
A LEGACY OF CARE: HISTORICAL PERSPECTIVES AND LESSONS FROM 35 YEARS OF U.S. GOVERNMENT SUPPORT TO CHILDREN IN ADVERSITY

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HISTORICAL OVERVIEW AND LESSONS

This historical overview documents milestones in the evolution of the U.S. government's work to support the development, care, and protection of children globally, as well as coordination efforts across the U.S. government to promote a holistic response to the needs of vulnerable children. It draws on a review of publicly available documentation and conversations with numerous United States Agency for International Development (USAID) staff and partners involved in work on behalf of highly vulnerable children over more than three decades. We are grateful for their perspectives and recollections, which help inform the historical record. While the historical overview focuses more extensively on the programs and practice of the children in adversity portfolio, milestones across a wider range of child-focused work within the U.S. government are included in the timeline.

INTRODUCTION

For over 60 years, the U.S. government was a force for improving the lives of vulnerable children around the world, largely through development and humanitarian assistance programs led by USAID. The closure of USAID in early 2025 marked a dramatic reduction in U.S. government foreign assistance programs reaching children, with impact projections estimating up to 14 million additional all-age deaths and 4.5 million additional deaths in children under 5 by 2030 as a result.¹ Along with project terminations and significant reductions in funding, U.S. government commitments, institutional structures, and technical expertise to support vulnerable children globally were also dismantled. Historical records, archives, and research and evidence about the work were removed along with agency websites.

This report documents the important legacy of U.S. government foreign assistance to promote children’s development, care, and protection over more than three decades. These efforts strengthened national and community-based systems to support vulnerable families and advanced the development of the global child rights and protection field. However, it must be noted that U.S. government efforts to promote child rights and protection, often led by small numbers of technical experts without significant seniority or authority, were often situated in a broader U.S. foreign policy context that was not child-centered. U.S. government foreign policy decisions across a wide range of topics—climate, trade, immigration, military engagement, support for foreign governments—have, at times, contributed to significant harm to children. Yet,



there have always been dedicated experts prioritizing vulnerable children within the U.S. government, alongside committed advocates pushing for robust funding for children in the foreign assistance budget, and this yielded notable results. For example, U.S. government foreign assistance:

- Contributed to under-5 child mortality falling from 94 deaths per 1,000 live births in 1990 to 37 deaths per 1,000 live births in 2023,² a decline of 61%;
- Enabled over 5.5 million babies to be born HIV-free to mothers living with HIV through the President's Emergency Plan for AIDS Relief (PEPFAR) support between 2004 and 2021;³
- Helped close the primary school gender gap, such that by 2020 nearly 98 girls were enrolled in primary school for every 100 boys.⁴

U.S. government foreign assistance also provided tens of millions of children with child development, protection, and well-being services through both humanitarian and development aid; equipped millions of parents or caregivers with psychosocial support, positive parenting approaches, and nurturing care practices; trained hundreds of thousands of social service providers to deliver high-quality services to vulnerable children and their families; and strengthened the capacity of governmental and nongovernmental organizations to provide child-centered services and support to children and their families. Much of this work has now ended with foreign assistance cuts, but the legacy continues through the millions of children and families who benefited from U.S. government programs and support, as well as the local leaders and organizations continuing to find ways to serve them, despite severely constrained funding.

An equally fundamental part of this legacy is the knowledge, partnerships, and lessons learned from 35 years of addressing the multidimensional

needs of highly vulnerable children. By capturing the key initiatives, policy milestones, and programming approaches that were refined by USAID and partners over decades, this report aims to inform future efforts to champion the rights of vulnerable children worldwide. While USAID will no longer contribute to this work, there is no more important next step than supporting those who can.

A single report cannot fully capture the immense depth of learning, tools, and resources produced by U.S. government agencies and partners over the course of 35 years. Instead, this report aims to provide a historical overview of key moments and trends in U.S. government efforts to support the development, care, and protection of vulnerable children, and to capture key lessons learned through more than three decades of programming and partnership. It is complemented by the companion report, "[Where Do We Go from Here to Support Children in Adversity? Recommendations from the Front Lines](#)," which synthesizes consultations with over 80 experts, representing more than 50 organizations from around the world, into a set of recommendations to help mitigate the harm from the cuts and strengthen local capacity to support vulnerable children, their families, and communities. It is also complemented by Georgetown University's Children and Youth Resource Hub, an archive of publicly released tools, guidance, evaluations, learning products, and reports on interagency efforts generated with the support of U.S. taxpayers.⁵ All U.S. government-funded documents mentioned in this report can be found in the [Children and Youth Resource Hub](#). We hope that policymakers, practitioners, researchers, donors, and communities can continue to benefit from this information, and we look forward to seeing how they continue to build on this work to support vulnerable children in this new era.

BUILDING THE FOUNDATIONS OF THE U.S. GOVERNMENT'S CHILD PROTECTION WORK

The Origins of USAID's Child Protection Work

Since its creation in 1961, USAID's programs have helped people improve their economic security, increase agricultural yields, and access better health, education, water and sanitation, and other essential services. These programs helped families to support their children, though most were not specifically designed to prioritize children's needs.

During USAID's response to numerous humanitarian crises in the 1980s—including famine, armed conflict, and displacement—the large numbers of children orphaned or separated from their families as a result of these crises drew the attention of child advocates. The catastrophic famine of 1984 and 1985 in Ethiopia, for example, was estimated to have left hundreds of thousands of children orphaned or separated due to the death of caregivers, forced relocation, and migration in search of food. While humanitarian assistance delivered essential commodities such as food, water, and medicine to many of these children, the U.S. government lacked a program or mechanism to assess the needs of orphaned or separated children and ensure an appropriate child-centered response. Congressional hearings and delegations assessing U.S. government operations underscored how such crises cause dramatic increases in the number of highly vulnerable children. They also noted that the essential services provided during emergency response—food, water, shelter, and medical support—did not address the specific care and protection needs of orphaned and separated children.

In 1989, Congress created the U.S. government's first dedicated funding for the care and protection of children through the Displaced Children and Orphans Fund (DCOF).⁷ Established the same year as the U.N. Convention on the Rights of the Child, DCOF aligned with a larger global movement



LESSON LEARNED #1: CHILD PROTECTION MUST BE PART OF ANY EMERGENCY RESPONSE

Both during and after times of crisis and conflict, children's development and care are disrupted. This disruption is most extreme for children who are orphaned or separated from their families, but it is felt by all vulnerable children. Children, particularly those already on the margins, will always have unique needs and vulnerabilities during such times that must be addressed as part of any humanitarian response.

Yet in practice, child protection is often still sidelined and underfunded.⁶ Challenges around incorporating effective child protection measures during responses to both the 2014–2016 Ebola outbreak in West Africa and the 2020 global COVID-19 pandemic highlighted that in the face of priorities like infectious disease control, the child protection sector still lacks the influence needed to ensure that policies such as recognizing child protection workers as essential personnel, co-locating them in health facilities, and increasing mental health and psychosocial support for children and families are resourced and operationalized during emergencies.

to ensure families, communities, and governments increased protections for children. With DCOF funding, USAID designed its first programs dedicated specifically to strengthening the capacities of families and communities to protect and care for the most vulnerable children, including war-affected children, unaccompanied children, and orphans. Although there was no formal child protection team at USAID, DCOF—with its mandate to respond specifically to children lacking adequate protection and care—became the incubator of USAID's child protection efforts. This work later grew to include teams within the HIV/AIDS and humanitarian response functions of USAID, as well as close coordination with efforts to prevent child labor at the U.S. Department of Labor and to prevent child trafficking and gender-based violence at USAID and the U.S. Department of State. DCOF also became a notable source of funding to promote coordination and best practices across the global child protection sector.

Early DCOF programming focused on children separated from their families by armed conflict; the care and reintegration of former child soldiers and children living on the streets; prevention and response to violence against children; and household economic strengthening to support family-based care in countries including Angola, El Salvador, Liberia, Kosovo, Mozambique, Rwanda, and Sri Lanka. DCOF, primarily through its partnership with the International Rescue Committee (IRC), was instrumental in post-genocide family reunification efforts in Rwanda, helping to trace and reintegrate approximately 70,000 children with their families between 1994 and 1999.⁸ In the 1990s, DCOF programming also focused on the growing crisis of children and families impacted by HIV/AIDS, including in Burkina Faso, Kenya, Malawi, South Africa, Uganda, and Zambia. Many DCOF programs included interventions to address the psychosocial needs of children impacted by family separation, death of caregivers, displacement,

violence, and other harms, as well as support to promote healthy relationships within the family.⁹

Sounding the Alarm about the Impact of the HIV/AIDS Crisis on Children

Though DCOF was created primarily in response to the impact of war and humanitarian crises on children, it was well positioned to support children affected by the HIV/AIDS epidemic, which took hold in the 1980s and spread rapidly throughout the 1990s. In December 2000, UNAIDS reported that nearly 22 million people had already died of AIDS and 36 million people were living with HIV/AIDS, which remained a death sentence for many despite the availability of effective treatment in high-income countries.¹⁰ Festus Mogae, then president of Botswana, said his country was being “threatened with extinction” due to the epidemic.¹¹ The impacts on children were profound. Mark Dybul, an architect of PEPFAR, said, “At one point, 75% of pregnant women had HIV in Botswana. Most diseases kill the very old and the very young. But this disease was killing the most productive and reproductive parts of society. So not only were many households run by orphans, but entire villages were run by orphans, because everyone [else] was dead.”¹²

Long before PEPFAR was conceived, the DCOF team played a critical role in driving attention to the impact of the HIV/AIDS epidemic on children, laying the groundwork for the orphans and vulnerable children (OVC) program that would later develop under PEPFAR. In 1991, DCOF published *Managing Uganda’s Orphans Crisis*—one of the first reports highlighting the importance of supporting extended and alternative family-based care for children orphaned by AIDS, rather than relying on residential care institutions. DCOF’s focus included not only children whose parents were ill or had died from the disease, but also those living in homes that took in other children in need of care and children living in communities

where the economic and social fabric had frayed due to the high burden of disease, increasing their vulnerability.

