/crime/fbi-agent-leads-task-force-targeting-pimps-in-child-prostitution/1125800>; <http://www.misssey.org/csec.html>; and http://www.nytimes.com/2007/04/24/nyregion/24child.html?_r=3&oref=slogin&.

Why? Because the deepest need of every child is for things that cannot be mass produced—things like affection, attachment, identity, and belonging.

And, as other witnesses here describe well, modern science now recognizes that these are not simply “fluff” elements of childhood. They are utterly essential to brain development, to physical and emotional health . . . and to virtually every other factor that grows a baby into a whole and productive adult.

Grasping this is vital if we are to address the deepest needs of children who lack parental care.

And yet, it leaves us with a daunting but inescapable conclusion: *This mass scale dilemma defies mass scale solutions.*

We can marshal and deliver many things *en masse* . . . but nurture, affection and attachment are not among them.

This is why we must look beyond the capabilities of government alone if we are to truly help children that lack parental care to thrive.

This is not easy. All of us, regardless of our profession, tend to unconsciously limit ourselves to solutions that can be readily achieved with the tools we possess.

So it is only natural that government efforts would focus heavily, or even exclusively, on child protection and survival. This is what government and large NGOs can do—and often do so well.

But . . . what government cannot create on its own is families willing to welcome and care for children. It is much easier to buy food, medicine or shelter than to buy nurture and love.

So it makes sense that the need for permanent, caring families for children would often slip off the radar of government-led efforts.

But how can government *cultivate* solutions that it cannot *create* on its own?

Colorado offers a great example here. The State now partners actively with faith-motivated groups, houses of worship and non-religious civic organizations to find welcoming families for children in need of a home.

Colorado’s government has worked to be effective at what it *can* do—child protection and survival—while *partnering* to offer children those truly essential things government cannot provide on its own.

They have found large numbers of families motivated by their faith to welcome in children, including many of the hardest to place kids. They have also discovered that faith communities often provide vital support for families amidst the challenges that come with loving wounded children. Not surprisingly, the level of commitment and care provided by these faith communities often is much higher than families that foster primarily because of the payments they receive. Businesses, civic groups, and other non-governmental actors have also played vital roles in these efforts.

The result? Over the past several years, the number of children in Colorado waiting in foster care for permanent families has been steadily reduced—from over 800 to under 300 today.

Similar efforts are proving effective in many other states across the U.S., from New Jersey to Texas to Illinois to California.

This same basic approach is working around the world as well:

- In China, where regional governments have partnered with the organization “Care for Children” to move 250,000 children from orphanages into caring families.
- In Ethiopia, where organizations like Bethany Christian Services, Buckner International, and Kidmia are working to help keep struggling families intact and to place double orphans into local foster and adoptive families.
- In Rwanda, where Saddleback Church and other faith-based groups are working with the government and NGOs to shift children from orphanages into foster and adoptive homes.
- In Costa Rica, where a group called Casa Viva has grown a network of churches that now welcomes children for both temporary and permanent family-based care.

Three primary principles are at the root of each of these successes:

- First, Priority.*—We must clearly prioritize family as the ultimate goal for children that currently lack it. By naming “Family Care” as one of its three foundational objectives, the U.S. Action Plan on Children in Adversity helps point our global investments decisively in this direction.
- Second, Preservation.*—The very best way to guarantee a family for a vulnerable child is to ensure she doesn’t lose her family in the first place. On one level, virtually all effective foreign aid—from community development to health projects and micro-finance—do contribute to family preservation. But efforts targeting the most vulnerable families on the verge of disintegration are still vital.

—*And Third, Partnership.*—To provide what unparented children most need, we must actively partner with community organizations—both faith-based and secular—that offer what government cannot provide on its own—most importantly, caring homes and also communities of wrap-around support.

To these three principles, we can add three important caveats:

—First, although healthy families provide affection and nurture that “systems” can never match, families can sometimes be the source of neglect, abuse or worse. Effective child protection systems are always necessary as a check against abusive homes.

—Second, commitment to family-based care should always be *complementary* . . . not *competitive* to an equally firm commitment to child protection and survival efforts. We need not become partisans of *either* families or broad-based anti-poverty efforts. We can and should champion both.

—And finally, even as we affirm permanent family as the ideal, we need not become ideologically rigid. Anyone who dares to engage the world at its most broken will sometimes be forced to make peace with imperfect solutions. We can simultaneously work towards the ideal of family . . . while also affirming the value of residential care in cases where family care is not currently a feasible option.

In all of this, we can continually affirm and seek to build a broad continuum of response to the needs of highly-vulnerable children.

This continuum always starts with efforts to preserve families threatened with disintegration and to re-unify families that have been needlessly severed. When it's clearly not possible for a child to remain safely with his first family, a loving second family is promptly sought—with relatives or caring neighbors in-country if possible, and via international adoption when local options for permanent family aren't available. When finding a permanent new family is not an option, other home-based options become the priority, including foster care. Finally, when no home-based options are feasible, well-run residential care facilities provide an important alternative far preferable to an abusive home or life on the streets.

Esteemed Senators and Senate staff, I believe that every American desires to see children not only survive, but to thrive. I know this is your desire also.

If this is indeed our shared commitment as Americans, it must be embodied through our global child welfare investments with the three “Ps.” Priority upon family. Preservation of struggling families. And Partnerships that find and support families for children who need them.

Senator LANDRIEU. Thank you very, very much, Mr. Medefind.
Mr. Goldman.

STATEMENT OF PHILIP GOLDMAN, PRESIDENT, MAESTRAL INTERNATIONAL

Mr. GOLDMAN. Good morning, Madam Chair, and thank you for the opportunity to testify before you and the subcommittee today, and more importantly, for your leadership and dedication in raising the issues before the subcommittee and helping us all to seek ways to address them.

I'm going to take a little bit of a different twist on the information and data that's been presented to the subcommittee this morning, and suggest that there are three good reasons for devoting U.S. resources for the Government Action Plan for Children in Adversity.

First, we will increase the investment yields from our foreign assistance. Second, this will result in greater fiscal efficiency. And finally, the United States can make a major impact by promoting this agenda globally.

Now let's discuss what we mean by increased yields. As you've heard, children's neurodevelopment is compromised by neglect, poor nutrition, lack of stimulation, and violence.

Now, if a child falls behind by the age of primary school age, the effects are life-long and contribute to long-term poverty. For exam-

ple, it's been estimated that poor children who are stunted will earn 30 percent less as adults than their peers.

Throughout childhood, those who experience violence and neglect are typically poorer, less educated, less healthy, and face higher HIV risk. Yet we know that only the smallest fraction of government attention and expenditure is aimed at addressing these risks. Investments in poverty reduction will be secured and enhanced when children are protected and developmentally prepared.

And we can't ignore the numbers that we've heard today. More than one out of three children below the age of 5 are living below their development potential—one out of three. Of the 400 million children in sub-Saharan Africa, one in eight have gone through the profound experience of parental loss. And that's probably an underestimate.

Studies in Africa are showing that one in three girls are subject to sexual violence, close to 7 in 10 to physical abuse. These and other issues contribute to, and they also result from, long-term poverty, and they must be addressed head on.

My second point concerns fiscal efficiency. It is less expensive and more effective to work with children and families, especially from infancy and with an emphasis on preventing problems before they arise. Orphanages do illustrate this issue quite well. While just one category of children at risk, millions of children live in some form of residential care even though many still have at least one living parent. The results for many of these children are devastating and well-documented.

You asked about attachment earlier in this subcommittee hearing. While quality of care varies, one study found that there can be up to 30 children and sometimes 50 in a single ward. Children might be exposed to between 60 and 100 different caregivers by the age of 2. Consider that national zoo has one staff for every eight vertebrates in its collection, at least in 2004.

In contrast, studies show family-based care is a fraction of the cost of residential care and a small percentage of the costs of the services that families need. It is also more effective. Children in family care typically do better in executive functioning, attachment, and overall psychiatric and behavioral health.

My final point is that the United States can make a major difference by promoting this agenda on the global stage. There's a robust dialogue on the targets that will succeed, the Millennium Development Goals in 2015. Our position on this should be firm. Today's children are tomorrow's hope. The United States should promote clear targets that focus on three things—on children's development potential, on living in families, and on freedom from violence.

Governments will maximize their long-term returns from investments by avoiding single-issue projects and working to transform the entire system. This means addressing their policies, government capacities, community practices, services, surveillance systems, and resources. And protective systems should support basic services that include—many have been discussed this morning—household strengthening, justice and police systems, violence programs in schools, positive parenting programs, and access to reintegration, fostering, kinship, and local and intercountry adoption

services, all sorts of family placements that are reliable, effective, and working in the best interest of the child.

We need to open effective pathways for children.

Now, we heard the case of Rwanda earlier today from Dr. Boothby. From the numbers that I've seen—now, remember that he was stating that the estimates are that we'd achieve reductions in cognitive delays by 40 percent. We reduced the number of those bereft of family care by 75 percent, and those experiencing violence by 50 percent.

Now, that has been estimated at about \$12 million per year for Rwanda. That's less than 1 percent of the total overseas development assistance delivered to the country in 2011. So these are marginal resources. And they don't have to be borne by the United States alone. They can be borne in partnership.

Tying it all together, Madam Chairman, targeting children in adversity will improve the efficiency and effectiveness of our foreign aid programs with minimal costs. The U.S. Government Action Plan on Children in Adversity represents a paradigm shift in how we can engage on growth and poverty reduction. And I strongly encourage you to support it. In fact, we're perhaps decades behind.

Thank you, Madam Chairman, and, of course, we look forward to your questions.

[The statement follows:]

PREPARED STATEMENT OF PHILIP GOLDMAN

Good morning, Mr. Chairman, Ranking Member Graham and subcommittee members. My name is Philip Goldman, and I am the President of Maestral International, an operation working to strengthen child protection systems in countries around the world. Prior to founding Maestral, I spent many years at the World Bank developing and managing lending programs to strengthen human capital and development, and I have served on the boards of numerous other organizations working here at home and abroad to improve the lives of children.

I come before the Committee today to argue for an important paradigm shift in how we might direct our foreign assistance efforts. The United States has three good reasons for focusing our attention on (i) developing children's full potential from when they are born, (ii) ensuring those children are cared for in families, and (iii) protecting them from violence, abuse and neglect:

—First, the yields from our foreign assistance programming will increase, because we are confident from the available evidence that if children thrive, nations will thrive.

—My second point is that we will achieve greater fiscal efficiency in our foreign aid expenditures if we incorporate a focus on children in adversity.

—And finally, at a time of tight resource constraints, the United States can still make a significant impact by promoting this agenda globally, and through marginal shifts in existing country programming.

In 2010, 25 high income countries allocated approximately \$129 billion to official development assistance efforts.¹ Much of this assistance seeks to promote pro-poor policies and better health and education outcomes, and the achievements on child survival and school enrollments in recent years have been impressive. However, the potential returns from these investments are being compromised because we are missing a critical dimension of the reality of children's experiences in lower income economies.

