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# Orphans and Vulnerable Children in Military Populations in Zambia: A New Perspective on Vulnerability



**AUGUST 2010**

This publication was produced for review by the Zambia Defense Force Medical Services in collaboration with the U.S. Agency for International Development (USAID). It was prepared by Anita Datar Garten and Yvonne Mulenga of the Health Policy Initiative, Task Order I.

*Cover Photo: Four orphaned boys eat a meal in Zambia. Credit: © 2004 Danny Chingimbu, Courtesy of Photoshare.*

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The views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government.



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“When we talk about OVC, we focus on providing services to children, but we really need to focus on the entire household . . . We need comprehensive services to empower households. Focusing on children only limits the potential for economic empowerment.”

— Ministry official from Government of Republic of Zambia



*An elderly woman cares for her grandchildren in Mongu, Zambia. Mongu has a high rate of HIV prevalence, and many grandparents take care of children orphaned by HIV/AIDS.*

*Credit: © 2006 Bellah Zulu/Oblate Radio Liseli, Courtesy of Photoshare.*

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## EXECUTIVE SUMMARY

In 2007, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) increased funding for orphans and vulnerable children (OVC), with a focus on seven key intervention areas: food and nutrition, shelter and care, protection, healthcare, psychosocial support, education and vocational training, and economic strengthening (USAID, 2008). With funding from PEPFAR, U.S. Government (USG) agencies, including the U.S. Department of Defense (DOD) and U.S. Agency for International Development (USAID), provided assistance and support to HIV-affected OVC globally in these seven areas to eliminate the causes of vulnerability, while strengthening families, communities, and national systems. In Zambia, these two agencies have also coordinated efforts to focus on orphans and vulnerable children within military populations, a subset of the broader group of OVC.<sup>1</sup> According to PEPFAR legislation, orphans and vulnerable children are “Children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects.”<sup>2</sup> For the purposes of this report, we use the term “military OVC” or “military children” to refer to orphans and vulnerable children whose parents or primary caretakers are within military populations.

The military environment poses numerous challenges for children. Active duty service members are often stationed far from their homes, resulting in family isolation and lack of extended family support. In some instances, military children are viewed as outsiders; therefore, they receive little support from surrounding communities. Identifying vulnerable military children, understanding their needs, and providing them with targeted services are challenges further complicated by experiences associated with gaining access to military bases. To explore these unique barriers for military children, USAID and the U.S. DOD commissioned the USAID | Health Policy Initiative, Task Order 1, to assess the USAID-funded Military OVC Project led by Project Concern International (PCI) in Zambia and document the experiences of this underserved, highly vulnerable population. The Military OVC Project provides services in various areas, including education, recreation, psychosocial support, food and nutrition, and training for teachers and guidance counselors.

This report presents first generation findings from semi-structured qualitative interviews and focus group discussions with a range of OVC stakeholders, as well as recipients of services, including orphans and vulnerable children (ages 16 and 17) and their caregivers.<sup>3</sup>

OVC stakeholders and recipients of services attribute improvements in their quality of life to a number of program components, including the Military OVC Project’s focus on reducing stigma and discrimination, introducing HIV awareness clubs or “safe clubs” for orphans and vulnerable children, increasing food security, and providing psychosocial support. Still, numerous challenges remain.

The research findings also demonstrate that, although military and civilian OVC face many of the same challenges overall with respect to vulnerability, the distinction for military OVC relates to the military environment, which relies on a command structure that poses challenges for addressing vulnerability in children, as well as a related issue regarding military culture that may lead to the isolation of, aggressive behavior toward, or even abuse against children. Another key distinction for military OVC relates to three stages of experience common to military OVC, also referred to as the military OVC “life cycle.” These

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<sup>1</sup> At the time the assessment was designed, contacts within the U.S. DOD identified military OVC initiatives in Kenya, Nigeria, South Africa, Senegal, Tanzania, and Uganda. As these programs were just beginning, the U.S. DOD and USAID agreed to focus this assessment on Zambia, which had a relatively mature program.

<sup>2</sup> The Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, PL 110–293, 122 STAT. 2918, (2008), cited on <http://www.pepfar.gov/about/index.htm>.

<sup>3</sup> In Zambia 16 and 17 year olds are considered young adults and do not need parental or guardian permission to participate in research. This is the equivalent in status to an emancipated minor in the United States.

stages include (1) challenges faced while living within the military camp but separated from a parent; (2) challenges faced while living within the camp, while awaiting the payout of death benefits; and (3) challenges faced by military OVC as a result of repatriation to civilian life. Stakeholders and recipients of services offered a number of recommendations, including, but not limited to, strengthening existing structures and networks within the military to ensure support to families in need; capacity building for military personnel, wives/widows, and children to ensure long-term planning and support on deployment and risk of death; sensitization and continuing education for military personnel to understand the needs of dependants and OVC; and revisions to existing OVC policies to ensure that surviving dependants of military personnel are supported as they repatriate from military camps to civilian communities.

The U.S. DOD's ultimate aim is to design operational guidelines for use by countries interested in establishing military OVC programs. This preliminary research is a first step toward the achievement of that goal. Further research is still needed to explore the challenges identified by this research in order for the USG to develop responsive military OVC programs.

## **ABBREVIATIONS**

AIDS	acquired immune deficiency syndrome
DFMS	Defense Force Medical Services
DOD	Department of Defense (United States)
ECD	early childhood development
GRZ	Government of the Republic of Zambia
HBC	home-based care
HIV	human immunodeficiency virus
IRB	Institutional Review Board
MSYCD	Ministry of Sport, Youth, and Child Development
OVC	orphans and vulnerable children
PCI	Project Concern International
PEPFAR	President's Emergency Plan for AIDS Relief
STI	sexually transmitted infection
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization
ZDF	Zambia Defense Force
ZNS	Zambia National Service

## INTRODUCTION

The United States Government (USG) provides services to meet the needs of orphans and vulnerable children (OVC) worldwide. According to USAID (2009), no single definition or set of criteria for OVC is universally accepted. Instead, the USG applies a framework to capture the range of causes and risk factors leading to increased vulnerability in children:

- Loss of family/parental care and protection
- Extreme poverty
- Food insecurity
- Economic shocks
- Conflict/instability
- Natural disasters
- Harmful cultural norms and traditional practices
- Disability
- Lack of access to essential services, including education, healthcare, shelter, food and nutrition, protection, livelihood opportunities, and psychosocial support

As a result of the above, children may face multiple vulnerability risk factors at various stages of their lives, resulting in orphanhood, abandonment, displacement, living and/or working on the street, institutional care, abuse, gender-based violence, risk of HIV or sexually transmitted infections (STIs), trafficking, involvement with armed forces/groups, and involvement in exploitive labor, including sexual exploitation (USAID, 2009).

