

Children's Policy and Presidential Transitions  
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In advance of this afternoon's discussion of practical steps we can take to lay the groundwork for a new focus on youth and children's issues under a new administration, I'd like to reflect on the experience of the last transition from a Republican to the Democratic administration in 2008-2009. In truth, as we discussed the efforts of the advocacy community yesterday, I had a real sense of going "back to the future."

On the transition team under Obama for international development and humanitarian assistance, we had a clear commitment that child survival and thriving were essential to consolidate the progress achieved under the Millennium Development Goals and other ambitious plans. More broadly, it was clear to us that unless we addressed issues related to marginalized populations — who constituted pockets of intractable poverty — we couldn't achieve our larger ambition of eliminating extreme poverty by the year 2035.

I was asked to serve as deputy administrator at USAID in large part because of my work for 40 years in addressing the challenges of marginalized populations, including women, people with disabilities, the LGBTI community, displaced persons, indigenous populations, racial and religious minorities, the very young and the very old.

From the beginning we adopted a four-pillar approach to empowering and engaging these populations.

First, we identified specific projects targeted at strengthening marginalized groups and individuals to build their own capacity to lead around this agenda. We appointed well-respected coordinators for each of these groups, assigned focal points in all bureaus and foreign missions, and targeted new resources to assist them.

Second, we sought to mainstream and integrate marginalized issues into all our work. One important step was to require that these issues were specifically addressed when proposing or implementing projects in all sectors. For example, we required a gender impact statement for every major project that was being proposed.

Third, we tried to serve as thought leaders, action leaders, spokespersons, learning institutions, and partners with NGOs, the academic community, host governments, the business community and international donors in this sector, raising our concerns in all diplomatic and development settings.

Finally, we recognized the need to walk the walk ourselves within our agency. This primarily involved internal programs of diversity, equity and inclusion within our own human resources and training efforts, bringing new voices into the dialogue, redefining stakeholders, and changing leadership styles and decision-making processes to reflect the input that these new voices were sharing.

One outcome of this process was an understanding that the challenges of children and youth, and in particular, children in adversity, would be a top priority for our administration's global development and humanitarian work. We began by bringing together the NSC, State Department and USAID to examine the current state in this area, using the context of the Quadrennial Diplomacy and Development Review, completed in 2010.

We found a mixed picture. The world had made tremendous progress over the previous decades in addressing child mortality, achieving a 70% decline in child deaths before age five. We also found a wealth of US programs, research, action plans, and interagency guidance to address these issues, as well as a portfolio of programs in some 30 offices in a dozen departments and agencies. Many of these programs were quite effective and we didn't abandon them just because they were launched under the previous administration. Total funding for these initiatives reached \$2.9 billion a year. We also recognized the advantage of having PL109-95 passed by Congress in 2005, leading to the development of a government action plan the next year.

But we also found some severe challenges. First, there was insufficient interagency coordination on these issues. Most of our programs were siloed and addressed one disease or condition in isolation, such as the impact of HIV/AIDS on children, trafficking in children, child marriage, gender-based violence, child institutionalization and so on. The 2006 guidance, for example, addressed almost exclusively the challenges of HIV.

Second, while we welcomed the progress in eliminating child deaths, we recognized that we needed children to survive AND thrive. The science was becoming clear that conditions of toxic stress, disease, and malnutrition would hardwire mental and physical capacities in the first 1000 days between conception and age 2, resulting in a lifetime of mental and physical stunting for vast numbers of children.

Third, we were not all pulling towards the same direction. I recall the situation in Kenya, where USAID, CDC and PEPFAR were all vying for country leadership on youth health issues. The US ambassador literally divided the country into three parts so that we didn't step on each other's toes and confuse local government officials. I'm not sure that even King Solomon would have approved of this approach.

We next recognized the need to bring all parts of government, international partners, civil society, and youth themselves together to provide a common base of knowledge and a community of practice.

We launched a series of evidence summits on such issues as saving lives at birth and the challenge of care outside of the family structure. We organized a child survival call to action with UNICEF and our first Grand Challenge for Development focused on child survival. In 2012, we also brought in renowned scholar and activist Dr. Neil Boothby from the Mailman School at Columbia University to serve as the special adviser at USAID and as the children in adversity Coordinator for the whole of government. Neil had launched the Learning Network on Care and Protection of Children in 2005. Having him at USAID helped us to immediately reach out to the community.

Neil began to adopt some programs in this area, but equally important, he began work on the US Action Plan on Children in Adversity as a framework for international assistance from 2012 to 2017. You're all familiar with the plan. It identifies three principal objectives and three supporting objectives to promote greater US government coherence and accountability for vulnerable children. The three principal objectives were: (a) to build strong beginnings to ensure that children under five not only survive but also thrive through comprehensive programs that integrate health, nutrition and family support, (b) to put family care first by helping families care for their children and preventing family child separation, and (c) to protect children from violence, exploitation, abuse, and neglect. Our three supporting objectives were to strengthen child welfare and protection systems, promote evidence-based policies and programs, and integrate this plan within US government departments and agencies.

The plan was launched in December 2012 and it reflected two other dominant trends at the time. First was the need to ensure local ownership and leadership over these initiatives. Today, we call this localization, decolonizing foreign assistance or trust-based philanthropy. At the time, we simply used the phrase, "Nothing about them without them." We also incorporated the latest thinking on monitoring and evaluation, including time-bound measurable goals, feedback loops, accountability provisions, and a focus on outcomes rather than inputs or outputs.

I left USAID in July 2013 and Neil Boothby left about 18 months later. Given the expertise in this group here today on child programs over the past decade, I suggest that we reflect on what we accomplished in the second Obama administration and where we are now after almost four years under the Trump administration.

From my perspective, I'll kick it off by highlighting some mistakes I believe we made from 2009-13. First, we focused mostly on new actions, practices and policies, but we did not adequately institutionalize these changes either through regulations or the arduous task of working with

Congress on legislation. Thus, the progress was vulnerable and subject to easy changes under a new administration.

Second, we did not sufficiently empower Dr. Boothby to drive the initiative, especially on an inter-agency basis. To be effective, a Coordinator needs the authority and reflected power that comes with direct access to and imprimatur from the President, Secretary of State, and other top officials. He or she also needs “sign off authority,” such that no government program related to children in adversity can proceed without his or her express approval. The Coordinator must have sufficient resources under his or her direct control in order to secure a seat at the table in any funding process. And the Coordinator needs to share supervision of child and youth focal points in overseas missions and relevant bureaus at headquarters.

Third, we did not adequately address the complex issues surrounding intersectionality, and the compounding marginalization that children and young people face from other identity factors, such as disability, displacement, sexual orientation and gender identity.

Finally, we never got the funding we needed to fully implement the pilot programs we envisioned for the first five countries or otherwise get the program off to a fast start. We didn’t secure the money needed to incentivize foreign governments to buy into key reforms, persuade other donors to change their funding priorities, or leverage contributions from business or international organizations.

I’d welcome your observations and insights on these and other points, and many thanks for your attention.