There is increasing evidence across multiple country contexts that absence of parental care, violence and abuse have profound and complex effects on the cognitive, social, and emotional development of the child. This is particularly true in the earliest years. Research shows that children's cognitive and noncognitive skills are heavily influenced by their family environments, and the gaps in those skills mani-

¹ See <http://www.oecd.org/dac/stats/50yearsofficialdevelopmentassistance.htm>.

fest themselves by ages 4 to 6,² just before many begin primary school. One conservative estimate suggests that more than 1 out of 3 children below the age of 5 and living in low income countries are below their cognitive development potential.³ Exposure to one or more adverse experiences in childhood has been repeatedly shown to have life cycle impacts on the ability to learn, health outcomes and utilization of services, levels of income later in life, and the likelihood of social problems.⁴ Since the prevalence of these adverse experiences is so large in lower income countries, our aid efforts are too often seeking to build a house on a very unstable foundation.

What do we mean by high prevalence? There are over 400 million children under the age of 18 in sub-Saharan Africa, almost half of the total population. In 2011, UNICEF calculated that 53.6 million of them were missing one or both parents due to death from all causes, with 8.5 million missing both parents. Those estimates are low as they do not include 10 of the poorest countries in the region such as Niger and Somalia.⁵ Put in another way, roughly 1 out of every 8 children in sub-Saharan Africa have gone through the profound experience of parental loss. Parental loss, while only one vulnerability children face, leads to lower household income and higher ratios between dependents and earners, exerts pressures on extended families and can lead to more child-headed households, and is significantly associated with diminished school performance by age,⁶ among many other issues.

We know that some of these children, along with some who still have both living parents, end up in some form of residential care. We have no confidence on how many. The common global estimate is from 2 million to 8 million,⁷ a fourfold range that only serves to emphasize the extent of our ignorance. At the higher end, that is equivalent to roughly 20 children for every man, woman, and child from my home city of Minneapolis. We can say that for those of us who travel abroad frequently, orphanages are ubiquitous and easy to find. Any taxi driver will know where to take you if asked.

On a personal note, I can't say that I had a true passion for working to alleviate poverty until I first saw the condition of children in institutional care. While the quality of institutional care varies widely, "mere poverty" would be a blessing for many of these children. By virtue of their separation from family and society, they are, in a sense, completely stripped of their economic and social assets and are at the highest level of vulnerability. In many, the neural development of the youngest infants is severely compromised by a dearth of interaction and stimulation during the day, other than perhaps the occasional scheduled visit by an often untrained caregiver. Limited data from some institutions shows that there can be up to 30, and sometimes 50, infants and young children in a single ward, and that children might be exposed to from 60 to 100 different caregivers by age two.⁸ While clearly an inappropriate comparison, consider that the National Zoo has about one staff member for every 8 vertebrates in its collection.⁹

Very generally speaking, studies suggest a child loses 1 month of development for every 3 in an institution as a result of the poor quality of care, which includes care-

² Heckman, J. (2006). Skill formation and the economics of investing in disadvantaged children. *Science*, 312.

³ Grantham-McGregor, S., Cheung, Y., Cueto, S., Glewwe, P., Richter, L. L., Strupp, B., & The International Child Development Steering Group. (2007). Developmental potential in the first 5 years for children in developing countries. *Lancet*, 369(9555), 60–70.

⁴ Walker, S. P., Wachs, T. D., Gardner, J., Lozoff, B., Wasserman, G. A., Pollitt, E., . . . the International Child Development Steering Committee Group. (2007). Child development: Risk factors for adverse outcomes in developing countries. *Lancet*, 369, 145–157.; Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence and young people: A review of the literature. *Child Abuse and Neglect*, 32(8), 797–810.; Frederick, J., & Goddard, C. (2007). Exploring the relationship between poverty, childhood adversity and child abuse from the perspective of adulthood. *Child Abuse Review*, 16(5), 323–341.; Glaser, D. (2000). Child abuse and neglect and the brain: A review. *Journal of Child Psychology and Psychiatry*, 41(1), 97–116.

⁵ See http://www.childinfo.org/hiv_aids_orphanestimates.php.

⁶ Bicego, G., Rutstein, S., & Johnson, K. (2003). Dimensions of the emerging orphan crisis in sub-Saharan Africa. *Social Science and Medicine*, 56(6), 1235–1247.

⁷ See http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=2&cad=rja&ved=0CDYQFjAB&url=http%3A%2F%2Fwww.christianalliancefororphans.org%2Fwp-content%2Fuploads%2FChristian-Alliance-for-Orphans-On-Understanding-Orphan-Statistics_.pdf&ei=LkWRUZYKH4X5ygHZwIHQAg&usq=AFQjCNHdQdPB5c5BUy-Dyp0ljBvKV2F1HA&sig2=y155GJSfTkGWDanT-OJPw&bvm=bv.46340616.d.aWc.

⁸ McCall, R., & Groark, C. (forthcoming). Research on institutionalized children: Principles for international child welfare practitioners and policy makers.

⁹ National Research Council of the National Academies. (2004). Animal care and management at the National Zoo: Interim report. Washington, D.C.: The National Academies Press.

giver-child interactions that are largely deficient.¹⁰ One meta-analysis of 75 studies found that children in institutions have on average IQ scores that are 20 points below their peers in foster care.¹¹ The difficult conditions for many of these children is only compounded in later years, particularly in the very worst facilities where older children might be confined to cribs during the day, subjected to physical and/or sexual abuse by staff, outsiders or other children, or endure untended medical or health needs that can sometimes be severe or life threatening. These children experience a profound separation from not only their families and communities, but their nation and world. Few are fit to enter that world when they become 18: in Russia, a study found that 1 in 3 orphanage leavers become homeless and 1 in 10 commits suicide.¹²

In many ways, these children represent the most extreme dimensions of life outside of family care. But their circumstances speak to the much more difficult environment that many children live in. Recent violence surveys from Swaziland, Tanzania, and Kenya find that 1 in 3 girls is subject to sexual violence before the age of 18, and up to 7 in 10 experience physical abuse in the latter 2 countries.¹³ The Positive Outcomes for Orphans study, which draws in part from data from Ethiopia, Kenya and Tanzania, found that 84 percent of abandoned children experience physical or sexual abuse.¹⁴ Roughly 1 in 3 girls in lower income countries are married or in union by age 18, and this figure approaches 9 out of 10 girls in some countries.¹⁵ Large numbers of children live in child headed households or are on the streets, many are engaged in hazardous or forced labor, are victims of trafficking, are internally displaced or are refugees, are girls subject to genital mutilation or cutting, are engaged in child labor, lack birth registration, or are children associated with armed forces. Worse, many children experience more than one of these adversities, for example, they can be subjected simultaneously or sequentially to both sexual and physical violence.

There is one key takeaway here. These are not isolated children suffering rights violations at the margins. Rather, these adversities represent major dimensions of children's life experiences in poor countries, and in many cases affect a large majority of children. Further, we know that these experiences have a direct relationship to poverty. Data suggest significant correlative relationships between child violence, exploitation, abandonment, and neglect and lower socio-economic status, less education, and poorer health outcomes. For example, a recent review of social and child protection linkages in West Africa identifies a strong relationship between poverty and increased child vulnerability to trafficking, exploitative labor, heightened domestic violence and abuse, domestic labor, and early marriage.¹⁶ Research in Eastern and Southern Africa is suggesting comparable conclusions.¹⁷

¹⁰Williamson, J., & Greenberg, A. (2010). Families, not orphanages. Better Care Network.

¹¹Cited in *ibid*.

¹²Tobis, D. (2000). *Moving from residential institutions to community-based social services in Central and Eastern Europe and the Former Soviet Union* (Washington, D.C.: The World Bank).

¹³United Nations Children's Fund and the U.S. Center for Disease Control and Prevention. (2010). Violence against children in Kenya: Findings from a 2010 national survey.; Reza, A., Breiding, M., Blanton, C., Mercy, J. A., Dahlberg, L. L., Anderson, M., & Bamrah, S. (2007). Violence children in Swaziland: Findings from a national survey on violence against children in Swaziland May 15–June 16, 2007.; United Nations Children's Fund, U.S. Centers for Disease Control and Prevention, & Muhimbili University of Health and Allied Sciences. (2011). Violence against children in Tanzania.

¹⁴Whetten, K., Ostermann, J., Whetten, R. A., Pence, B. W., O'Donnell, K., Messer, L. C., . . . Positive Outcomes for Orphans Research Team. (2009). A comparison of the wellbeing of orphans and abandoned children ages 6–12 in institutional and community-based care settings in 5 less wealthy nations. *PLoS One*, 4(12), 8169.; Kagotho, N., & Ssewamala, F. M. (2012). Correlates of depression among caregivers of children affected by HIV/AIDS in Uganda: Findings from the Suubi-Maka family study. *AIDS Care*, 24, 1226–1232. doi: 10.1080/09540121.2012.658754.

¹⁵A United States Government interagency approach to assisting the world's most vulnerable children: Fifth annual report to Congress on public law 109–95, The Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005.

¹⁶Jones, N. (2009). Promoting synergies between child protection and social protection: West and Central Africa. Dakar, Senegal: Overseas Development Institute/UNICEF West and Central Africa Regional Office.

¹⁷Collings, S. (2012). Child sexual abuse experiences mediate the effects of poverty and posttraumatic stress disorder. *Social Behavior and Personality*, 40(6), 983–984.; Simister, J. (2009). The importance of being earners: Why women in South Africa need well-paying jobs. *Development Southern Africa*, 26(5), 478–481.; Burns, J., & Esterhuizen, T. (2008). Poverty, inequality and the treated incidence of first-episode psychosis: An ecological study from South Africa. *Social Psychiatry & Pediatric Epidemiology*, 43(4), 331–335.; Uthman, O., Lamoko, S., & Moradi, T. (2010). Sex disparities in attitudes towards intimate partner violence against women in Sub-Saharan Africa: A socio-ecological analysis. *BMC Public health*, 10(1), 223–230.

There is increasing evidence highlighting the linkages between lifetime health and adverse experiences. Recent research shows a demonstrated relationship between lifetime traumatic history and sexually-acquired HIV infection in Tanzania,¹⁸ and the Global School-based Student Health Survey in five African countries shows an association between physical and sexual violence and suicidal ideation, substance abuse, and risky sexual behaviors.¹⁹ Children born HIV-positive are negatively impacted in their cognitive development and emotional adjustment, and children exposed to HIV in utero but born HIV-negative are more susceptible to violence, abuse, and neglect.²⁰ Adolescents in South Africa affected by AIDS orphan-hood and sickness are three times more likely to experience physical and emotional abuse.²¹ A recent South African study suggested nearly one in seven cases of young women acquiring HIV could have been prevented if the women had not been subjected to intimate partner violence.²²

There are many connections that need to be made. We need a much more comprehensive picture and understanding of the environments children live in and the challenges they face, with efforts aimed at reducing toxic stressors from birth, and increasing resilience to stress from birth if children are to function fully in the economic and social development of their countries. For one example, nations cannot hope to achieve their desired educational targets simply by increasing teacher-student ratios or changing the curricula being taught in schools. Too many children are starting school well below their potential, and they continue that schooling facing risks to their safety and well-being as they get older. Improving school readiness and reducing risks of adverse experiences can have profound effects.

The second issue concerns fiscal efficiency and economic returns. To achieve either, we need to start with the family, and assuming good pre-natal health, begin with the child from infancy. Put simply, it is cheaper and more cost effective to work with children and families.