From 1997 to 2004, DCOF funded the *Children on the Brink* series, the first to estimate the scale and scope of the orphanhood crisis. In 2000, researchers estimated that 34.6 million children in 34 countries had experienced the death of one or both parents, with HIV/AIDS accounting for about half of these cases in many countries.¹³ The [report](#) also warned that this number could rise to 44 million children by 2010, with HIV/AIDS the leading cause.¹⁴

These early DCOF publications shaped a foundational understanding of the HIV/AIDS epidemic as not only a health crisis, but also a social and economic one. Supporting children and families affected by HIV/AIDS, therefore, demanded a social protection response in addition to biomedical interventions. For example, *Children on the Brink: Strategies to Support Children Isolated by HIV/AIDS*, notes that “many of the problems faced by households affected by HIV/AIDS are fundamentally economic,” and significant attention is given to strategies to boost families’ earning capacity and economic well-being, including protecting inheritance rights, accessing credit, and supporting community-based childcare.¹⁵ In 2000, DCOF staff brought together experts addressing the needs of children affected by HIV/AIDS with specialists in microeconomic programming for a workshop entitled “Microfinance and HIV/AIDS, It’s Time to Talk,” and later organized the Children and Youth Economic Strengthening Network.¹⁶ This work provided some of the foundational technical approaches and strategies later deployed by the PEPFAR OVC program.

Families, Not Orphanages

From the beginning, DCOF’s work highlighted evidence about the harmful impacts of residential care for children, including developmental delays, attachment issues, and social isolation, and, there-



fore, it opposed the use of orphanages as a principal response to the needs of vulnerable children. In fact, DCOF staff also cautioned against the use of the term “orphan,”¹⁷ arguing that it perpetuated the idea that these children had no families to care for them, which was often not true. Extended families (including grandparents, aunts, and uncles) were frequently in a position to provide care, with appropriate social and economic support. In 1998, DCOF staff, in partnership with UNICEF, launched an informal technical working group to exchange information on approaches to address the needs of the growing number of children orphaned or made vulnerable by HIV/AIDS.

Even after PEPFAR launched a significant OVC program and despite its relatively modest funding levels, DCOF was a significant force in advancing a global movement for family care for all children due to its strategic research and coordination efforts. For example, DCOF, along with UNICEF and Save the Children, founded the Better Care Network (BCN) in 2003 to facilitate global information exchange and collaboration on issues related to children without adequate family care. BCN rapidly became a global resource for information and thought leadership on how to support the needs of such children, and it continues to facilitate collaboration across more than 1,000 organizations.

Together with UNICEF, DCOF staff authored the first BCN Working Paper Series, “[Families, Not Orphanages](#),”¹⁸ which examined the mismatch between children’s needs and the realities and long-term effects of residential care institutions. Throughout this time, DCOF continued to test models of effective household economic strengthening, which is fundamental to preventing family-child separation and supporting family reunification, as documented in the resource guide “[Meeting the Costs of Family Care](#).”¹⁹

Despite these efforts to reduce residential care for children, the number of children in residential care institutions rose in many countries during the height of the HIV/AIDS epidemic: Zimbabwe saw the number of children in residential care

institutions double from 1994 to 2004; Ghana’s residential care institutions grew from just 10 in 1996 to over 140 by 2009; and Indonesia’s residential care institutions at least doubled, and may have quadrupled, in the early 2000s.²⁰ This sharp increase reflected how the rapid rise in AIDS-related deaths strained the traditional practice of extended families caring for children who had experienced caregiver death, and, more significantly, how the dramatic influx of charities and faith-based groups funding orphanages created pull factors that encouraged these institutional placements.

Even amid the powerful forces that fueled the rise of residential care in the 1990s and 2000s, DCOF and others’ commitment to strengthening family care laid critical foundations for change. For example, the Lancet Group Commission’s 2020 work advocated for global care reform for separated children through the progressive replacement of institutional provision with safe, nurturing, family-based care.²¹ Today, those investments are yielding results, as evidenced by decreasing numbers of children in residential care institutions in countries like Moldova,²² Cambodia, [Ghana](#),²³ and [Rwanda](#),²⁴ where DCOF made sustained investments over many years. The number of children living in residential care in Moldova, for example, [reduced](#) from 17,000 children in 1995 to less than 700 children in 2022.²⁵ In Cambodia, the number of children living in residential care institutions dropped by 73% from 2014 to 2024.²⁶

One troubling realization of these care reform successes is that the children left behind in residential care are disproportionately children with disabilities—not because their families lack love or commitment, but because their communities do not have access to inclusive education, health, and other essential services for children with developmental, intellectual, or physical disabilities. Thus, in more recent years, USAID’s care reform work focused on disability-inclusive services, such as better training for service providers to support children with disabilities in their homes, through resources like “[Family Care for Children with](#)

[Disabilities: Practical Guidance for Frontline Workers in Low- and Middle-Income Countries.](#)²⁷

This work was closely linked with USAID’s emergent early childhood development (ECD) efforts, which aimed to ensure early identification of children with disabilities and developmental delays and provide parents and caregivers with appropri-

ate support. For example, the “[Therapeutic Early Stimulation Toolkit: Helping Young Children with Disabilities Meet Their Potential](#)” is designed to equip service providers and parents with information, tools, and techniques to support the development of young children with disabilities, including those with congenital Zika syndrome.²⁸

LESSON LEARNED #2: INVEST IN FAMILIES TO SUPPORT CHILDREN’S GROWTH AND DEVELOPMENT

A family-centered approach is critical to ensuring that children grow up safe and is essential for improving health, learning, and development outcomes across the life course. Families are the primary environment in which children grow, learn, and develop. Beyond meeting basic needs, families shape identity and cultivate the social and emotional skills essential for lifelong well-being. Global evidence consistently shows that strong, nurturing relationships with parents or other caring adults buffer the effects of poverty, conflict, illness, and other challenges. Conversely, when children lack a stable and protective caregiver, they face far greater risks of developmental delays, violence, family separation, and long-term psychosocial difficulties.

Across humanitarian and development contexts alike, we see the consequences of underinvesting in families. Inadequate support and services for family strengthening have contributed to millions of children living without protective family care, such as those living with violence, abuse, or neglect in the household; living in residential care institutions or on the streets; or separated due to conflict, disaster, forced labor, or disability. During events such as the AIDS epidemic, the 2004 Indian Ocean tsunami, and the 2010 Haiti earthquake, funding often supported residential care institutions rather than flowing to strengthen families and community-based systems that keep children safe at home. Yet families, both immediate and extended, provide the sense of belonging, continuity, and connection to community life that residential care institutions cannot replicate.

To truly put children at the center of global development, we must invest in families through social protection, economic strengthening, parenting support, mental health services, community networks, and early risk identification. These supports equip caregivers to provide the stable, nurturing environment children need to realize their full potential. When families are supported, children flourish; when they are undermined, children’s futures are compromised.



Launching PEPFAR and the Development of Systems of Care and Protection for Children Affected by HIV/AIDS

In 2003, President George W. Bush announced, and Congress authorized, PEPFAR, the largest commitment by any nation to address a single disease. Ten percent of the appropriated funds were specifically set aside to support orphans and vulnerable children. Congressional leaders from both parties, including Sen. Dick Durbin (SFS'66, L'69), D-Illinois, and Sen. Richard Lugar (R-Indiana), as well as the Congressional Black Caucus, especially Rep. Barbara Lee (D-California), were instrumental in supporting a focus on children within PEPFAR. On the advocacy side, the faith-based community—including Kay and Rick Warren of Saddleback Church, the U.S. Conference of Catholic Bishops, and many others—invoked the biblical call to “care for orphans and widows” to garner support for OVC work, as well as the larger AIDS response. Advocates and Hill staffers were discussing how much to allocate for OVC during a markup of the bill when Paul Zeitz of the Global AIDS Alliance suggested 10% as a target that would be both significant and realistic—and it stuck.

The 10% OVC earmark created the largest dedicated U.S. government foreign assistance funding stream for vulnerable children, generally between \$300 and \$500 million annually, and enabled programming for orphans and vulnerable children to scale up substantially. At the last reporting in 2024, the OVC program was reaching 6.6 million vulnerable children and their caregivers per year.²⁹ Reviews and evaluations of PEPFAR's OVC work highlight both successes and shortcomings.³⁰ Early OVC programming was praised for its flexible, holistic approach to strengthening family and community resilience through parenting support, psychosocial services, household economic assis-

tance, and access to childcare and education. Yet this flexible and comprehensive approach also became a liability: it was difficult to measure how such interventions improved child well-being in ways that could be directly linked to HIV/AIDS outcomes. Compared to treatment indicators, such as the number of people receiving antiretroviral therapy, the OVC program's impacts were undervalued by leaders focused on biomedical outcomes. Likewise, the OVC portfolio's important contributions to building government systems for children, such as supporting National Action Plans for Children and investing and training the social service workforce, came under scrutiny from those who saw these efforts as peripheral to PEPFAR's topline HIV/AIDS prevention and treatment goals. It's worth noting that the holistic economic, education, and health supports provided through the OVC portfolio not only helped ensure AIDS treatment access, but also prevented harms such as trafficking, violence, and child marriage and built family resilience.

