VULNERABILITY MITIGATION THROUGH THE ASSISTANCE FOR ORPHANS AND OTHER VULNERABLE CHILDREN IN DEVELOPING COUNTRIES

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ABSTRACT

This paper analyzes the United States of America (U.S). House Resolution 1409 (H.R.1409) also referred to as the "Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005 (AOVC)." This legislation enables the U.S. to provide support to orphans and other vulnerable individuals including those subjected to violence and other forms of exploitation due to Human Immune deficiency Virus (HIV) or Acquired Immuno-Deficiency Syndrome (AIDS) in the developing countries. The Act is administered through the United States Agency for International Development (USAID). Using the Multi-Phasic Policy Analysis Model (MPAM), the author assesses the AOVC implementation in Sub-Saharan Africa (36 countries), using the Annual Congressional Reports and data from the Joint United Nations Program on HIV/AIDS (UNAIDS) and the United Nations Children's Fund (UNICEF). The reports and data were subjected to the six criteria of the MPAM. Focusing on 2005 and 2011, lessons learned show that improvements are needed, despite the progress the AOVC has recorded in addressing the needs of vulnerable children in Sub-Saharan Africa. This analysis also includes recommendations for social work policy, practice, and research.

KEY TERMS: Orphans, vulnerable children, violence, exploitation, AIDS-related parental death, social work, Sub-Saharan Africa

ARTICLE TYPE: Analysis

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INTRODUCTION

The Assistance for Orphans and Vulnerable Children Act (AOVC) is administered through the United States Agency for International Development (USAID). One of the main purposes of the AOVC is to provide HIV/AIDS prevention support to orphans and families in the developing countries (USAID, 2002). The Act authorizes the President to facilitate assistance for orphans and other at-risk children in the global south through the USAID. It also requires the President to put in place a monitoring mechanism for the programs so developed and gives discretionary authority to the Secretary of State to consult with the administrator of the USAID in appointing a Special Advisor for Assistance to Orphans and Vulnerable Children for proper implementation of the Act. The legislation also requires the President to provide an annual report to Congress on the implementation of the policy. Despite the enormous amount of resources allocated towards the Act (Kidmann, Petrow, & Heymann, 2007), the impact of the legislation on preventing AIDS-related death among parents in Sub-Saharan Africa has not been adequately assessed.

This policy analysis has two objectives: To describe the impact of the Act on prevalence of HIV/AIDS-related orphans in Africa and to provide specific recommendations for improving the implementation of the Act based on the analysis. This paper addresses two questions: How has the Act impacted the number of deaths due to AIDS in Africa, and what lessons are learned from the analysis? Using the Multi-Phasic Policy Analysis Model (MPAM), a policy analysis model derived from integrating aspects of existing models (Chambers & Wedel, 2005; Ginsberg & Miller-Cribbs, 2005; DiNitto & Cummins, 2005) with two new criteria – cultural consideration and sustainability, the author assesses the AOVC implementation in Sub-Saharan Africa (36 countries), relying on information from the Annual Congressional Reports related to the AOVC, and the Joint United Nations Program on HIV/AIDS (UNAIDS) and the United Nations Children's Fund (UNICEF). The reports and data were subjected to each of the criteria of the MPAM. Focusing on 2005 to 2011, lessons learned show that improvements are needed, despite the progress the AOVC has recorded in addressing the needs of vulnerable children in Sub-Saharan Africa.

This analysis focuses on the implementation of the Act in Sub-Saharan Africa because the sub-region had the highest prevalence of HIV/AIDS prior to the enactment of the Act in 2005 (Foster & Williamson, 2000; World Bank, 2004), and because the U.S. has invested significant amounts of resources towards the prevention of AIDS in the sub-region. The paper presents lessons learned from the analysis under the appropriate criteria. It also addresses the implications of the findings for numerous aspects of policy, education, advocacy, research, violence and exploitation prevention, and humanitarian assistance.

BACKGROUND OF THE AOVC ACT

House Resolution 1409 (H.R.1409) otherwise cited as the "Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005" is an amendment to the Foreign Assistance Act of 1961. The amendment was introduced by Senator Richard Lugar of Indiana and Barbara Lee, former U.S. Representative of California 9th District on March 17, 2005. It was reported by Committee on September 13, 2005, passed by the House of Representatives (House) and the Senate on October 18, 2005 and October 24, 2005 respectively, and was signed into Public Law No: 109-95 (119 STAT.) on November 8, 2005. Section 2 of the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005 (AOVC Act) highlights Congressional findings, which provides the rationale and the basis for the Bill.