Let's start with the costs of different programs. A pioneering study in South Africa compared six different forms of care, and found that home-based care was about 12 percent of the cost of statutory residential care, and that adoption and foster care were about 16 percent of the cost of statutory residential care.²³ A World Bank study in Romania found that professional foster care is from 33 to 45 percent the cost of institutional care, and adoption and foster care costs from 7 to 9 percent of institutional care.²⁴ In Eritrea, the cost of tracing and reintegrating an orphan was from 5 to 7 percent of the cost of orphanage care in one study.²⁵ In Botswana, psycho-social support programs were assessed at 13 percent of the cost of shelter care.²⁶ A macro analysis of what it would cost to deliver a complete and comprehensive package of health, nutrition, education, and other services to orphans and vulnerable children found that community support programs would represent only 1 to 5 percent of the total required, depending on the category and level of need.²⁷ In Rwanda, a package to deliver significant results to children in adversity was costed

¹⁸Pence, B., Shirey, K., Whetten, K., Agala, B., Itemba, D., Adams, J., . . . Shao, J. (2012). Prevalence of psychological trauma and association with current health and functioning in a sample of HIV-infected and HIV-uninfected Tanzanian adults. *PLoS One*, 7(5).

¹⁹Brown, D., Riley, L., Butchart, A., Meddings, D., Kann, L., & Harvey, A. (2009). Exposure to physical and sexual violence and adverse health behaviors in African children: Results from the Global School-based Student Health Survey. *Bulletin of the World Health Organization*, 87(6), 447–455.

²⁰Sherr, L. (2011). Distinct disadvantage: A review of children under 8 and the HIV/AIDS epidemic.

²¹Cluver, L., Orkin, M., Boyes, M., Gardner, F., & Meinck, F. (2011). Transactional sex amongst AIDS-orphaned and AIDS-affected adolescents predicted by abuse and extreme poverty. *Journal of Acquired Immune Deficiency Syndromes*, 58(3), 336–343.

²²Jewkes, R., Dunkle, K., Nduna, M., & Shai, N. (2010). Intimate partner violence, relationship power equity, and incidence of HIV infection in young women in South Africa: A cohort study. *Lancet*, 376(9734), 41–48.

²³Desmond, C., & Gow, J. (2001). The most cost effectiveness of six models of care for orphans and vulnerable children in South Africa. Pretoria, South Africa: UNICEF.

²⁴Tobis, D. (2000). Moving from residential institutions to community-based services in Eastern-Europe and the former Soviet Union. The World Bank.

²⁵Santa-Ana-Tellez, Y., DeMaria, L., & Galarraga, O. (2011). Cost interventions for AIDS orphans and vulnerable children. *Tropical Medicine and International Health*, 16, 1417–1426.

²⁶Formson, C., & Forsythe, S. (2010). A costing analysis of selected orphans and vulnerable children (OVC) programs in Botswana. Washington, D.C.: Futures Group, Health Policy Initiative, Task Order 1.

²⁷Stover, J., Bollinger, L., Walker, N., & Monasch, R. (2007). Resource needs to support orphans and vulnerable children in sub-Saharan Africa. *Health Policy and Planning*, 22, 21–27.

at just more than \$1 per capita. Russia's Government has calculated roughly \$5,000 in savings from each child abandonment that has been prevented.²⁸

Not only is family care less expensive than many alternatives, it is more effective. A proverb in Ghana states that "the orphan does not rejoice after a heavy breakfast." For most children, families are the source of love, nurturing, and support from birth. An infant will be picked up and held constantly throughout the day by her mother, regardless of whether that mother is rich or poor. In stark contrast, studies of children who have been placed from an institution into family care show those children arrive in their new homes with poor executive functioning and language development, attachment problems, psychiatric issues, and behavior problems.²⁹ Research from the Bucharest Early Intervention Project shows dramatic developmental gains for children who were placed from institutions into foster care, with the youngest children experiencing greater improvements, again demonstrating the need to start from the earliest years of life.³⁰

Sadly, we have few robust studies outlining the returns from investment from early childhood interventions in lower income countries, and this should clearly be made a larger part of the global research agenda. One influential study reviewing data and research from a large strata of countries finds that being developmentally unprepared for entering school is associated with a more than 20 percent loss in income later in life, in essence, contributing to poverty in future generations.³¹ We can perhaps, with many caveats, extrapolate from our own national experience to examine how profound the effects might be. In 2012, the direct costs of child abuse and neglect in the United States were estimated in one study at \$30.3 billion.³² Many studies in our 50 States show significant economic returns from early childhood development programs, as well as programs targeting at risk youth, both of which mitigate that neglect. For example, Rob Grunewald and Art Rolnick calculated a 16 percent internal rate of return from the Michigan Perry Preschool Project, which included early childhood interventions and extensive home visits.³³ A review of the Washington State child welfare system found that focusing on expanding effective evidence-based programs would yield long term net benefits of between \$317 million and \$493 million, with net taxpayer benefits of estimated at between \$6 million to \$62 million.³⁴

In short, governments and private donors should avoid spending scarce resources to develop and support programs that are more expensive and less effective than family and community alternatives. This is increasingly recognized, and there has been a significant global push to move away from inefficient residential care models toward family strengthening and other programs. For example, Rwanda is undertaking to place all of its institutionalized children (except those with disabilities) with families by end-2013, and many other countries are taking less aggressive measures to develop appropriate alternatives to institutional care.

My final point is that the United States is uniquely positioned to support efforts in this area, and without a major change in programming or expenditure. Much can be accomplished simply by changing the way that we articulate our positions on global and national priorities, by leveraging the global momentum on this agenda and reorienting or redirecting some of our existing programs, and by encouraging countries to "stand on their own two feet" and to establish sustainable systems of care and protection that are not dependent on external aid and support.

²⁸ A United States Government interagency approach to assisting the world's most vulnerable children: Fifth annual report to Congress on public law 109-95, The Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005.

²⁹ Johnson, D. E., & Gunnar, M. R. (2011). Growth failure in institutionalized children. In R. B. McCall, M. H. van IJzendoorn, F. Juffer, C. J. Groark, and V. K. Groza (Eds.). *Children without permanent parents: Research, practice, and policy*. 92-126.; Hawk, B., & McCall, R. B. (2011). Specific extreme behaviors of post-institutionalized Russian adoptees. *Development Psychology*, 47(3), 732-738.; Bos, Z., Zeanah, C. H., Fox, N. A., Drury, S. S., McLaughlin, K. A., & Nelson, C. A. (2011). Psychiatric outcomes in young children with a history of institutionalization. *Harvard Review of Psychiatry*, 19(1), 15-24.; Merz, E. C., & McCall, R. B. (2011). Parent ratings of executive functioning in children adopted from psychosocially depriving institutions. *Journal of Psychology and Psychiatry*, 52(5), 537-546.

³⁰ Cited in Williamson & Greenberg.

³¹ Grantham-McGregor, S., Cheung, Y., Cueto, S., Glewwe, P., Richter, L. L., Strupp, B., & The International Child Development Steering Group. (2007). Developmental potential in the first 5 years for children in developing countries. *Lancet*, 369(9555), 60-70.

³² Gelles, R. J., & Perlman, S. (2012). Estimated annual cost of child abuse and neglect. Chicago, IL: Prevent Child Abuse America.

³³ http://www.minneapolisfed.org/publications_papers/pub_display.cfm?id=3832.

³⁴ Lee, S., Aos, Steve, & Miller, M. (2008). Evidence-based programs to prevent children from entering and remaining in the child welfare system: benefits and costs for Washington. Olympia: Washington State Institute for Public Policy. Document No. 08-07-3901.

Let's begin with the current robust global dialogue on establishing the successors to the Millennium Development Goals, which set targets for 2015. Much of this current dialogue centers on reaching agreement on new future targets for sustainable development in lower income economies. We should be very clear in our position with respect to the post-2015 agenda: preventing poverty in future generations requires us to work with today's youngest generations. Today's children are tomorrow's hope. The United States can make a tremendous impact simply by promoting new targets that focus on ensuring that children begin life meeting their development potential, living in families, and free from violence. What can be more sustainable than helping a current young generation succeed over the next decades?

At the country level, our dialogue should focus on developing and strengthening systems of care and protection for children. We often talk about strengthening health systems to prevent and respond to disease . . . it is time to use the same language when we speak of developing child protection systems that prevent and respond to child violence, abandonment, abuse, exploitation, and neglect. The systems approach was initially articulated by UNICEF in its 2008 Child Protection Policy, and has since been embraced by numerous influential non-governmental organizations (NGOs), bilaterals, and private donors. A Joint Statement by many of these organizations on child protection systems strengthening in sub-Saharan Africa has been drafted and is expected to be endorsed shortly. Many countries around the world have launched or completed mapping and assessments of their child protection systems to give them a baseline picture of what their current systems look like and what priorities need to be addressed.

Working systemically is ultimately about countries and communities taking ownership of this agenda, and seeing it as being in their own self-interest. It means working on national policies, coordinating the work of key national actors (such as ministries of justice, social affairs, health, and education) in fulfilling their protective mandates, strengthening the social service workforce, improving surveillance systems and data collection, improving the access and quality of protective services, supporting protective social norms and community practices and addressing those that are harmful, and including the care and protection of children in the national budget dialogue.

These are areas where change is possible. In Guatemala, USAID funded a survey in 2008 that, for the first time, provided specific data on children residing in orphanages in the country. Once these children were made visible, local courts and social workers were much better positioned to follow up on these children's cases, some of which had not been reviewed in many years. With support from the GHR Foundation and a partner organization, more than 1,000 children were reintegrated with their families, and the model is being taken forward in large cities such as Guatemala City and Quetzaltenango. In Tanzania, the U.S. Centers for Disease Control and UNICEF supported a Violence Against Children study in 2009 that revealed the large prevalence of violence in the country—as a result, a multi-sector task force was established and a national 3-year action plan has been developed that will be launched next month. This is occurring in parallel with a major strengthening and expansion of the country's child protection committees at the district level. In Romania, programs that were supported by USAID and others helped lead to a 46 percent decrease in institutionalized children between 2000 and 2006.³⁵ USAID's Safe Schools Initiative is showing impressive results on reducing violence in schools in Ghana and Malawi, and is being rolled out in the Democratic Republic of the Congo, the Dominican Republic, Senegal, Tajikistan and Yemen.³⁶

While this represents a long-term agenda, we will know that nations are on track when we see more children living within appropriate, permanent, and protective family care, and fewer separated from families and/or placed in institutions. This means access to reintegration, fostering and kinship, local and inter-country adoption services along with mentoring/transition services that are reliable, effective, and working in the best interests of the child. We will be further convinced of progress when we see children reaching age appropriate growth and development milestones and showing secure attachment to primary caregivers. These objectives can only be achieved, and will also contribute to, an agenda that focuses on reducing violence, exploitation, abuse, and neglect of children. These three areas are beautifully articulated in the United States Government Action Plan on Children in Adversity.³⁷ By incorporating them in our international assistance dialogue and pro-

³⁵ Cited in Williamson & Greenberg.

³⁶ United States action plan on children in adversity: A framework for international assistance: 2012–2017.

³⁷ Ibid.

grams, we will begin to see the paradigm shift that I spoke of earlier in these comments.

In summary, Mr. Chairman and members of the subcommittee, there are three reasons why our foreign assistance programs should focus on children in adversity. First, this will improve the effectiveness of our expenditures, leading to long-term growth and poverty reduction over future generations. Second, it will improve the efficiency of our programming, encouraging cost-effective approaches that are owned and resourced by our national partners. And third, this United States is uniquely positioned to provide the necessary support, and to ensure that these issues are placed on the global and national agendas.