A persistent challenge was the tension between the holistic approach underlying the OVC team's work and the biomedical approach informing the rest of PEPFAR's work. As Gretchen Bachman, a former senior advisor for OVC at the State Department, explained, “We were tasked with multiple child health and welfare goals but nested in a biomedical program, and that was always difficult. We had doctors saying to OVC staff, ‘Why don't you take that OVC funding and instead of investing in socioeconomic support for children and families, buy more drugs with it?’”³¹ Over time, this tension narrowed the scope of the OVC program, though the decline in the rate of orphaning as more parents accessed treatment also contributed. Flexible, context-specific responses to vulnerable children and families, along with systems-focused activities, were given lower priority in favor of a more restricted set of services that could be quantified and linked more clearly to pediatric HIV biomedical outcomes. At the same time there was also a greater focus on HIV risk reduction



targets for adolescent girls and young women, who were leading new infections. Over half of the funding earmarked for OVC was shifted to cover the cost of programs such as the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program. DREAMS continued OVC's focus on socioeconomic interventions but moved away from a focus on children aged 0 to 17 to a focus on adolescent girls and young women aged 10 to 24.³²

For children's advocates, PEPFAR's several billion dollar budget represented a political opening to secure large-scale U.S. foreign assistance funding for vulnerable children. As longtime advocate Leila Nimatallah explained, "The fact that there was political will around PEPFAR and HIV/AIDS meant that was the only place where you could get that kind of money for vulnerable children."³³ From this perspective, targeting PEPFAR for children's funding made strategic sense, even if it came with trade-offs. But, as subsequent efforts to eliminate the OVC earmark show (it was removed from the initial draft of the 2018 PEPFAR reauthorization bill and restored only through the interventions of Reps. Barbara Lee and Betty McCollum),³⁴ linking the U.S. government's largest child-focused funding stream so tightly to HIV/AIDS may have been a fragile strategy. Ultimately, the Donald Trump administration's termination of all OVC staff and virtually all OVC mechanisms in 2025,³⁵ partly because they were not deemed

to be lifesaving in the same way as PEPFAR's biomedical programming, appears to confirm this vulnerability.³⁶

The story of PEPFAR's success and challenges in mobilizing funding for vulnerable children has echoed through other sectors and issues over time. When PEPFAR and the OVC program were launched, AIDS and its effects on children attracted global attention and motivated a powerful advocacy community. The ability of advocates and experts to define a specific problem affecting children and mobilize action around it often determines whether it gains traction with policymakers and donors, while garnering support for child protection more broadly remains challenging. The recent rise of mental health and psychosocial support (MHPSS)—especially after the COVID-19 pandemic—illustrates a similar dynamic. Increased investment in MHPSS has helped meet urgent needs and brought long-overdue recognition to the emotional and relational dimensions of child and caregiver well-being. Yet, without deliberate efforts to embed MHPSS within broader child protection and social service systems, this surge of attention risks bolstering services in one area without the linkages that will help strengthen the child protection system overall. The challenge, once again, is to harness the momentum for a specific issue while advancing a coherent, whole-child approach that supports children's care, protection, and development holistically.



LESSON LEARNED #3: A WHOLE-CHILD APPROACH IS ESSENTIAL

A whole-child approach recognizes that children's needs and vulnerabilities are multidimensional and evolve across age and developmental stages. Coordinated, multisectoral action is therefore essential to ensure that children benefit fully from services and protections throughout the life course. Without deliberate integration across health, nutrition, education, care, and protection, opportunities to maximize results for children are lost.

Historically, international and national efforts to support vulnerable children in low- and middle-income countries have often been organized around discrete categories with a single-issue lens, such as children affected by HIV/AIDS, children in humanitarian emergencies, or trafficked children. Different forms of childhood adversity do have distinct elements, and it is important to differentiate between specific forms of adversity in order to understand, measure, and respond to them. However, this siloed, vulnerability-specific model has also contributed to fragmented systems and diffused impact. Where single-issue programs and funding streams exist, the key is to link them effectively with mechanisms to promote integrated services, joint planning, or shared measurement of outcomes. Tackling one issue at a time, divorced from the complex realities facing families, can undermine both efficiency and effectiveness in resource-constrained settings.



WORKING TOWARD COORDINATED U.S. GOVERNMENT ACTION FOR CHILDREN IN ADVERSITY

Soon after authorizing PEPFAR, advocates began pushing for more information and data about programming for children, including greater coordination and effectiveness across the numerous agencies involved in PEPFAR. Led by Global Action for Children, a coalition of numerous AIDS-focused organizations, advocates successfully lobbied Congress to pass Public Law (PL) 109-95, [The Assistance to Orphans and Other Vulnerable Children in Developing Countries Act of 2005](#). PL 109-95 required: a) the appointment of a U.S. government special advisor for assistance to orphans and other vulnerable children;³⁷ b) a monitoring and evaluation system to measure the effectiveness of U.S. government assistance to orphans and vulnerable children; c) a strategy for coordinating, implementing, and monitoring assistance to orphans and vulnerable children, and d) an annual report to Congress on progress and results. While PL 109-95 focused heavily on children impacted by HIV/AIDS, it acknowledged within its mandate children who are orphaned or otherwise vulnerable due to other causes, such as “famines, natural disasters, chronic poverty, ongoing conflicts, and civil wars.”³⁸ These other drivers of vulnerability were not a significant part of the U.S. government response to PL 109-95 until the impact of the 2010 Haiti earthquake on children prompted a rethinking of how to more fully implement the mandate of PL 109-95.

How the 2010 Haiti Earthquake Shaped U.S. Government Efforts on Behalf of Children

On January 12, 2010, a 7.0 magnitude earthquake struck Haiti, killing over 220,000 people and displacing over 1.35 million,³⁹ with children among the hardest hit. Tens of thousands of children were orphaned or separated, 1.8 million



children lost access to education,⁴⁰ and up to 1.5 million people were housed in informal settlements⁴¹ that contributed to an increase in gender-based violence, particularly against adolescent girls. Haiti's pre-existing reliance on residential care for vulnerable children, combined with the influx of private donations to orphanages, housing loss, disrupted education, and widespread economic hardship, led to a sharp rise in institutionalization of children, along with cases of trafficking and unregulated adoption. The earthquake illustrated how vulnerable children are exposed to a cascade of risks in the face of disaster, poverty, and inadequate social protection systems, highlighting yet again why child welfare and protection must be a critical component of humanitarian relief and development efforts.

After the earthquake, the U.S. government launched a rapid and multifaceted response. The Departments of Health and Human Services, Homeland Security, and State, as well as USAID, supported more than 60 projects to assist Haiti's most vulnerable children. Given the difficulty of ensuring a strategic whole-of-government approach across so many actors, the response proved to be a stress test for the "PL 109-95 Secretariat"—the USAID staff charged with coordinating implementation of the law.⁴² In some cases, U.S. government actors duplicated efforts and worked at cross-purposes, including reinforcing support for orphanages, which contradicted USAID's own best practices.⁴³

The U.S. government's interagency response to children affected by the earthquake highlighted the need for greater coordinated action among its programs and partners. U.S. government departments and agencies convened an Evidence Summit on Protecting Children Outside of Family Care, where leading researchers, practitioners, and policymakers from around the world worked together to review the evidence to prevent, and respond to, children living outside of family care.⁴⁴ Ten senior U.S. government agency leaders published a commitment in

The Lancet to establish guiding principles and a U.S. government strategy for assistance to these children.⁴⁵

The First U.S. Government Action Plan on Children in Adversity and Further Elevation of Global Child Protection Work

The strategy that emerged in 2012, the [U.S. Government Action Plan on Children in Adversity \(APCA\)](#), was the first whole-of-government strategic guidance for international assistance for children. Previous efforts to assist vulnerable children focused on single vulnerability cohorts and categories—for example, children affected by HIV/AIDS, in emergencies, or subjected to the worst forms of child labor. APCA proposed that coordinated, multisectoral action could better ensure that the needs of children in adversity are addressed. Further, by focusing on ECD; nurturing and protective family care; and preventing violence, exploitation, abuse, and neglect of children; it targeted gaps in U.S. government assistance to vulnerable children and recognized that advancing these objectives would accelerate progress across all programs for children and families.

Informed by evidence and extensive consultations, the three core objectives of APCA—1) build strong beginnings; 2) put family care first; and 3) protect children from violence, exploitation, abuse, and neglect—resonated widely within the U.S. government and across civil society. These objectives were revalidated by stakeholders in subsequent U.S. government children in adversity strategies in 2018 and 2024. Together, PL 109-95 and the three children in adversity strategies had two related mandates: 1) to ensure that the development, care, and protection of children was prioritized across key foreign assistance sectors; and 2) to promote effective U.S. government coordination on behalf of children.

The 2010 Haiti earthquake also highlighted the need for stronger child protection coordination at the global level in these kinds of emergencies. In 2010, USAID's Office of Foreign Disaster Assistance (OFDA) and the Department of State's Bureau of Population, Refugees and Migration (PRM) organized sessions with other donors in Geneva to discuss the need for minimum standards in child protection work, in part to prevent the kinds of family-child separation that occurred, sometimes even supported by NGOs and faith-based actors, after the earthquake. Following these

sessions, OFDA provided funding to develop the Child Protection Minimum Standards in Humanitarian Action (CPMS),⁴⁶ which not only improved technical practice for frontline service delivery, but highlighted that child protection was its own sector that needed dedicated funding and a qualified workforce to implement. In addition, OFDA's 2012 guidance to NGOs named child protection as a stand-alone sector for the first time, which allowed for dedicated funding to flow towards child protection activities and required measurement of child protection outcomes.

LESSON LEARNED #4: ADVERSE CHILDHOOD EXPERIENCES ARE COSTLY AND COMMON, BUT ALSO PREVENTABLE

Adverse childhood experiences (ACEs)⁴⁷ have profound, long-term consequences for children, families, communities, and nations. They are also largely preventable. When families lack essential resources and access to basic services, the risks of child neglect, family separation, and harmful living arrangements rise sharply. Effective prevention requires addressing the root drivers of adversity, such as extreme poverty and the absence of nurturing and protective care, rather than responding solely to the symptoms. Strategic investments that support families' abilities to meet basic needs and reinforce positive caregiving practices help minimize ACEs and mitigate their harmful effects.

When children face adversity, they, and their caregivers, require additional support to buffer the impact of toxic stress and protect against negative outcomes. Strengthening protective factors within the home, as well as in schools and communities, can prevent exposure to adversity and build resilience so that children can thrive even in challenging environments. Children experience fewer ACEs when governments invest in programs that help families meet basic needs, such as cash transfers, parenting support, and access to early childhood services. These actions not only safeguard children's well-being but also generate significant social and economic returns.⁴⁸



Integrating Early Childhood Development Across U.S. Government Foreign Assistance

By prioritizing ECD as its first objective, APCA was the first U.S. government global strategy to reflect the growing evidence around the importance of ECD to national development more broadly. In the early 2000s, neuroscience research made significant strides: it demonstrated how early experiences shape brain development and architecture. Both positive inputs, like nurturing and responsive care, and negative ones, like violence and neglect, impact a child's brain development, neural systems, immune system, and beyond, affecting their learning, behavior, relationships, and physical and mental health over the life course. The research helped explain the biological consequences of prolonged early stress and adversity on brain and body development, and it showed that social, emotional, cognitive, and physical development are deeply interconnected. This knowledge shaped understanding of how to improve ECD outcomes and engaged actors outside of child protection, particularly in the health and education sectors, much more deeply. Alongside advancements in neuroscience research, new economic research showed high economic returns on investments in early childhood,⁴⁹ which helped ECD, typically the realm of pediatricians and educators, become a key part of conversations with economists around national economic growth and human capital development. A seminal 2007 *Lancet* series was instrumental in elevating ECD on global agendas, estimating for the first time that more than 200 million children in low- and middle-income countries were at risk of not meeting their full developmental potential.⁵⁰

APCA cited much of this key neuroscientific and economic evidence, but there was little funding outside of OVC-focused activities to advance the ECD agenda across sectors within the U.S. government. A small opening came in 2014,

when USAID released its 10-year [Multisectoral Nutrition Strategy](#)⁵¹ with “early childhood care and development” included as a nutrition-sensitive intervention, creating more space to promote ECD within nutrition funding and programs. The inclusion of ECD in the nutrition strategy stemmed from the APCA commitment to “build strong beginnings” and ongoing exchange between the PL 109-95 Secretariat and USAID global health colleagues to increase awareness of the powerful multiplier effect that occurs when combining adequate nutrition with psychosocial stimulation in the early years.⁵² This example of policy integration underscores the importance of appropriate technical expertise and policy frameworks to create programmatic openings for better child development. Globally, the growing recognition of the importance of ECD to overall development efforts was codified in 2015 through Sustainable Development Goal (SDG) 4.2: “ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education,”⁵³ although this commitment was constrained by measurement limitations as described below.