In 2007, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) increased funding for orphans and vulnerable children, with a focus on seven key intervention areas: food and nutrition, shelter and care, protection, healthcare, psychosocial support, education and vocational training, and economic strengthening (USAID, 2008). With funding from PEPFAR, USG agencies, including the U.S. Department of Defense (DOD) and U.S. Agency for International Development (USAID), provide assistance and support to OVC globally in these seven areas to eliminate the causes of vulnerability, while strengthening families, communities, and national systems. In Zambia, these two agencies have also coordinated efforts to focus on orphans and vulnerable children in military populations—a subset of the broader group of OVC.<sup>4</sup> According to PEPFAR legislation, orphans and vulnerable children are “Children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects.”<sup>5</sup> For the purposes of this report, we use the term “military OVC” or “military children” to refer to orphans and vulnerable children whose parents or primary caretakers are within military populations.

The military environment poses numerous challenges for children. Active duty service members are often stationed far from their homes, resulting in family isolation and lack of extended family support (USAID, 2009). In some instances, military children are viewed as outsiders; therefore, they receive little support from surrounding communities (USAID, 2009). Identifying vulnerable military children, understanding their needs, and providing them with targeted services are challenges further complicated by experiences associated with gaining access to military bases (USAID, 2009).

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<sup>4</sup> When the assessment was designed, contacts within the U.S. DOD identified military OVC initiatives in Kenya, Nigeria, South Africa, Senegal, Tanzania, and Uganda. As these programs were just beginning, the U.S. DOD and USAID agreed to focus this assessment on Zambia, which had a relatively mature program.

<sup>5</sup> The Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, PL 110–293, 122 STAT. 2918, (2008), cited on <http://www.pepfar.gov/about/index.htm>

To explore these unique barriers for military children, USAID and the U.S. DOD commissioned the USAID | Health Policy Initiative, Task Order 1, to assess military OVC programs in Zambia and document the experiences of this underserved, highly vulnerable population.

## **PURPOSE**

This research was designed to contribute to the scope of OVC literature by documenting the unique experiences of and challenges faced by children within military populations in order to inform USG military OVC programming efforts. Specifically, the research objectives were to

- Identify USG-funded military and civilian OVC programs implemented in Zambia;
- Document the experiences that distinguish military and civilian OVC;
- Identify what services have been successful, as well as challenges that remain; and
- Provide recommendations on how programs can better serve the needs of military and civilian OVC.

The U.S. DOD's ultimate aim is to design operational guidelines for use by countries interested in establishing military OVC programs. This preliminary research is intended to inform next steps toward design of the guidelines.

## **METHODOLOGY**

### **Study Approach**

The research team used a series of qualitative methodologies to document USG-supported programming efforts in Zambia, with a focus on service delivery for military OVC. Data were collected from the most recent literature on HIV and OVC issues in Zambia and available literature specific to military OVC programs. The team designed semi-structured qualitative interview and focus group discussion guides appropriate to each key informant group (see Annex B). These groups included OVC stakeholders, such as USG officials; senior military officers with the Defense Force Medical Services (DFMS); officials from the ministries of health, community development and social services, and sport, youth, and child development; and other Government of the Republic of Zambia (GRZ) officials, teachers, home-based care (HBC) providers, and program managers. The team also developed interview and focus group discussion guides to capture the experiences of recipients of services, including older orphans and vulnerable children (ages 16 and 17) and their caregivers (see Annex B).<sup>6</sup>

Before conducting interviews with service recipients, the research team developed and submitted a research protocol requesting approval from the Institutional Review Boards (IRBs) in the United States and Zambia.<sup>7</sup> Interviews were conducted in two stages. First, while awaiting IRB approval, the research team interviewed 15 key OVC stakeholders in and around Lusaka, Zambia, in October 2009, including senior military officers, USG officials, ministry officials, and program managers (see Annex A). Once the team received IRB approval from both countries, as well as approval from the DFMS and Zambia Defense Force (ZDF) to enter the military camps and surrounding communities, the team's local

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<sup>6</sup> In Zambia, 16 and 17 year olds are considered young adults and do not need parental or guardian permission to participate in research. This is the equivalent in status to an emancipated minor in the United States.

<sup>7</sup> Institutions granting IRB approval included the Health Media Labs in Washington, D.C., and the University of Zambia Biomedical Research Ethics Committee.

consultant conducted eight focus group discussions with 10 OVC (6 males and 4 females),<sup>8</sup> 11 caregivers, 10 teachers, and 14 HBC providers<sup>9</sup> across three military camps—Zambia Army in Mikango, Chongwe District; Zambia National Service (ZNS) in Kafue, Kafuwe District; and Zambia Air Force in Mumbwa, Mumbwa District, in January 2010 (see Annex C for a map of Zambia).

## **Study Limitations**

This research study had some limitations. First, this study is not an evaluation of past or current military OVC programs. Rather, the intention was to document the perspectives of OVC stakeholders and experiences of OVC and caregivers to inform future USG-funded military OVC programs.

There is also a dearth of available literature detailing military OVC programs specifically and of children within military populations in developing countries. As such, the authors relied heavily on key informant data, which resulted in reporting first generation findings regarding this unique group of orphans and vulnerable children.

Also, as noted above, the authors were required to obtain approval from IRB, as well as ZDF/DFMS to enter military camps and surrounding areas to conduct the second phase of interviews with older children, teachers, and caregivers. After experiencing a number of delays, the team learned that only Zambian nationals could enter the military camps, as opposed to the planned Zambian-American team that had received the necessary IRB approval. The smaller research team, coupled with time constraints with respect to visiting each camp, affected the ability of the team to conduct in-depth individual interviews. Time constraints also affected the team's ability to ask all questions contained in the interview and focus group discussion guides. Questions were, therefore, prioritized and asked strategically to glean as much information as possible to meet research objectives. Also, given the timing of military approvals to allow access to the military camps, OVC were largely unavailable at the ZNS camps. Therefore, focus group discussions were only conducted at the Army and Air Force camps.

Further, while the DOD and USAID requested a focus on both military and civilian OVC, once data collection began, the research team agreed that any reference to civilian OVC would merely serve as a point of comparison to military OVC.

Some interviewees suggested that the experiences of military OVC vary across the three units, while others disagreed. Due to many of the limitations cited above, the authors were unable to compare the experiences of military OVC and their caregivers in any depth across the three units.

Finally, though the original design for this assessment included a focus on understanding the HIV-specific needs of military versus civilian OVC regarding access to and delivery of services, OVC and caregivers did not readily disclose HIV-related information and instead focused on other service areas, such as education, income generation, and psychosocial support.

## **ORGANIZATION OF THE REPORT**

This paper is organized into three main sections: (1) results of the literature review and situation analysis, establishing the impact on HIV in Zambia and specifically within the military; (2) an overview of the

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<sup>8</sup> Time permitting, researchers approached focus group participants to expand on the experiences and insights shared in the larger group.

<sup>9</sup> Although interviews with teachers and home-based care providers did not require IRB approval, due to their geographic proximity to the military camps, the research team could not gain access to this group without first gaining approval from the DFMS and ZDF to enter the camps and surrounding community.

experiences that distinguish military from civilian OVC, successful program areas; and areas still in need of support; and (3) stakeholder recommendations for strengthening OVC programs and recommended next steps for Zambian policymakers and USG programs serving orphans and vulnerable children within military populations.