Thank you, Mr. Chairman, Ranking Member Graham and subcommittee members, for the opportunity to appear before you today. I stand ready to answer any questions you might have.

Senator LANDRIEU. Thank you.

INSTITUTIONAL CARE AND FOSTER CARE

Let me start with you, Dr. Nelson. The work that you and your colleagues have done has really inspired a much needed global conversation, and I really appreciate your leadership on the importance of moving away from institutions as a form of care for children, which has really been the world's answer to unparented children for the last two centuries since the first orphanages were created, I mean, in the modern world that we know of, I think, probably out of England two centuries ago or 150 years or so ago. And it's really a conversation that the world has not had, now it's having, you know, what are the ramifications of institutionalization, et cetera, et cetera?

So my first question is, what advice would you give to governments that are still using, which the United States is not, as you know, but that is still using institutional care as a place for their orphans and unparented children? What advice would you give them? What is the sense of urgency they should have?

And number two, and most importantly, the alternative that many governments are seeing to institutions is long-term foster care. Could you take a minute to describe, from your perspective, what helpful structures of foster care and what harmful structures of foster care—and I'm trying to get to the question, which is, is foster care always better than institutional care? And if so, why? And if not, why not?

Dr. NELSON. So let me begin with the first question. I think that the first advice I'd give to governments would be that the more we try to improve institutional care, the longer we're going to prolong institutional care and send the message to governments that it's okay to raise kids in institutions. And what we need to do is change that mindset and essentially say that there's psychological harm to the kids, but there's also economic harm to the society.

So a kid coming out of an institution with an IQ of 60 with bad attention deficit disorder and no ability to form relationships is very unlikely to become an active and a contributing member to society and to the economic framework of that society. So they're hurting themselves on the economic front, leaving aside just the ethics of the harm done to kids. So that's the first message I think I would give to governments.

In terms of your second question, I think that we know, as a rule, kids do better in families than they do in institutions. The middle ground is foster care. We all know the hazards of bad foster

care. And there are two things that I think we define as bad foster care. One is multiple foster care placements. But the bigger one is when foster care parents don't make a psychological investment in the kids.

So if we think of good foster care, we start to think of features like a good investment in the kid, loving parents. They're really looking after the kid. They raise the kids as their own. Pretty soon, you're describing a family.

So what we want to strive for is getting kids into permanent families. If foster care is the intermediary step before kids are placed in a permanent family, it needs to be short term and it needs to be handpicked, high-quality foster care, like we set up in Bucharest.

But the average garden variety foster care in this country needs some work, I'm afraid to say.

Senator LANDRIEU. Thank you so much.

Jedd, would you like to add anything to that harmful foster care description, and what you've seen in your experience?

Mr. MEDEFIND. I definitely would. And I would first add one caveat, that while we can set family as the ideal and relentlessly pursue it, we do know that anyone who dares to get close to the world at its most broken sometimes will be dealing with broken systems and imperfect solutions, and we can affirm that while also relentlessly pursuing that goal of family.

And the reason we do is because we see that even with good foster systems, systems that are at least well-funded like in the United States, the outcomes are far less than ideal. The statistics I mentioned earlier, by their mid-20s, children in the United States who grew up in foster care without being adopted, less than half were employed. Of the women, 70 percent must rely upon food stamps versus 17 percent overall. And of the men, 80 percent have been arrested by their mid-20s.

And if that is in a very well-funded foster system in the United States compared to what we would expect in many parts of the world, we need to say that family needs to be ideal that we'll always aim for.

Senator LANDRIEU. And we're spending approximately, I think, \$8 billion in our foster care system in United States alone. Does anybody in the audience know that? Sorry, \$25 billion. I was off by quite a bit.

We're spending \$25 billion in a foster care system in the United States that, unfortunately, in my view, we sometimes hold up as a model to other countries. And in our own model, which they could never, in developing countries, even meet in terms of the funding—\$25 billion is a lot of money anywhere in the world—our outcomes are still very, very poor.

So it's not a model that I ever hold up as I travel around the world, because as Dr. Nelson said, there is a description of good foster care that's helpful and supportive and according to science. And then there is the U.S. foster care system that has long ago left the model that Dr. Nelson described, which is very sad and very unfortunate.

IMPROVING CHILD PROTECTION SYSTEMS

Let me ask, if I could, to Mr. Goldman, a considerable part of the work that you do is based on helping foreign governments assess strengths and weaknesses in their child protection system. Can you talk about any one or two countries that you've worked in and kind of describe for the subcommittee how that process goes on? And are governments willing and open to share with you, in your experience, what their strengths and weaknesses are, and share with you the help they need, and et cetera, et cetera?

Mr. GOLDMAN. I would like to preface that, and I think it's a very interesting question, with my decades of work just in human development, and I feel like we're speaking a new language with many of these governments.

Twenty or 30 years ago, and in the intervening years, it was about health. It was about education. It was, in a sense, two-dimensional. Very important issues, obviously, in building human capital.

But because poverty surveys and all sorts of surveys are not yielding information in this area that was clear to governments or their partners, they were just neglected.

So it has felt since about 2008, 2009, that a lot of this has just been about going into countries, whether it's Kenya or Tanzania or Vietnam or anywhere, and just talking about, why is protection important? Why are families important? Why is freedom from violence important?

We know that health and education systems don't address these issues directly. They contribute to an environment that can support children, but it's not their mandate, necessarily, to protect children.

Justice systems, even there we've had a big gap in our understanding of what needs to be done.

So in recent years, I think there's been an effort to look systematically, map and assess child protection systems in many countries, in Asia, in sub-Saharan Africa, that's led to an entry point to talk about abuse, neglect, abandonment, exploitation of children, and to think a little more comprehensively about the policies and the government systems and the community role and all of that.

Senator LANDRIEU. Is there any country that you particularly worked in or had some experience that would serve maybe as, real quickly, just an example of some government that is making some advance?

Mr. GOLDMAN. Yes. I won't repeat Rwanda. Why don't I add Tanzania.

Tanzania, because of the results of the violence against children surveys, has really mobilized and developed a national action plan, which will be rolled out next month. They have developed child protection committees throughout the country, and they're replicating those. Those include both formal officials as well as local stakeholders.

Senator LANDRIEU. And who conducted that survey or who led it and who funded it?

Mr. GOLDMAN. That was supported by UNICEF and the CDC. I believe there was a university also involved. I'm not entirely sure.

And it was a multiyear, very thorough study that has yielded remarkable data that the government has then taken and acted on because it was made visible to them and the partners were also——

Senator LANDRIEU. And would you say that the data of that study were shocking to the government and mobilized them to action?

Mr. GOLDMAN. I think so, yes.

Senator LANDRIEU. Okay.

Mr. Medefind, do you want to add anything to your testimony, which was outstanding as usual, but go ahead.

Mr. MEDEFIND. Thank you. You know, I think one important thing would be, we would never want to create a false dichotomy between the goal of families for children that are outside of parental care and broader anti-poverty efforts, child survival efforts. I see those two as very much complementary, not competitive, and we can champion both at the same time.

But I think we can also realize that government will always have a natural gravity toward these child protection and survival efforts with good reason, because those are the things that government naturally can do more effectively. And when all of us come after a big issue, a big, difficult, complex problem, we tend to draw from those tools which are in our toolbox.

And so government will draw from those things that it can produce on a mass scale, the medicine and food and shelter and education. Those are great things. But we can also say, for unparented children to thrive, we know they need more than that.

And so government will need to kind of go beyond its natural proclivity, beyond itself, to form those key partnerships with faith communities, with nonprofit organizations, and community civic organizations, to be able to provide the things that government can't provide, especially the nurture, attachment, affection that only families can give kids.

FUNCTION OF INTERNATIONAL ORGANIZATIONS

Senator LANDRIEU. And I know you've given some thought to what some of the major international organizations outside of the direct arm of our Government which is USAID, but organizations that are both government and private-funded like UNICEF or like Save the Children, or like—what would be another? I guess UNICEF and Save the Children are the two largest.

What role could those organizations play, in your mind, that might be a little bit more effective in connecting kids to families?

Mr. MEDEFIND. Well, I think, number one would be, they can continue to do the great work they're doing in child survival and protection. Those are, I think, their natural strong suits. They operate on a large scale and can do those things on a grand scale, and that's a tremendously complementary effort to the goal of children and families.

To preserve families and ensure that they don't disintegrate is really central in this whole vision. At the same time, I think that they can take steps to work more with those local organizations, faith-based groups, network of churches, and other houses of worship, smaller community organizations, to ensure that they're re-

cruiting families that have the right motivation to take children in, whether this is in the high-quality foster care that Dr. Nelson was talking about or permanent families, ideally. That should always be the ideal of permanent attachment of loving caregivers.

So those are, I think, the two things that we can always hold in tension, that continued commitment to child survival and protection, and yet pressing beyond that toward the goal of permanent families for children, whenever that's possible.

INTERCOUNTY ADOPTION

Senator LANDRIEU. And why, in your view, is intercountry adoption an important option to leave? I know that our focus is to try to place every child within a family in their own country, but is that always possible? And if, not why is intercountry adoption an important option for many of these children?

Mr. MEDEFIND. Well, the goal of the Christian Alliance for Orphans is that, ultimately, the local community would be the primary answer for the orphans of that community, the children that are truly unparented.

But we know now, living in a broken world, that that is not always possible. And as Dr. Nelson mentioned, for children, it's not a matter of years, it's a matter of months and sometimes even days that their development can be severely impacted, if they're growing up outside of parental care.

And so at least within the world we live in now, we need to be committed to both placing children locally whenever that is possible, but if it's not, children need families wherever those families may be found. And sometimes, the only route to that is through international adoption.

Senator LANDRIEU. Dr. Nelson, do you want to add anything before we wrap up?

Dr. NELSON. Just one thing, if I might. I think, by now, the notion that what happens early can impact child development has worked its way into the fabric of our thinking. But what we forget sometimes is that these experiences work their way into the biology of the organism, which can affect the child for his or her lifetime.

And one example of that is, at the end of the Second World War in Holland, there was a brief famine. The women who were pregnant during that famine, the offspring have been studied for the last 70 years. These individuals are still impacted by that very brief period of food deprivation that occurred when they were fetuses. They had poor attentional control, for example.

So I think as we talk about these early life events, we have to keep in mind that it's not just that what happens to a 1-year-old will influence them when they're 5. It may influence them when they're 50. So that's something we should keep in mind.

Senator LANDRIEU. Thank you, Dr. Nelson. I really appreciate you and your colleague trying to help this subcommittee and other committees have a sense of urgency about this, that 3 months or 6 months in the life of the child, a lot of damage can occur. And the sooner we are able to mobilize our eyes, our intellect, to try to identify as early in a child's life the likelihood that they will have a parent to parent them, and if not, a relative that will and is able, and if not, finding a family for that child, not only is it better off

that child is going to be, the stronger the community will be, the stronger that government will be, the stronger the world will be.

And I just feel like we're making progress, but I think this hearing has done a lot to help, and I really appreciate you all being available.

ADDITIONAL COMMITTEE QUESTIONS

Let me just state one more time, as we call this meeting to a close, that there are additional questions that can be asked of panel one or two. Questions can be submitted through our subcommittee. We will submit them in writing to the panelists until 5 p.m. on Friday. And then any additional testimony that you all have can be given until 5 p.m. on Friday.

