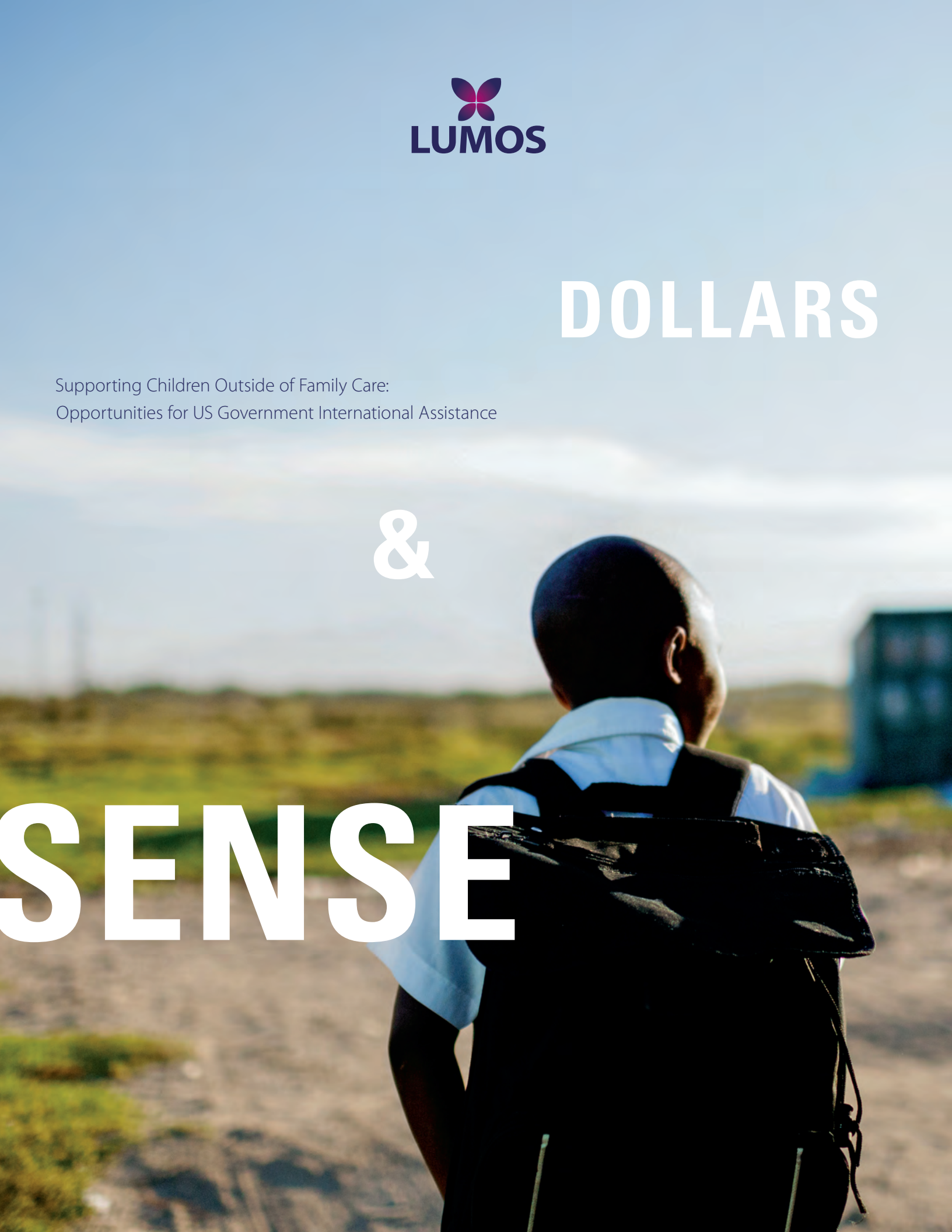
LUMOS

DOLLARS & SENSE

Supporting Children Outside of Family Care:
Opportunities for US Government International Assistance



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ABOUT LUMOS

Lumos works to help an estimated 8 million children in so-called orphanages worldwide regain their right to family life. Perhaps surprising, most of the children living in orphanages are not orphans. In fact, 80 percent of them have at least one living parent as well as extended family who would care for them if they could — given the right support.

Named after the light-giving spell in the Harry Potter books, Lumos is an international non-governmental, non-profit organization founded in London in 2005 by J.K. Rowling, the author of Harry Potter. Dedicated to helping countries reform their services for disadvantaged children, Lumos assists governments to move from systems based on residential institutions and orphanages to services that help families stay together in the community.

Lumos' mission draws on decades of scientific evidence showing that institutions have a negative impact on children's physical, emotional and intellectual development. Lumos today has programs in Bulgaria, the Czech Republic, Moldova and Haiti, and has trained and supported scores of professionals throughout the world.

Lumos USA was launched in 2015 to influence sound policy, build public awareness and create political will for deinstitutionalization and family care around the world.

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ABBREVIATIONS AND ACRONYMS

ADS	Automated Directives System, United States Agency for International Development
AFRICOM	Africa Command, US Department of Defense
APCA	US Government Action Plan on Children in Adversity
ASPIRES	Accelerating Strategies for Practical Innovation and Research in Economic Strengthening
BEIP	Bucharest Early Intervention Project
CECA	Center on Children in Adversity, US Agency for International Development
CDC	Centers for Disease Control and Prevention, US Department of Health and Human Services
DCOF	Displaced Children and Orphans Fund, US Agency for International Development
DOD	US Department of Defense
DRI	Disability Rights International
DSCA	Defense Security Cooperation Agency, US Department of Defense
E&E	Bureau for Europe and Eurasia, US Agency for International Development
EU	European Union
EUCOM	European Command, US Department of Defense
F	Office of US Foreign Assistance Resources, US State Department
FAM	Foreign Affairs Manual, US Department of State
FLO	Family Liaison Office, US Department of State
GAO	US Government Accountability Office
HCA	Humanitarian and Civic Assistance, Department of Defense
HHS	US Department of Health and Human Services
HIV/AIDS	Human Immunodeficiency Virus infection and Acquired Immune Deficiency Syndrome
J/TIP	Office to Monitor and Combat Trafficking in Persons, US Department of State
MSiE	Measuring Separation in Emergencies
NGO	Non Governmental Organization
NIH	National Institutes of Health, US Department of Health and Human Services
NIMH	National Institute of Mental Health, National Institutes of Health
OCI	Office of Children's Issues, US Department of State
OFDA	Office of Foreign Disaster Assistance, US Agency for International Development
OGAC	Office of the Global AIDS Coordinator, US Department of State
OHASIS	Overseas Humanitarian Assistance Shared Information System
OHDACA	Overseas Humanitarian, Disaster, and Civic Aid, US Department of Defense
OVC	Orphans and Vulnerable Children
PACOM	Pacific Command, US Department of Defense
PCV	Peace Corps Volunteer
PEPFAR	US President's Emergency Plan for AIDS Relief
PL 109-95	Public Law 109-95: Assistance for Orphans and Vulnerable Children in Developing Countries Act of 2005
SAMM	Security Assistance Management Manual, US Department of Defense
SPOG	Senior Policy Operating Group
UN	United Nations
UNCRC	UN Convention on the Rights of the Child
UNCRPD	UN Convention on the Rights of Persons with Disabilities
UNICEF	UN Children's Fund
USAID	US Agency for International Development
USG	US Government
VACS	Violence against Children Surveys

EXECUTIVE SUMMARY

Poverty, lack of support for children with disabilities, discrimination, disaster, disease and conflict too often tear children and families apart. Across the globe, millions of children live without necessary, protective family care. Some survive on the streets or fall victim to traffickers, are forced to join armed groups or are exploited for their labor. At least 8 million children worldwide live in orphanages or residential care centers at great risk to their physical, emotional and intellectual development. More than 80 percent of these children have living parents or family who could, with support, provide them with the care they need.

THE IMPACT OF FUNDING

International development assistance, often with the best intentions of helping children, is a considerable factor in the alarming proliferation of orphanages and other institutions. However, child institutionalization can do serious harm. Decades of research prove the negative consequences of residential care for children as well as the viability of evidence-based, better care alternatives.

In an effort to better understand the impact of donor funding, Lumos is conducting a five-part research study to examine the role of donors across a variety of sectors in propagating, supporting or ending the institutionalization of children. The research will help inform advocacy to improve and strengthen policy and practice within: 1) the US Government; 2) the United Nations system; 3) international financial institutions; 4) private trusts and foundations; and 5) faith-based communities. This report on US government funding is the first in the series.

The overwhelming majority of these children have been placed into orphanages not because their parents have died or because they have experienced abuse or willful neglect at home, but rather because their families live in extreme poverty without health, education and other services in their local community. Where family- and community-based support is lacking, parents may believe that institutionalization is the only way to access basic or specialized services for their children.

For more than 100 years, the US Government has advocated for American children to be in protective and permanent family care. Progressive reformers championed deinstitutionalization in America beginning at the turn of the twentieth century, starting with a call to move children out of so-called "orphanages." Children, reformers believed, "should not be removed from their families except for urgent and compelling reasons." Instead of placing children in orphanages, poor families were to receive financial aid to support their children at home.

Since then, 80 years of research has confirmed that institutionalization can disrupt healthy child development. Children raised in institutional care do not get the same love and close adult attention as children in families. They do not have the chance to form crucial, permanent attachments to a caregiver, which can lead to long-term problems forming normal, trusting relationships. In residential care, children can experience abuse, neglect, lack of stimulation and toxic stress, all of which can have a profoundly negative effect on their development and prospects in adult life. Yet, despite this evidence, the institutionalization of children is on the rise in many parts of the world.