Another key milestone was the 2016 *Lancet* series “Advancing Early Childhood Development: from Science to Scale.”⁵⁴ The series provided an updated quantification that 250 million children worldwide were not on track to meet their developmental potential, and it called for a global framework to help countries scale multisectoral support for young children, catalyzing the 2018 release of the World Health Organization (WHO)'s Nurturing Care Framework.⁵⁵ This framework reframed ECD as an outcome that can be improved through the provision of nurturing care, articulated through five equally important and interrelated components: good health, adequate nutrition, responsive care, opportunities for early learning, and safety and security. That same year, the U.S. government's *International Strategy on Basic Education*⁵⁶ also recognized the importance of ECD for the first time. Once again, the inclusion of ECD was brought about by sustained engagement and advocacy by child development experts who



pushed for enabling policy commitments, such as the [Reinforcing Education Accountability in Development \(READ\) Act](#).⁵⁷ In response, USAID issued accompanying internal guidance allowing basic education funds, which had previously been limited to primary school education, to be used for preschool programs. This change enabled USAID to direct additional resources to the critical early childhood years, and by 2021, the number of USAID-supported learners in pre-primary schools increased 15-fold. USAID also released [guidance](#)⁵⁸ to support USAID missions to introduce high-quality pre-primary programs, and between 2020 and 2021, five additional USAID missions supported pre-primary programs.⁵⁹ By 2022, the number of students in USAID-supported pre-primary programs doubled to reach almost 2 million learners.

Significantly, the ECD *Lancet* series⁶⁰ also helped catalyze the initial gathering of non-governmental organizations that later became the Thrive Coalition. Ultimately, the Thrive Coalition successfully advocated for the U.S. Congress to pass the [Global Child Thrive Act](#) (Thrive Act)⁶¹ in 2021, and along with it, a modest \$2.5 million increase in funding for the Vulnerable Children directive (previously known as DCOF)⁶² to support implementation of the new legislation. Sixteen years after PL 109-95, the Thrive Act demonstrated Congress' renewed focus on children and elevated the vision of coordinated, holistic efforts for children under

the U.S. government special advisor for children in adversity by mandating new responsibilities to improve ECD outcomes through foreign assistance. In 2023, USAID released [implementation guidance](#) for the Thrive Act.⁶³

With this funding and mandate, USAID promoted responsive care and early learning practices in Senegal, Ghana,⁶⁴ Uganda, Rwanda,⁶⁵ Mozambique,⁶⁶ the Kyrgyz Republic,⁶⁷ and Cambodia.⁶⁸ Of course, this ECD work was not entirely new. DCOF programs dating back to the 1990s recognized the caregiving environment as profoundly important for children and sought to strengthen parenting skills and support caregivers. Before the passage of the Thrive Act, U.S. government programs for vulnerable children typically targeted families already identified as at-risk for violence and family separation, and they delivered services through a small cadre of social service providers. The new ECD programming, on the other hand, relied primarily on health workers with a much broader reach and sought to provide core ECD-promotive skills to all families receiving health and nutrition services, with referrals for those families who needed more intensive support. USAID was also working to strengthen early detection and intervention services for children with developmental delays or disabilities. Efforts were underway to integrate the monitoring of child development milestones into routine primary health care services in at least seven countries



in 2024, before the termination of these awards in early 2025. Approaches included equipping health staff to conduct developmental monitoring during child well-visits, incorporating children's developmental milestones into child health cards, and strengthening referral pathways. As a result, health systems became better equipped to support children with disabilities and their families.

The ECD work gained additional traction following the COVID-19 pandemic, which drew global attention to the childcare crisis as caregivers, and mothers in particular, left the workforce to care

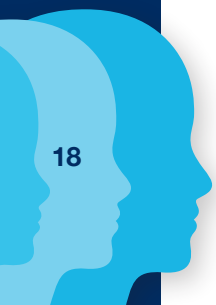
for children. In response, USAID committed \$50 million in funding allocated for women's economic empowerment to the World Bank's flagship Invest in Childcare Initiative to increase access to quality, affordable childcare for the estimated 350 million children who lack it.⁶⁹ The positive impacts of childcare access on family welfare—including increased maternal employment and family income, higher school attendance of older siblings, improved school readiness of children, and better nutrition outcomes—made childcare a compelling and critical service to bolster for vulnerable families.⁷⁰

LESSON LEARNED #5: THE EARLY YEARS ARE A CRITICAL WINDOW FOR PREVENTION AND SUPPORT

A large and consistent global body of research shows that the earliest years of life, starting before birth and extending through early childhood, form the foundation for all subsequent development. During this period, the brain develops at an unparalleled pace, building the neural architecture that underpins cognitive skills, emotional regulation, social competence, physical health, and later learning. Because development is cumulative, early gains—or early harms—carry forward throughout the life course.

The science is unequivocal: no other stage of human development yields returns as high as the earliest years.⁷¹ Investments in early childhood development lead to lifelong benefits, including better health, higher educational attainment, increased earnings, stronger social skills, and reduced involvement in violence or crime. Economists, including Nobel laureate James Heckman and contributors to multiple *Lancet* series on early childhood, have shown that early investment, particularly in children in adversity, produces some of the highest cost-benefit ratios in global development. Intervening later in life is less effective and more expensive.

Despite this compelling evidence and even with the growing investments in pre-primary, childcare, and integrated child health, nutrition, and early childhood development programming at USAID, early childhood remained underfunded in U.S. foreign assistance. The scientific and economic case for early and sustained investment in young children has not translated into major shifts in development spending. In a context of shrinking development budgets and rising needs, prioritizing early childhood is a cost-effective strategy to promote long-term human development, societal resilience, and economic growth.



STRENGTHENING CHILD PROTECTION AND SOCIAL SERVICE SYSTEMS

Evolution of a Systems Approach to Support Children’s Development, Care, and Protection

Many early DCOF programs improved children’s lives through direct service delivery, but building lasting community capacity to continue addressing children’s needs after programs ended proved far more difficult. For example, in the care reform sector, DCOF programs focused on deinstitutionalization successfully reintegrated thousands of children into family care, only to find the residential care institutions they left refill, reflecting little change in the country’s overall systems of care for children. This prompted a shift toward considering which investments could sustain service delivery for vulnerable children over time, long after project dollars disappear. At the same time, USAID’s child protection capacity within its humanitarian response office grew significantly in the 2010s, which created space for DCOF to shift away from responding to urgent needs with direct services and towards longer-term investments in strengthening child protection and social service systems.

This was a complex task, given that child protection and social service systems lagged, and still lag, decades behind education and health systems in many low- and middle-income countries, while an understanding of what constituted a child protection system was still evolving. Aligning stakeholders around a shared understanding of a child protection system was a critical first step toward implementing policies and programs that could strengthen these systems, and a number of stakeholders provided thought leadership to move the field in this direction.⁷² Attempts to produce a common understanding of such systems, articulate the added value of a systems approach, and apply lessons learned for strengthening child protection systems were marked by global convenings like “[A Better Way to Protect ALL Children: The Theory and Practice of Child Protection Systems](#).”⁷³ This convening produced a common definition used by UNICEF and partner



organizations to articulate what comprises a child protection system:

“Certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect, and exploitation of children. A child protection system is generally agreed to be comprised of the following components: human resources, finance, laws and policies, governance, monitoring and data collection as well as protection and response services and care management. It also includes different actors – children, families, communities, those working at sub-national or national level and those working internationally. Most important are the relationships and interactions between and among these components and these actors within the system. It is the outcomes of these interactions that comprise the system.”⁷⁴

Significant U.S. government investments over time in a number of these systems components have yielded critical learning and results.

Systems Component Spotlight: National Coordination Plans and Mechanisms

National coordination structures are one critical element to ensuring that the systems meant to serve children are funded, coordinated, and accountable. Early on in the PEPFAR response, the U.S. government and other partners supported many countries to develop and implement national plans of action (NPAs) for OVCs. Examples include Botswana, Ghana, Kenya, Malawi, and Uganda. These national plans reflected the need for multisectoral and integrated responses to OVCs and mapped health, education, and social supports for children. Goals included supporting children to stay in their communities by promoting community-based and family-focused care models; improving psychosocial well-being; increasing school enrollment, attendance, and performance; and helping families access health services and adhere to treatment plans. They also promoted policy

and legislative changes. For example, alongside developing a National Plan of Action on the Care of Orphans and Vulnerable Children, Botswana took steps to establish a comprehensive framework for support to children through passage of the Children’s Act of 2009, which included a “mini bill of child rights” outlining access to education, health, and protection from abuse and exploitation. The act also [elaborated](#) on parental duties, outlined community and government support systems, and established child participation structures like the Children’s Consultative Forum.⁷⁵

These NPAs served as models for subsequent multisectoral plans for children (many of which were also supported by the U.S. government), such as national action plans on violence against children and on early childhood development. [A DCOF-funded report](#) analyzing country experiences in translating violence against children survey (VACS) data into concrete improvements for children and young people synthesized the views of 225 stakeholders across 20 countries. It found that strong, government-led multisectoral coordination was the single most important factor in translating VACS results into positive action for children.⁷⁶ Of course, these national coordination plans and mechanisms are just a first step; they must have measurable targets and guide resource allocation to ensure that services at the household and community levels actually reach children.