So any comments or questions from any organizations listening in, any individual citizens that have a view about this subject, we do want to hear from you, because I think this is an important priority for the subcommittee.

[The following questions were not asked at the hearing, but were submitted to the Department for response subsequent to the hearing:]

QUESTIONS SUBMITTED TO HON. DONALD STEINBERG

QUESTIONS SUBMITTED BY SENATOR LINDSEY GRAHAM

Question. Public Law 109–95 mandates that USAID assume the role of “lead agency” in all efforts related to the development and implementation of the Action Plan for Children in Adversity.

—Can you please describe what resources and/or authorities are necessary for USAID to continue to be most effective in this role in the future?

—To what extent have other implementing agencies been responsive to your call for better coordination and focus?

Answer. As the “lead agency” for the U.S. Government Action Plan on Children in Adversity (Action Plan), USAID has recently established a Center of Excellence on Children in Adversity in the Bureau for Global Health. The Center brings together USAID’s technical experts—at the Missions and in Washington—who are leading our response to the world’s most vulnerable children. Dr. Neil Boothby, the U.S. Government Special Advisor and Senior Coordinator to the USAID Administrator on Children in Adversity, directs the Center. We are in the process of assessing the alignment of current resources and programs, which operate under various offices in response to separate legislative mandates, in order to help support the successful implementation of the Action Plan and the work of the Center. As with any activity in today’s Federal budget environment, however, the objectives of the Action Plan are in competition with many other priorities for scarce resources.

Our U.S. Government interagency partners have been very responsive to our call for better coordination and focus. Representatives from 30 offices within seven departments and agencies worked together to draft the Action Plan, which received prompt interagency and OMB clearance last year. These same offices have developed agency- and department-specific implementation plans in response to the Action Plan. These are forward-looking plans, specifying how each U.S. Government entity that committed to the Action Plan will work to achieve its objectives. The consolidated interagency implementation plans reflect how interagency partners are using existing resources to meet the Action Plan’s objectives.

Question.

—What is the fiscal year 2012 estimate for programs across the U.S. Government that address the needs of children in adversity, and who is responsible for tracking such expenditures?

—Regarding the President’s fiscal year 2014 budget request, what funding level within the 150 account is anticipated for programs for children in adversity?

—Are these funds double counted? For example, is funding for basic education in Rwanda counted toward that activity and children in adversity?

—What is the total funding level for children in adversity across all Government programs in the President’s fiscal year 2014 request?

Answer. In previous years, annual reports to Congress on Public Law 109–95 included a breakdown of U.S. Government assistance to highly vulnerable children, as collected through an interagency data call facilitated by the Public Law 109–95 secretariat. Because the criteria for inclusion were extremely broad, the reliability of the information was limited and, therefore, the exercise was discontinued. However, in fiscal year 2010, 30 offices within seven U.S. Government agencies and departments spent approximately \$2.66 billion for more than 1,700 projects in over 100 countries targeting “highly vulnerable children.”

In response to the U.S. Government Action Plan on Children in Adversity (Action Plan), a new system is currently under development to reflect the levels of funding that support objectives and outcomes specified in the Action Plan. A collaborative interagency process is underway to create a system to capture simple descriptive information on projects that contribute to the Action Plan, and whether they are designed to measure one or more of its outcomes. The inclusion criteria for projects—projects that “count”—will be predefined and focused. A global profile of interagency progress, including funding levels, made toward achieving whole-of-government coordination in relation to the Action Plan, will be made within 1 year of the release of the Action Plan and on an annual basis for the Action Plan’s five-year timeframe.

In the meantime, in accordance with the Action Plan and in line with the legislative requirements set forth in Public Law 109–95, agency- and department-specific implementation plans are due within 180 days of the plan’s launch. These are forward-looking plans, specifying how each U.S. Government entity that committed to the Action Plan will work to achieve its objectives. The consolidated interagency implementation plans, which will be posted online in July 2013, reflect how interagency partners are using existing resources to meet the Action Plan’s objectives. Some activities, like USAID’s Displaced Children and Orphans Fund (DCOF), are able to clearly state funding levels that contribute to the Action Plan’s objectives. Other offices within U.S. Government agencies and departments are as yet unable to specify how much of their existing portfolio will be used to support the Action Plan’s objectives.

Public Law 109–95 provides no new resources to support the objectives of the Action Plan. To better meet the demands of the core objectives, USAID is assessing the alignment of existing programs to meet the Action Plan’s objectives, as well as support for the rollout of activities in priority countries. Likewise, U.S. Government agencies and departments that are participating in the Action Plan have agreed to use existing resources to achieve its objectives. Funding levels for implementation of the Action Plan’s objectives in priority countries are being determined.

QUESTIONS SUBMITTED BY SENATOR FRANK R. LAUTENBERG

Question. I have long supported efforts to promote the protection and development of children around the globe, and I am pleased that the National Action Plan (NAP) on Children in Adversity recognizes the importance of developing a comprehensive approach to preventing and responding to the needs of children facing danger, deprivation, and exploitation. The NAP on Children in Adversity includes numerous actions that implementing agencies will take to achieve the six objectives, and it is my hope that these actions will lead to improved coordination and efficiency among the agencies working towards these efforts.

- How will these implementing agencies coordinate to ensure that they are not undertaking duplicative actions?
- How will the implementing agencies work to reduce overlap in implementation actions with other strategic documents such as the NAP on Women, Peace, and Security?
- How will each implementing agency share its planned programs and budget with each other to achieve the outcomes highlighted for each objective?
- How will the six priority countries be selected for the starting point of these efforts?

Answer. An interagency working group has been meeting on a quarterly basis since 2006, convened and chaired by the Special Advisor, a position mandated by Public Law 109–95. This is the primary vehicle for interagency coordination, and the mechanism through which the U.S. Government Action Plan on Children in Adversity (Action Plan) was developed.

In accordance with the Action Plan and in line with the legislative requirements set forth in Public Law 109–95, agency- and department-specific implementation plans are due within 180 days of the Action Plan’s launch. These are *forward-looking* plans, specifying how each U.S. Government entity that committed to the Action Plan will work to achieve its objectives. The consolidated interagency implementa-

tion plans reflect how interagency partners are using existing resources to meet the Action Plan's objectives. These are "living documents" and may be amended to reflect developments and changes in U.S. Government programming over time. The implementation plans will be posted online in July 2013. The implementation plans—which include information pertaining to activities, country focus, outcomes, and budgets—will be used to analyze the overall U.S. Government international assistance portfolio for children in adversity, including possible areas of duplication and gaps. This facilitates coordination among programs that support the Action Plan, as well as other strategic policy documents, including the NAP on Women, Peace, and Security. At this point, we are less concerned about duplication and more so about gaps.

While the Action Plan applies to U.S. Government assistance globally, it also identifies a more targeted starting point for these efforts: to achieve three core outcomes in at least six focus countries over a span of 5 years. In these countries—through U.S. Government collaboration with other government, international, private, faith-based and academic partners—the Action Plan calls for significant reductions in the number of:

- Children not meeting age-appropriate growth and developmental milestones;
- Children living outside of family care; and
- Children who experience violence or exploitation.

Advances toward these core outcomes necessarily require the selection of countries in which collective assistance across vulnerability categories can be harnessed at scale. Designation is being based on consultations with Congress, U.S. departments and agencies, partner donor governments, and other stakeholders. To promote country ownership and ensure meaningful engagement in the additional and intensive effort required for transformational positive change in children's lives, host country governments will be full participants in discussions, planning, and negotiations from the outset.

The vision for priority countries is *proof of concept*: ensuring that U.S. Government assistance is comprehensive, coordinated and effective at the country level by focusing on the Action Plan's three core outcomes over a span of 5 years. In essence, focus countries are "laboratories" for achieving, scaling up and sustaining greater results for children through a defined and comprehensive approach. A focus on outcomes, measurement and results reporting are Action Plan and Public Law 109–95 requirements.

Question. While I am very supportive of this new "whole of government" approach to improving the lives of vulnerable children, I am concerned that the NAP does not include any mention of the need for increased funding to be committed towards these efforts.

—How will the administration's fiscal year 2014 budget help implementing agencies listed in the National Action Plan meet the demands placed on them to achieve the core objectives?

—What impact could sequestration have on our efforts to meet these objectives?

Answer. Public Law 109–95 provided no new funding to support the objectives of the U.S. Government Action Plan on Children in Adversity (Action Plan). To better meet the demands of the core objectives, USAID is assessing the alignment of existing programs to meet the Action Plan's objectives, as well as support for the rollout of activities in priority countries. Likewise, U.S. Government agencies and departments that have agreed to the Action Plan will use existing resources to achieve its objectives.

In accordance with the Action Plan and in line with the legislative requirements set forth in Public Law 109–95, agency- and department-specific implementation plans are due within 180 days of the Action Plan's launch. These are *forward-looking* plans, specifying how each U.S. Government entity that committed to the Action Plan will work to achieve its objectives. The consolidated interagency implementation plans reflect how interagency partners are using existing resources to meet the Action Plan's objectives. An analysis of the implementation plans has illuminated gap areas, including inadequate resources to achieve objective 2 (Family Care First) in priority countries. USAID is committed to addressing these issues and is providing an increased focus on the implementation plans, including the achievement of Family Care First. Sequestration, along with other possible future cuts to the USAID budget, will make it very difficult to achieve the development and humanitarian assistance objectives laid out for USAID. As with any activity in today's Federal budget environment, the objectives of the Action Plan are in competition with many other priorities for scarce resources.

Question. Over the past 3 years, I have written to the administration several times concerning my interest in ensuring that U.S. aid to Haiti is spent as efficiently and effectively as possible. In particular, I have expressed concern about the

speed and accountability of aid distribution, as well as progress made on the prevention of gender-based violence and the protection of children.

—Three years after the earthquake in Haiti, what progress has USAID seen in its efforts to strengthen child protection systems, build the Haitian public education system, and improve child healthcare services? What challenges has USAID faced that have hindered progress on these efforts?

—How will the actions in this National Action Plan work to better coordinate and streamline U.S. aid to Haiti on these specific efforts?

Answer. Over 46 percent of the population in Haiti is under 18 years old, meaning the protection of the rights of children and youth is fundamental to the population's well-being as a whole and to its prospects for economic development. To strengthen the protection of vulnerable groups, USAID is supporting efforts by the Government of Haiti (GOH), non-governmental organizations (NGOs), and community organizations to prevent abuses and address victims' needs. The U.S. Government's (USG) cross-cutting sector programming highlights efforts that have been undertaken to better coordinate USG assistance on gender-based violence (GBV) and child protection issues. Although Haiti was not selected as a priority country to pilot the USG Action Plan on Children in Adversity, the plan has provided a framework for organizing and focusing USG investments around key objectives, specifically (1) building strong beginnings through support for early reading removing education barriers and health initiatives for pregnant women and young children, (2) putting families first through U.S. President's Emergency Plan for AIDS Relief (PEPFAR) funded initiatives to mitigate the impact of HIV and AIDS on vulnerable families and prevent unnecessary family separation, and (3) protecting children against violence through cross-sectoral protection activities supporting children, youth and women.