Enabling children now in residential care to return home and be effectively cared for by their own parents and families should be a primary consideration. Lumos' experience suggests that, with the right support, most children are able to return safely to their own birth or extended families. This requires a careful process of reintegration where the child is prepared and receives supports to return home, and the parents or family are provided with the social or economic assistance they require to appropriately care for the child. In addition, children need health care, education and services in the community. Where it is in the child's best interests, all efforts to return the child to his or her own family should be exhausted before other options are considered.

Indeed, not all families are safe, nurturing and protective, and there are times when alternative family care or residential care for children is necessary. In some instances, especially for older children who have already experienced multiple placement breakdowns, those with extreme behavioral concerns, or children with complex disabilities, a small group home, or other form of care in the local community may be most appropriate. Temporary residential care can also provide a safe haven for children in emergencies and children living on the street, pending family tracing and reunification, or placement in kinship or family-based alternative care.

However, many residential care centers do not operate with the goal of finding children safe, permanent care outside their walls. These orphanages attract funding from a wide range of sources. Despite domestic commitments to deinstitutionalization, public and private American donors, including faith-based actors, continue to support and fund orphanages and other residential institutions abroad, despite cost-effective better care alternatives.

The growing "voluntourism" trend, though generally well intended, has contributed to the expansion of orphanages and a growing misperception that children in orphanages have no parents or opportunities for family-based care. Voluntourism, particularly when unregulated and facilitated by those without specialized skills, can result in increased vulnerability and harm for children.

The US Government plays a key part in ensuring that American taxpayer dollars are used to promote the best interests of children and in accordance with growing evidence and best practice. US government assistance to vulnerable children in developing countries is generous and diverse — channeled through more than 30 offices in seven US government departments and agencies working in over 100 countries. The US Government Action Plan on Children in Adversity (the Action Plan), launched at the White House in

RECOMMENDATIONS

Lumos offers the following recommendations to improve coordination and effectiveness of US government programming, and in particular to achieve the goals of the US Government Action Plan on Children in Adversity:

1. Legislation: Review legislative mandates concerning international assistance to vulnerable children and families to determine whether sufficient oversight and funding exists, current structures are effective, and interagency efforts are comprehensive, coordinated and achieving measurable results.

2. Leadership: Ensure the high-level and consistent consideration of children's rights, policies and programs in US government international assistance and diplomacy.

3. Policy: Ensure that each US government department, agency or office responsible for international assistance to children has a robust and consistently applied child protection policy, including field-level guidance for US government staff, contractors and grantees. The policy should include clear instructions with regard to work with vulnerable children.

4. Results: Improve measurement and evaluation of program impact and ensure that US government agencies and departments supporting international assistance programs to vulnerable children report annually on clear and measurable indicators specified in the Action Plan on Children in Adversity.

2012, provides a sound, whole-of-government framework to guide this multifaceted portfolio. One of the Action Plan's main objectives is *putting family care first:* supporting and enabling families to care for their children, preventing unnecessary family-child separation and promoting appropriate, protective and permanent family care. A key target is reducing the number of children in residential care institutions.

At the same time, some US government programs conflict with the Action Plan and other established child protection policy guidance. The sound policies and best practices in child safeguarding that do exist do not consistently trickle down to the field. Despite the Action Plan's goals and objectives, emerging evidence and the existence of cost-effective better care alternatives, some US government funding is still used to prop up orphanages and other residential institutions abroad. This occurs even in countries where other efforts are underway to end the unnecessary institutionalization of children. In particular, community service projects with orphanages, often conducted by the Department of Defense, can run counter to other US government programming in-country, hindering efforts to promote regional and local policies on child welfare reform and deinstitutionalization.

This report highlights the critical gains US government international assistance has made in protecting children and ensuring their right to family life. At the same time, the report notes areas where US international assistance should be reoriented to better ensure that the rights and protections for children living outside of family care, as outlined in the Action Plan, are more fully realized.

A child's right to family life — with parents, relatives, adoptive or foster families whenever possible — is worthy of support. The US Government is well positioned to help redirect the flow of resources from orphanages to cost-effective and evidence-based, better care alternatives that strengthen families and communities and make family care possible for all children.

METHODOLOGY

This report is based on research carried out by Lumos from April to August 2015 in Washington, D.C. Lumos reviewed the most current information in relevant US agencies' and departments' annual congressional reports; strategic planning and policy documents; news and project information on official websites, including those of the different military services; studies and assessments of US government funding and programming by the US Government Accountability Office (GAO) and by non-governmental organizations (NGOs); and documents provided by interviewees. All information gathered is on file with Lumos.

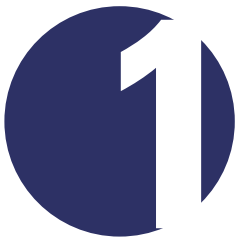
Lumos interviewed more than 40 current and former US government staff from over 20 different offices and programs across the seven departments and agencies that signed on to the US Government Action Plan on Children in Adversity. These offices and programs were identified as funders of programs that impact children living outside of family care.

Interviews took place with individuals and groups, in-person or by phone. In each exchange, Lumos discussed with all interviewees the purpose of the interview and how the information would be used. Interviews typically lasted between 30 and 90 minutes. Additional correspondence was conducted by email.

In letters sent in August 2015, Lumos staff provided findings from the research to all parties consulted. These included multiple offices within the US Agency for International Development; the US Department of Agriculture; the US Department of Defense; the US Department of Health and Human Services through the Centers for Disease Control and Prevention and the National Institutes of Health; the US Department of Labor; the US Department of State, including the Office of the Global AIDS Coordinator responsible for the US President's Emergency Plan for AIDS Relief; and the Peace Corps.

INTRODUCTION

Millions of children throughout the world live deprived of protective family care.[1] Some survive on the streets or languish in institutions; others fall victim to traffickers, are forced to join armed groups or are exploited for their labor. In many parts of the world, institutionalization is the immediate response to children facing the peril of poverty, disability, disaster, disease or conflict. Whether orphanages or poor-quality residential special schools, large children's homes or other types of formal and informal residential care, institutions — though typically well intended — can cause serious harm to children.[2]



"Protective and permanent family care and positive childhood experiences have beneficial immediate and long-term effects. Investments in evidence-based interventions, such as strengthening the economic status of families, preventing violence within and outside households, rescuing children from exploitive labor situations, and removing children from institutions and placing them into protective family care, are associated with reduced mortality, improved physical growth, higher IQ scores, less grade repetition, increased school completion, decreased future criminal activity, less drug use/abuse, fewer teen pregnancies, and higher earning potential."[8]

–US Government Action Plan on Children in Adversity

Children growing up in institutional settings often experience abuse, neglect, lack of stimulation and extreme toxic stress — all with profoundly adverse and lasting impact on their long-term prospects. Eighty years of research has underscored the negative effect of institutionalization on children's health, development and life chances. Simply put, institutions cannot replace the vital nurturing that comes with family life.[3]

Residential care is often an element of national child welfare systems. Small-scale, family-like group homes can be important for providing support to some children with complex needs or challenging behaviors.[4] For separated children in emergencies, interim residential care can be a stop-gap measure pending family tracing and reunification, placement in kinship care or placement in family-based alternative care. But even high-quality residential care should be seen only as a temporary intervention, not a destination, for children. Institutions are not a good choice for vulnerable children.

Yet today, an estimated 8 million children worldwide spend their childhoods in institutions.[5] This number is considered a low estimate: there are no international monitoring frameworks in place; few countries collect or monitor data on children living in institutions; and most orphanages are unregistered. Children with disabilities are at particular risk — they are more likely to be institutionalized, and even less likely to be counted.[6]

Perhaps counterintuitive, most children in orphanages are not orphans. More than 80 percent of children living in residential care centers have at least one living parent as well as extended family, often living within the same community.[7]

Better care alternatives exist. But despite decades of evidence that children need responsive parental or family care if they are to thrive and reach their potential,[9] orphanages and other residential care centers continue to attract funding from a wide range of sources while services that support vulnerable children in their families and communities remain woefully underfunded, even though evidence indicates supporting children in families is substantially less expensive per child than residential care.[10]

Families rarely choose to give up their children. The pressures of severe poverty, the inability to provide care or access services for disabled children, or pay for school and basic services, as well as conflict, disaster, disease and discrimination, all lead to separation. When parents cannot afford the food, shelter, education and health care their children need, and these services are available only through institutions, parents may conclude that there is no other option than to give up their children.[11] Preventing family-child separation from the onset, or returning children to protective family care whenever possible and safe, yields benefits not only for children, but also for families who gain the government support they need. Governments in turn reap savings by supporting family care, which costs less than investing in institutionalization.[12]

Unfortunately, the practice of raising children in institutions is flourishing in parts of the world, and in some locations seems to be on the rise. The vast majority of residential care centers rely heavily on international donor support. Many of these contributors — individuals, organizations, faith-based organizations and even governmental agencies — share a common misconception that all children in institutions are orphans; that institutions are a necessary form of care; and that they provide an efficient way of delivering services to children.

In recent years, several bilateral and multilateral donors have been instrumental in promoting change and advancing the transformation of affordable health, education and social services in ways that make it possible to reduce reliance on residential institutions.