Rationale and goals of the AOVC Act

Leading to the enactment of the AOVC by the US Congress, it was estimated that 143, 000,000 children in Sub-Saharan Africa, Asia, Latin America, and the Caribbean were orphans as of 2004 (UNICEF, 2004). Among these children, 16,200,000 had lost a parent to Acquired Immune Deficiency Syndrome (AIDS; Foster & Williamson, 2000; UNICEF, 2004, 2009). The findings noted lack of substantial international support towards addressing the disease at the time, and the burden that HIV/AIDS pandemic imposes on the affected communities. Although not explicitly noted as part of the rationale for the Act, other scholars also allude to additional need for interventions dedicated towards maintaining vulnerable children in safe environments including protecting them from trafficking (Kathryn, 2013; Rotabi, Smith, Roby, & Bunkers, 2017;). This indication also extends the relevance of the AOVC Act in Sub-Saharan Africa.

Definitions

The term, *orphan*, refers to a child whose parent died because of AIDS (UNICEF, 2004; UNICEF, 2006). In addition, *other vulnerable children* are children (age 15 years and below) from the developing countries whose living conditions are like those of orphans in the global south (USAID, 2004). This includes children who have dropped out of school,

children who are homeless, and those being sexually exploited and subjected to violence due to lack of parental support (The World Bank, 2004; Cheney, 2017). The *Annual Congressional Reports* or *Reports* are the yearly USAID's report to Congress on the status of the Act (USAID, 2005, 2007). In this analysis, the author uses terms such as *Act, AOVC Act, policy*, *legislation, and enabling legislation* in referring to the Assistance for Orphans and Other Vulnerable Children Act of 2005.

The Multi-Phasic Policy Analysis Model (MPPAM)
The Multi-Phasic Policy Analysis Model is a policy analysis framework that integrates selected aspects of three policy analysis models (Chambers & Wedel, 2009; Ginsberg & Miller-Cribbs, 2005; & DiNitto & Cummins, 2005) with additional analytical domains - cultural considerations and sustainability in the critical evaluation of policies. In deriving this framework, the author clustered the overlapping criteria of Chambers and Wedel (2009), Ginsberg and Miller-Cribbs (2005), and DiNitto and Cummins' (2005) models into simple overarching categories. The author subsequently grouped the categories into six broad analytical criteria that encompass the constructs that the original models address. The two new analytical criteria (cultural considerations and sustainability) were included in the MPPAM model because according to Arnstein (1969), policies achieve better outcomes with the participation of stakeholders (Arnstein, 1969; Selvam, 1998; USAID, 2007). In addition, the United Nations Development Program (UNDP, 1994) highlights that sustainable policies achieve better outcomes than policies that do not meet such requirement (UNDP, 1994). Each of the MPPAM criteria has sub-criteria as shown in Table 1. In this analysis, the AOVC is subjected to the criteria of the MPAM.

Table 1: *MPPAM conceptual criteria and sub-criteria*

Model	Selected Dimensions	Selected Analytical Criteria (MPAM)
Chambers &Wedel (2005)	**Goals and objectives:** a) Principles and purposes; b) Long/short-term; manifest/latent. c) Forms of benefits & services: Personal/expert social eligibility rules: Protective regulations; d) Decision-making; e) Latent/manifest intentions: power; f) Means/asset test; private contracting, prior contributions; g) Attachment to workforce. **Administration & Service Delivery:** a) Centralization; b) Referral and case management; c) Client participation/procedural rights. **Financing:** a) The insurance principle; b) Fees for service; c) Indigenous/external collaborations.	**Underlying Principles:** a) Conceptualization of problem b) The insurance principle c) Values; Client participation/rights **Goals and Objectives:** a) Forms/duration of benefits b) Manifest and latent c) Clearly stated goals **Financing:** a) The insurance principle; b) Fees for service; c) Indigenous/external collaborations. **Administration and Service Delivery:** a) Eligibility b) Decision-making power c) Means/assets testing **Cultural Considerations:** a) Collaboration b) Ethical considerations
Ginsberg& Miller-Cribbs (2005)	**Intended/unintended consequences**: a) Correct conceptualization of problem; b) Extent of problem; c) Target population; d) Design fit with objectives; e) Maximization of chances for success f) Relationship between cost/benefits;	**Sustainability:** a) Prior contributions b) Emergency provisions c) Staff attrition
DiNitto & Cummins (2005)	a) Fidelity to process and objectives; are the goals being reached? b) Is this the most effective alternative?	**Evaluation (Process):** **a)** Policy adjustments b) Intended/unintended consequences **Evaluation (Outcome):** a) Policy adjustments b) Intended/unintended consequences.

Table 1 shows the sources of the Multi-Phasic Policy Analysis Model (MPPAM). The MPAM is a combination of the Chambers and Wedel, Ginbserg and Miller-Cribbs, and Cummins policy analysis model, with sustainability and cultural considerations added by the author.