## **SITUATION ANALYSIS**

### **HIV in Zambia**

The UNAIDS *Report on the Global AIDS Epidemic* estimates that about 33.4 million people are living with HIV worldwide and that 25 million people have died of HIV-related causes since the start of the global epidemic (UNAIDS, 2008). Most cases of HIV and AIDS are found in sub-Saharan Africa—home to 67 percent of all people living with HIV worldwide (UNAIDS, 2009). In this region alone, it is estimated that more than 14 million children have been orphaned by the epidemic (USAID, 2009). Zambia is one of the world's most affected countries by HIV and AIDS, with an adult HIV prevalence rate of 15.2 percent and an estimated 95,000 children living with HIV (UNAIDS, 2008).

HIV prevalence rates vary considerably within the country; infection rates are the highest in cities and towns along major transportation routes and lower in rural areas with lower population density (AIHA, 2009). According to the World Health Organization (WHO), women are among the most vulnerable groups in Zambia, accounting for 54 percent of all people living with HIV (WHO, 2005). HIV prevalence among young women ages 14–19 in Zambia is six times that of their male counterparts (WHO, 2005). The number of AIDS-related deaths is currently estimated at 90,000 per year, leaving behind an estimated 801,000 orphans (UNAIDS, 2008). Other risk groups include sex workers, fishery workers, truck drivers, and military personnel (WHO, 2005).

### **HIV and Zambia Defense Force**

Globally, HIV has emerged as a threat to both human and national security; so much so that it became a concern for the United Nations Security Council, resulting in the UN General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS in 2001, which outlines the risks to security that HIV creates and perpetuates (UNGASS, 2001). The military is an increasingly important risk group in the global epidemic, because its level of HIV risk directly affects the security of the state. For this reason, most armed services and governments, especially those without a plan to address HIV aggressively within the military and military community, are reluctant to reveal HIV statistics. Military personnel are at high risk of exposure to STIs, including HIV. In peacetime, STI rates among soldiers are estimated to be 2–5 times those of the civilian population. In times of conflict, this discrepancy can grow. In some countries with adult HIV prevalence rates of 20 percent, it is estimated that as many as 50 percent of military personnel could be HIV positive (UNGASS, 2001).

The ZDF has approximately 22,000 personnel (DHAPP, 2008) across three units: Army, Air Force, and National Service (ZNS). A sero-prevalence study conducted in 2004 found HIV prevalence within the ZDF to be higher than the national adult prevalence rate of 15.2 percent (DHAPP, 2008).

The International Organization for Migration (n.d.) cites a number of risk factors that lead to high rates of HIV in migrant labor groups, including military personnel. These include the following:

- *Separation from families.* Active duty members must often leave their families to live in single-sex hostels. Combined with limited home leave, some military personnel seek other (multiple) relationships.

- *Lack of recreation/entertainment.* Few options for recreation and entertainment exist within military camps and at sites of deployment. The absence of traditional social networks, coupled with feelings of boredom, loneliness, and isolation, can result in high-risk behavior.
- *High-risk occupations and low HIV-risk perceptions.* Given the dangerous nature of their work, military personnel may not view HIV as an immediate threat and may engage in high-risk sexual activity.
- *Lack of social cohesion.* As community outsiders, deployed military personnel may experience a sense of anonymity, resulting in a diminished sense of responsibility and accountability and an increased likelihood of engaging in high-risk behavior.
- *Duration of time spent away from home.* Military personnel may find themselves away from their homes for months. Lengthy periods away can create feelings of isolation from families and distort traditional social structures and cultural norms.

Military personnel who place themselves at risk for HIV not only weaken national security, they place their families and dependants at risk of household instability. Cognizant of the threat to soldiers and their families and to national security overall, in 1989 the ZDF through the DFMS introduced HIV prevention and care programs, including provision of HBC to address the growing crisis of HIV in the military. With support from PEPFAR, a treatment component was added in 2004 and included access to antiretroviral treatment for all active duty military personnel and their families living within military camps. Although these services are much needed and have begun to address the HIV crisis in the ZDF, there is growing recognition, particularly within the DFMS, that military families and children are made vulnerable due to (1) deployment of the serving member and/or (2) death of that member and, therefore, a need to support household security.

The rest of this report documents the perspectives of OVC stakeholders and service recipients to better understand the unique experiences of military families, particularly orphans and vulnerable children within military populations.



*AIDS orphans in Zambia. Credit: © 2002 Emmanuel 'Dipo Otolorin, Courtesy of Photoshare.*

## **KEY FINDINGS**

### **Identifying Orphans and Vulnerable Children in Military Populations**

The researchers asked OVC stakeholders—including senior military officers, ministry and USG officials, program managers, teachers, and HBC providers—to explain what characteristics or experiences of children qualify them as “military OVC.” Stakeholders also described how OVC issues, civilian and military, are supported at the national level in Zambia. Stakeholders were then asked to provide background on USG support for civilian and military OVC programs in Zambia.

According to stakeholders, “OVC” in Zambia describes children under 18 years old who have lost one or both parents, resulting respectively in single or double orphans. Stakeholders define “vulnerable children” as children under 18 years who have been exposed to circumstances that increase their risk of suffering significant physical, emotional, or mental stress and may compromise their basic human rights. Although no official definition for “military OVC” exists in Zambia, interviewees use the term to refer to a child that is a dependant of an active duty service member who is vulnerable as a result of living within the military cantonment, and/or a child orphaned through the death of a parent during military service. According to those interviewed, a majority of military OVC—perhaps as much as three-fourths—are also coping with HIV at some level: either a parent is HIV positive or has died of AIDS-related causes and/or the child is HIV positive. Exact figures are largely unknown, as no formal registration or tracking system exists, either nationally or within the military. Therefore, vulnerable children in the military are commonly identified through the military-supported HBC programs that provide care for adults.

## **Funding for Military and Civilian OVC Programs in Zambia**

### **GRZ support for OVC programs**

All the OVC stakeholders interviewed agreed that the GRZ has been extremely responsive and continues to provide tremendous support for OVC. Although OVC policy development and program implementation requires inputs from multiple sectors, including social protection, food security, education, health, and water and sanitation, two ministries are principally responsible for addressing OVC issues: the Ministry of Community Development and Social Services and the Ministry of Sport, Youth, and Child Development (MSYCD).

These two ministries work in close collaboration. Whereas the Ministry of Community Development and Social Services is primarily responsible for the delivery of child and social welfare programs, the MSYCD's mandate is to oversee the development of a policy framework that facilitates, promotes, coordinates, and monitors the child, youth, and sports development programs. In addition to policy development, the MSYCD facilitates coordination of organizations working with and advocating for children's issues and ensures that all organizations serving children operate within the law set forth by the GRZ and adhere to service standards established by the GRZ. Furthermore, the MSYCD is principally responsible for development of the National Child Policy, which has been in place since 1994 and was most recently updated in 2006 to address OVC, HIV, and other emerging issues, as well as implementation of the National Plan of Action for Children.