Systems Component Spotlight: Invest in the Front Line

A core lesson across PEPFAR OVC work and DCOF’s systems-strengthening portfolio is that child protection cannot function without a capable, trusted, and adequately supported frontline workforce. Both initiatives invested intentionally in strengthening formal (trained and paid social workers, including those handling statutory cases and interactions with the legal system) and informal (community-based, paraprofessional, and volunteer) actors who are closest to children and

families, and who often serve as the earliest—and sometimes only—points of intervention for violence, abuse, neglect, and family separation. Momentum around this agenda accelerated in 2010 when PEPFAR convened a landmark “Social Welfare Workforce Strengthening Conference” in South Africa. The meeting catalyzed the creation of the Global Social Service Workforce Alliance (GSSWA), providing, for the first time, a platform for global coordination, professional standards, and sustained advocacy for workforce recognition and resourcing. A 2024 USAID-funded [assessment](#) of workforce investments in Armenia, Cambodia, and Rwanda found that all three countries successfully institutionalized community-based social service functions—with defined roles, supervision structures, and referral pathways—resulting in more responsive and sustainable child protection systems.⁷⁷

In the case of Rwanda, DCOF made a long-term commitment to supporting the Inshuti z’Umuryango (Friends of the Family, IZU), a national cadre of nearly 30,000 paraprofessional child protection volunteers. One man and one woman are selected by each community to serve as IZU, and they are supported with standardized training, supervision, stipends, and clear referral pathways for vulnerable children and families who need additional support. Because IZU workers are selected by their own communities, they hold significant trust and can bridge the gap between local norms and formal child protection mechanisms, making interventions both more responsive and more sustainable.

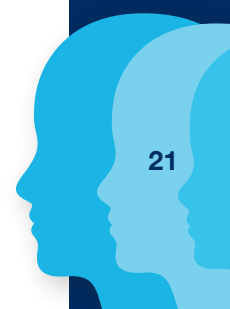
Beyond the formal and informal social service workforce, community engagement and local ownership are also essential to sustaining child protection and care systems. DCOF brought together organizations with expertise in grassroots community mobilization for the Interagency Learning Initiative on Community-based Child Protection Mechanisms and Systems, as documented in the report, [“Agencies, Communities, and Children: A Report of the Interagency Learning Initiative: Engaging Communities for Children’s Well-Being.”](#)⁷⁸

Grassroots civil society organizations and local networks, including those with lived experience of protection violations, as well as faith-based groups and traditional leaders, are often the first to identify and respond to violence against children. They are also uniquely positioned to challenge harmful social norms, support survivors, and ensure that protective measures are culturally relevant. In a number of projects, USAID supported efforts to connect community actors to child protection prevention and response measures.

For example, in Cambodia the ChildSafe movement⁷⁹ enlisted community members to get involved in child protection efforts in their neighborhoods, at work, and when they traveled. Many tuk tuk drivers were educated on child safety, trained to report concerns to ChildSafe hotlines, and even sported bumper stickers with information on where and how to get help. This put more eyes and ears on the ground and connected community members to trained social workers who took action once contacted. These types of approaches are especially critical now, as formal systems are under strain and, in some places, frontline community-based efforts are the only remaining protective resource for children.

Systems Component Spotlight: Case Management

In many countries, case management for child protection and family support remains underdeveloped, including holistic assessment, individualized planning, structured follow-up, and the record-keeping and information systems required for routine monitoring, reporting, and safeguarding. Over the past two decades, U.S. government investments—[across PEPFAR OVC response](#),⁸⁰ [humanitarian action](#),⁸¹ and DCOF’s [systems-strengthening work](#)⁸²—helped shift practice toward systematic, child-centered, and family-focused case management approaches. Across these initiatives, the U.S. government supported the development of foundational tools and





competencies to implement a case management approach: standardized assessment methods, individualized care planning processes, [standard operating procedures \(SOPs\)](#), and supervision protocols. These [resources](#) contributed to a more coherent and professionalized approach to managing cases over time rather than responding episodically or only at crisis points.

Case management was central to DCOF's focus on family reunification and reintegration, where long-term follow-up is essential. Practitioners were supported to monitor children after placement in family care, ensure services continued as needs evolved, and determine appropriate conditions for case closure. This marked an intentional shift away from one-time reunification interventions toward longitudinal, outcomes-oriented support for both children and caregivers.

As countries moved toward electronic case management information systems (CMIS), early investments revealed common pitfalls: systems that remained unused due to weak underlying social work practice, low-quality recordkeeping, inconsistent data entry, and insufficient funds for maintenance, software updates, or user support. Infrastructure constraints—including equipment shortages, unreliable connectivity, and data security concerns—further contributed to the underutilization of digital systems. To aid governments in decision-making and encourage best practice when designing digital solutions for case management, DCOF supported the development of 1): [a Case Management Information Systems Framework for](#)

[Child Protection and Care \(2019\)](#)⁸³: a synthesis of lessons from implementers and system users, highlighting minimum requirements, common risks, and principles for interoperability, sustainability, and child safeguarding; and 2): [a CMIS Assessment Toolkit \(2021\)](#)⁸⁴: a practical instrument enabling governments to evaluate proposed or existing CMIS solutions, assess readiness for scale-up, and identify long-term sustainability needs, including financing, governance, and workforce capacity.

As recently as 2024, there was renewed momentum underway to sustain and support child protection systems strengthening. Following decades of deliberate effort to build a movement to protect children, the first “Global Ministerial Conference to End Violence Against Children” resulted in over 100 countries, including the United States, pledging rich commitments to prevent and respond to violence against children.⁸⁵ During the ministerial, advocates pointed to strong and inclusive child protection systems as one of the most cost-effective and sustainable ways to prevent violence against children while also ensuring that those who have been harmed can be supported to thrive. Ministerial participants launched a Child Protection System Strengthening Framework alongside a global call for action.⁸⁶ Following the conference, the Office of the Special Representative to End Violence Against Children released a toolkit, *Building the Investment Case for Ending Violence Against Children*,⁸⁷ which includes DCOF-funded investment cases for social service investments in Kenya and [Zambia](#). Findings included the following: For less than 1% of the total budget, the government of Zambia could address a problem that affects 4.1 million children and is costing Zambia 9.12% of GDP.⁸⁸ The push to invest in the social service workforce while also strengthening systems of coordination and collaboration among various sectors involved in children's care and protection is even more critical in the face of cuts to foreign assistance.

Understanding the Scope and Size of Populations of Children in Adversity: Improving Data to Generate Action

APCA recognized that understanding the size and characteristics of children in adversity is foundational to designing effective programs, allocating resources, and evaluating whether interventions improve children’s lives. Yet these children are often the least visible in national data systems. Population-based surveys largely depend on interviewing heads of households, a methodology that systematically misses children outside family care arrangements. As a result, entire categories of children—street-connected children, those in residential care, trafficked children, children engaged in the worst forms of child labor, and those associated with armed groups—remain largely absent from official statistics that inform policy and funding. Surveys that rely on head of household reporting also systematically underrepresent children’s experiences of violence, exploitation, and neglect. A 2016 discussion paper, “[Beyond Survival: The Case for Investing in Young Children Globally](#),” authored by former members of the PL 109-95 Secretariat, noted “the fact is, we measure what we care about, and we care about what we measure. Given the inextricable links among data, advocacy, and strategic action... this kind of [data] invisibility has real-life repercussions for the world’s most vulnerable children.”⁸⁹ In response, the secretariat sought to make measurement gaps explicit and improve data on children’s development, care, and protection. In some cases and despite the challenges described above, this involved household surveys given the widespread use of these approaches.

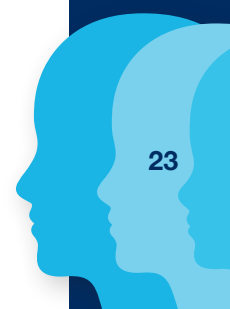
Contributions to Measurement: Early Childhood Development

The global movement to promote early childhood development laid bare a key challenge: Though child development assessment tools existed when

PL 109-95 was signed into law, there were no standardized ways to measure and monitor early childhood development comparably across diverse contexts. Commonly cited proxy measures for child development—such as stunting and extreme poverty⁹⁰—are just that: proxies that do not directly measure early childhood outcomes. To address this gap, UNICEF developed the Early Childhood Development Index (ECDI), which was a brief set of 10 yes or no questions for caregivers to measure ECD among children 3 to 4 years old in household surveys. ECDI launched in the fourth round of UNICEF’s Multiple Cluster Indicator Surveys (MICS) in 2009.⁹¹ Equipped with these questions, countries were able to standardize the collection of nationally representative and internationally comparable data on the proportion of children who were “developmentally on-track” for the first time. This indicator helped advocates secure the inclusion of early childhood development in the SDGs and positioned UNICEF as custodian agency for monitoring SDG 4.2. To improve global comparability and expand age coverage, UNICEF later updated the tool to the ECDI2030, which measures the development of children aged 24 to 59 months.

Despite this progress, significant measurement challenges persisted: one, the lack of assessment tools for children in their first few years of life—even though brain development occurs most rapidly during this period; and two, the risk that the assessment tools may miss culturally specific caregiving practices that also promote healthy development.⁹² Disability advocates in particular expressed concern regarding this exclusion of children younger than 24 months from measurement tools, noting that very young children benefit most from early detection and intervention services, and that such exclusion risked undermining integrated approaches to child survival and development.⁹³

Equally driven by the need to report on the SDGs and a desire to develop population-level indicators of ECD that are valid, sensitive, and feasible to measure at scale, statisticians and child development



experts came together in a multiyear effort to combine three previously separate initiatives that culminated in the Global Scales for Early Development.⁹⁴ Launched in 2023, the GSED offered a standardized method for measuring the development of children up to 36 months of age at the population and programmatic level globally. USAID contributed to the country-level application of each of these measurement tools and also participated in harmonization efforts to create a comprehensive measurement system for children ages 0 to 5 by using GSED for younger children (up to 36 months) and ECEDI2030 for older children (24–59 months), aiming to allow for data continuity from infancy until school entry.