The *determination of guiding principles*, *goals and objectives*, *administration and services delivery*, and *adequate financing* components of this process are derived from Chambers and Wedel's (2009) model. The process and outcome evaluation components are selected from Ginsberg and Miller-Cribbs' (2005), and DiNitto and McCinnis' (2005) models. Table 1 also shows the included eight elements used in analyzing the AOVC. The seven elements are: the underlying principles of the AOVC, goals and objectives of the AOVC, the administration and delivery of the AOVC, process evaluation of the AOVC, outcome evaluation of the AOVC, sustainability of the AOVC, cultural considerations entrenched in the AOVC, and financing of the AOVC.

ANALYZING THE AOVC ACT OF 2005 THROUGH THE MPPM

This analysis is based on a review of seven Annual Congressional Reports (2005 to 2011). The analysis focuses on prevalence of orphans due to HIV-AIDS in Sub-Saharan Africa. This analysis involved independent review of the reports (2005 to 2011). The isolated findings from the reports were merged to describe the rates of AIDS-caused orphans in Sub-Saharan Africa, a main reason for child orphanage. Data from UNICEF and UNAIDS were used in describing the AIDS-related parental death in Sub-Saharan Africa. Each of the seven elements shown in Figure 1 is applied in evaluating the policy.

Assumptions of the MPAM
In this analysis, the author applied the steps of MPAM, as shown in Figure 1. The MPAM, as an analytical model is built on the principle that policy analysis should begin with assessment of the focal policy's underlying principles, following which its goals and objectives should be assessed. Further, the MPAM also holds that the financing and administration aspects of a policy should be assessed immediately following the first two steps, while both process evaluation should be considered as a continuum leading to the outcome evaluation aspect. Importantly, the MPAM holds that cultural considerations and sustainability are exogenous guiding principles that are directly related to administrative and evaluative aspects of a policy. Hence, within the MPAM, the three exogenous analytical constructs are the guiding principles, sustainability, and cultural considerations. The three exogenous analytical factors are related, while the *guiding principles* are assumed to have a direct relationship with the policy goals and objectives. The *guiding principle* effect on *financing* is mediated by the policy goals and objectives, while the guiding principle effect on the policy's ultimate *outcome* (evaluation) is further mediated by the *process evaluation* aspect. The *financing* component of MPAM is assumed to have direct effects on the policy's *administration* and *process evaluation*. Further, the relationships between the policy *goals and objectives* and its *process evaluation* is mediated by the policy's *administration*.

Steps to the AOVC analysis using MPAM
The first step involves assessing whether the policy has guiding principles that informed it, and whether those guiding principles are reflected in the implementation of the AOVC. The second step involves assessing the goals and objectives of the policy and ascertaining whether the goals and objectives were implemented in the execution of the AOVC. The third step is assessment of adequacy of the policy's financing. The fourth step involves a determination of the administrative and services delivery elements of the policy, and ascertaining whether they were adhered to, and whether they were adequate. The fifth step is concerned with determining and ascertaining the policy's position through process evaluation; and the sixth step involves the outcome evaluation of the policy. Based on the MPAM model, both the cultural considerations and sustainability elements are assessed throughout the steps of the analysis. In other words, cultural considerations and sustainability are exogenous guiding factors that span steps 1 to 6 in the analytical process.