The revised National Child Policy addresses OVC issues broadly and does not differentiate between military and civilian OVC. According to ministry officials interviewed, this philosophy is in line with their guiding principle of non-discrimination. In other words, emphasis is placed on establishing access to equal rights for all children—regardless of their socioeconomic status; physical or mental state; sex, race, or creed; or causes of orphanhood—to prevent stigma and discrimination. Furthermore, according to several of the OVC stakeholders interviewed, military camps in Zambia are open to civilians, who benefit from available social service programs. Therefore, a distinction has not been made between military and civilian OVC. Still, when interviewed, ministry officials suggested that if emerging issues should arise that identify unique vulnerabilities for and threats to the well-being of military OVC, revisiting and revising the current National Child Policy is possible to ensure responsive programming as well as alignment to broader national policies.

The MSYCD is establishing the Zambia Council for the Child, also referred to simply as the “Council,” which will serve as a coordinating body for all OVC programs in country. According to interviewees, draft policy governance documents that are not yet public state that all organizations serving children will be required to register with the Council. Furthermore, in accordance with the GRZ's decentralization policy, provincial and district committees will be established to facilitate coordination of development programs and address the needs of OVC.

### **GRZ support for military OVC programs**

According to ministry officials, the primary link between the GRZ and ZDF regarding OVC programming is via the ZNS skills training program first established in 1975 as a skills training camp for high school graduates. At that time, ZNS recruited young civilians who had completed grade 12 and provided them with livelihood skills training in such areas as carpentry, tailoring, construction, and brick laying. When the skills training program ended in 1981, ZNS adapted its training curriculum to include a military component to aid in establishing Zambia's military reserves. ZNS continued as a defense force unit only until 2004 when Minister of Defense and Republic President Levy Patrick Mwanawasa revived the youth training program and expanded the training camps to be once again a component for youth—this time 15–25 years of age.

Mobilization committees, comprising MSYCD at the provincial level, the Ministry of Community Development and Social Services at the provincial and district levels, along with representatives from nongovernmental and faith-based organizations, were established and tasked with identifying and mobilizing out-of-school youth, OVC, and street children for on-site livelihood and vocational skills training at ZNS camps. Two ZNS camps currently operate for youth skills training—Chiooko ZNS Youth Skills Camp for boys in Katete District and the Kitwe ZNS Youth Skills Camp for girls in Kitwe District.<sup>10</sup> At these ZNS camps, youth receive livelihood training in the areas mentioned above. The MSYCD also reports having successfully matched trained youth with job placement. For example, a number of youth trained in construction and brick laying were recently hired to support construction of the national stadium, which was commissioned by the GRZ with financial support from the Chinese government. The OVC stakeholders interviewed overwhelmingly agreed that the ZNS camps offer tremendous promise for building the capacity of OVC to support themselves and their families.

### **USG support for OVC programs in Zambia**

At the time of this research in 2009, USAID (PEPFAR) was actively supporting 10 OVC programs in six program areas: health, education, food and nutrition, psychosocial support, child protection, and income generation/economic empowerment. Eight of these programs received core funding from USAID headquarters in Washington, D.C., and the remaining two were bilateral agreements between USAID/Zambia and the GRZ. One of these bilateral programs served as a pass-through mechanism between the U.S. DOD and Project Concern International (PCI).

### **USG support for military OVC programs in Zambia**

The first military OVC program in Zambia was established in 2005 with funding from the U.S. DOD and technical assistance from CARE International, under a sub-agreement with PCI. Although PCI had an established relationship with the DFMS and was providing other HIV-related support (PCI, 2009), CARE International had recognized expertise in providing OVC technical assistance throughout Zambia. As one DFMS representative stated, the defense forces had “always wanted OVC programs, but we did not know how to establish and implement them” and were, therefore, eager for USG technical and financial support.

Only after the sub-agreement partnership between PCI and CARE International was formalized did it become apparent that CARE was not allowed to work within the military camps due to limitations articulated by its organizational mandate. Given its lack of access to the camps, interventions with OVC were only conducted in the surrounding community, thereby indirectly addressing the needs of military OVC. Given these necessary program revisions, DFMS reported feeling not only a lack of ownership for the program but also a concern that the needs of military OVC were not being adequately addressed.

Given PCI’s established ability to access the military camps, when CARE’s funding ended, the DFMS requested direct support from PCI. Although DFMS continued to work in close collaboration with the U.S. DOD, funding for this second military OVC program passed through USAID; this new collaboration, known as the Military OVC Project, began in earnest in November 2007.

The DFMS, in partnership with PCI, conducted a needs assessment to determine OVC-specific needs across each military unit. A program was devised and put in place in the following five pilot sites (data collection sites for this assessment are indicated by an asterisk):

- ZNS–Choma
- ZNS–Kafue\*

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<sup>10</sup> Information regarding these camps was obtained toward the end of the data collection period. Therefore, the research team was unable to follow up and request visitation to either camp or interviews with trainees.

- ZNS–Chongwe
- Zambia Army–Mikango\*
- Zambia Air Force–Mumbwa \*

The Military OVC Project provides a range of services and support to military OVC, including support for education and bursaries; early childhood development (ECD) programs; recreation programs, health services, and food supplements; and psychosocial support training for teachers and guidance counselors.<sup>11</sup> Box 1 presents highlights from the first year of the project.

**Support for government schools and early child development.** Access and quality are

seen as the major education challenges facing Zambia (Zambia and ORC Macro, 2003). There are five types of primary schools in Zambia: government, grant-aided, community, private religious, and private nonreligious. The types of primary schools are often grouped into three categories: (1) government, (2) government-assisted, and (3) private. Government schools are funded *and* operated by the government. Government-assisted schools receive some support from the government and include grant-aided and community schools. Private schools—religious and non-religious—do not receive government assistance. The government is the main provider of primary schooling in Zambia; 87 percent of primary school students attend government schools (Chatterji et al., 2009). Military camps rely on government schools both inside and outside the camp. According to program managers and military officials, government schools need support to improve the quality of education provided and the ratio of skilled teachers to students. Toward this effort, PCI’s Military OVC Project provides books, school uniforms and shoes, desks for students, tables for teachers, and bursaries to cover school fees for students in high school, grades 8–12.<sup>12</sup>

The Military OVC Project also supports the establishment of ECD centers that serve children ages 0–5 years. Like government schools, government-funded ECD centers are situated both inside and outside the camps. According to DFMS and PCI staff interviewed, the ECD centers inside the camps were substandard. In one instance, the camp was using the “mess” or the recreation hall as the site for ECD. In response, the program provided building materials, as well as seesaws, sandboxes, and swings; and the military camp supplied labor.

**Support for recreation programs.** Youth recreation program support included provision of volleyballs, footballs, and nets, as well as support for organizing teams and tournaments. Recreational clubs not only help engage young people on a physical level, they also serve as vehicles to convey health promotion and disease prevention messages.

**Food and health services support.** The Military OVC Project also provides families and schools with maize seed support to encourage gardening, farming, and sustainable harvests. In line with Ministry of Health child survival initiatives, the program also supplied health workers with vitamin A and de-worming medicine for children.

**Box 1. Military OVC Project Year 1 Results**

- Identified 2,040 OVC from a target of 2,000
- Trained 50 guidance and counseling teachers in psychosocial support specific to OVC
- Established 100 OVC committees responsible for identifying OVC in the camps and linking them with services
- Sensitized 10 OVC committees on issues related to childhood development
- Supplied 250 balls and nets for recreation
- Provided 250 bursaries to graduating students
- Supplied 700 bags of seed maize across five sites
- Provided health services, including vitamin A and de-worming medication

<sup>11</sup> According to interviewees from DFMS and PCI, when vulnerable children are identified in school, educational support services are provided to all children in need attending school and not just military OVC to avoid stigma and discrimination.