Contributions to Measurement: Children's Care Arrangements

The Children in Adversity team at USAID supported the development of two significant measurement tools to capture information on children living apart from their biological parents. The first, done in coordination with BCN and the Demographic and Health Survey (DHS) team, was a new [DHS survey module](#) designed to gather key information on children living in households without their biological parents, in order to better understand children's care arrangements and their impact on child well-being.⁹⁵ An [analysis](#) of DHS data on the living arrangements of children under 18 in 63 low- to middle-income countries found this arrangement to be relatively common, with 37% of these children living without at least one biological parent in their household.⁹⁶

The second suite of measurement tools, developed in partnership with UNICEF, aimed to capture the number and situation of children living in residential care institutions. Accurate and reliable figures on the number of children living outside of households and in alternative care are essential for countries to meet their obligations in relation to the Convention on the Rights of the Child. Despite its importance, many countries do not routinely collect data on children in residential

care institutions, and they lack accurate statistics on the number, characteristics, and well-being of children living in these settings. Many residential care institutions are unregistered, and under-reporting is widespread. Official records typically capture only a small fraction of the actual number of children in residential care, and children living in privately owned centers are often not counted. Consequently, data on the number of children in residential care institutions is unreliable—global estimates range from 2 to 8 million.⁹⁷

To begin addressing this gap, the Children in Adversity team supported UNICEF's Data and Analytics Section to develop [tools](#) for conducting a census of residential care institutions, enumerating all children living within each residential care institution, and capturing information on the well-being of these children.⁹⁸ This information increases government capacity to design effective care reform and respond to the specific needs of children living in residential care, particularly when used for case management and permanency planning. Although USAID's support for these efforts was cut short, the tools remain available through UNICEF for countries to use. In addition, UNICEF is leading the "International Classification of Alternative Care of Children (ICare)" in partnership with the UN Committee of Experts on International Statistical Classifications⁹⁹ for countries to be able to adopt standardized definitions and classifications for children in alternative care. Once available, these definitions should further enable the regular collection, analysis, and use of administrative data for this population of children.

Contributions to Measurement: Violence Against Children

From 2007 to 2024, 23 countries conducted violence against children surveys (VACS),¹⁰⁰ covering 12% of the world's children.¹⁰¹ Developed and primarily funded by the U.S. government, these nationally representative, comparable results contributed to a movement to prevent and respond to violence against children. VACS also allowed, for



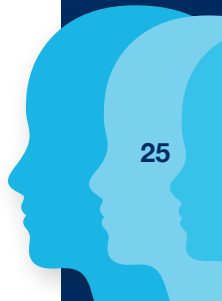
the first time, data comparison across countries and regions thanks to the use of consistent protocols, methodology, and questionnaires—a powerful tool to detect the extent of violence against children.¹⁰²

Anecdotal evidence of violence as a driver of the HIV epidemic in Swaziland (now Eswatini) prompted key stakeholders to explore the feasibility of a national survey to collect systematic and rigorous population data on experiences of violence among children. In 2007, the government of Swaziland, with technical support from UNICEF and the Division of Violence Prevention at the U.S. Centers for Disease Control and Prevention (CDC), conducted the first VACS, revealing that adolescent girls were five times more likely to be HIV positive than boys and documenting extremely high rates of sexual violence against adolescent girls.¹⁰³

This catalyzed a public health framing of violence and in 2009, spurred the creation of Together for Girls, a partnership between governments (including the U.S. government), NGOs, and private-sector partners to end violence against children, particularly sexual violence against girls. VACS data on the scale and source of violence against children also helped pave the way for

SDG Target 16.2, which aims to end all forms of violence against children.¹⁰⁴ A seminal report authored by CDC found that globally over half of all children—1 billion children, ages 2 to 17 years—experienced violence.¹⁰⁵ Led by WHO and the CDC, these partners went on to develop the INSPIRE Technical Package: Seven Strategies to End Violence Against Children,¹⁰⁶ which provided an evidence-based approach to prevent and respond to violence against children. From the first pilot survey conducted in Swaziland, to the recent survey conducted in a humanitarian setting in Uganda, data from the VACS galvanized substantial global and country-level responses to violence against children.

However, the cost, time, and expertise required to conduct the survey and publish its results made VACS unattainable for countries to undertake without international financial and technical support. Given the 2025 Trump administration cuts to key CDC staff in the Division of Violence Prevention who provided critical technical assistance throughout the VACS process, as well as the OVC portfolio, which provided most of the VACS funding, the prospect for future VACS seems unlikely. Despite limitations, the VACS were a



powerful tool for advocacy and action, and without an ongoing understanding on the situation of violence against children, there are substantial risks to the gains made to date.

One positive development is that in December 2023, UNICEF published the International Classification of Violence against Children (ICVAC),¹⁰⁷ developed in collaboration with national statistical offices and other stakeholders. These operational definitions of all forms of violence against children provide countries with a means to capture and categorize incidents of violence through ongoing country-led surveys and administrative data systems, but the funding to operationalize this remains uncertain. Increased investment in routine data collection and surveillance¹⁰⁸ on child protection issues would contribute to longer-term, more sustainable methods to understand the situation of violence against children.

Harnessing Partnership to Strengthen U.S. Government Policy and Practice

Efforts to advance children's development, care, and protection were most effective when embedded within a broader global movement and when the U.S. government was able to draw from the evidence, advocacy, and technical expertise of non-governmental organizations, academia, persons with lived experience, philanthropy, other bilateral donors, and multilateral institutions. The external advocacy community, as well as the ecosystem of practitioners and researchers working on behalf of children and families, played a decisive role in shaping how the U.S. government understood its responsibilities and opportunities in this space.

Research efforts provided the evidence that U.S. government policymakers used to justify new strategies and investments. For example, the *Lancet* Series on Early Childhood Development (2007, 2011, 2016, 2024) elevated ECD from a niche is-

sue to a global development priority. USAID used these findings to argue internally for integrated programming approaches linking health, nutrition, early learning, and responsive caregiving. Academic researchers from institutions such as Harvard University's Center on the Developing Child and Yale University's Child Study Center briefed U.S. government officials, provided technical resources, and served on advisory groups that shaped program guidance and measurement frameworks. These evidence platforms created shared language (such as "toxic stress," "nurturing care," "responsive caregiving") that the U.S. government could adopt and operationalize.

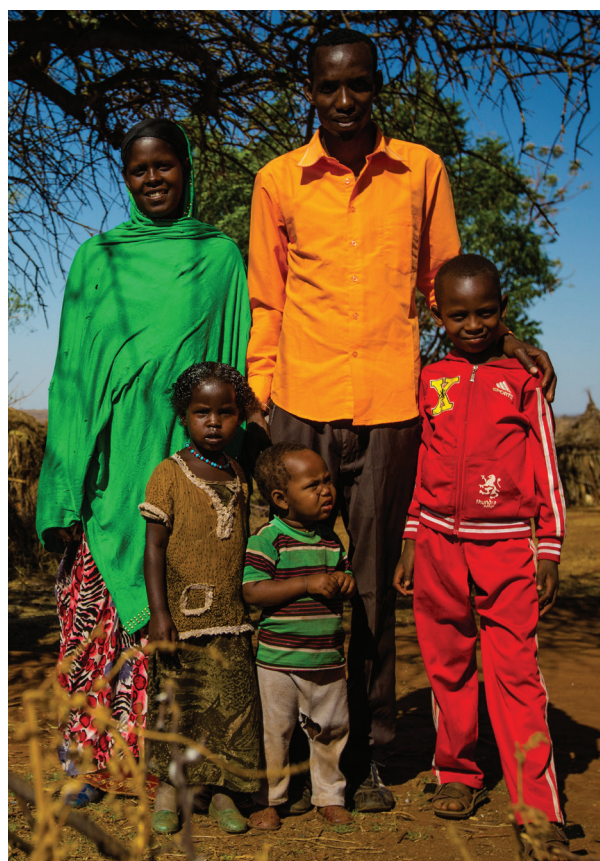
Civil society coalitions consistently pushed the U.S. government toward more holistic child development, care, and protection policies. For example, the Thrive Coalition played a major role in promoting integrated ECD and in advocating for the Thrive Act, which helped frame the need for U.S. leadership on nurturing care within foreign assistance. Faith-based organizations (such as World Vision and Catholic Relief Services) helped shape PEPFAR's approaches to OVC, emphasizing family strengthening, community systems, and local caregiving. BCN elevated an often forgotten and invisible population of children. These groups provided both political advocacy (such as engaging Congress, drafting policy language, and mobilizing constituencies) and technical expertise that U.S. government officials relied on.

Multilateral frameworks—such as the INSPIRE Strategies to End Violence Against Children and the 2018 Nurturing Care Framework co-led by WHO, UNICEF, and the World Bank—provided ready-made structure and offered a unified global agenda. These frameworks created coherence and legitimacy for internal U.S. government champions advocating for stronger child development and protection policy.

Philanthropy helped drive innovation. Foundations often took early risks that federal agencies could or would not. For example, the Conrad N. Hilton Foundation invested heavily in ECD

and family strengthening (such as the Essential Package¹⁰⁹) in low-income settings, generating scalable models adopted or adapted by USAID missions. The GHR, World Childhood, UBS Optimus, and MacArthur Foundations directly invested in care reform alongside USAID, providing partners the flexibility to innovate and respond to emerging needs (for example, through Changing the Way We Care and Family Care First Cambodia). Significant investments from philanthropy, such as the Oak Foundation and the Wellspring Philanthropic Fund, helped build the data-advocacy-action agenda to prevent and respond to violence against children. Many of these foundations participate in the Elevate Children Funder's Group (ECFG), which aims to foster more collaboration and alignment among philanthropic actors supporting children and youth to live life free from adversity. Between 2011 and 2020, ECFG members contributed more than \$1.2 billion to children facing adversity, representing substantial funding for children's care and protection.

Direct engagement between civil society and the U.S. government, for example through technical working groups and consultation processes, allowed NGO leaders, researchers, and advocates to review draft U.S. government guidance, share data, and shape strategic direction. The 2011 Evidence Summit on Children in Adversity exemplified this approach, which fostered collective action for children at risk of, or living without, family care and led to the Action Plan on Children in Adversity. These structured interactions ensured that global learning informed U.S. government perspectives, and that U.S. government policy, in turn, amplified global norms and advocacy messages. In addition, centering persons with lived experience in shaping programs, policies, and decisions became an increased focus of USAID's work. Embracing the principle of "nothing about us without us," USAID placed increased emphasis on engaging and supporting organizations of persons with disabilities in its child-focused work. Resources also supported local and national associations of young



people with care experience, both in terms of the establishment of a global "care leaders" council as well as supporting in-country networks to help advance care reform efforts, such as in Cambodia and Kenya. A Digital Youth Council funded by USAID informed the U.S. government's thinking and work on protecting children and youth from digital harm. Children and young people, families, and organizations of persons with disabilities bring essential insights into both the barriers they face and the assets upon which they can build.