Figure 1. The MPAM Graphic Model and Analytical Steps
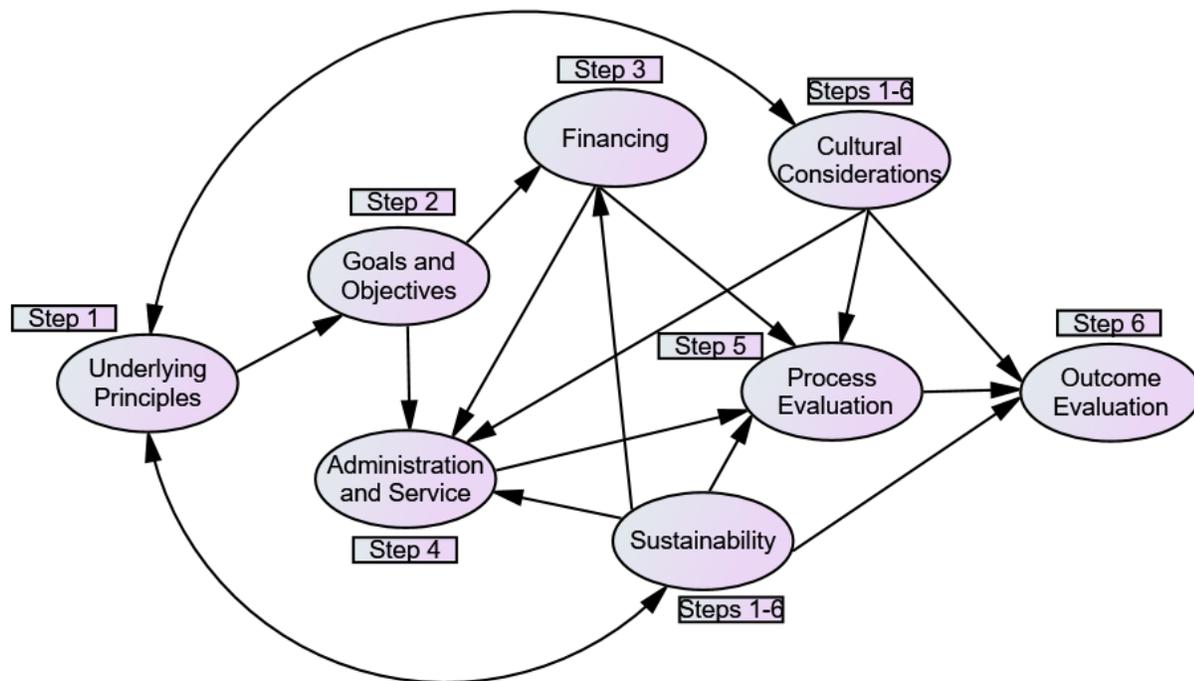
Determination of the underlying principles

This criterion examines how the Act conceptualizes the problem that it addresses. It also examines the values and ethical factors addressed by the policy, and how it guarantees clients' participation (Chambers & Wedel, 2009). The enabling legislation provides a clear description of its guiding principles and the rationale behind its enactment by Congress (Gary, 2009, 2010; Chambers & Wedel, 2009; House Resolution 1409 (H.R.1409). The Act documents the causal relationships between HIV/AIDS and the increased rate of death of heads of households in Sub-Saharan Africa. Thus, the prevention of the disease is a remarkable value-laden effort (Yamashita, 2007). The Act enumerates the challenges faced orphans in the developing countries. It also addresses social justice and advocacy issues as the legislation gives voice to communities, children and organizations for the betterment of humanity. The Annual Congressional Reports show evidence of the basic values addressed by the Act such as access to education, right to inheritance, protection from harm and exploitation, and commitment to social justice (Mapps, 2008). Overall, the Reports show that the policy executors inculcate aspects of dignity, respect, empowerment, social justice, and equity in administering the policy in the sub-region (USAID, 2007; Gary, 2008, 2009, 2010).

Goal and objectives determination

This aspect of the MPPAM addresses whether the goals and objectives of the policy are *clear* and *feasible*. It also examines the policy in terms of the *benefits provided* by it, the *duration of the benefits*, and the *latent* and *manifest goals* of the Act (Chambers & Wedel, 2009). Section 3 of the Act addresses the manifest goals that the Act addresses and highlights the types of services that it provides. According to Doblestein (2003), manifest goals reflect the aspects of policy objectives that are clearly stated. Thus, the objectives of the Act and the forms of services that it clearly seeks to deliver constitute its manifest goals. Some of the main goals of the Act include: increasing the capacity of USAID towards a better service-delivery capacity in the area of HIV/AIDS prevention, provision of school assistance to orphans, granting nutritional support to vulnerable children, providing family assistance to people in helpless conditions, and preventing the exploitation of orphans in the global south (Michal, 2001; Kidmann, Petrow, & Heymann, 2007; Gary, 2010).

These goals clearly fit the challenges facing numerous children in third world countries (Michal, 2001). As emphasized by Gary (2009), the objectives of the Act can also be understood from the types of services that it enables the USAID to provide. The Act also addresses the feasibility of its goals by empowering the President to use his discretion in ensuring that the policy achieves success by collaborating and working with the Secretary of State, and the USAID Administrator (USAID, 2005). It also authorizes the USAID administrator to conduct annual needs assessments and to gather best practice information to guide its future implementation. The legislation does not provide

a deadline for when this assistance would lapse. As such, the duration of the benefits remains open-ended. This characteristic of the legislation confirms the unwavering commitment of the U.S. to global humanitarian assistance (Axinn & Levin, 1992; Gary, 2009, 2010; USAID, 2007).

The latent goals of the policy are the rationales of which do not appear in the Act. According to DiNitto and Cummins (2005), one of the critical issues to address in policy analysis is the unstated agenda that the policy addresses. Agendas inferred from the Act include expansion of U.S. democratic leadership in the world (Hayde, 2003) and actualization of the interest of the U.S. in global stability. From these standpoints, the implementation of the Act is consequential to the peace and stability of the world. This is because the existence of crises in Sub-Saharan Africa (which have been associated with struggles for scarce resources) could result to the recruitment of vulnerable children into militant groups that pose threats to global security (Machel, 2001). Another way to understand the latent goals of the Act derives from Cialdini's (2009) assumption that people reciprocate kindness. From this perspective, the Act may be seen as a means through which U.S. builds positive assets and alliances with the developing countries.