<sup>12</sup> The GRZ offers free public education between grades 1–7.

## **Experiences that Distinguish Military from Civilian OVC**

OVC stakeholders agree that military and civilian OVC face many of the same challenges overall regarding vulnerability. As mentioned earlier, factors that increase vulnerability include, but are not limited to, experiencing instability due to needs of a caregiver/guardian, living in poverty, experiencing food insecurity and/or economic shocks, and lacking access to essential services, including education, healthcare, shelter, food and nutrition, protection, livelihood opportunities, and psychosocial support. Military OVC differ in terms of characteristics of military culture, combined with circumstances surrounding *when* military OVC face these challenges. One interviewee described the “life cycle” of military OVC as three stages of experience: (1) challenges faced while living within the camp but separated from a parent, (2) challenges faced while living within the camp while awaiting payout of death benefits, and (3) challenges faced by military OVC resulting from repatriation to civilian life. The following sections present the perspectives of OVC stakeholders and recipients of services in further clarifying characteristics of military culture and environment, as well as the life cycle experienced by military OVC. Stakeholders also share their perspectives on how these experiences compare and contrast with civilian OVC. A separate section highlights successes and gaps in service delivery, as well as stakeholder recommendations for future OVC programming.

### **Risk factors for vulnerability associated with military culture and environment**

According to OVC stakeholders, the military system has both advantages and disadvantages regarding service delivery for military OVC.

The military system of protocol and procedure influences the efficiency and effectiveness of the approach to service delivery. Each of the 54 military camps (across three branches of the ZDF and throughout nine provinces) has an HIV unit coordinator. Each coordinator leads a committee, which comprises a cantonment coordinator, peer educator coordinator, support group coordinator, and HBC coordinator. Because military protocol dictates clear communication among officers, coordination and program implementation are done with relative ease.

PCI program managers expressed appreciation for the military system. As one program representative explained, “Clearance and support from the Commanding Officer guarantees that everyone is on board . . . there is real partnership where [everyone] is working together.” The only systematic challenge cited was the need to request permission to enter the camps and work with the children at each visit. Requests must be made at least one month in advance to allow enough time to pass through the ranks up to the permanent secretary’s office. This differs from civilian OVC programs, in which nongovernmental organizations have relatively easier access to working directly with children receiving services.

Some respondents also expressed concern on the limited ability of military OVC and caregivers to know of and access other HIV programs available to them outside of military channels. The remote locations of military camps and isolation characteristic of military culture often limit access to and knowledge of available services. For example, a number of caregivers and young people interviewed from the Army camp were not aware of available services, particularly for education support.<sup>13</sup> Two caregivers living in the camp were not aware of education support offered by PCI to military and civilian OVC. One caregiver described his inability to pay for school fees for the past three years. His dependant, who is now in the 12th grade and eager to graduate, faces the possibility of receiving neither his final results nor his certificate until all accrued fees have been paid. This same concern and example was shared by the dependant in his care (see Box 4).

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<sup>13</sup> The research team shared this preliminary finding with PCI colleagues to ensure increased access to available services.

Limited knowledge about available services was also experienced by his cohort; overall, four of five OVC interviewed from the Army camp did not know about PCI's program for educational support. Furthermore, one military OVC (male, age 17) expressed frustration and described his understanding of why he was unable to access support. He said:

I think I have not been able to access school fees, because the people who give the fees think that just because my uncle works in the Army, he has money to pay for my fees. But that is not the case. My uncle has been struggling and this affects me and my studies. Unlike my friends . . . from the civilian community, I have not been able to get education sponsorship, mainly because I stay in the camp.

Not only does isolation limit knowledge of and access to available services, it also makes it difficult to reach children and provide them with needed support services. As one teacher explained:

Children in the military camp are not free to express what goes on. They cannot speak out when they are being abused, because they fear that, if they disclose to anyone, they will be reported and be punished—just the way junior personnel are scared of senior personnel.

HBC providers and teachers described how caregivers in a military environment have a tendency to extend inappropriate “military discipline and aggression” toward their children. Although HBC providers and teachers might be aware of the mistreatment of children, the military’s hierarchy and command structure also makes it challenging to report a caregiver who is suspected of abuse. In these instances, teachers express frustration that they are seriously limited in addressing the needs of military children. Teachers and HBC providers recognize that, while the children require special counseling, the military families also require sensitization and awareness training to reduce the incidents of abuse. Another alternative and temporary solution presented was to remove the child from the home environment and send him or her to boarding school, understanding that this would again result in separation and isolation for the child. Boxes 2a and 2b highlight these experiences and reveal the perspectives of both the teacher who observed the abuse and the OVC who was placed at risk.

**Box 2a.**

We also suspect child sexual abuse, but children are afraid to come out in the open. Some children are removed from homes and put in boarding schools because they report cases of child sexual abuse, but they beg with us not to disclose.

—Teacher explaining the challenge of reporting caregiver abuse

**Box 2b.**

I used to stay in the camp with my uncle (mother’s brother) and aunt, but my aunt used to hit me and give me a lot of household chores. I approached my teacher [for] help as this was affecting my studies. But the issue at home was not resolved. Instead, the teacher helped to find me sponsorship for boarding school from FAWEZA [Forum for the Advancement of Women’s Education in Zambia].

—Single orphan, female, age 17, explaining how she escaped from an abusive home environment

These experiences highlight a lack of understanding on the part of some military personnel of the needs of dependants in their care. Though maltreatment of children is by no means unique to a military setting—rather, this is a problem that pervades many populations worldwide and is also difficult to measure—nonetheless, this was a theme that emerged from key informant interviews. According to DFMS representatives interviewed, although efforts have been made through the defense force units to increase

HIV awareness, little attention has been made to raise awareness systematically on the plight of military OVC. As one interviewee noted:

[the DFMS] needs a champion at a higher level. [We] need infrastructure to handle these issues. OVC are [neither] given proper attention at the defense force level . . . nor at the national level . . . what is needed is sensitization of leadership and advocacy . . . to support these initiatives . . .”

Previous efforts to garner support for provisional or long-term planning for OVC, such as the launch of an OVC fund, fell short due to a lack of understanding and awareness of the OVC crisis in the military. According to DFMS officials, the conceptual design of the OVC fund required serving members of the military to contribute a percentage of their salary on a monthly or quarterly basis to a central pool of funding earmarked for educational sponsorships for military OVC. However, in practice, the program was not widely understood and did not gain much traction. Interviewees were not clear if the lack of participation stemmed from a lack of understanding of the program or a lack of understanding of the importance of provisional planning for OVC. Although camp commanders who had been given information about the need for provisional planning were supportive, once they were redeployed, they were replaced by new officers, resulting in an information gap. DFMS officers interviewed identified the need for continuous education, advocacy, and training.