Ultimately, an "inside-outside" approach helped integrate the science and practice of child development, care, and protection into U.S. government programs. Neither group could have achieved these policy changes alone. Together, they drove the slow but steady evolution of U.S. foreign assistance from fragmented, siloed approaches to more integrated, science-based support for children and families. Partnership, more than any single initiative, was a key driver of change.



CONCLUSION

The closure of USAID in early 2025 marked an abrupt end to more than three decades of U.S. government leadership in global child well-being—leadership that saved lives, strengthened systems, and helped shape an entire field of practice. While the consequences of this retreat are already reverberating through communities worldwide, the legacy of this work endures in the millions of children who survived, thrived, and were protected as a result of sustained investment, as well as in the local leaders and entities now carrying the mantle forward under far more constrained circumstances.

This report has sought to honor that legacy by documenting the major milestones, enduring contributions, and critical lessons learned from U.S. government efforts to promote children’s development, care, and protection. Taken together, these lessons offer both a historical record and a roadmap, demonstrating what is possible when technical expertise, long-term partnership, and a commitment to child rights converge, even within complex geopolitical realities.

Unfortunately, the abrupt nature of the withdrawals left little scope for transition planning or the implementation of adaptive strategies, meaning governments and NGOs have had almost no time to restructure programs or find alternative funding. Countries risk backtracking on unprecedented gains in not only child protection infrastructure, carefully constructed through long-term investment and strategic partnership, but also in health, education, and poverty reduction. Already the rapid retraction of U.S. foreign assistance in 2025 triggered a dismantling of systems that took decades to build. The deprioritization of child protection in humanitarian action is underway, including through the collapse of the Child Protection Area of Responsibility into more general humanitarian response structures.¹¹⁰ These systems were hard-won responses to children’s issues being consistently overlooked during repeated crises, and their unraveling risks returning to a world where children’s protection is once again an afterthought.

To make matters worse, these funding cuts arrive during a global polycrisis, an era defined by overlapping emergencies rather than isolated shocks. Conflicts are escalating, displacement is at record highs, infectious disease outbreaks are proliferating, and climate-related disasters are striking with increasing frequency. For many children, the disappearance

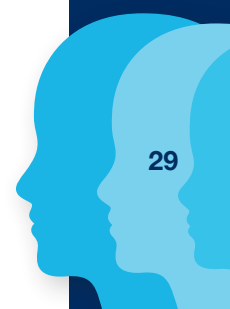
of protective services and basic assistance means the difference between life and death. A study released in November concluded that severe cuts to foreign assistance, with an overall drop in official development assistance (ODA) of 21% in 2025 compared to 2023,¹¹¹ could lead to 22.6 million additional deaths by 2030, including 5.4 million children under 5 years old¹¹²—a projection significantly higher than earlier estimates focused solely on U.S. funding. Reductions in aid directly threaten children’s health, safety, and development, particularly in communities already burdened by poverty and violence. These are not abstract numbers; they represent preventable deaths caused by shrinking access to lifesaving care, protection services, nutrition, vaccines, water and sanitation, and frontline health systems.

Without appropriate response, the world risks a generational setback in global health, child protection, and human development writ large. Reversing the current trajectory is essential to preventing a collapse in child development, global health, nutrition, and education outcomes. As programs contract or shut down, the burden falls disproportionately on the most vulnerable: children in conflict zones, displaced families, rural communities, and regions affected by climate shocks. These are precisely the populations targeted by child-sensitive U.S. legislation such as PL 109-05, the READ Act, and the Global Child Thrive Act.

With fewer partners left to carry the weight and far less resilience in local systems to absorb the shock, the path ahead will require renewed leadership from a diverse set of actors: national governments, multilateral organizations, philanthropic institutions, civil society, and community-based partners. Despite the scale of the crisis, a number of promising developments show that the global community is not standing still. Non-bilateral actors are especially influential right now: philanthropic foundations have begun expanding support for child health, nutrition, and education, aiming to offset the most detrimental losses in ODA. Governments in several countries

are increasing domestic social-sector spending to protect frontline services. Networks and working groups aiming to advance children’s development, care, and protection continue to operate. These efforts do not replace lost U.S. support, but they demonstrate resilience, innovation, and a continued commitment to ensuring that children’s issues remain global priorities even in a period of historic aid contraction. While the U.S. government will no longer play the role it once did, the knowledge, evidence, and partnerships cultivated over decades remain powerful resources for those determined to safeguard the well-being of vulnerable children. By drawing on this history, and by centering and strengthening local capacities, future efforts can continue to advance the global movement for child rights and protection.

Ultimately, the value of this legacy lies not only in what was accomplished, but in what it enables next. We hope that the insights captured here, together with the companion report “Where Do We Go from Here to Support Children in Adversity? Lessons from the Frontlines” and the Children and Youth Resource Hub, will support practitioners, policymakers, researchers, and communities as they navigate this new era. The challenges facing vulnerable children are profound, but so too is the foundation laid over the past 35 years. Building on that foundation is both an urgent responsibility and a vital opportunity to ensure that progress for the world’s children does not stall, but continues to grow in the hands of those most committed to their futures.



U.S. GOVERNMENT DEPARTMENTS AND AGENCIES SUPPORTING CHILDREN IN ADVERSITY PRIOR TO 2025



U.S. Department of State

- Consular Affairs/ Children's Issues
- Combatting Trafficking in Persons
- Refugees and Migration
- Democracy, Human Rights, & Labor
- Global Women's Issues
- Cyberspace and Digital Policy

President's Emergency Plan for AIDS Relief



U.S. Agency for International Development

- Humanitarian Assistance
- Children in Adversity
- Youth
- Education
- Gender Equality and Women's Empowerment
- Global Health
- Food Security
- Regional Bureaus
- Field Missions



Peace Corps

- Volunteer support for community projects that build healthy and protective environments for children



Millennium Challenge Corporation

- Human capital development



U.S. Department of Health and Human Services

Centers for Disease Control and Prevention

- Violence prevention and PEPFAR implementation

National Institutes of Health

- Research that informs interventions and policies supporting children in the United States and globally



U.S. Department of Agriculture

- McGovern-Dole school feeding programs



U.S. Department of Labor

- Child labor, forced labor, and human trafficking

TIMELINE OF U.S. GOVERNMENT AND GLOBAL MILESTONES SUPPORTING CHILDREN IN ADVERSITY

For over three decades, the U.S. Agency for International Development and other U.S. government agencies played a central role in shaping the field of global child protection, development, and care. This timeline highlights key milestones along that journey, showing how U.S. government leadership and collaboration with global partners advanced knowledge, policy, and practice to support the world's most vulnerable children.

 = GLOBAL ACTION

1989

The U.S. Congress creates the **Displaced Children and Orphans Fund (DCOF)**, the U.S. government's first dedicated funding for the protection, well-being, and development of war-affected children, unaccompanied minors, and orphans. The bill states that not less than \$3 million shall be made available for "programs and activities for children who have become orphans as a result of the effects of drought, civil strife, and other natural and man-made disasters."¹¹³

1990

The **UN Convention on the Rights of the Child (CRC)** enters into force. The CRC established that children everywhere have inherent dignity and rights that member states are obligated to respect, protect, and fulfill.

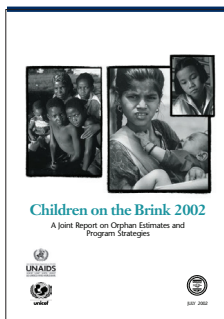
The United Nations
Convention on the
Rights of the Child



1991

DCOF published *Managing Uganda's Orphans Crisis*, one of the first guidance documents highlighting the importance of supporting extended and alternative family-based care for children orphaned by AIDS, rather than relying on residential care institutions.

1997



DCOF, UNICEF, and UNAIDS published *Children on the Brink*, a seminal report that estimated the scale and scope of the orphanhood crisis, as well as promoting strategies to protect children’s safety, health, and well-being. The report was updated in 2000, 2002, and 2004.

2000

Congress passes the **Trafficking Victims Protection Act (as well as subsequent reauthorizations in 2003, 2005, 2008, 2013, 2015, 2017, and 2018)**, which created the Office to Monitor and Combat Trafficking in Persons in the State Department, and in 2005 added additional mandates to the Department of Labor’s mission to combat child labor in foreign countries.

2003

President George W. Bush launches, and Congress authorizes, the **President’s Emergency Plan for AIDS Relief (PEPFAR)**, directing 10% of the appropriated funds to support orphans and vulnerable children (OVC)—a dramatic increase in U.S. government funding to respond to the needs of children affected by the crisis.

2003

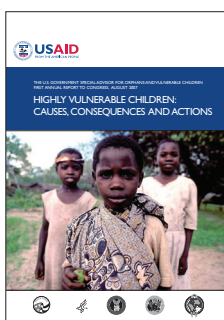


USAID, UNICEF, and Save the Children UK launch the **Better Care Network (BCN)** to facilitate global information exchange and collaboration on issues related to children without, or at risk of losing, family care. BCN rapidly became a highly regarded global resource for information and technical guidance on how to support the needs of such children.

2005

Congress passes **Public Law (PL) 109-95**: The Assistance to Orphans and Other Vulnerable Children in Developing Countries Act, which amended the Foreign Assistance Act of 1960 and required a comprehensive, coordinated, and effective response on the part of the U.S. government to the world’s most vulnerable children.

2006



USAID creates the **first interagency coordination strategy on orphans and vulnerable children** in accordance with the legislative mandate set forth in PL 109-95. The strategy, an unpublished internal document, focused on PEPFAR programming for children affected by HIV/AIDS but lacked clarity with regard to guiding principles, objectives, and outcome indicators.

2007

USAID submits its **first Annual Report to Congress on Orphans and Vulnerable Children** as required by PL 109-95. (All annual reports can be found on the Georgetown University Children and Youth Resource Hub site.)