Administration and service delivery

According to Chambers & Wedel (2009), a good policy should highlight the means for the actualization of its implementation. Similarly, Ginsberg and Miller-Cribbs (2005) acknowledge that a policy that has no clearly defined framework for its implementation is a failed endeavor. The MPPAM addresses the following aspects of administration and services delivery: Eligibility criteria, decision-making power, and means/assets testing (Chambers & Wedel, 2009; DiNitto & Cummins, 2005). The Act provides specific guidance on how its objectives should be implemented. For example, Section 2 of the Act gives overall and subordinate administrative powers to the President, the Secretary of State, and the administrator of the USAID, respectively (USAID, 2006). The Congressional Reports reviewed during this analysis account consistently for how these services are delivered, and they specify the number of grants given out to collaborating international and local organizations (USAID, 2007).

Section 3 of the Act details the beneficiaries of the policy. These include orphans, other vulnerable children, and widows (Gary, 2009). In terms of eligibility rules, this analysis uncovers some challenges faced by USAID in assessing and determining criteria for service at the initial stages of the policy implementation (2005 to 2007) due to difficulties in differentiate between people who are eligible and those that are not (USAID, 2007). The efficiency of the USAID in delivering school services, psychological services and nutritional supports is negatively impacted by the challenge of eligibility determination in Sub-Saharan Africa. However, with full establishment of the Vulnerability Indicator Database in 2010 record-keeping software used in identifying the status of individuals in the sub-region), the agency is beginning to experience greater efficiency (Gary, 2010). The USAID also engages in annual means/assets tests and gathers best practice data through its monitoring system. This system consistently assesses the workforce needs of the policy and other overhead costs necessary for the smooth implementation of the Act.

Cultural considerations

Cultural competence as an imperative aspect of policy is well-documented in the literature. According to Fischer, Miller, and Sydney (2007), policy analysis ought to reflect the cultural implications of the policy being analyzed. In meeting this requirement, Section 3 of the Act requires the strengthening of social ties, inclusion and engagement of local organizations, and participation of community members in the policy implementation process. The Reports also show substantial evidence of cultural considerations by USAID staff and administrators in coordinating AIDS services in the sub-region. For example, the agency completes a series of stakeholders' meetings each year, and it provides opportunity for local people to contribute to the program's development and implementation (UNICEF, 2008; Gary, 2010).

Sustainability

This analysis criterion focuses on *prior contributions* made towards improving the lives of orphans, *emergency provisions* put in place for unforeseen needs that may arise during the implementation of the policy, and *staff attrition* problems. Each of these factors affects the implementation and outcome of a policy (Chambers & Wedel, 2009; Fischer, Miller, & Sydney, 2007). Prior to the enactment of this Act, the U.S. maintained substantial assistance to the developing countries through the Foreign Assistance Act of 1961, and the country invested considerable efforts towards eliminating HIV/AIDS, Malaria, Tuberculosis, and other diseases in Africa. This effort was sustained through House Resolution 1298, cited as the "United States Leadership against HIV/AIDS, tuberculosis, and malaria Act of 2003."

Although these prior contributions were not specifically targeted towards HIV/AIDS orphans, they show a sustainable trend and commitment by the U.S. in constantly adjusting to the needs of these countries as they arise (Hayde, 2003; Jowett, & Miller, 2005). Also, the USAID mobilized efforts in 2010 through emergency funding in

addressing the needs of Haitian children who were affected by the earthquake (Gary, 2010). This was possible because the Act empowers the President to appropriate emergency funding to the USAID to address emergency situations in protecting vulnerable children in the developing states.

Financing

According to Ginsberg (2005), ascertaining how a policy is financed forms the most exciting aspect of policy analysis. Likewise, Chambers & Wedel (2009) emphasize the importance of financial provisions for the smooth implementation of policy. This Act empowers the President to determine the amount of money needed annually for the implementation of the policy. In 2005, 1.2 million orphans received services related to AIDS while 2 million children were served in 2006. In addition, between 2007 and 2008, the U.S. increased its funding of the implementation of the Act. This resulted to a total of $5.14 billion (including $ 1.86 billion by coordinating bodies, and $3.38 billion by the U.S. government) being spent on implementing the policy, through a total of 2,044 projects (USAID, 2007, Gary, 2009).