OVC stakeholders also cited the potential role that military wives’ clubs could play in strengthening provisional planning efforts to support military OVC and their families. Interviewees explained that each defense force unit has an affiliated association for the wives of serving members. For example, the Air Force has the Airpower Club, the Army has the Mfuti Club, and ZNS has established the ZANASE Club. Although wives’ clubs fulfill a social function, in some cases, clubs have also successfully engaged in community service and income-generating activities to serve military families. As one senior military officer explained:

[OVC programs] need to work with these groups—[to ensure] sustainability [we need to] build on existing systems . . . these are the strongest [the Defense Force] has on the ground and we should help them to strengthen them and support widows and OVC in a more structured way . . . these networks were here before PEPFAR and they will continue existing after PEPFAR.

While some OVC stakeholders agreed that these networks held potential, other stakeholders described how military culture has also influenced the dynamics of these networks. As one teacher observed, although women should be encouraged to join these clubs to develop support systems, some of the wives of senior military officials or “patron’s wives” wear the ranks of their husbands, sometimes perpetuating military hierarchy and resulting in intimidation within the clubs. Despite these tendencies, OVC stakeholders largely viewed the clubs for women as networks with potential. As another teacher explained, “All programs should start with women: they are the core of the households and when you empower them, this trickles down not only to OVC under their care, but OVC in their community.”

### **Risk factors for vulnerability associated with the military OVC “life cycle”**

As mentioned above, within the military context, OVC may experience three general stages of experience, while living in the camp through to the time of repatriation, that increase their risk for vulnerability. In this section, interviewees—including program managers, DFMS officers, teachers, and HBC providers—explain these scenarios, or life cycle, of experiences, which are unique to military OVC.

#### ***Living within a military camp***

##### ***Stage one: Separation due to deployment***

Serving members of the ZDF and their families live within the military cantonment or camp. Families that live in the military camp receive a steady income and have access to basic amenities, such as food, health

services, potable water, and electricity. Children have access to government primary schools located inside the military camp.

Both male and female military personnel are often deployed and, therefore, separated from their families, who continue to live on the military camp with access to the above services and amenities. During this time, both soldier and family alike must cope with separation anxiety or, worse, the risk of the soldier's death. Although female soldiers leave behind husbands and families as well, stakeholders largely described the pressures faced by military wives and widows. Wives experiencing loneliness and dealing with the stress of separation may seek the company of officers stationed in the camp. Likewise, soldiers still present at the camp with money to spend represent the potential for social recreation and company to satisfy loneliness, as well as a source of economic stability in the event of the soldier's death. Children begin to show signs of mental and emotional suffering as the family unit becomes increasingly vulnerable. As noted by one teacher:

OVC or children that come from broken homes lack concentration in class and subsequently their performance is affected . . . children in camps are psychologically affected when they start seeing their mothers . . . engage in risky behaviors when their male parents/guardians are out on deployment or when they die.

The coping skills of families living through separation as a result of deployment are compounded by other challenges that result when the breadwinner, typically the husband/father, dies, causing them to experience the second phase or stage, while still living within the military camp.

#### *Stage two: Awaiting death benefits*

*High-risk behavior of widows.* When a service member dies, the surviving family members await payout of death benefits before repatriating back to civilian life.<sup>14</sup> This waiting period can take as much as two years. In addition to the emotional distress that results from losing not only a husband, but the breadwinner, in the family, widows with little to no capacity to earn an income and care for themselves and their children find themselves and their families at risk of household insecurity across several dimensions, including economic, food and nutrition, health, and emotional well-being. Living family members are forced to rely on credit and goodwill from neighbors, many of whom are likely experiencing their own challenges. Eventually, widows, confronted by the need to survive, may engage in transactional sex, putting their families at further risk. In Box 3, a teacher captures this scenario, described by numerous stakeholders, in describing the risk young widows, in particular, face.

#### **Box 3.**

Young widows engage in all sorts of risky behaviors in the camp, while they are waiting for their late husbands' benefits. We know that this is mainly driven by lack of money so programs to empower women should start early. This problem is rife, and station commanders should be engaged in coming up with a workable solution.

—Teacher describing challenges for surviving widows within the camp

*Challenges faced by OVC and the impact on education, health, and overall well-being.* The pressure to provide for the family is also felt by the children. It is not uncommon for school-aged military OVC to drop out of school due to an inability to keep up with their studies, while also trying to support the household with food and money. One teacher observed the following:

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<sup>14</sup> According to interviewees, this differs from experience in the United States, where families remain wards of the U.S. military and, therefore, continue to receive some form of support from the military.

I had this student whose father died in service. I noticed that her performance started going down after the death of her father and when I followed up to find out what was leading to this, I learned that she was asked to make and sell fritters in the camp at night.

Although the more common scenario provided involved a focus on widows, OVC stakeholders described instances when a female soldier died, leaving behind a husband and children. According to interviewees, in this scenario, the father typically remarries, establishing a new family. The new wife/mother may not welcome the surviving children, who may be perceived as threatening to the establishment of a new family. Military OVC may be sent away to boarding schools or fall under the care of a relative or guardian. In these scenarios, OVC stakeholders observe that children are often at increased risk for abuse and neglect. As one HBC provider reported, it is not uncommon to hear such comments as “This is somebody else’s child—s/he will not take care of me in the future.” In these scenarios, the needs of military OVC for education, recreation, or emotional support might not be valued or prioritized. Likewise, OVC may feel pressure to “repay” their guardians by assuming responsibilities at home. As one 16-year-old female military OVC said, “In camps, our guardians take advantage of us and make us do all household chores, and this leaves us with no time to study.”

In other instances, caregivers simply cannot bear the cost of supporting OVC in addition to their biological children. In some cases, pulling children out of school is less an act of neglect or abuse and more an act of survival, as caregivers grapple with meeting all their children’s needs. As one caregiver explained, “We struggle to pay fees and take turns in paying for children. We cannot afford to pay for all dependants and biological children at once.” Box 4 provides another poignant example, told from perspective of a young person.

**Box 4.**

As told by a single orphaned male, age 17 years, attending Mikango High School (Mikango Camp, Zambia Army):

When my father—the breadwinner of the family—died in 2004, my elder sister took custody of me. My sister is married to a Zambia Army officer, so I had to move to a military camp, Mikango Barracks, where my sister stays with her husband, their four children, and three other dependants. So altogether, there are 10 of us in one household. The other three dependants are my brother-in-law’s nephews, who are single orphans like me.

Before my father died, I was assured of school fees and uniforms and I never had to go through the agony I go through now of perpetually worrying about school fees and uniforms. When I came to the camp in 2006, life changed drastically. My guardians told me they could not afford to pay for my school fees, because they were already struggling to pay for their own children’s fees and their other dependants. They helped to find me sponsorship from the United Church of Zambia. I was very fortunate that the church helped to pay for my fees from Grade 8 to Grade 10. For Grade 11 and 12, the church informed me that they could not continue sponsoring me, because they were overstretched and needed to support other children who did not have guardians in employment. I was very devastated, because I knew that, although my brother-in-law was employed in the Army, he was not able to pay for my fees.