Lack of access to quality education remains a key obstacle to Haiti's social and economic development. Surveys indicate that approximately 35 percent of Haitian youth are illiterate and that the average Haitian child spends less than 4 years in school. Approximately 75 percent of teachers lack adequate training. After the 2010 earthquake that destroyed or damaged many schools, the GOH made free and universal education a key priority. In 2011, the GOH's Ministry of National Education and Vocational Training (MENFP) began the rollout of an operational plan to get 1.5 million students in school by 2016, improve curricula, train teachers, and set standards for schools.

USAID is committed to helping the GOH improve basic education. USAID's education program, Tout Timoun Ap Li (ToTAL), is helping to build the reading skills of children in first through third grades in the three USG development corridors in the Northern, St. Marc, and Port-au-Prince areas. Over the course of 2 years, ToTAL will provide more than 28,000 children with innovative reading curricula that meet international standards for best practice literacy instruction. ToTAL is also developing and implementing innovative teacher training and community literacy activities. This initiative will eventually reach more than one million children nationwide as other partners extend the use of the program's curricula and training methods beyond the three development corridors. USAID is also providing technical assistance to build the capacity of the Ministry of National Education to foster public-private partnerships and assist in the licensing and accreditation of schools. Since January 2013, USAID has trained 800 principals and teachers through ToTAL on how to implement the new curricula for Haitian Creole and French. Additionally, USAID has distributed 30,000 reading books and workbooks, 800 teacher guides, and 400 posters at 200 primary schools in the St. Marc and Northern Corridors.

In addition to the ToTAL program, USAID plans to assess the size and scope of educational barriers for vulnerable children including child laborers, out-of-school youth and children with disabilities. The findings will assist the Ministry of Education in developing strategies for addressing the educational needs of the most vulnerable children. In addition, for the past decade, through PEPFAR funded activities for children affected by HIV and AIDS, over 37,000 of the country's most vulnerable children have been directly supported to attend elementary school and cover the costs of their school fees through livelihoods support. Globally, the relationship between school attendance and protection, particularly among girls, is positive.

USG programming has also been making gains in the health sector in regards to child services. Prior to the earthquake, the USG was providing access to a basic package of health services, including maternal and child health services, for approximately 50 percent of the population. Following the earthquake, the USG continued this support and moved quickly to address new health concerns. While major challenges remain in the health sector, a newly released nationwide health survey of Haiti shows positive trends in key health-care indicators, in particular, those of children.

The latest Demographic and Health Survey, conducted by the Haitian Ministry of Public Health and Population with donor support in 2012, compares favorably with the last survey, conducted in 2006. Of note were improved indicators for child vaccination and malnutrition, as well as infant and child mortality. Childhood vaccinations increased from 53 percent in 2006 to 62.5 percent in 2012. The survey showed that 22 percent of children under 5 suffer from chronic malnutrition, a decrease from 29 percent in 2006. The survey also revealed a decrease in acute malnutrition from 10 percent in 2006 to 5 percent in 2012 and a decrease in percentage of children underweight from 18 percent to 11 percent. Childhood mortality has decreased over the last 15 years. Survey results show that infant mortality has decreased from 79 to 59 deaths for 1,000 live births. In addition, mortality for children under 5 has also decreased from 112 deaths to 88 deaths per 1,000 live births.

Since 2009, through the Community Health and AIDS Mitigation Project (CHAMP), implemented by FHI 360, USAID has supported a nationwide effort to extend health and HIV and AIDS services to vulnerable communities, families, and specifically children orphaned and made vulnerable for HIV and AIDS (OVC). The comprehensive care provided under this project includes education, livelihoods, and psychosocial support and facilitates access to health, nutrition and protection services. USAID's Management Sciences for Health/Santé pour le Développement et la Stabilité d'Haiti (MSH/SDSH) project supports government managed health facilities and increases access among vulnerable children to critical pediatric and general clinical care services beyond pediatric AIDS. The MSH/SDSH project also provides psychosocial support and legal assistance referrals to victims of gender-based violence (GBV) and child victims of emotional, physical and sexual violence within 31 sites located in nine geographical departments. USAID is preparing to award a new OVC care project to replace CHAMP. The project will continue direct support for OVC as well as scale up economic strengthening activities to better enable families to care for vulnerable children in the long term. The OVC Projects operate in collaboration with and under the supervision of the Ministry of Social Affairs and Work (MAST), Institute of Social Welfare and Research (IBESR), and the Ministry of Health.

Children and youth in Haiti have become increasingly vulnerable to human rights abuses, including GBV, trafficking, sexual exploitation, child labor, domestic violence, and recruitment into crime or violence. USAID's programs aim to protect at-risk children and youth or victims of human rights abuses. In 2012, USAID signed a five-year cooperative agreement with Care International for the Protecting the Rights of Children, Women, and Youth project. This cross-sectoral protection mechanism, funded by USAID's Democracy and Governance program and PEPFAR, aims to improve the safety and security of women, children and youth by decreasing the incidence of human rights abuses and expanding access to services and care. While the project will work at the national level to strengthen the legislative framework, it will also work at the community level to establish and strengthen referral networks and service delivery involving hospitals, churches, schools, police stations, and other community institutions in the USG development corridors, and in the border areas as well as the Southwest region, which is considered a source for child domestic servitude.

Additionally, USAID, in coordination with other USG agencies, is mobilizing two programs to work with the Ministry of Justice, the Institute of Social Welfare and Research and the School of Magistrates. These programs aim to train judicial actors, local elected and other community leaders on child protection laws recently released by the Haitian Child Protection institution, IBESR. Furthermore, upon IBESR's request and in line with USG Action Plan on Children in Adversity objectives, USAID will provide technical support to the GOH to elaborate a National Child Protection Strategy. To help strengthen the Child Protection System, USAID is supporting IBESR as an entity working under the Ministry of Social Affairs to set up national case management procedures for child protection vulnerabilities.

The USG is also supporting large scale and rigorous research in order to better understand violence against children in Haiti. Currently, USAID, in conjunction with the Centers for Disease Control (CDC), is collaborating closely with a government led multi-sectoral taskforce to develop a response plan addressing the findings of the 2012 PEPFAR funded national Violence Against Children Survey (VACS).

In addition to the above actions, USAID/Haiti recently hired a Child Protection Advisor to work with the USAID/Haiti Mission and other USG agencies to advise, integrate and coordinate child protection activities, and has set up USG Interagency Child Protection Working Group. Also, in 2012, the U.S. Embassy in Haiti created a multi-agency Disabilities Task Force which is addressing the mission's role in programming for people with disabilities, with children as a primary focus. This initia-

tive will promote access to Embassy services and programs and a more inclusive workplace for Haitians with disabilities.

QUESTIONS SUBMITTED TO DR. SUSAN BISSELL

QUESTIONS SUBMITTED BY SENATOR FRANK R. LAUTENBERG

Question. I have strongly advocated for a robust U.S. commitment to reducing and preventing sexual and gender-based violence, and I am pleased that the United Nations Children's Fund (UNICEF) has joined with U.S. agencies and private partners to establish the *Together for Girls* initiative. Our enormous efforts towards and investments in the promotion of gender equality and women's empowerment cannot be achieved if women and girls continue to be targeted for violence and trafficking around the globe.

—What progress has the *Together for Girls* partnership made in the development of surveys on violence against children, particularly violence targeting girls, and support for programs in countries aimed at combating sexual violence? Why are strong U.S. investments in this partnership critical to furthering these efforts?

Answer. *Together for Girls* is an innovative partnership formed to address violence against children, with a particular focus on sexual violence and girls. The initiative brings together five UN agencies, led by UNICEF; the U.S. Government (through the President's Emergency Plan for AIDS Relief (PEPFAR) and its implementing U.S. Government agencies, as well as the Centers for Disease Control (CDC) Division of Violence Prevention and the U.S. Department of State Office of Global Women's Issues); and private sector partners. The objectives of the partnership are tightly aligned with those of UNICEF, as well as the U.S. Government National Strategy for Children in Adversity.

Together for Girls focuses on three pillars: (1) conducting and supporting national surveys on the magnitude, nature and impact of violence against children; (2) supporting coordinated programme actions in response to the data; and (3) leading global advocacy and public awareness efforts to draw attention to the problem and promote evidence-based solutions. In addition, developing and strengthening the capacity of individuals and institutions at country level is an important crosscutting element of the partnership. Working with governments and civil society throughout the world, the *Together for Girls* model builds on existing programmes and platforms wherever possible, to integrate the issue of violence against children into social welfare, health, education, and justice programmes. This integration and coordination aspect is an important output of the partnership, improving efficiencies and linking efforts around the common goal to eliminate violence against children.

The *Together for Girls* partnership has made remarkable progress since its launch in 2009. A key component is the development and application of a Violence Against Children Survey (VACS), providing ground-breaking national household survey data on the dimensions of the problem in low-income countries and using the data generated to mobilize a national level response. The VACS is a nationwide household survey that interviews 13–24-year-old males and females on their experiences of emotional, physical and sexual violence. The survey process is led by a national steering committee or Multi-Sector Task Force (MSTF), led by a relevant government ministry. While specifics vary between countries, usually under the direction of the partner government, the UNICEF in-country office coordinates work on the ground including contracting with a local research institution for field interviews and data collection. CDC provides technical assistance and quality assurance to carry out the survey, data collection and analysis.

To date, the results from the VACS in four African countries—Swaziland, Tanzania, Zimbabwe and Kenya—are changing the global landscape in terms of what we know about the abuse of children, especially sexual violence. Across the survey countries, 28 percent to 38 percent of females reported an unwanted sexual experience before the age of 18.¹ For males, the range is from 9 percent to almost 18 percent.² Between one in two and one in four females reported her first sexual experience was “unwilling”.³ Only around 50 percent of girls ever disclosed the experience, only a very few ever seek services, and fewer still receive them. These numbers are even worse for boys where the stigma is even greater. The data also consistently confirms findings from similar surveys in the United States and Europe, which

¹Findings are from four different reports: See Reference 13 (Kenya 2012, Zimbabwe 2012, Tanzania 2011, Swaziland 2007).

²Findings are from three different reports: Kenya 2012, Zimbabwe 2012, Tanzania 2011.

³See Reference 34.

found that these childhood experiences have serious immediate and long-term impacts, including poor school performance and drop-out, high risk behaviors associated with HIV/AIDS, early pregnancy (and the associated poor maternal outcomes), depression and suicide.

These data have mobilized policy makers to develop and implement coordinated national responses to strengthen child protection systems and incorporate violence prevention and response measures into key sectors, such as health, social welfare, justice and education. This multi-sectoral approach not only serves as a vehicle to coordinate across government, but also brings in civil society and children themselves and is enhancing donor and partner coordination. In addition, as word spreads on the VACS, the data and the evidence based multi-sectorial responses, the demand for national violence against children surveys is increasing and is providing a strong case for a multi-sector systems approach that engages communities. Haiti, Cambodia, Indonesia and Malawi are currently in the process of completing surveys, an additional 10 countries are actively planning for a VACS and many more have expressed interest and would like to move forward.

Examples of how the VACS data has mobilized strong action in countries, is impressive.