CHILD INSTITUTIONALIZATION AT A GLANCE

Definition: A residential care center in this context is a setting that provides 24-hour care for children between the ages of birth to 18.[13] Institutions of this kind can be harmful to children by having characteristics including: depersonalizing care and caring for children in blocks; rigid routines that are unresponsive to individual needs; and isolation from community and society.[14]

Children in Institutions Worldwide: Today, an estimated 8 million children live in institutional settings in nations across the globe, but many believe the number may be higher.[15]

The Problem: More than 80 percent of children living in institutions have at least one living parent as well as extended family, often living nearby.[16] Eighty years of research provide solid evidence of the deleterious effect of institutionalization on children's cognitive, physical, emotional, psychological and social development. Although some institutions and orphanages try to maintain high standards of care, many are harmful, and children can suffer abuse, neglect, extreme toxic stress and lack of stimulation. Yet raising children in institutions is on the rise globally in low- and middle-income countries.

>

The Cause: Poverty, lack of support for children with disabilities, discrimination, disaster, disease and conflict force children to be separated from their parents and placed in institutions. Most children are placed in residential facilities not because parents or caregivers do not want to care for them, but because they often lack the support to do so. In addition, the very effective business models used by many orphanages are predicated on children being in them, with many actively recruiting children.

Redirecting Funding: Bilateral and multilateral donors, private charitable organizations, faith-based groups, individual donors and advocates should unite behind an evidence-based common cause: returning children to protective and nurturing family life. The flow of funding to public and private orphanages should be redirected to support family-based care, and residential centers must be replaced with better care alternatives for children and families in their communities.

Reflecting a growing recognition of the need for reform in policy and practice, the US Congress passed the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act (Public Law 109-95, or PL 109-95) in 2005. PL 109-95 calls on the US Government to ensure that its response to vulnerable children in developing countries is comprehensive, coordinated, effective and evidence-based.[17] Continuing to promote best practice and build on PL 109-95, US government agencies and departments collectively launched the US Government Action Plan on Children in Adversity at the White House in 2012. The Action Plan has provided a framework for a diverse portfolio of assistance to vulnerable children in low- and middle-income countries.[18] Its three main objectives focus on:

1. Building strong beginnings;
2. Putting family care first; and
3. Protecting children from violence, exploitation, abuse and neglect.

New US government commitments to *putting family care first* have been made since the launch of the Action Plan, particularly in four of the six identified priority countries: Cambodia, Moldova, Rwanda and Uganda, in addition to ongoing family strengthening programs implemented through the President's Emergency Plan for AIDS Relief (PEPFAR) and USAID's Displaced Children and Orphans Fund (DCOF).[19] However, certain US government offices have continued to support the institutionalization of children in some countries, contrary to the Action Plan on Children in Adversity and other policy and program guidance.

This report offers a review of US government international assistance programs that support *putting family care first,* the Action Plan's second objective, providing information, where available, on the budgets and reach of programs that support initiatives to keep children in family care. It also identifies programs that continue to support institutionalization, contrary to the Action Plan's strategic and evidence-based guidance.

PROTECTIVE
FAMILY
LIFE

US DOMESTIC STANDARDS FOR CHILDREN LIVING

OUTSIDE OF FAMILY CARE

The US Government has continued to advocate for American children to be in protective and permanent family care for more than 100 years. Progressive reformers began championing deinstitutionalization in America, starting with a call to move children out of orphanages at the turn of the twentieth century. In 1909, reformers convinced President Theodore Roosevelt to host the first White House Conference on the Care of Dependent Children. The conference was a watershed event in the history of American child welfare and its conclusions provided the foundations of American social welfare and family strengthening initiatives. It confirmed the centrality of family life: "Children should not be removed from their families except for urgent and compelling reasons, and if necessary, poor families should receive financial aid to support their children. Children who had to be removed from their families should be cared for by foster families…"[20]

"Home life is the highest and finest product of civilization. It is the great molding force of mind and of character. Children should not be deprived of it except for urgent and compelling reasons. Children … should, as a rule, be kept with their parents, such aid being given as may be necessary to maintain suitable homes for the rearing of the children. … Except in unusual circumstances, the home should not be broken up for reasons of poverty…"[22]

–President Theodore Roosevelt, the White House, February 15, 1909

Most domestic orphanages were closed in these early 20th century reforms, and the years following World War II saw the development of the contemporary child welfare system and the closure of additional institutions. The US Adoption Assistance and Child Welfare Act of 1980 codified the belief that children should be cared for in their own homes whenever possible and in new, permanent homes when it is not.[21]

Exporting Child Welfare Ideals: A Contradiction

Where it is in children's best interests, all efforts to return them to their own families should be exhausted before other options are considered. Where it is not possible to return children to their parents or extended family — because they do not have relatives, because it is not in their best interests or because all efforts to return them have failed — appropriate, protective alternative family care is likely to be in their best interest. Any decision to place a child with an adoptive family should be made on the

basis of a comprehensive individual assessment of the child's needs, carried out by suitably qualified professionals and mandated by an appropriate authority.[23] If a child's assessment suggests that adoption is in the child's best interests, and placement in another country is considered, it should be strictly in accordance with the Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption.[24]

Acting on the tradition of supporting care for orphans and vulnerable children at home and abroad, families in the United States have welcomed more children into their homes through international adoption than any other country in the world.[25] In 2013, US families adopted over 6,000 children from other countries.[26]

The dedication to providing assistance to children in need around the world corresponds to the understanding among many Americans that children thrive in nurturing and protective family care. Yet despite the dedication to adoption and the understanding of the importance of family care, many Americans retain a contradictory cultural predisposition to support orphanages abroad. Moreover, international funding — from individuals, as well as US organizations, and some government departments and agencies — continues to fuel the operation and proliferation of orphanages internationally.

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

Statement of National Policy, US Action Plan on Children in Adversity

POSITIVE
CHILDHOOD
EXPERIENCES

US INTERNATIONAL ASSISTANCE TO CHILDREN

OUTSIDE OF FAMILY CARE

Targeted investments in children abroad can have an impressive social return — contributing to both US foreign policy goals and to a more stable world.[27] Effective support to families and children helps increase the likelihood that children will develop into healthy and productive members of society.[28] As noted in a 2012 article in the journal *Child Abuse and Neglect,* "investments in child care, development, and protection can mitigate the deleterious impact of poverty, social inequality, and gender differences, ultimately resulting in long-term gains that benefit children, families, communities, and countries."[29]

THE US GOVERNMENT ACTION PLAN ON CHILDREN IN ADVERSITY

The US Government Action Plan on Children in Adversity was launched at the White House on December 19, 2012. It focuses on three principal objectives:

1. Build Strong Beginnings: helping ensure that children under five not only survive, but also thrive by combining health, nutrition and nurturing care to promote body and brain health;
2. Put Family Care First: taking actions to ensure children grow up in permanent and protective family care and preventing separation; and
3. Protect Children: ensuring girls and boys are protected from violence, exploitation, abuse and neglect.

Since many of the children in, or at risk of placement in, residential care belong to the most marginalized and vulnerable groups in society, addressing their needs is a priority. Young people aging out of institutionalized care are often confronted with formidable challenges and hardships — including homelessness, criminal activity and incarceration, mental health problems, early sexual activity and teenage pregnancy, low educational attainment, unemployment and drug abuse.[30] Investing in alternatives to institutionalization offers potential to not only improve outcomes for young people but also reduce long-term financial burdens on state and civil society resources.[31]

The Action Plan: An Opportunity

International programs for vulnerable girls and boys in low- and middle-income countries target children in single vulnerability categories — responding to the effect of vulnerability rather than to the environment and circumstances in which the vulnerability arose. For example, programs are generally designed to reach children affected by HIV/AIDS, or children in emergencies, in institutions, living on the street, trafficked or engaged in the worst forms of child labor.[32]

The 2005 Assistance for Orphans and Other Vulnerable Children in Developing Countries Act (PL 109-95) and the launch of the US Government Action Plan on Children in Adversity sought to bring a holistic approach and consistency to the US Government's diverse portfolio of assistance for the world's most vulnerable children.

Interagency coordination mechanisms were put to the test in the aftermath of the 2010 Haitian earthquake, resulting in a renewed urgency for coordinated government action.[33] The crisis of unaccompanied and separated children in Haiti generated significant concern within Congress and among interagency actors, prompting a 2011 US Government Evidence Summit on Protecting Children Outside of Family Care.[34] During the summit, senior US government agency leaders pledged to develop a strategy for assistance to vulnerable children, a commitment cemented in the US Government Action Plan on Children in Adversity launched at the White House on December 19, 2012.[35]

The Action Plan's *putting family care first* objective acknowledges that "optimal support for a child comes from a caring and protective family."[36] Although the US Government is now the only member of the United Nations that has not ratified the UN Convention on the Rights of the Child (UNCRC),[37] Objective 2 acknowledges that the UNCRC — as the normative legal framework in countries where US international assistance is applied — affirms that the family has the primary responsibility to protect and care for children and that governments have the responsibility to protect, preserve and support the child-family relationship.[38]

Highlighting child institutionalization as a global concern — and seeking to reduce the numbers of children in institutions as a key outcome — the Action Plan's Objective 2 sets strengthening families as a priority for US government-funded programs: "Supporting impoverished families struggling to provide care may involve increasing their income-generation potential, providing cash transfers, or linking families to appropriate treatment or psychosocial support."[39] The Action Plan established a positive and compelling framework for vulnerable children and articulates a clear stance on child institutionalization and for the primacy of family-based care.