In the subsequent year, the U.S. committed $2.6 billion to programs assisting vulnerable children in 107 countries through 1, 900 projects (Gary, 2010). Furthermore, a total of $2.8 billion was disbursed towards the implementation of the Act in 2011to several agencies, including the Department of Agriculture, and the U.S. Department of Health and Human Services (USAID, 2011). Overall, the Reports show that the funding of this Act has increased from $1.8 billion dollars in 2005 to $18.9 billion in 2010. Contributions from USAID's partners and donor countries have also increased. Interestingly, the cost for HIV/AIDS care has remained largely uniform in most countries; the annual cost for educating orphans ranges from less than $1,000 in Kenya to about $2,000 in Eritrea (USAID, 2006). Therefore, the equitable distribution of funds among these countries remains a challenge to be addressed.

The costs of this Act include financial costs and other opportunity costs that the U.S. absorbs due to its commitments towards the implementation of the Act. As noted by Jowett and Miller (2005), the U.S. commitment to alleviating the suffering of people in numerous countries imposes some financial burden on the local economy. Arguing differently, Kivumbi, Nangendo, and Ndyabahika (2004) highlight the effects of decentralized financial management on policy outcomes and emphasize a need for more funding from the U.S. These two contending views show the effects of social exchange on the perception of the giver-receiver relationships between the U.S. and the developing countries. The Annual Reports show that the implementors of Act are able to control waste, as it requires the Report to provide basis and rationale for each project undertaken. Thus, in providing this rationale, the USAID also clarifies why alternative programming or policies could not have been undertaken instead of the implemented program.

Evaluation

This criteria involves both the process and outcome evaluation of the policy. The USAID (2010) highlights data-driven performance monitoring as an important aspect of policy analysis. Similarly, McLaughlin (1987) reports that one of the best ways to approach policy analysis is to examine information gathered from its implementation. Similarly, the three policy analysis frameworks (Chambers & Wedel, 2009; Ginsberg & Miller-Cribbs, 2005; DiNitto & Cummins, 2005) from which the MPPAM derives reports the importance of considering evaluative elements in the policy analysis process. The criteria for policy evaluation under the MPPAM include the adjustments reflected on the policy based on lessons learned and the intentional and unintentional consequences of the policy (Ginsberg, 2005, Popple & Leighninger, 20111994).

Section 3 of the Act mandates the President to establish and retain an evaluation and monitoring mechanism to assess the impact of the policy. Review of the Reports show that the USAID is consistent in fulfilling the evaluation requirement of the Act. In Sub-Saharan Africa, the Reports show commitments by the U.S. towards accomplishing the goals of the Act. This is evidenced by increased provision of preventive services for HIV/AIDS, such as health education, protective sex education; early treatment for AIDS-infected parents and children, and nutrition and housing support (USAID, 2011). However, none of the Congressional Reports shows the rates of increase or decrease in AIDS orphans in the sub-region.

Ash, Berg, and Coiera (2004) address the unintended consequences of a policy as the errors that are made during the formulation or implementation of Act. They argue that errors or unanticipated circumstances could be either good or bad. They also claim that that most unintended consequences are not usually obvious (Ash, Berg, & Coiera, 2004). Thus, it is by anticipating these consequences that policy implementation becomes successful. Ginsberg (1994) acknowledges that the goal of policy analysis includes ascertaining the outcomes or consequences that the policy is designed for. One of the unintended consequences of this Act is that its implementation may create dependency rather than self-reliance among the adults who receive these services Chambers and Wedel (2009).

Trends in AIDS-related parental deaths in Sub-Saharan Africa (2005 to 2011): Accentuating Continued Need

This aspect of the analysis describes the level of AIDS-induced parental deaths in Sub-Saharan Africa, in a comparative form. Hence, the 2002 total mean death is compared with the 2009 total mean deaths. Because the 2002 data is a projected estimate for 2010, it is used as the baseline level, while the 2009 figures are used as the post-baseline level. The 2009 data is considered an appropriate comparison with the 2010 projected estimates because this analysis only utilizes its lower estimates (UNICEF, 2002; UNICEF, 2009).

In terms of differences in the number of parents that died because of AIDS between 2002 and 2009 in Sub-Saharan Africa (36 countries), the minimum number of deaths in 2002 and 2009 range between 99 and 1,400, respectively while the maximum number of AIDS-related deaths based on 36 countries between 2002 and 2009 are 1,172,000 and 1,800,000, respectively. The overall mean difference between 2002 and 2009 are 152,308.3056 (SD = 245246.55186) and 288,661.111 (SD = 469652.43640), respectively. Equatorial Guinea had the lowest AIDs-related parental death in 2002 (99) while Gambia had the least amount of AIDS-related parental deaths in 2009 (1400). South Africa had the highest number of deaths in 2002 (1,172,000) while Nigeria (1,800,000) had the highest number of deaths associated with AIDS in 2009.