- Swaziland has passed Child Welfare Bill and Domestic Violence and Sexual Offenses Bill, introduced child friendly courts, trained police and is now introducing One Stop Centers for post-rape care.
- The Government of Tanzania developed a costed national action plan that engages multiple ministries and civil society to address the findings. They have completed the first year of implementation and have just launched the medium term plan for the next 3 years. The plan directly addresses work and capacity building across social welfare, health, education, and justice, working at the village, ward, district, and regional levels. The first child protection teams have been established in eight districts and district level managers are now budgeting for child protection. Special Women and Children's desks are being established in every region and One Stop Centers for comprehensive post rape care are being established. A child-abuse hot line is now operational in five districts and community awareness campaigns are being planned to raise awareness and promote prevention. In addition, there is a strong focus on teaching children about their rights.
- Both the Government of Kenya and the Government of Zimbabwe have released comprehensive multi-national action plans in the last 6 months and are beginning implementation.
- All programs have strong elements that try to reach children and make them aware of their risks and their rights and in particular to develop the protective assets of girls.

In addition, through the *Together for Girls* partnership, in collaboration with PEPFAR and USAID, new guidelines have been developed for clinicians on post-rape care for children.

The *Together for Girls* partnership has been able to bring data, action, and results to the issue of violence against children and is uncovering a problem of a magnitude that is hard to imagine. CDC currently estimates that one billion children experience child abuse, including child sexual abuse, with significant long-term negative consequences. The problem is large and requires coordinated, multi-sectoral action, and the *Together for Girls* partnership provides a forum to ensure that close collaboration on the ground and globally. It also brings together communities working on issues of gender-based violence, child protection, and violence prevention efforts, using a life-cycle approach to the issue. Important efficiencies are gained by using a model that builds on existing programs wherever possible, thus reducing duplication and enhancing the utilization of scarce resources.

The U.S. Government's investments in surveys, response plans, and support for the Secretariat have been and will continue to be indispensable. There has been a large demand for the surveys and participation in the *Together for Girls* initiative because government leaders and practitioners have come to recognize the value of obtaining nationally representative data on violence, and the powerful catalytic impact these surveys can have to mobilize national action. The U.S. Government has played a critical role, including key and timely staff and financial support to carry out the surveys and follow-up action. The national plans have also provided an outstanding vehicle to coordinate donor investments and sustainable responses—again an area where U.S. Government funding is essential.

Moving forward, the partnership will not only focus on improving data and awareness around violence against children but also make an important contribution to the evidence on programs that work to address violence—in both prevention and response. Effective programs that have been piloted will be brought to scale, and com-

munity mobilization efforts will be supported for long-term and sustainable change. Robust and consistent funding is required to sustain this important and successful initiative.

Question. For more than 5 years, I have been calling on the Government of Guatemala to implement a transparent and predictable process that will allow the hundreds of pending American adoptions to be resolved both fairly and expeditiously. I have applauded the Guatemalan Government's efforts to reform its inter-country adoption system and share the goal of ensuring that children in Guatemala and their birth parents are protected from exploitation. However, I am concerned that more than 100 U.S. transition adoption cases are still pending, including several of my constituents' cases. I understand UNICEF has worked closely over the years with the International Commission against Impunity in Guatemala evaluating the adoption system there. My office met with you in 2010 to discuss these cases and appealed for UNICEF's involvement in resolving them.

—Does UNICEF believe the 112 outstanding U.S. transition adoption cases in Guatemala should be resolved? If so, what is the agency currently doing to support the resolution of these cases?

Answer. UNICEF expects all outstanding transition adoption cases in Guatemala to be resolved, in an ethical and transparent way, as quickly as possible. The Guatemalan Government is now working on a timeline agreed across the relevant Guatemalan authorities for resolving the remaining cases. Over the last few years, UNICEF has provided considerable support to the relevant authorities, to support the resolution of transition cases.

Question. According to the U.N. Population Fund, more than 140 million girls will become child brides between 2011 and 2020. I know UNICEF agrees that this is a severe violation of human rights and damages the health, security, and well-being of children. In March 2013, I strongly supported passage of the "Violence Against Women Act," which requires the U.S. Secretary of State to develop a plan to prevent child marriage.

—How will UNICEF coordinate with the State Department and USAID to support the U.S. Government's efforts to prevent child marriages and integrate these prevention activities across development programs?

Answer. Over the past few years and especially in the last year, UNICEF has been working in collaboration with the U.S. Government and other governments, as well as with leaders in civil society including the Girls Not Brides Partnership, both to make evident the magnitude and consequences of child marriage and to strengthen the capacity of communities and governments to bring an end to the practice.

UNICEF played a key role in 2012 in the organization of the 1st International Day of the Girl Child, which was devoted to child marriage. The commemoration brought the issue of child marriage much higher on the international agenda and created new opportunities for joint advocacy and policy initiatives with the U.S. Government.

A central one, which is fully coherent and supportive of the "Violence Against Women Act," is the joint pursuit of the inclusion in the future sustainable development goals of an objective on empowering girls and women and achieving gender equality, with indicators to measure progress with respect to preventing and eliminating all forms of violence against girls and women and ending child marriage, as proposed in *The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda*.⁴

In program countries where child marriage is still practiced, UNICEF and USAID can strengthen their existing partnership in supporting comprehensive programs and policy actions in support of government efforts to end child marriage, and to work directly with communities to convince them to give up this harmful practice.

Niger has the highest rate of child marriage in the world: one in three girls is married before age 15, even though child marriage is against the law. UNICEF supports an outreach program that reaches more than 100 villages in Niger to help educate traditional and religious leaders about the dangers to girls, and to change community norms. For example, last year 12-year-old Zahara's father Sami had decided that she was going to be married. When word reached the local chief, he informed the village court. The father and his daughter were told by the court that child marriage would violate the girl's rights and compromise her health, development, and future. After hearing this from the village authorities, the father agreed to cancel the marriage.

Question. The U.S. National Action Plan on Children in Adversity identifies the critical need for the establishments of survey tools and metrics to determine the number of children in adversity worldwide and evaluate the effectiveness of pro-

⁴ See <http://www.post2015hlp.org/wp-content/uploads/2013/05/UN-Report.pdf>.

grams committed towards helping them. UNICEF is already supporting efforts to gather this data through its role in the development of the State of the World's Children Report, the *Together for Girls* partnership, and other sources of data collection.

—Through UNICEF's experience, what advice would you give to our Government as we attempt to build systems to measure the effectiveness of programming for children in adversity?

Answer. UNICEF's guidance comprises the following:

- Working with key stakeholders at all levels (including governments and civil society organizations) to establish monitoring and evaluation (M&E) frameworks based on evidence of what works in producing changes that are beneficial to children.
- When establishing M&E frameworks, work with key stakeholders to identify ways of using findings from monitoring (both quantitative and qualitative data) to inform program refinement—even correction—as needed to ensure that the results for children and families adhere to the principle of “do no harm”, are appropriate, timely, resource-effective, and of high quality.
- Working with key stakeholders to build or strengthen routine monitoring, management, accountability, and data collection systems.
- Underpinning these efforts is the importance of ensuring adequate and timely resources for capacity building in planning and M&E at all stages of programming, from planning and development of conceptual frameworks, to implementation, monitoring, evaluation, and analysis.

QUESTIONS SUBMITTED TO DR. NEIL BOOTHBY, PH.D.

QUESTIONS SUBMITTED BY SENATOR LINDSEY GRAHAM

Question. If one of the three principal objectives of the Action Plan for Children in Adversity is to “protect children from violence, exploitation, abuse and neglect,” what action is being taken to protect children in unfolding crises such as Syria?

Answer. As the conflict in Syria has evolved and continues to grow in scale and complexity, the risks children face increase as well. U.S. assistance efforts support the objectives outlined in the U.S. Government Action Plan on Children in Adversity, including objective three to protect children from violence, exploitation, abuse, and neglect. As an integral part of the humanitarian response to the crisis in Syria, the U.S. Government is supporting multi-sectoral projects in which protection mainstreaming addresses the specific needs of children. U.S. Government-funded projects aim to promote a protective environment for children through school and community-based organizations.

Working through international and non-governmental organizations with networks inside Syria, local organizations, and international organizations, USAID has provided approximately \$325 million in humanitarian assistance for the Syria crisis despite constantly changing security conditions. The U.S. Department of State has provided over \$488 million to assist Syrian refugees and other conflict-affected populations in the region. This humanitarian assistance includes emergency food aid, medical care, relief supplies, safe drinking water and improved sanitation, which help alleviate strains on families, strengthening the protective environment for children. This assistance also includes psychosocial activities and targeted protection activities for vulnerable populations, especially children.

Delivering humanitarian assistance in the Syrian context is extremely challenging, but the U.S. Government is working with partners in Syria to mitigate risks for harm, exploitation, and abuse of children through all possible means. For example, USAID partners distributing relief commodities are ensuring that children's unique needs are addressed in hygiene supplies, and partners establishing water and sanitation facilities are ensuring that those facilities are safe and accessible for children, including children with disabilities. Because many schools are closed and continuing violence affects children's ability to travel to school, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is providing students opportunities to continue their education. Newly developed “self-learning materials” give children the opportunity to make up for lessons lost due to the violence. Educational materials, including study guides are made available online through an UNRWA account and accessible to students wherever they may be. UNRWA is also developing video learning materials to address children's learning needs inside Syria.

Additionally, the U.S. Government is investing in programs that provide services and support for survivors of violence, including appropriate medical care, recreational and learning activities for girls and boys, case management and referral

services for highly vulnerable children, and broad-reaching basic psychosocial support to as many affected persons as possible. One partner in Syria continues to reach children residing in internally displaced person (IDP) camps with psychosocial support through child-friendly spaces. In mid-May, more than 3,000 children in Atmeh IDP camp near the Syria—Turkey border benefited from organized activities in six spaces. Schools can create a safe environment for psychological and emotional healing. In Lebanon, the U.S. is funding UNICEF and its partners to provide over 7,500 children and adolescents who were unable to enroll in Lebanese schools with informal education services; and over 8,400 with psychosocial support as part of their education program. In addition, learning support programs and accelerated learning programs are underway, to reduce the risk of children dropping out of schools and at preparing out of school children to reintegrate in the coming school year.

U.S.-funded programs will continue to promote the protection and psychosocial wellbeing of children through safe learning and child-friendly play spaces. Ongoing efforts will continue to promote protection through formal/informal education opportunities, drawing on the existing school systems and structures where possible. Efforts are also underway to reach out to organizations with the expertise to respond to the needs of the affected child population.

Question. Coordinating the work of seven different departments and 30 different offices around a single action plan is a daunting task. In the coming months, implementing agencies are expected to report back on their efforts to implement the Plan. Please describe what challenges might already be identified that could stand in the way of the Action Plan for Children in Adversity being fully effective.

Answer. In accordance with the U.S. Government Action Plan on Children in Adversity (Action Plan) and in line with the legislative requirements set forth in Public Law 109–95, agency- and department-specific implementation plans are due within 180 days of the plan’s launch. These are forward-looking plans, specifying how each U.S. Government entity that committed to the Action Plan will work to achieve its objectives. The consolidated interagency implementation plans, which will be posted online in July 2013, reflect how interagency partners are using existing resources to meet the Action Plan’s objectives. An analysis of the implementation plans has illuminated gap areas, including inadequate resources to achieve objective 2 (Family Care First) in priority countries. However, as with any activity in today’s Federal budget environment, the objectives of the Action Plan are in competition with many other priorities for scarce resources.

We are in the process of assessing the alignment of current resources and programs, which operate under various offices in response to separate legislative mandates, in order to help support the successful implementation of the Action Plan.