However, while the Action Plan has great potential, it has suffered from a lack of clear and strong support and very little in the way of dedicated funding. No legislative authority exists to ensure implementation, accountability or the measurement of results. The work to coordinate, implement and measure results is done entirely through a "coalition of the willing"[40] within the numerous and diverse funding streams

and disparate entities operating under separate legislative mandates.[41] Annual reports to Congress on PL 109-95 and the Action Plan are based on self-reporting by agencies, including some that have not tracked their projects for children in adversity, despite their commitments to do so.[42]

Legislation and Budgets Hinder Coordination

Separate legislative mandates and budget appropriations have created program silos in assistance to children, making coordination difficult and perpetuating a fragmented approach to assistance for children.

As the lead agency under PL 109-95, USAID established the Center on Children in Adversity (CECA) to coordinate programs across the multiple departments and agencies that signed on to the Action Plan. In 2014, the Center merged with USAID's Displaced Children and Orphans Fund (DCOF). The combined team is led by the US Government Special Advisor under PL 109-95 and implements the legislative requirements specified under PL 109-95: coordinating a unified government strategy; implementing a government-wide monitoring and evaluation system; and reporting annually to Congress.[43]

Despite its establishment in 2012, the Action Plan only began receiving dedicated funding to carry out its five-year objectives in 2014.[44] For the upcoming 2016 year, USAID was appropriated a $22 million budget, of which $10 million is to implement the Action Plan and $2.5 million is for blind children.[45] In context, the USAID Bureau for Democracy, Conflict, and Humanitarian Assistance, which houses CECA and DCOF, has had budgets of $2 to $3 billion annually.[46] The 2015 fiscal year request for the greater Department of State and USAID budget — for international development and affairs — was $50.3 billion, less than 1 percent of the US Government's overall budget.[47]

In the most recently available annual report to Congress (for fiscal year 2013), US government interagency partners reported $463 million worth of support towards Action Plan objectives, including funding for children outside of family care.[48] This amount does not include the generous US government support for maternal and child health, nutrition and education programs, which are reported separately to Congress and are not reflected in the annual reports to Congress on PL 109-95 or the Action Plan framework.

The President's Emergency Plan for AIDS Relief (PEPFAR), which coordinates US government international development assistance for those affected by HIV/AIDS, had a budget of $6.83 billion in 2015.[49] PEPFAR contributes significantly to child welfare and protection, including child safeguarding and family strengthening,[50] and Congress has set aside 10 percent from the PEPFAR budget for assistance to orphans and vulnerable children affected by HIV/AIDS.[51] Of this 10 percent, Congress has directed for the past two years that $20 million be made available for "programs designed to identify such children who are living outside of family care and to find safe, permanent and nurturing families."[52]

Although this is a welcome initiative to support children affected by HIV/AIDS, the amount dedicated to responding to this issue dwarfs funding allocated to other programs for vulnerable children. Of the world's 153 million children who are considered orphans — as defined by the United Nations Children's Fund (UNICEF) as children who have lost one or both parents — 15 million, or about 10 percent, are affected by HIV/AIDS.[53] Yet in 2013, PEPFAR funds accounted for more than 60 percent of the total assistance reported to vulnerable children, according to the most recent congressional reporting on PL 109-95.[54]

Missing: Measurable Outcomes

All children count, but not all children are counted. As US government senior leaders noted in a commentary in the *Lancet:* "Children living outside of family care have largely fallen off the statistical map. There are only limited data about how many children live in such precarious circumstances, except for scattered estimates from some specific countries."[55] Such children are not covered in household-based surveys, largely used by the US Government for tracking data on those who benefit from its international development assistance programming.

Numbers on the total amount spent by the US Government on children living outside of family care, or assistance to institutionalized children specifically, are unavailable. Each US government department and agency tracks the populations it serves differently, based on congressional reporting requirements. Given the way programs are created and funded, data is not tracked in a way that would allow for a global picture of US funding for any of the Action Plan's three core objectives. It is therefore impossible to assess exactly how much US government funding is used for programs that support deinstitutionalization and family-based care, or conversely, to support institutionalization.

The Office of US Foreign Assistance Resources (F), for example, tracks issues related to "children in adversity" broadly for the Department of State and USAID. However, programs and funding directed towards children living outside of family care, and support for child welfare reform, are not tracked by this system, or by other agencies and departments.[56] Similarly, tracking the number of children living outside of family care is not a PEPFAR indicator.[57] PEPFAR takes a "systems-strengthening" approach to addressing children at risk.

In previous years, annual reports to Congress on PL 109-95 provided a breakdown of budgets for assistance to highly vulnerable children by agency and department.[58] The 2010 report provided details on the number of projects per target group — including 64 projects for children outside of family care, and 60 projects for children in residential care centers, including orphanages.[59] As this information was self-reported by individual offices, it was not necessarily a comprehensive or fully accurate picture.

More recently, annual reports to Congress on PL 109-95 indicate the levels of funding that agencies and departments contribute to Action Plan implementation, though these amounts are not broken out by objective given the integrated nature of many programs targeting children.[60] To date, annual reports to Congress have not specified outcomes achieved per Action Plan objective, or by individual US government offices, agencies or departments.[61]

The opportunity to develop mechanisms to track funding, programs and outcomes of US government assistance to children in adversity is wide open. If realized, this could translate into a government-wide ability to document individual or collective achievements under the Action Plan's core objectives, including the suggested outcome of reducing the number of institutionalized children.

ENABLE
FAMILIES

SUPPORTING FAMILIES:

GOOD PRACTICE

Despite an inability to provide a complete picture of the number of children outside of family care assisted through myriad US government offices, it is clear that good programming to support families and prevent separation exists, and that agencies and departments have reinforced Action Plan priorities effectively through their own policies.

USAID's Central Role in Promoting Family-Based Care

Through the Center on Children in Adversity, the Displaced Children and Orphans Fund, and the Office of HIV/AIDS PEPFAR-funded OVC portfolio, USAID continues to promote evidence-based family strengthening, child welfare reform and deinstitutionalization.

The Displaced Children and Orphans Fund (DCOF) began as a congressional earmark within USAID's Office of Health and Nutrition in 1989, to support children orphaned by drought, conflict and other disasters.[62] DCOF provides financial and technical assistance to programs benefiting children in 14 countries in Africa, Asia, South America and Eastern Europe.[63] DCOF funds are currently used in four of the six identified Action Plan priority countries, aimed at preventing family separation and ensuring that children living on the streets or in institutional settings are placed in family-based care.[64] In particular, DCOF's Cambodia work targets children in institutions, seeking first to establish a baseline of children living outside of family care, and from there advocating how to meet the needs of those children.[65] Throughout 2013, DCOF worked with the governments of Cambodia, Guatemala and Rwanda to make concrete efforts to reduce the numbers of children in residential care, and also supported services for the prevention of separation and support for family placements, working with seven other governments — Armenia, Burundi, the Democratic Republic of Congo, Ethiopia, Liberia, Moldova and Sri Lanka. Since 2013, DCOF has also supported national child care reform efforts in Ghana, Uganda and Zambia.

In June 2015, USAID released an Automated Directives System (ADS) policy on Child Safeguarding Standards to prevent and respond to child abuse, exploitation or neglect in the course of USAID programming.[66] The policy recognizes the need for USAID

CASE STUDY:
APCA IN CAMBODIA

USAID, with funding for Action Plan implementation, is leading the Family Care First initiative in Cambodia.[67] One of the four goals of the initiative is to reduce the number of children in orphanages and other residential care facilities and to reduce the overall number of residential care facilities in Cambodia. It acknowledges the role that "orphanage tourism" and international funding streams play in the placement of children into residential care facilities.

Another program, 4Children, will look at strengthening families and preventing separation in Cambodia. DCOF anticipates returning 700 children to their families through 4Children, as well as learning how to sustain family care to prevent future separation.[68]

mission directors to find ways to ensure safeguards for children at the local level, which could be applied to situations of child institutionalization, particularly if mission staff are engaged in volunteering or other projects at orphanages. The policy is new and needs to be operationalized, but embodies aspects of the Action Plan for agency-wide implementation.

PEPFAR Programming for Orphans and Vulnerable Children

PEPFAR was established in 2003 to coordinate US government international development assistance for those infected and affected by HIV/AIDS around the world.[69] Its services to children in adversity, made possible by a 10 percent congressional set aside for the Orphans and Vulnerable Children (OVC) program,[70] have played a key role in preventing family separation and promoting family strengthening initiatives.[71] PEPFAR programming puts family care first by preventing separation and keeping children in families, and where necessary, reintegrating children into family care.