Table 2: Country-by country comparison by raw estimates

Country	2010 Estimated AIDS DOs	2009 AIDS DOs (LEs)	Differences
Angola	94,000	95,000	+1,000
Benin	23,000	18,000	-5,000
Botswana	124,000	71,000	-53,000
Burkina Faso	122,000	100,000	+22,000
Burundi	102,000	170,000	+68,000
Cameroon	214,000	270,000	+56,000
Central African Republic	52,000	110,000	+58,000
Chad	33,000	79,000	+46,000
Congo	27,000	41,000	+14,000
Dem. Rep. Congo	222,000	350,000	+128,000
Equatorial Guinea	99	2,500	+2,401
Eritrea	7,000	12,000	+6,000
Gabon	3,000	12,000	+9,000
Gambia	2,000	1,400	-600
Ghana	38,000	34,000	-4,000
Guinea	20,000	7,700	-12,300
Guinea Bissau	4,000	7,700	+3,700
Kenya	509,000	980,000	+471,000
Lesotho	113,000	110,000	+3,000
Liberia	26,000	34,000	+8,000
Madagascar	1,000	9,300	+8,300
Malawi	221,000	540,000	+319000
Mali	24,000	36,000	+12,000
Namibia	60,000	50,000	-10,000
Niger	27,000	47,000	+20,000
Nigeria	549,000	1,800,000	+1,251,000*
Rwanda	116,000	98,000	+18,000
Senegal	4,000	15,000	+11,000
Sierra Leone	45,000	9,200	-36,000
South Africa	1,172,000	1,600,000	-428,000
Swaziland	56,000	55,000	-1,000
Togo	27,000	47,000	-20,000
Uganda	98,000	1,000,000	+902,000*
United Rep. Tanzania	251,000	1,100,000	+849,000*
Zambia	332,000	570,000	+238,000
Zimbabwe	765,000	910,000	+145,000
Total	5,483,099	10,391,800	+4,908,701

*DOs stand for double orphans. LE stands for low estimates. **-** denotes decline while + indicates increase in orphan.
* indicates a country with >500,000 increase in orphans in 2009.*

Table 2 shows the changes that have occurred in the AIDS-related deaths among parents in the 36 countries between 2002 and 2009. Table 2 shows the results of the comparison between Sub-Saharan and the rest of the world in terms of HIV/AIDS-related deaths. As shown in Table 2, Sub-Saharan Africa has the highest number of newly infected people or people who died of AIDS in 2009 (1,800,000 or 1,300,000) compared to Oceania (4,500 or 1,400).

Table 3*: Global prevalence of HIV-AIDS by region as of 2009*.

Region	People with HIV	Newly Infected	HIV-related deaths
Sub-Saharan Africa	22.5 million	1.8 million	1.3 million
Middle East and North Africa	460, 000	75,000	24,000
South and South-East Asia	4.1million	270,000	260, 000
East Asia	770,000	82,000	36,000
Central and South America	1.4 million	92,000	58,000
Caribbean	240,000	17,000	12,000
Eastern Europe and Central Asia	1.4 million	130,000	76,000
Western and Central Europe	820,000	31,000	8,500
North America	1.5 million	70,000	26,000
Oceania	57,000	4,500	1,400
Total	33.3 million	2.6 million	1.8 million

As shown in Table 3, South Africa had the highest deaths in 2002 (1,172,000) but had the largest decrease in the number of deaths between 2002 and 2009 (428,000) while deaths in Nigeria increased from 549,000 in 2002 to 1,800,000 in 2009 with a total difference of 1,251,000. Also, Botswana (53,000), Sierra Leone (36,000), Burkina Faso (22,000), Togo (20,000) and Namibia (10,000) all had substantial decreases in the number of AIDS-related deaths between 2002 and 2009. On the other hand, Nigeria, Uganda, the United Republic of Tanzania, Kenya, and the Democratic Republic of Congo had the highest increases (1,251,000; 902,000; 849,000; 471,000; and 68,000) between 2002 and 2009, respectively.