I went through Grade 11 without paying my school fees and I was fortunate that the school administration did not chase me from attending classes, but they were always threatening me that I would not be able to get my final school results at the end of Grade 12 until I settled all my fees. I am now more worried this year, because I know this is my final year in school and, on top of the school fees, I need to pay for examination fees. My guardians have never bought school uniforms for me. My friends hand me down old uniforms and shoes when they buy new ones.

At home, I don’t even have time to study, because my uncle is constantly asking me to do household chores. And he has set rules that everybody has to be in bed by 9:00 pm, so if he finds you studying you are in big trouble. And at the camp, we have restrictive movements so I can’t even go to my school to study at night.

I didn’t know about the education support program [PCI supported program] for OVC like me. I now know about it and I hope I can qualify for sponsorship now that my name has been forwarded to the selection committee for consideration.

In addition to assuming responsibilities outside the house to earn money or inside the house to “pull their own weight,” female military OVC living in the camps are at particular risk of engaging in sexual relationships with military officers stationed on the base in the hopes of marriage. This not only puts them at risk for STIs, including HIV, it can also lead to early pregnancy. As one teacher observed, the majority of early pregnancies involved young female OVC.

Teachers noted that military OVC experiencing these kinds of challenges require special counseling to address not only the loss of a parent, but the resulting stress related to household insecurity and the struggle to survive. Military OVC require supportive counseling to help them cope with their emotions, as well as navigate decisionmaking. Other OVC stakeholders, including DFMS officers and program managers, emphasized the importance of expanding this type of supportive counseling to entire families, both in preparation for and in the wake of these traumatic events to build the capacity of families to cope.

### *Stage three: Repatriation to civilian life outside the camp*

Once death benefits are paid to the surviving family members, they are required to leave the camp.<sup>15</sup> According to stakeholders interviewed, without proper support, this transition can be “shocking” for families. As one of the male caregivers described, families no longer have access to the basic amenities available at the camp, such as potable water, food, electricity, health services, and shelter. He stated:

Outside the camp, you become a destitute. In the camp, the houses we stayed in had electricity, there was clean running water, and the food was subsidized, but in the community outside the camp, there is no electricity and water. There are no wells in the vicinity and we just use small streams to access unclean water.

In fact, OVC stakeholders interviewed largely agreed that civilian OVC (and, therefore, repatriated military OVC) are at greater risk for vulnerability across multiple dimensions,<sup>16</sup> compared with their military counterparts who reside in the camps. For example, as one HBC provider stated, “When it comes to other things, civilians are more vulnerable . . . civilians do not have access to clean water and electricity like their colleagues in the camps.” Military OVC also recognized the lack of amenities outside the camp. As one student from the camp explained, “We can access a lot of food, but in civilian villages, people struggle to find food and make ends meet.”

Military families typically repatriate to either their home village or the surrounding community. With neither a military-specific nor a national tracking system, the DFMS is unable to follow up effectively with families once they leave the camp. As one stakeholder explained, in an ideal situation, the military would provide the family with a list of resources available to them in their new home community, while also informing village and community leaders of the family’s arrival and needs to ensure successful repatriation; although the ideal scenario, this is atypical. Likewise, although OVC stakeholders cited the presence of programs and services available to civilian families, including USAID-supported programs and GRZ social safety net services, they also expressed concern about the disconnect between availability and knowledge of existing services for repatriated and civilian OVC alike. In addition, although focus group discussants did not speak openly about HIV status or treatment adherence, based on discussions with program managers and policymakers, it was also clear that without the proper tracking and referral systems, surviving family members on antiretroviral treatment may find themselves at risk for treatment interruption and adherence challenges.<sup>17</sup>

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<sup>15</sup> The value of the death benefits payout depends on years of service.

<sup>16</sup> Again, HIV was not specified; instead, interviewees emphasized the absence of basic amenities, such as food, running water, and shelter.

<sup>17</sup> The subject of HIV treatment did not emerge in discussions with OVC and caregivers due to obvious resistance to disclosure. Any reference to HIV care and treatment emerged during interviews with OVC stakeholders.

## Challenges Common to All OVC Programs

### Support for household security

Overall, OVC stakeholders and recipients of services alike emphasized the importance of ensuring economic empowerment for households as a sustainable approach to providing care and support to all OVC and their families. As one HBC provider explained, “Households need a lot of support beyond care for an individual patient or OVC.” Two examples follow:

**Food security.** Food security was often identified as a pressing need. One interviewee emphasized the importance of considering short- and long-term food security needs. In the long term, seed maize is important and leads to sustainable growth, but in the short term, if a breadwinner is incapacitated, surviving family members require immediate assistance. Likewise, for some families who repatriate to urban areas, land is not always guaranteed. Therefore, time-bound food distribution and other viable income-generating ventures are necessary to ensure sustainable self-support.

**Livelihood training and skills building.** Interviewees placed particular emphasis on sustainability and market-driven income-generating activities. As one respondent stated when asked about such activities and sustainability, “We are very good at thinking six months down the road, but we need to think about the longer term.” Microfinance for women and retired military personnel to start businesses were other ideas related to strengthening household security. One caregiver, who is struggling to support her dependants, stated:

We need to be supported with money to start businesses with our families. When we start businesses, we will be able to have money to grind maize and buy other household foods and we can also use that money to pay for schools fees and other school requirements.

Interviewees overwhelmingly viewed microfinance and livelihood training as capacity-building mechanisms to promote self-reliance, sustainability, and security. Interviewees emphasized the importance of focusing on households, rather than children. As one interviewee said, “Focusing on children limits the potential for economic empowerment” for households. Market- and demand-driven skill development is needed for all household members so that programs are not just reactive but proactive in their planning.

### Primary and higher education

Although education for OVC is widely recognized as a way of improving the status and earning potential of the entire household, the structural challenges faced by these young people, both inside and outside the camp, hinders their ability to perform at school. As explained earlier, military OVC inside the camps face a number of challenges that affect school attendance. Although confronted by different circumstances, their counterparts outside the camps also suffer from poor school attendance. One teacher explained:

Children from outside the camps do not attend school regularly because of distance, and they are faced with more challenges [compared with military OVC living in the camps] of looking for money.<sup>18</sup>

A 16-year-old female OVC interviewed explained, “Unlike our friends who live in this camp, we lack electricity, so we have difficulties in terms of studying at night.” A 17-year-old male OVC, without money to purchase paraffin for lamps, stated, “Those who stay far from school are suffering because . . . there is no electricity.” Distance from school is associated not only with lack of electricity, but also transportation challenges. Another teacher explained, “Students coming from the civilian villages need

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<sup>18</sup> The government school attended by military and civilian OVC at this site was located within close proximity to the camp leaving civilian OVC with a longer commute.

transport. They walk long distances to get to school and when they are in class they are too tired to concentrate.” This situation was cited as particularly challenging during the rainy season. One student suggested that “it would be good if students who stay very far from the school are provided with bicycles, because sometimes we are forced to stay away from school because of lack of transport.”