To date, PEPFAR has reported that more than 5 million children have benefited from its OVC program. Examples of PEPFAR interventions include helping governments to assess and expand the number and quality of social service workers; enacting regulations for the protection of children including those living in alternative care; and improving governments' capacity to monitor and evaluate the national OVC response.[72] For children living outside of family care, PEPFAR chiefly supports strengthening child welfare and protection systems and enhancing government and community-led initiatives.[73]

PEPFAR recognizes that in emergency situations, interim institutional care options may be needed, but only as a temporary, last resort. "Family-based emergency foster care is recommended when feasible and safe."[74] PEPFAR does support children in institutions with the explicit goal of transitioning them to better care alternatives. PEPFAR staff acknowledge that residential care is used too frequently as a response for children with special needs living with HIV.[75] A number of country programs work with these residential care centers to encourage transition to community- and family-based care to "enable children to be brought up in a family, to prevent separation, and importantly to be able to serve far more children and families than can be done through an institutional model."[76]

In the last published Annual Report to Congress on PL 109-95, PEPFAR referenced several programs in line with Objective 2.[77] These included:

SELECTION OF US GOVERNMENT POLICIES RELEVANT TO CHILDREN IN INSTITUTIONS

The US Government Action Plan on Children in Adversity

- Objective 2 — *Put Family Care First:* US 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.

- US government programs should: "support deinstitutionalization programs that facilitate placement of children in appropriate, protective, and permanent family care, where possible, and ensure that monitoring and support services are consistently available to families and children."[78]

PEPFAR Guidance for Orphans and Vulnerable Children Programming

- "HIV-positive children sometimes have the compounded tragedy of being rejected by their families and abandoned to orphanages, further contributing to impaired cognitive and physical development."[79]

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- The Better Care Network, which collects and disseminates best practices for informal, formal and alternative care guidelines and is also supported by the Displaced Children and Orphans Fund; [80]
- Programs assisting governments and the NGO sector to develop emergency foster care and permanency options for children; and
- Gauging the prevalence of institutionalized children affected by HIV/AIDS.

Because PEPFAR funding is channeled through multiple US government agencies, it is unclear how it ensures that such funds are not used to support the institutionalization of children. Adherence to the PEPFAR guidance for orphans and vulnerable children is routinely monitored, yet PEPFAR funding of Peace Corps projects is of concern, as further explained in the section below.

Case Management in Times of Crisis

During natural disasters, conflict and other crises, many children become separated from their parents. In large-scale emergencies, supporting residential care may be an efficient way to provide immediate, life-sustaining support to separated children. Yet, once admitted, children run the risk of remaining in institutions for long periods of time unless donors ensure that use of temporary centers include measures to transition children to better care alternatives.

The USAID Office of Foreign Disaster Assistance (OFDA) works with partners to prevent separation of children from families and facilitate family tracing and reunification for children and families who have been separated due to crisis.[81]

In 2013, OFDA provided $300,000 to support the rollout of the Minimum Standards for Child Protection in Humanitarian Action.[82] The standards call upon humanitarian assistance providers to "establish systems to monitor the situation of girls and boys who may be at risk of violence, including neglect in all its forms. This includes children in residential care; children with disabilities; separated children; children on the streets; or children formerly associated with armed forces or armed groups."[83]

OFDA itself does not track the number of children who have been reunited with their families through its support, or the number of children safely seen out of temporary residential care back into family care.[84] It has supported initiatives like the Measuring Separation in Emergencies (MSiE) project to strengthen emergency response

- Emergency care options for children include orphanages as a last resort. Family-based emergency foster care is recommended when feasible and safe. Longer-term options for children in out-of-home care include living in the homes of extended family, foster homes or group care.[85]

USAID's Child Safeguarding Standards[86]

- All USAID personnel and any contractors carrying out USAID projects are required to abide by the child safeguarding principles and respond to child abuse, exploitation or neglect.
- USAID bureaus and mission directors should support the implementation of the standards and identify opportunities to strengthen child safeguards in the field.

Peace Corps

- A 2014 section in the Peace Corps Manual outlines required conduct while working or engaging with children during Peace Corps employment, stating that the agency "supports measures to reduce the risks of child abuse and exploitation caused or perpetrated by an employee or Volunteer."[87]

programing for unaccompanied and separated children.[88] Also, like DCOF and other USAID agencies, OFDA provides crucial funding to UNICEF, which in turn supports separated children and family reunification programs, as in Sierra Leone during the Ebola epidemic. For the 2015 fiscal year, the US Government provided $132 million in support to UNICEF.[89]

Children's Issues in Foreign Policy

The Department of State has established a task force on children in adversity to coordinate the work of its offices in relation to the Action Plan. The task force brings together technical-level personnel, including staff from the Office of Children's Issues (OCI); the Office of the US Global AIDS Coordinator (OGAC), which leads PEPFAR implementation across agencies; the Office to Monitor and Combat Trafficking in Persons (J/TIP); and the Office of US Foreign Assistance Resources (F). The task force presents a unified mechanism for reporting on projects and other activities supported by State Department offices, although it only tracks "children in adversity" as a key issue for State and USAID funding.[90] The task force has four key goals:

1. Promote the three main objectives of the Action Plan;
2. Coordinate policy across State Department programming, inform initiatives and share best practices;
3. Improve communications with the public and Congress; and
4. Act as a focal point for engagement with USAID's Center for Children in Adversity.

The rise of institutional care is linked in part to the proliferation of unlicensed institutions, a number of which operate to serve commercial interests associated with child trafficking and unregulated intercountry adoption. OCI adheres to the Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption — an international agreement that establishes safeguards to ensure that intercountry adoptions take place in the best interests of the child.[91] As an office that deals with international child rights law, OCI recognizes, as do PEPFAR and OFDA, that institutionalization is a measure of last resort.[92] The Office to Monitor and Combat Trafficking in Persons does not engage on issues related specifically to children potentially trafficked through orphanages and institutions.[93]

RESPONDING TO EBOLA

As of December 31, 2014, following the Ebola epidemic, UNICEF had documented approximately 14,700 separated and/or unaccompanied children — of whom an estimated 7,900 children had lost one or both parents.[94] UNICEF's family tracing and reunification network in Sierra Leone was funded in part by OFDA.

Stigma associated with the disease meant that many children were initially unable to find family-based care. OFDA funded short-term center-based care through implementing agencies. The strategy, supported by the government of Sierra Leone, included a 21-day window to move children from residential centers to families as quickly as possible. Family tracing and reunification were at the heart of the program and institutionalization was purely temporary.[95] OFDA also provided UNICEF with $2 million for case management activities in Sierra Leone that included mapping existing service providers, establishing a referral system and creating a database system to enhance information sharing. In addition to these activities, UNICEF provided training for district-level protection specialists to improve child and case management.[96]

The plan is grounded in evidence that shows a promising future belongs to those nations that invest wisely in their children. … 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.

Statement of National Policy, US Action Plan on Children in Adversity

PROFOUND

CONSEQUENCES

PROBLEMATIC PRACTICES AND

CONFLICTING PROGRAMMING

The frequency of volunteer activities by embassy and USAID mission-level staff is unknown. It is clear, however, that they often involve well-intentioned visits and gifts to children in orphanages around major holidays, such as Christmas or Ramadan.[97] This kind of orphanage volunteering, though well meaning, is problematic. Ill-informed and unregulated short-term interactions with children can have unintended but profound consequences for already highly vulnerable children. They should not be used as public relations events "to win hearts and minds" at the expense of the children ostensibly being supported.[98]

The US armed services also carry out community service projects with orphanages. Lumos counted over 50 projects since 2013 involving the US armed services and orphanages, most of which were classified as community relations activities. (See Appendix on page 39.)

These visits are regularly organized either by a chaplain within a branch of the services or as a key part of a unit's deployment. Over 20 community relations activities were carried out in the Pacific region, with the majority of others in Europe, Latin America and the Caribbean. In 36 of the 52 examples Lumos identified, activities took place in conjunction with US Navy deployments. US Navy ships will often have scheduled stops at different ports over the course of several month-long deployments, during which personnel visit local orphanages. For example, the Navy Construction Battalions (known at "Seabees") organize such projects during deployment,[99] and the Navy band, "Uncharted Waters," will play for children in orphanages while other service members engage in other projects.[100]

In other instances, US bases conduct regular volunteer programs, including visits to local orphanages. In South Korea, at the US Air Force Kunsan Air Base, the chaplain organizes a trip on the first Saturday of every month with visiting airmen and others deployed on the base. During these trips staff volunteer at the Moses Infant Home in Gunsan City.[101]

ORPHANAGE VOLUNTEERING

Orphanage volunteering, voluntourism, though generally well intentioned, is problematic. Ill-informed and unregulated short-term interactions with children can have unintended but profound consequences for already highly vulnerable children. As noted by the Better Care Network, "Not only does [volunteering in orphanages] encourage the expansion of residential care centres, but it also makes children vulnerable to abuse in those areas where regulation is lax, creates attachment problems in children who interact with short-term visitors, and perpetuates the myth that many of these children are orphans in need of adoption. … There is a critical need to raise awareness of the risks of harm involved in these volunteering practices through informing all actors involved of the negative impact on children's well-being, development, and rights."[102]

Such interactions can disrupt attachment between children and adults and create an imbalance of power between a foreigner and the child.[103] However well intentioned, these activities can mean that embassy staff, service members and others inadvertently support abusive, neglectful or exploitative situations in institutions that are not providing adequate care for children — not to mention provide the appearance that support to and for orphanages is condoned by the US Government.