QUESTIONS SUBMITTED BY SENATOR FRANK R. LAUTENBERG

Question. Ensuring coordination among all of the implementing agencies in this National Action Plan will be one of the central components of its success. I was supportive of the establishment of your position to facilitate improved coordination among the numerous offices in U.S. Government departments and agencies that work on child protection and welfare issues.

—What role do you expect to play in coordinating implementation of actions established in the National Action Plan and ensuring efforts and programs are not duplicated?

—Will you be the final decision maker as to whether or not a program moves forward to meet the objectives established in the National Action Plan, or will it be left up to the individual agencies?

Answer. The role of the Special Advisor is defined by Public Law 109–95 (see below). The Special Advisor’s responsibilities include coordinating, convening, and advising; the position, however, currently has no direct oversight or decisionmaking authority over resources or programs, which operate under various offices in response to separate legislative mandates.

“(2) DUTIES.—The duties of the Special Advisor for Assistance to Orphans and Vulnerable Children shall include the following:

“(A) Coordinate assistance to orphans and other vulnerable children among the various offices, bureaus, and field missions within the United States Agency for International Development.

“(B) Advise the various offices, bureaus, and field missions within the United States Agency for International Development to ensure that programs approved for assistance under this section are consistent with best practices, meet the requirements of this Act, and conform to the strategy

outlined in section 4 of the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005.

“(C) Advise the various offices, bureaus, and field missions within the United States Agency for International Development in developing any component of their annual plan, as it relates to assistance for orphans or other vulnerable children in developing countries, to ensure that each program, project, or activity relating to such assistance is consistent with best practices, meets the requirements of this Act, and conforms to the strategy outlined in section 4 of the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005.

“(D) Coordinate all United States assistance to orphans and other vulnerable children among United States departments and agencies, including the provision of assistance relating to HIV/AIDS authorized under the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law 108-25), and the amendments made by such Act (including section 102 of such Act, and the amendments made by such section, relating to the coordination of HIV/AIDS programs).

“(E) Establish priorities that promote the delivery of assistance to the most vulnerable populations of orphans and children, particularly in those countries with a high rate of HIV infection among women.

“(F) Disseminate a collection of best practices to field missions of the United States Agency for International Development to guide the development and implementation of programs to assist orphans and vulnerable children.

“(G) Administer the monitoring and evaluation system established in subsection (d).

“(H) Prepare the annual report required by section 5 of the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005.”

Question. Under the National Action Plan, implementation plans are required to be developed during the 180 days after the December release date.

—Given that this deadline is quickly approaching, have you identified any challenges that may hinder the actions identified in the Plan from being implemented?

Answer. In accordance with the U.S. Government Action Plan on Children in Adversity (Action Plan) and in line with the legislative requirements set forth in Public Law 109-95, agency- and department-specific implementation plans are due within 180 days of the plan’s launch. These are *forward-looking* plans, specifying how each U.S. Government entity that committed to the Action Plan will work to achieve its objectives. The consolidated interagency implementation plans, which will be posted online in July 2013, reflect how interagency partners are using existing resources to meet the Action Plan’s objectives. An analysis of the implementation plans has illuminated gap areas, including inadequate resources to achieve objective 2 (Family Care First) in priority countries. However, as with any activity in today’s Federal budget environment, the objectives of the Action Plan are in competition with many other priorities for scarce resources.

We are in the process of assessing the alignment of current resources and programs, which operate under various offices in response to separate legislative mandates, in order to help support the successful implementation of the Action Plan.

Question. I have commended President Obama and his administration for working to ensure that the advancement of women and girls is integrated into all aspects of U.S. foreign policy. I was extremely pleased that USAID released a newly updated policy on Gender Equality and Female Empowerment last year that integrates gender equality and female empowerment across all of USAID’s policies and programs.

—How will gender equality and female empowerment be integrated into all aspects of the objectives and actions established in this National Action Plan?

Answer. The United States Government Action Plan on Children in Adversity recognizes that adversity is a significant concern for both boys and girls, although the experiences may differ. As such, the objectives of this plan facilitate and complement many of the priorities articulated in other U.S. Government strategic documents, including the United States Strategy to Prevent and Respond to Gender-Based Violence Globally, the National Action Plan on Women, Peace and Security, and the USAID Counter-Trafficking in Persons Policy—all of which emphasize attention to the need of boys and girls, both as beneficiaries and as critical agents of change.

In that vein, USAID works to ensure that the Agency’s commitment to promoting gender equality and women’s empowerment is reflected in all that we do to provide

assistance to vulnerable boys and girls. Under the United States Government Action Plan on Children in Adversity, our commitment will focus on addressing the needs of boys and girls, and promoting women and girls as agents of change throughout our research, program design, implementation, monitoring and evaluation efforts.

Specifically, the Plan commits USAID to:

- mainstream and integrate protective and responsive Gender-Based Violence (GBV) activities into sector work;
- promote equitable access to educational opportunities in safe and appropriate learning environments;
- ensure that men and boys are actively engaged as allies in interventions to prevent violence against and exploitation and abuse of boys and girls; and
- elevate the voices of women and girls as leaders and agents of change in programming and policies to prevent and respond to violence and exploitation and abuse of boys and girls.

QUESTIONS SUBMITTED TO JEDD MEDEFIND

QUESTIONS SUBMITTED BY SENATOR LINDSEY GRAHAM

Question. Your organization works with faith-based organizations from all over the world with a shared interest in the three core objectives of the Action Plan for Children in Adversity. What opportunities do you see for the public, private, and faith-based communities to work in tandem toward this common goal?

Answer. Thank you for this question, Senator Graham. When it comes to caring for children in adversity, these three sectors—public, private, and nonprofit (including both faith-based and secular)—each offer unique and truly complementary strengths. [See “The Permanency Center Model” concept below for a specific proposal on a particularly promising opportunity for public-private-FBO/CBO partnership.]

The three sectors achieve maximum impact for good when each operates primarily from within its core competencies. Effective partnerships enable this to happen, freeing each actor to use its primary strengths while also releasing to others the roles for which they would be better suited. This is perhaps nowhere more true than in seeking to resolve the deep, complex needs of children who lack parental care.

The public sector tends to be at its best when focused on child protection and survival. Non-governmental organizations (NGOs) also play a vital role in large-scale child survival efforts and in longer-term community development as well. Meanwhile, it is often the local faith-based and other community organizations that best marshal the “relational” elements that children need to truly thrive—committed mentors, foster families, adoptive parents and also empathetic support for these care-givers. Finally, the for-profit sector provides an indispensable third leg to this stool. Businesses offer the only means by which the positive impact of government- and NGO-led initiatives can be sustained for the long-term via jobs, commerce and needed goods and services.

Many of the partnership examples I mentioned in the hearing are successful precisely because they draw upon the distinctive, complementary strengths of each of these sectors. This is seen vividly in the State of Colorado’s success in reducing the number of children waiting for families in foster care, as well as in the child welfare partnerships I mentioned that are now active in Rwanda, Costa Rica, China, and Ethiopia.

It’s important to emphasize that government funding is often unnecessary, and sometimes unhelpful, in such partnerships. When driven primarily by government monies, partnerships rarely outlast their funding. Thus, ideal partnerships—even if seeded by government funds—tap the deeper motivations of each sector: the profit motive of the business sector, the philanthropic and faith motivations of the nonprofit sector, and the constituent-serving and problem-solving motivation of government.

Even without government funds, well-led collaborative efforts can designate clear roles and priorities for each partner, enabling them to focus on the things they do best. This enables deeper, more lasting impact from each sector’s contribution.

That said, strategic investments by government can indeed catalyze such partnerships. Government grants, vouchers and/or other financial incentives can help enlist and coordinate the contributions of the other two sectors.

One especially significant opportunity for this kind of strategic investment today pertains to Objective Two of the Action Plan—the goal of prioritizing permanent family for children who lack it.

No factor is more critical to the long-term thriving of children than consistent, nurturing parental care. Yet without robust partnership with the other sectors, government simply cannot provide this. Its child welfare efforts thus must often be limited to a narrower focus on child protection and survival. This is understandable, and even appropriate, given the distinct strengths and weaknesses of government. But it results in an under-emphasis on the goal of permanent family for unparented children.

This gap represents both a critical oversight in U.S. foreign investment and yet also a tremendous opportunity. Objective Two of the Action Plan provides a clear mandate to address this gap. Meanwhile, the nature of the needs of children reminds us that government cannot accomplish this goal alone. Effective partnership is not just helpful but essential.

Toward this end, new or re-programmed U.S. funds can be used to seed pilot projects that build and test strong public-private-nonprofit partnerships centered on the priority of family for children who lack it.

Specifically, I believe it would be tremendously valuable to fund pilot projects testing various expressions of a "Permanency Center" model in in (1) Some or all of the six priority countries designated by the Action Plan; and (2) A modest number of additional countries with strong interest in family-based solutions.

The Permanency Center Model. Although the structure of any Permanency Center would vary by country, the primary mandate would be the same: to create an independent authority capable of making timely best-interest determinations for children who lack parental care.

Permanency Center staff would seek to identify the best achievable outcome for each child. They would aim always for a result for each child that is as close as attainable to the ideal of permanent, nurturing family.

To the fullest extent possible, the Permanency Center's authority would be independent of influences that could skew best-interest determinations away from the ideal, whether political pressures, quid-pro-quo funding, or other pressures.

While sensitive to the uniqueness of each child and the local solutions available, the Permanency Center would operate with a clear continuum of prioritization. This continuum would always begin with family preservation and reunification, then kinship care and adoption (local if at all possible, international when necessary), followed by less permanent solutions as needed: foster care, small group homes, and larger residential facilities.

While relentlessly seeking the ideal outcome of permanent family for every child, this paradigm is also capable of affirming the many other options that are sometimes necessary as a far preferable alternative to life on the streets or in an abusive home.

Given its mandate, the Permanency Center would become an effective hub for the efforts of the government, nonprofit, and business sectors to serve children in adversity.

For instance, when it is determined that a widow on the verge of relinquishing her child could be aided to continue raising that child, the widow could be connected to NGO micro-finance projects, the sponsorship programs of faith-based organizations, government social services and/or jobs offered by local employers. Likewise, when it is clear that no safe, permanent home can be found with relatives, options for finding a new family via adoption could be swiftly initiated through the Permanency Center—locally whenever possible, internationally when not.

Over time, this model will not only enable more efficient use of existing services, but will also highlight significant gaps in the continuum of options for children. For example, if it becomes clear there are few local families willing to adopt or foster, then government and NGOs may choose to invest in campaigns to recruit such families. If it appears that many impoverished parents are relinquishing children for reasons of poverty alone, expanded microfinance programs may become a greater priority.

Ultimately, the Permanency Center model and the collaborative paradigm it represents offer a tremendous opportunity for the public, private and faith-based communities to work in tandem for the goal of permanent, caring family for children who currently lack it. I can think of very little more likely to prove worthy of our investment.

SUBCOMMITTEE RECESS

Senator LANDRIEU. Again, I thank Senator Leahy and Senator Graham. Senator Graham could not be here, but he has expressed personally to me his interest. Senator Blunt as well has expressed

a great interest. And, of course, Senator Barbara A. Mikulski, who chairs the Appropriations Committee, is anxiously waiting our report from our subcommittee.

So thank you very much. The hearing is concluded.

[Whereupon, at 11:52 a.m., Tuesday, May 21, the subcommittee was recessed, to reconvene subject to the call of the Chair.]