2007



First Violence Against Children Survey in Swaziland (now Eswatini): Conducted by the U.S. Centers for Disease Control and Prevention (CDC) with support from PEPFAR, this survey served as the first of its kind and provided a prototype for future surveys aimed at measuring the prevalence and circumstances of sexual, physical, and emotional violence against children and young adults.

2009

UN General Assembly adopts Guidelines for the Alternative Care of Children with input from USAID/DCOF staff. These guidelines provide a global framework for supporting children who cannot be cared for by their parents and have influenced national care reform strategies, donor policies, and advocacy movements worldwide.

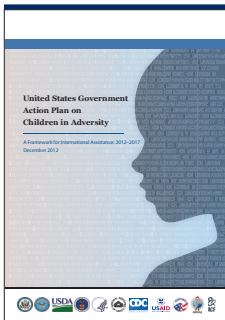
2010

Haiti earthquake response: With over 220,000 deaths and 1.3 million people displaced, the U.S. government response was a stress test of the ability to ensure a coordinated, comprehensive, and effective response on behalf of vulnerable children. The lessons learned from the response ultimately pushed the U.S. government to expand its coordination in support of vulnerable children beyond the HIV/AIDS response.

2011

U.S. Government Evidence Summit on Protecting Children Outside of Family Care gathers leading researchers, practitioners, and policymakers to review evidence to address the needs of children outside of family care and commit to developing a U.S. government strategy based on the findings of the summit.

2012



The U.S. government launches the first Action Plan on Children in Adversity. The first whole-of-government strategic guidance for U.S. government international assistance for children in adversity launches at the White House. It sought to integrate internationally recognized, evidence-based good practices into all international assistance initiatives for the best interests of the child.

2012

The Child Protection Working Group (now the Alliance for Child Protection in Humanitarian Action), funded by USAID's Office of Foreign Disaster Assistance (OFDA), publishes the Minimum Standards for Child Protection in Humanitarian Action, a major step towards professionalizing the global child protection response around a set of principles and guidelines to ensure quality and best practices in response.

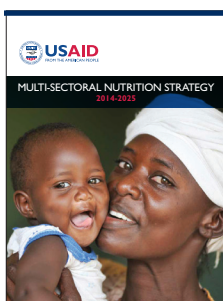
2013

Congress authorizes the Child Protection Compact Partnerships through the Trafficking Victims Protection Reauthorization Act of 2013. Managed by the State Department's Office to Monitor and Combat Trafficking, the compacts provide a mechanism to partner with governments to reduce child trafficking and improve child protection.

2014–2021

Ebola, Zika, and COVID-19 outbreaks: USAID and global child protection actors worked to integrate child protection into the public health response to these three major infectious disease outbreaks, with mixed success, but ultimately strengthened linkages between health and child protection sectors globally.

2014



USAID releases its 2014 Multi-Sectoral Nutrition Strategy, which aims to decrease chronic malnutrition by 20% and the number of stunted children in Feed-the-Future focus areas by a minimum of 2 million. It includes early childhood care and development as a nutrition-sensitive intervention, creating space for integrated and multisectoral approaches to ECD.

2015

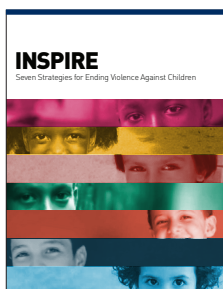
The State Department's Office to Monitor and Combat Trafficking in Persons signs the first Child Protection Compact with Ghana. This five-year agreement worked to build coordinated systems of justice and protection to hold perpetrators of child sex and labor trafficking accountable, provide comprehensive services for child trafficking victims, and expand child trafficking prevention and awareness.

2015



Sustainable Development Goals (SDGs) adopted by the UN General Assembly. SDGs focus on ending preventable child deaths (SDG 3), ensuring quality education (SDG 4), ending child labor (SDG 8), eradicating child marriage (SDG 5), protecting children from violence (SDG 16), and ensuring clean water/nutrition (SDGs 2, 6) for equitable, thriving futures.

2016



WHO releases the INSPIRE package, with support from USAID, CDC, and PEPFAR. The package promotes seven evidence-based strategies to prevent and respond to violence against children and was the first global guidance document to specifically address violence against children.

2016

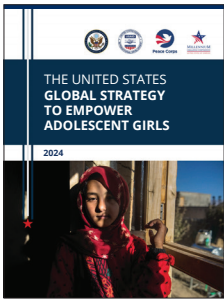


The Lancet publishes a series on early childhood development,¹¹⁴ which estimated that 250 million children globally were at risk of not reaching their developmental potential due to poverty, poor health, and lack of stimulation. This catalyzed a gathering of child-focused NGOs that later became the Thrive Coalition—a driving force behind the U.S. government’s prioritization of ECD in foreign assistance policies and programs.

2016

Pediatrics publishes Global Prevalence of Past-Year Violence Against Children, which shows that over half of all children globally experienced past-year violence. The lead authors of the study from CDC also lead the U.S. government’s violence against children work.

2016

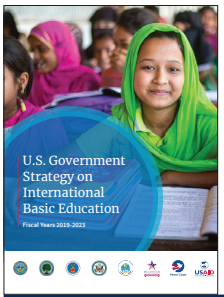


The United States Global Strategy to Empower Adolescent Girls builds on a similar whole-of-government approach to enhance their access to high-quality education; to reduce their risks of child marriage; to reduce their vulnerability to gender-based violence, including harmful norms and practices such as female genital mutilation/cutting; and to provide them with the tools necessary to fully participate in their societies, claim their rights, and make informed decisions about their lives. It was updated in 2024.

2017

The U.S. Congress passes the Reinforcing Education Accountability in Development Act (READ Act), which aims to provide access to education for some of the 263 million out-of-school children and adolescents who do not have access to education because of conflict or political instability. The law includes early childhood and preprimary education within the definition of “basic education.”

2016



WHO releases the Nurturing Care Framework, emphasizing that responsive care, safety and security, and opportunities for early learning are just as essential as good health and nutrition for early childhood development, and providing a practical, multisectoral roadmap for governments and partners to implement.

2018

The U.S. government releases a Strategy on International Basic Education in response to the 2017 **Reinforcing Education Accountability in Development Act**. For the first time, the education strategy recognizes the importance of early childhood development and specifically says that basic education funds can be used for preschool programs.

2021

U.S. Congress passes the Global Child Thrive Act: This law established that it is the policy of the U.S. government to support early childhood development in foreign assistance, which necessitates integrated approaches across various sectors, including health; nutrition; child protection; water, sanitation, and hygiene; and education.

2023

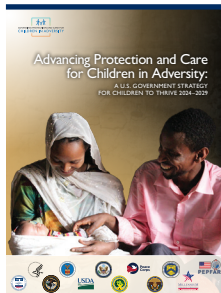


USAID releases Global Child Thrive Act Implementation Guidance for the field, providing actionable guidance to practitioners in health; nutrition; child protection; water, sanitation, and hygiene (WASH); and education on how to integrate ECD-promotive approaches within their sector, and how to design coordinated, multisectoral programming to improve ECD outcomes.

2023

Congress requires reporting on mental health for the first time, specifically “how USAID and the Department of State are working to integrate mental health and psychosocial programming, including child-specific programming, into their development and humanitarian assistance programs.”¹¹⁵

2024



Launch of “Advancing Protection and Care for Children in Adversity: A U.S. Government Strategy for Children to Thrive”: The third whole-of-government strategy to maintain the same core objectives of promoting early childhood development, family care, and prevention and response to violence against children.

2024

First Global Ministerial on Violence Against Children in Bogota, bringing together ministers and partners to generate commitments and pledges for child protection, leading to the launch of the Pathfinding Global Alliance to accelerate action.

2025

Termination of the vast majority of USAID programs and staff, as well as additional child-focused programs and staff from CDC, DOL, State Department, MCC, Peace Corps, and USDA:

These cuts included:

- Almost all children in adversity, basic education, maternal and child health and nutrition, WASH, and PEPFAR OVC programs and staff at USAID;
- Staff from CDC’s Division of Violence Prevention that led on VACS;
- Staff from State’s Trafficking in Persons Office that worked on child protection compacts;
- Some of USDA’s McGovern-Dole school feeding programs and DOL’s anti-child labor programs.

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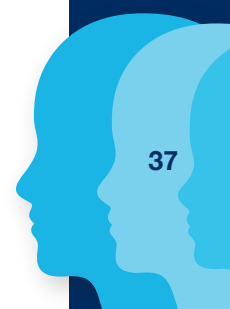
THE CHILDREN IN ADVERSITY PROJECT

The Children in Adversity Project at the Georgetown University Collaborative on Global Children's Issues is stewarding knowledge, partnerships, and reflection at a time of unprecedented changes in U.S. foreign assistance. Led by former U.S. Agency for International Development experts with decades of global experience, we engage local leaders, partner with young people, amplify the voices of persons with lived experience, and work across sectors to reimagine support for children, youth, and families in today's complex global environment.

The Collaborative on Global Children's Issues

The Georgetown University Collaborative on Global Children's Issues fosters cross-disciplinary research and dialogue on critical and emerging challenges affecting children around the world, with a particular focus on children in adversity and pathways to resilience. The collaborative is:

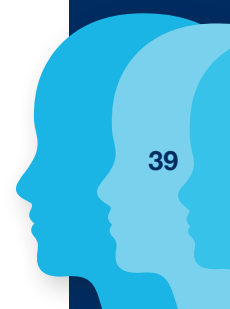
- committed to creating opportunities that are child-centered;
- grounded in the lived experiences of children, their families, and communities;
- responsive to current and emerging needs and useful to actors working in a variety of contexts and capacities to meet them;
- evidence-informed and solutions-oriented; and
- building effective bridges between young people and stakeholders involved in practice, policy, and research.



ENDNOTES

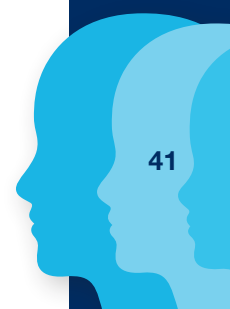
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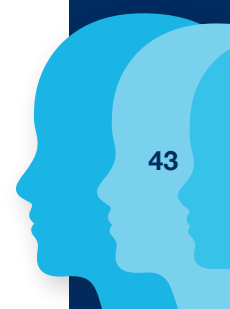
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*A promising future belongs to those nations
that invest wisely in their children.*

*– U.S. Government Action Plan
for Children in Adversity, 2012*

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