Assistance Supporting Institutions

In some emergency humanitarian settings, support to children in institutions may be needed to save lives and provide immediate safety. However, as Disability Rights International (DRI) noted in a 2013 report, "International experience has shown that crisis response and international humanitarian aid can have a long-term and perhaps unexpected impact on underfunded social service systems: When children are abandoned to crumbling or abusive institutions, it is tempting for governments or foreign donors to rebuild or refurbish those institutions."[104]

The US Department of Defense (DOD) routinely funds reconstruction and other basic infrastructure work that support orphanages and other children's institutions. Such DOD programming can run counter to USAID programming in-country, hindering efforts to promote regional and local policies on child welfare reform and deinstitutionalization. Support for institutions, particularly without plans in place to transition children to better family-based care alternatives, conflicts with the US Government Action Plan on Children in Adversity objective to *put family care first* and reduce the number of children living in institutions.

The DOD's work with children's institutions is sanctioned by the Defense Security Cooperation Agency's Overseas Humanitarian, Disaster and Civic Aid (OHDACA) and the Humanitarian and Civic Assistance (HCA)-funded programs. As one OHDACA staff member put it, these development projects,[105] including construction and repair of orphanages, are "the humanitarian nexus of DOD goals … to get positive press, meet and work with locals, or gain access to certain areas."[106] Lumos was not able to determine how much of the total $7 to $10 million expended for HCA projects annually worldwide went to support orphanages and other residential institutions.

DOD SUPPORT TO AN ORPHANAGE IN LATVIA

On June 8, 2015, the European Command, at the invitation of the local Latvian Daugavpils regional council, began a Humanitarian and Civic Assistance construction project at the Naujene Orphanage, valued at $183,000.[107] A joint exercise between US National Guard and Latvian National Armed Forces, the project provides construction training for the military engineers who are renovating a residence for children in the orphanage compound.[108] The US Embassy in Riga promoted the project at a launch ceremony.

This project is juxtaposed against concerns raised by the US Department of State's 2014 human rights report on Latvia, which highlighted the problematic issue of increasing numbers of children living in poorly managed orphanages. The report noted that in Latvia, "approximately 2,000 children remained in orphanages, with that figure growing annually in recent years. … The State Inspectorate for Children's Rights reported high levels of peer-to-peer abuse in government-run orphanages and boarding schools for children with special needs."[109] The continued use of orphanages in Latvia, the State Department noted, is highly problematic given that national Latvian law provides that "every child has the inalienable right to grow up in a family."[110]

In its 2013 investigation, DRI found that the DOD funded the construction of two institutions for adults and children with disabilities, and that USAID provided funding for furnishings.[111] In response to the DRI report, the US Senate Committee on Appropriations condemned the use of USAID funds, which "resulted in the improper segregation of children and adults with disabilities during a period in which the Government of Georgia adopted a policy of deinstitutionalization of children."[112] However, the Senate did not censure DOD's role in supporting institutionalization, nor did it address the department's $500,000 contribution of the $600,000 budget for construction.[113] USAID has since funded a 2014 DRI program in Georgia to ensure that children with disabilities have access to family-based care.[114]

Lack of Policy Implementation in the Field

As the above examples demonstrate, signing on to the Action Plan has not guaranteed that US government departments and agencies have internalized the Plan's objectives or developed and disseminated best practices in child safeguarding to the field.

In the case of the State Department, Foreign Service Officers are required to respect local laws for the countries in which they are deployed, including any relevant legislation on child protection. In addition, the department's Foreign Affairs Manual includes guidelines on staff behavior.[115] However, unlike the recent USAID ADS on child safeguarding standards, there are no comparable policies on child protection in the manual,[116] nor any specific regulations on working with orphans and other vulnerable children.[117] The current US Special Advisor for Children's Issues works within the Bureau of Consular Affairs with a mandate limited exclusively to issues related to intercountry adoption and abduction. Without department-wide guidance or policy on children nor any high-level, whole-of-department oversight to ensure implementation of the Action Plan, children's issues at the field level can be overlooked.

Some embassies and in-country personnel are aware of the potential dangers of institutionalization and the importance of educating the American public on the risks of working with orphanages. In the wake of the earthquakes in Nepal, for example, the US embassy issued a stern warning to Americans that if they wanted to help children, they should avoid voluntourism, or orphanage volunteering.[118]

However, the system of approving DOD projects demonstrates that not all State Department embassies or USAID missions are familiar with the US Government Action Plan on Children in Adversity. For example, prior to scaling down programming in Europe in the last decade, the USAID Europe and Eurasia Bureau (E&E) had a solid history of working on deinstitutionalization and better care alternatives in the region.[119] Recently, however, field-based State and USAID officials have signed off on DOD projects that have supported the institutionalization of children, possibly without being familiar with the Action Plan's evidence-based guidance or the implications for children living outside of family care.

All proposed Department of Defense OHDACA and HCA projects are nominated through a system to ensure documentation of State Department approval and USAID review — the Overseas Humanitarian Assistance Shared Information System (OHASIS).[120] As such, DOD commanders should coordinate with USAID so that projects are consistent with the appropriate embassy's strategy and complement USAID's priorities. According to both DOD instructions[121] and USAID policy on cooperation with DOD, "at overseas US missions, USAID staff will cooperate with DOD officials assigned to the Country Team to develop cooperative approaches to country-specific development and security challenges through the Integrated Country Strategy process. … USAID will seek to inform DOD policies, strategies, and planning and programming guidance that affect USAID's development mission and objectives."[122]

Yet, a former USAID E&E Bureau staff member recalled DOD plans to build an orphanage in Bosnia: "Usually we were not consulted. There is not whole-of-government consulting on this."[123]

Clear communication on child safeguarding principles and education of government staff is necessary to protect children and ensure greater consistency in planning and messaging. As another example, the Peace Corps' engages in admirable work with children in adversity, largely through its PEPFAR-funded health work in 26 countries.[124] PEPFAR-funded Peace Corps initiatives must follow the 2012 Guidance on Orphans and Vulnerable Children. This work in particular supports children in adversity "to grow up in safe families," and some Peace Corps health volunteers engage parents in family strengthening activities, building parenting skills and trainings on family-based care.[125] Additionally, the Peace Corps has a strong agency-wide child protection policy of its own, developed in 2014.[126]

More problematic is a continued use of conflicting language in official Peace Corps documents. According to the latest Peace Corps congressional budget request, some volunteers "help AIDS orphans by teaching in preschools and working in orphanages."[127] A Peace Corps recruitment was also advertising for 13 new health educator volunteers in the Kyrgyz Republic that could be placed in children's orphanages in 2016.[128] In 2014, at least two volunteers in Uganda worked with an orphans' home and taught life skills classes with an HIV/AIDS component.[129] The 2013 manual for Peace Corps volunteers in Moldova, a country actively working on deinstitutionalization, also promotes volunteer efforts to help their host communities obtain funds for orphanages,[130] thereby perpetuating the institutionalization of children rather than focusing on promoting better care alternatives.

According to Peace Corps staff, these documents do not reflect the work being done on the ground as many offices particularly in Eastern Europe recognize the potential harms associated with institutionalization. It is possible that Peace Corps Volunteers (PCVs) work with orphanages as part of health education and other outreach programs to make sure children in residential care are not overlooked.[131]

There is an opportunity for the Peace Corps to create explicit guidance on best practices in engaging with orphanages for PCVs, and to ensure that the goals of the Action Plan are more widely disseminated within the agency.

INFORM

PRACTICE

POTENTIAL FOR US-LED RESEARCH ON

INSTITUTIONALIZATION

Objective 5 of the Action Plan promotes evidence-based policies and programs: "Well-designed, nationally representative prevalence studies, ongoing surveillance systems, and outcome evaluations, especially those that measure long-term impacts, could better inform interventions."[132] Research of critical issues should inform policy to in turn shape programming, with a feedback mechanism to ensure that new and reliable information continues to inform practice. Studies reviewed for the US Government's 2011 Evidence Summit on Protecting Children Outside of Family Care revealed a cadre of relatively "invisible" children whose numbers and well-being were not well captured in surveys, most of which are household based. Summit findings underscored the need for investments in empirical studies that could shed light on these vulnerable groups and inform both policy and programs designed to address their needs.[133]

A Tool to Inform Practice and Policy

Research on children in developing countries shows that approximately 200 million children growing up in adverse conditions survive but fail to thrive and reach their developmental potential.[134] Research also has demonstrated that extreme toxic stress, like that which can be experienced by children in institutions who lack the adult attachments that they need, has a profoundly negative impact on children's development and long-term prospects.[135]

USAID and other agencies and departments fund important research initiatives. For example, with support from CECA, a team of researchers at Columbia University developed a measurement strategy to monitor trends of populations of children outside of family care over time with the goal of finding solutions at the national level.[136] The tool is being piloted in Cambodia this year. If successful, this methodology will be applied in other APCA priority countries.