Limitations of the analysis
First, this analysis of the AOVC is restricted to years 2005 to 2011. A lot of shifts in trend has occurred since then; hence, the current place and prevalence of AIDs-related parental deaths in Sub-Saharan Africa has yet to be analyzed, using literature that reflect a current timeframe. This highlights a need to engage in a further review of the impact of the policy beyond 2011. Further, while it is practically impossible to attribute any causality between the AOVC and the rate of OVCs in Sub-Saharan Africa, it is also important to note that as of 2019, child orphanage and its attendant vulnerabilities continue to exist. For example, in a qualitative study of orphans and vulnerable children and their care givers in Zimbabwe, (Ringson, 2019), findings showed that misappropriation of inheritances has remained an issue, exposing the children to further vulnerabilities. The MPAM is a new policy analysis model and is being applied for the first time in analyzing the AOVC. Further, the quantitative descriptive aspects of this analysis utilized secondary datasets. In addition, the author could not ascertain how the variables were measured, as the codebooks for these datasets were either unavailable or inconclusive. As such, the quantitative aspect of the analysis was restricted to descriptive comparisons. Further, both the 2002 and 2009 data are based on estimates and projections (USAID, 2002 & UNICEF, 2009). Furthermore, the author did not remove the outliers that emerged from the dataset considering the substantive importance of the issue of deaths caused by AIDS. This is because; the outliers help to understand the trends of HIV/AIDS trends in the countries that were included in this analysis. This is because; the author believes that the subject being addressed in this article is of a substantive significance.

DISCUSSION AND IMPLICATIONS FOR SOCIAL WORK

Discussion
The AOVC Act is concerned with the wellbeing of a large group of people in more than 107 countries (USAID, 2007, Mapps, 2008; Yamashita, 2007; Foster & Williamson, 2000; Floyd et al., 2007), and it addresses a range of substantive issues including child exploitation, rights deprivation, family disintegration, and the AIDS pandemic. These issues are very serious as their impacts are of international concern (Machel, 2001). The Congressional Reports show strengths in the areas of financing, sustainability, administration, underlying principles, goals and objectives, cultural consideration, and sustainability (USAID, 2007, 2009, 2011). The amount of details provided by the Act in ensuring that these critical aspects of policy are covered is commendable. However, despite that the Act provides succinct requirements for evaluating its implementation, the Reports do not clearly provide data on the direct impact of the policy on preventing AIDS-related deaths among parents in Sub-Saharan Africa.
Among the proposed outcomes of the Act is that its implementation will alleviate the sufferings enumerated in it. A descriptive analysis of the impact of the policy in Sub-Saharan Africa shows that more parents have died because of AIDS in most of the countries between 2002 and 2009. However, care ought to be taken in interpreting this result because the datasets used in the analysis are based on estimates. Furthermore, since death does not occur immediately following HIV/AIDS infection, the 2002 and 2009 datasets may not be independent of each other.
In addition, three extreme outliers emerged in both the 2002 dataset and the 2009 dataset (Nigeria, South Africa, and Uganda). Thus, these few countries may have contributed to the high number of increases in AIDS-related deaths and may have influenced the findings. Due to the substantive nature of this analysis and the measurement criteria specifically chosen for it, the removal of the outliers was not considered an ethical option. The 2009 data are the low estimates (as that it accounts for both single and double orphans). Thus, if the absolute estimate would have been used a higher average may have been derived.
Finally, this analysis shows that South Africa, Botswana, Burundi, Sierra Leone, Burkina Faso, Ghana, Guinea, South Africa, Swaziland, and Togo, all had decreases in parental deaths due to AIDS between 2002 and 2009. This finding suggests that some improvement in reducing AIDS-related parental deaths have occurred in these countries. Again, because the issue of AIDS is of substantive concern, and despite that this study cannot ascertain whether the decreases reported in this study are solely as a result of this Act, any amount of decline in AIDS-related death is encouraging. Overall, this analysis shows that the Act was carefully enacted in a manner that addresses all aspects of the analytical framework used in this analysis, except the *unintended consequences* aspect (Ginsberg, 1994).

Implications for Social Work
This analysis shows that most countries in Sub-Saharan Africa still have high rates of AIDS and AIDS- related parental deaths, a main cause of child orphanage, and a strong correlate of violence and victimization of children and orphans, as of 2011. Sub-Saharan Africa had 1.8million cases of new HIV/AIDS infection in 2009 (UNICEF, 2009), notwithstanding the contributions of this Act towards addressing the issue. The findings from this analysis show reasons to reassess the policy strategy of USAID in implementing the Act. In other to address this, the USAID should assess the efforts that have resulted to the decrease in AIDS-related orphans in eight of the African countries and consider replicating in the strategies in the rest of the countries that are covered by the Act.
Further, social workers and other professionals who work at the international level should seek ways to consistently advocate the needs of orphans in the developing countries (Jowett & Miller, 2005). Furthermore, the USAID should utilize mixed methods approaches in identifying and measuring the impact of the implementation of the Act on parental deaths caused by AIDS. This would make it easy for future data-driven policy analysis to be thoroughly conducted on the Act rather than relying on estimates and projections (Chambers & Wedel, 2009; UNICEF, 2002; UNICEF, 2009).

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