NIH-FUNDED RESEARCH RELATED TO CHILD INSTITUTIONALIZATION

Dr. Charles Nelson, one of the primary researchers of the Bucharest Early Intervention Project (BEIP), continues to receive funding from the NIH's National Institute for Mental Health for his work through Harvard University.[137] Funded since 2010, his research examines the long-term effects of early institutionalization on mental health outcomes in two groups of children.[138] To date, the study has concluded that children growing up in families have better long-term outcomes. In a similar vein, Dr. Megan Gunnar at the University of Minnesota conducts research on the effects of early life stress caused by rearing in orphanages or institutional settings. NIH has funded Dr. Gunnar's research on the developmental psychobiology of stress in children related to orphanage adoptions since 2002.[139]

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Additionally, the National Institutes of Health (NIH) plays a major role in research on child health and development.[140] NIH research is carried out under the auspices of 27 different institutes and centers, each with its own specific research agenda.[141] Research relating to the institutionalization of children is complex and addressed by the different institutes, covering a range of topics, including nutrition, mental health and development, and family care.[142]

Lumos identified seven NIH-funded research projects addressing the effects of child institutionalization on human development or on better care alternatives, together receiving more than $4.3 million since 2013. These studies examine the adverse effects of institutionalization on mental health and risk-taking behaviors; the impact of different care models for orphans and abandoned children; the importance of family strengthening in child care; and comparisons of cognitive d*elays in chi*ldren from foster care and orphanages.[143]

In addition to the activities of the NIH, the Centers for Disease Control and Prevention (CDC) supports research on children in adversity under the Action Plan's Objective 3: *protect children from violence, exploitation, abuse and neglect.*[144] Under its National Center for Injury Prevention and Control, the CDC uses Violence against Children Surveys (VACS) to systematically measure physical, emotional and sexual violence against boys and girls, and "identify risk and protective factors and health consequences, as well as use of services and barriers to seeking help."[145]

The CDC has completed VACS in nine countries, with six more in progress. The work informs countries on policies and resource allocation to protect children more effectively. Because boys and girls who live in institutions may be at greater risk of violence compared to children at home,[146] the CDC VACS show potential to incorporate a component on institutionalization. The survey already notes when a child is an orphan, and measures if exposure to institutions could be linked to outcomes for children, further informing best practices for children outside of family care.[147]

As the Action Plan states, "With its significant investments in international development, the technical expertise and research capabilities embedded in key agencies, and diplomatic outreach, the US Government is well positioned to lead and mobilize around a sensible and strategic global agenda for children in adversity."[148] The substantial investment in research on issues like the impact of violence and neglect on child development must feed into practice and policy for the better protection of children outside of family care.

Since 2005, the National Institute of Child Health and Human Development has funded Duke University and Dr. Kathryn Whetten's research on HIV/AIDS and orphan care, which challenges the assertion that institutional care for children is inherently harmful.[149] The study has been renewed for 2015 and continues to follow outcomes for 3,000 children — half in family-based care, and the other half from institutional care — across five low- and middle-income countries.[150] Dr. Whetten claims that children "do just as well in institutions."[151]

However, the research compares the well-being of children in facilities with high-care standards looking after as few as five children to children in the community who do not necessarily benefit from the same level of assistance. The research on the developmental psychobiology of stress in children related to their experience in orphanages highlights the importance of continued support to families when removing children from institutional care, and argues in favor of improving the quality of caregiving.[152]

With its significant investments in international development, research capabilities … and diplomatic outreach, the US Government is well positioned to lead and mobilize around a sensible and strategic global agenda for children in adversity.

US Action Plan on Children in Adversity

OPPORTUNITIES FOR US GOVERNMENT

LEADERSHIP AND ACTION

As Congress and US government interagency partners look ahead — with the sunset of the Action Plan's five-year framework in 2017 and ambitious 15-year targets of the United Nations' new Sustainable Development Goals[153] in mind — it is a key moment to assess US Government commitment to action on behalf of the world's most vulnerable children. The US Government's ability to provide global leadership on assistance to children in adversity is contingent upon mustering strong political will, extraordinary leadership, and sufficient and targeted investments to make a tangible and measurable difference in the lives of the world's most vulnerable children. Global children's issues have not been a focus for Congress or the administration. This can and should change.

Recommendations

Lumos firmly believes that the US Government is uniquely positioned to lead a bold agenda on international children's issues. Just as its strategic investments in child health have resulted in a 70 percent drop in child mortality worldwide over 50 years, so, too, could US Government-coordinated action result in a dramatic decrease in the numbers of children living outside of protective, nurturing family care — already a stated goal shared across interagency partners. Building on good practice already underway and with concerted efforts and the right investments, it is possible for the US Government to significantly contribute to end the institutionalization of children globally by 2050.

Looking ahead, Lumos offers the following recommendations for consideration by Congress and US government interagency partners:

1 Legislation: Review legislative mandates concerning international assistance to vulnerable children and families to determine whether sufficient oversight exists, current structures are effective and interagency efforts are comprehensive, coordinated and achieving measurable results.

- The Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005 is ten years old. PL 109-95 should be thoroughly and independently reviewed and revised to maximize and improve interagency coordination and effectiveness.
- Congress should use its legislative authority to ensure that no US taxpayer dollars are used to support the unnecessary institutionalization of children.

2 Leadership: Ensure high-level and consistent consideration of and funding to support children's rights, policies and programs in US government international affairs.

- Establish a position of Ambassador for Global Children's Issues at the US Department of State to have greater oversight and authority on international children's issues. The position should have a mandate that extends beyond the current narrow focus on abduction and adoption. There is currently a significant void in US diplomatic leadership as it relates to children. This is particularly outstanding given the US failure to ratify the Convention on the Rights of the Child.
- Ensure that USAID's Center on Children in Adversity is adequately staffed and properly resourced to effectively implement PL 109-95 and the US Government Action Plan on Children in Adversity.
- Train US government staff on child protection across all agencies and departments, and embassy staff and other in-country personnel in particular. Establish a child protection focal point at each embassy and USAID mission overseas.

3 Policy: Ensure that each US government department, agency or office responsible for international assistance to children has in place a robust and consistently applied child protection policy, including field-level guidance for US government staff, contractors and grantees. The policy should include clear instructions with regard to work with vulnerable children, including explicitly halting community service projects at orphanages and orphanage volunteering.

- USAID: Include in its Automated Directives System and other policy documents clear guidance restricting funding to orphanages and redirecting resources to family- and community-based better care alternatives for vulnerable children and families.
- Department of State: Include in the Foreign Assistance Manual and the Family Liaison Office guidelines clear child protection policies, including explicit instructions with regard to the risks associated with institutional care for children and orphanage volunteering. The department should also make available clear guidance on risks to children that are associated with volunteering in orphanages to embassy or other US government personnel as well as American expatriates and tourists.

- Department of Defense: Develop clear child protection policies that are implemented throughout DOD, including ending practices of orphanage-related community relations activities as well as humanitarian activities that fund orphanages and other children's institutions, ensuring that any support given promotes the goal of transitioning children out of institutional care and into better care alternatives.
- Peace Corps: Develop explicit guidance regarding the risks associated with child institutionalization and volunteering in orphanages. Ensure that no Peace Corps Volunteer is placed in an orphanage or children's home without proper child protection training, professional oversight and a clear goal to safely transition all children from institutional care to family- and community-based better care alternatives, in accordance with evidence-based best practice.

4 Results: Improve measurement and evaluation of program impact and ensure that US government agencies and departments supporting international assistance programs to vulnerable children report annually on clear and measurable indicators specified in the US Government Action Plan on Children in Adversity, including "reduction in child-family separation," or "increased number of children placed in appropriate, protective, and permanent family care."[154]

- USAID: Expand global efforts to calculate the numbers of children living outside of family care, including in institutions, and promote deinstitutionalization and family- and community-based better care alternatives.
- Department of State: Include data regarding the number of children living outside of family care, including in institutions, in the annual Country Reports on Human Rights Practices, under section 6 on Discrimination, Societal Abuses, and Trafficking in Persons.
- Centers for Disease Control and Prevention: Include information concerning children in institutions in Violence against Children Surveys.
- Whole-of-Government: Document and report to Congress support for children living outside of family care, including in institutions.

APPENDIX: DOD PROJECTS WITH ORPHANAGES 2013–2015*

2015

DATE	COUNTRY	DEPLOYMENT DETAILS	ORPHANAGE VISIT DESCRIPTION
August	South Korea	US Navy: Military Sealift Command Korea	Sailors, sometimes over 40, visit the Miewon orphanage in Busan at least once a month to help enhance the space, improve the grounds or play with the children.
August	Estonia	US Army: Engineers from the 500th Engineer Company, 15th Engineer Battalion	Army engineers visited the Vinni Family Home to build a playhouse and have lunch with the orphans.
June	Latvia	EUCOM: US Air National Guard troops from Kansas, Pennsylvania and Missouri	Troops renovated the residence of the Naujene Orphanage for $183,000.
June	Indonesia	US Navy: USS Rushmore and the 15th Marine Expeditionary Unit	Seventeen service members visited the Panti Bakti Mulia orphanage, home to 55 children and staffed by 8 people, where they played with the children.
May	Thailand	US Navy: USS Michael Murphy	Sailors volunteered in community relations projects coordinated prior to each port visit between the ship and host country with two local orphanages. They painted and did landscaping, as well as played with the children.
May	Thailand	US Navy: USS Key West and USS Emory S. Land	Sailors volunteered to do basic maintenance at an orphanage in Phuket and played with the children.
May	Jamaica	US Navy: USNS Comfort and US Navy Fleet Forces Band "Uncharted Waters"	A scheduled COMREL event, the Navy band performed at the Jerusalem orphanage and crew members visited with the children and distributed donations.
May	Guatemala	US Navy: USNS Comfort and US Navy Fleet Forces Band "Uncharted Waters"	A scheduled COMREL event, the Navy band performed at the Hogar la Asuncion orphanage in Puerto Barrios.
April	Bulgaria	US Navy: USS Jason Dunham	Sailors visited the Princess Nadejgd Orphanage in Varna, home to 31 children, to paint and bring the orphans to visit the warship.
April	Belize	US Navy: USNS Comfort and US Navy Fleet Forces Band "Uncharted Waters"	A scheduled COMREL event, the Navy band performed at the KCH orphanage, a private, Christian organization, founded in 1985. Other activities included painting the orphanage cafeteria and playing with the children.
April	Gabon	Africa Partnership Station: joint maritime mission with USNS Spearhead and Seabees from Naval Mobile Construction Battalion 11	Crew members helped paint the Centre Esperance Mission orphanage in Port Gentil, assisted with repairs and spent time with the children.
March	South Korea	Kunsan Air Base in Gunsan City: US National Guard 120th Expeditionary Aircraft Maintenance Unit from Colorado	The Gunsan Chapel sponsors a trip on the first Saturday of each month from the base for 15 airmen to volunteer at the Moses Infant Home, which houses 30 infants and children. On this occasion, airmen delivered donations and spent time with the children.
March	South Korea	US Army: 65th Medical Brigade, deployed to the Pacific Regional Medical Command, based in Seoul	As part of a monthly volunteer work program, 20 members of the brigade helped with maintenance at the Namsanwon orphanage, Seoul, which houses 51 children, aged 3 to 18.
February	Latvia	US Army: 3rd Squadron, 2nd Cavalry Regiment	Thirty troopers helped collect and chop wood on two occasions for an unnamed orphanage in Latvia.
February	Western Pacific	US Navy: USS Halsey	Sailors completed numerous COMREL project, at an undisclosed number of orphanages in the Western Pacific during a seven-month deployment
January	South Korea	US Army: Garrison Yogsan in Gehwa, Seoul	The GIVE project organized by the garrison is designed to help the community and service members volunteer with an orphanage in Seoul, which is about 50 years old, that houses 70 children.

*This information is open source, collected from the different DOD services websites. It provides a snapshot of what is publicly available.

2014

DATE	COUNTRY	DEPLOYMENT DETAILS	ORPHANAGE VISIT DESCRIPTION
December	Japan	US Navy: Naval Air Facility Misawa	Twenty-five sailors and their families distributed Christmas gifts to 62 children at the Bikoen Orphanage, Schichnohe.
December	Kosovo	US Army: 1st Squadron, 40th Cavalry Regiment, 4th Brigade Combat Team (Airborne) 25th Infantry Division, deployed to Camp Marechal de Lattre de Tassigny, Kosovo	Fifty paratroopers spent Christmas Eve playing distributing doneations to over 70 children at the SOS Kinderdorf orphanage, which opened 2001 in Pristina.
November	Malaysia	US Navy: USS Michael Murphy	More than a dozen sailors worked with 31 children from Sakinah Orphanage to clean up a local beach, followed by playing.
October	Lithuania	US Army: 2nd Battalion, 8th Cavalry Regiment	Scouts collected firewood for an orphanage in Lithuania that houses "unwanted and disabled children."
October	Maldives	US Navy: USS Rodney M. Davis	Sailor repainted the interior of the Kudakudhinge Hiyaa Orphanage and brought supplies.
September	Senegal	US Marine Corps: Military Intelligence Basic Officer Course-Africa	Marines assisted with landscaping for SOS Village D'Enfants.
August	Latin America	US Navy: USS America, "Operation Handclasp"	Sailors and marines volunteer using materials donated by "Operation Handclasp" for an unknown number of orphanages.
July	Seychelles, Italy, and Mauritius	US Navy: USS Nitze: eight-month deployment	130 sailors volunteered for six different COMREL projects over an eight-month deployment, making repairs to community buildings, constructing playgrounds, and playing with children from several, unnamed orphanages.
July	South Korea	US Navy: USS George Washington and USS Stethem	Fourty sailors participated in activities at the Jongdukwon Orphanage.
July	Lithuania	US Army: Troop A, 1st Squadron, 91st Cavalry Regiment, 173rd Airborne	Paratroopers completed renovations to an orphanage in Lithuania.
June	Romania	US Navy: USS Vella	Sailors remodeled an unnamed orphanage.
May	Panama	US Navy: USS Ingraham, "Operation Handclasp"	Sailors restored facilities and distributed toys through "Operation Handclasp" at the San Jose de Malambo Orphanage, Arraijan. The orphanage has been operating for 124 years and houses boys and girls without families and includes two homes for children with disabilities and children diagnosed with HIV/AIDS.
May	Panama	US Navy: USS Decatur	Nineteen sailors repainted the Ciudad del Nino, a nonprofit orphanage in Panama City, and played with the children.
May	Thailand	US Navy: USS Blue Ridge	Crew and staff delivered toys to children at the Pattaya Orphanage and Child Protection and Development Center following a clothing and toy drive.
May	Seychelles	US Navy: USS Nitze	Sailors repaired the Foyer de Nazereth All-Boys Orphanage, Port Victoria, and played with the children.
April	Philippines	US Navy: USNS John P. Bobo	Visited unnamed orphanages.
March	Tanzania	AFRICOM: Regional Joint Military Basic Intelligence Officer's Course	The course raised $800 for repairs and to buy food and supplies for the Chamazi Orphanage, home to 180 children from infants to late teens.
March	Timor-Leste	US Navy: Naval Mobile Construction Battalion, Action detail	Sailors and members of the Australian Police force prepared meals and taught English to 29 children, aged 6 to 18, at the Santa Bakita Orphanage, Dili.
March	South Korea	US Navy: Naval Mobile Construction Battalion, Chinhae detail	Sailors and members of the Korean Navy installed a handrail and played with children at the Aikwangon Orphanage, Koje Island. The relationship between the orphanage and the Navy spans 61 years.

2013

DATE	COUNTRY	DEPLOYMENT DETAILS	ORPHANAGE VISIT DESCRIPTION
March	Greece	US Navy: USS George H.W. Bush	Sailors cleaned and helped with repairs at the SOS Children's Village in Vari.
January	El Salvador	US Navy: Patrol Squadron 8	Sailors conducted repairs and played with children at the Love and Hope Orphanage, home to 21 children.
December	South Korea	US Navy: Carrier Airborne Early Warning, Squadron 117	Squadron members visited an unnamed orphanage and built a wall.
December	Burkina Faso	AFRICOM: Regional Joint Intelligence Training Facility, Military Intelligence Non-Commissioned Officer Course – Africa	Students from the training delivered school and other supplies to a local orphanage.
October	Thailand	US Navy: USS Higgins	Sailors cleaned a local orphanage in Nagoya and played with the children.
October	South Korea	US Navy: USS George Washington	Orphanage visits coordinated by the command and religious ministries department.
September	Moldova	US Navy: USS Abraham Lincoln, Air Department's V-4 division	The Virginia-based Gateway Christian Church organized a sailor to visit local orphanages in Carpineni, Ungheni and Ceadir Lunga.
August	Albania	US Navy: USS Samuel B. Roberts	Sailors conducted a project at an unnamed, local orphanage.
July	Ukraine	EUCOM: US Reserve Officers Training Corps	Cadets brought toys to children in an unnamed, local orphanage.
June	Indonesia	US National Guard, Hawaii: "Exercise Garuda Shield," a training with the National Indonesian Army	Members of the training visited severely disabled children at an unnamed, local orphanage.
June	Singapore	US Navy: USS Blue Ridge	Sailors visited unnamed orphanages.
June	Philippines	US Navy: USS Frank Cable	Sailors visited the Ninos Pag-asa Orphanage.
June	Djibouti	AFRICOM: Combined Joint Task Force, Horn of Africa, Camp Lemonnier	Volunteers donated supplies to unnamed orphanages.
May	South Korea	US Navy: US Carrier Strike Group	Sailors conducted activities and played with children at the Hee-Rak Won Social Welfare Center for children with disabilities.
April	Philippines	US Navy: USS Tortuga	Sailors played with children at the House of Heroes, a non-profit orphanage housing 14 children.
March	Belize	US Navy and US Airforce: Southern Partnership Station 2013	Service members donated through Loving Hugs Inc. 700 stuffed animals to orphanages in Belize.
February	Afghanistan	US Army: 1st Theater Sustainment Command Soldiers, New Kabul Compound	The Kabul Orphanage Outreach project was supported by soldiers requests to friends and family members for donations for a Kabul orphanage that houses 260 children, aged 4 to 18.
February	El Salvador	US Navy: Patrol Squadron 62	Crew arrived at an unnamed, local orphanage with several hundred pounds of donated clothing and toys.
January	Italy	US Navy: USS Mahan	Sailors played with children at the Centro Laila Center in Mondragone, an orphanage housing more than 40 children in the Naples area.

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37. The United States has not ratified the Convention on the Rights of the Child. It signed the Convention on February 16, 1995, thereby providing preliminary endorsement. Signing does not create a binding legal obligation but does demonstrate the State's intent to examine the treaty domestically and consider ratifying it. While signing does not commit a State to ratification, it does oblige the State to refrain from acts that would defeat or undermine the treaty's objective and purpose. For more information, see the Child Rights Campaign, http://www.childrightscampaign.org/.

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82. "These standards are intended for use by those working on child protection or related areas of humanitarian action. This includes those working directly with children, families, and communities; planners and policy makers; coordinators; donors; academics; and those working on advocacy, media or communications. It includes government personnel and those working in independent or multilateral organisations; and it may also include those working in the justice system and security personnel, as well as armed forces and groups." Child Protection Working

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There is compelling scientific evidence to show that institutional care — separating children from loving engagement by parents and families — harms a child's physical, intellectual and emotional development.

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