In addition to identifying the need for support to ensure primary school attendance, interviewees across all categories overwhelmingly agreed on the need for sponsorship and support for higher education to ensure that students can continue through university. One interviewee explained that:

[Support for education] is not a short-term commitment. First, you have to support 18 years of schooling before university. Once kids reach university age, there is limited support . . . the Ministry of Education provides funding to “poor families.” [Identification of these families] requires letters of support verifying that they don’t have the means to support their child . . . This is a great start, but we need to supplement this effort, because bursaries are only given to students going to universities (for degree programs) and not to access other college/tertiary education for diploma programs. We have many bright students with no support.

Some interviewees also identified the importance of job placement after graduation to ensure a return on the investment made in education and to promote economic empowerment.

### **Support for HBC providers and teachers**

OVC stakeholders and recipients of services widely recognized the important role played by HBC providers and teachers. As part of the frontline of identifying vulnerable children, both of these groups need more support to ensure that they do their jobs well.

For example, transportation was a challenge that also came up for HBC providers, who usually walk long distances to follow up on the well-being of OVC. One of the PCI program managers interviewed provided an example that illustrates this challenge:

We did [a] midterm review for the [military OVC] program in a village in Mukushi, and there were about three children who were late for a focus group discussion . . . One of the caregivers went with us to pick them up . . . [The caregiver] told us that the kids [lived nearby] . . . but we ended up driving 26 km to reach one of the children.

The caregiver reportedly walked that distance regularly on foot to check on the child, with no transportation support. While the HBC provider was deeply committed to her work and to ensuring that children received the necessary services, the program manager interviewed agreed that a growing caseload would seriously limit a caregiver’s ability to provide this level of quality care and support.

Teachers also require more support. Despite their level of contact with OVC, most of the teachers and guidance counselors interviewed had not received formal psychosocial counseling and support training. Those whom PCI had trained had left by the time the focus group discussions were conducted in early 2010. The teachers interviewed identified high staff turnover as one factor affecting the quality of psychosocial and counseling services. They also identified a related need for supervision to ensure proper implementation of counseling services. Supervision is needed to enhance quality in service provision, particularly because psychosocial and counseling services require sensitivity and careful handling.

## DISCUSSION

### Successes in Service Delivery

OVC and caregivers, in relating their experiences, cited a number of successful examples of how military OVC programs provided them with needed support. The following are some examples of how programs have reduced stigma and discrimination, established HIV safe clubs for teens, provided psychosocial support, introduced food support to households, and increased education sponsorship for students.

**Stigma and discrimination.** Throughout this review, OVC stakeholders and recipients of services were asked whether OVC experience stigma and discrimination. According to DFMS and PCI program managers, once vulnerable children are identified in a school setting, all children attending school have access to services, which reduces stigma and discrimination. Likewise, recreation programs provide all children access to balls and nets and the opportunity to participate on sports teams. As one program manager explained:

If we identified OVC (military and civilian) and made them play alone, that would create stigma and discrimination . . . but they are part of the larger community . . . they are integrated, which reduces stigma and discrimination.

Attendance at school was also cited as a reason for reduced stigma and discrimination. Another program manager explained, “When kids drop out of school, they are subject to ridicule and discrimination.” Furthermore, because all students wear school uniforms, it is difficult to see differences among students. The research team’s own observations supported this point: they could not distinguish civilian from military OVC participating in the focus group discussions; they were all wearing uniforms, which were in poor condition.

Furthermore, stakeholders noted that civilians in the surrounding community seem to understand that the Military OVC Project is supported by the defense force and, therefore, focuses on military families. They seem to accept this, because in all other respects, the program does not differentiate between how they provide services to families and their children.

**Safe clubs and HIV awareness.** OVC from the Air Force and Army camps reported benefiting from a range of HIV awareness–raising interventions, including the use of safe clubs, drama, and special health talks. For example, at safe clubs, which are teen clubs that provide adolescents with an opportunity to socialize in an educational environment, OVC are able to access information on HIV and other STIs, as well as reproductive and other health information. As expressed by one young man, “We are happy we are getting this information and education from the camp clinic, because we are youths with growing needs and we are at a stage where we experiment a lot.” Furthermore, safe clubs allow young people not just to receive information but to be engaged and involved in directing their learning.

**Psychosocial support.** Military OVC from the Air Force camp appreciated the psychosocial support services available to them. Students recognized the resources in teachers and guidance counselors and acknowledged the source of support they offer to so many. As one male OVC student (age 17) explained:

When faced with a problem, we approach the counseling and guidance teacher . . . since 8th grade one teacher has been supporting me and encouraging me to stay in school and puts emphasis on the importance of education.

Another male OVC student (age 17) shared a similar experience:

Instead of concentrating in school, I always worry about where my next meal is going to come from and where my new uniforms and shoes are going to come from. But the counseling and guidance teachers encourage me to soldier on. One teacher says, "Don't lose hope, think positively about yourself and school." Those words have carried me through.

**Food security.** Some of the caregivers also found the food security components of the Military OVC Project to be extremely beneficial. A particular source of support was the maize seed distribution provided by PCI in 2008 for civilian families in areas surrounding military camps. Box 5 presents the success story of one caregiver.

**Box 5.**

In 2008, PCI also provided household support in terms of maize seed. I planted the seeds on my small farm and during the last farming season, I harvested 40 to 50 kilogram bags of maize. We kept this maize for our own household consumption, and we did not have to buy most of the food and especially our staple food—maize meal. There was no hunger at home. This kind of support is very good, and it allows you to care for your own OVC, instead of depending on outside support . . . This is important and has to be continued, because this support is sustainable—families are given an opportunity to provide for the OVC in a sustainable way.

—Caregiver of OVC

**Remaining Challenges and Recommendations for OVC Programs**

Overall, military and civilian OVC and their caregivers expressed appreciation for the services available to them. In sharing their stories, they also described the numerous challenges they face. Along with OVC stakeholders, they provided recommendations for how programs could help them reduce their risk for household vulnerability, while simultaneously building their capacity to secure a better future. Tables 1 and 2 present the risks to vulnerability, with corresponding recommendations for governments and donors alike to consider in addressing the needs of military OVC programs.

**Table 1. Challenges of Military Culture and Environment**

Risk Factor for Vulnerability	Stakeholder and Recipients' Recommended Actions
<b>Military Culture/Environment</b>	
Isolation limits access to and knowledge of available services outside the camp.	HIV unit coordinators along with their teams should strengthen linkages and relationships with district- and province-level committees responsible for identifying vulnerable children and pairing them with needed resources to ensure access to services for military OVC living in the military camp.
Military culture of hierarchy, discipline, and aggression is a challenge, increasing vulnerability for children.	Military personnel need skills building to recognize and understand needs of their dependant(s) and the unique challenges they face living within the military environment. Building the capacity of military personnel with continuous education and sensitization will give them skills to engage actively in reducing risk and vulnerability in their children.
High staff turnover due to military personnel change in duty station or deployment results in an information gap, as well as gaps in personnel in previously trained roles (e.g., psychosocial support and provisional planning).	More personnel should be trained/sensitized regarding OVC issues due to the need for "continuous education, advocacy, and training"

**Table 2. Life Cycle/Stages of Military OVC**

<b>Risk Factor for Vulnerability</b>	<b>Stakeholder-Recommended Actions to Reduce Vulnerability</b>
<b>Life Cycle Stages</b>	
<p><b>Stage one:</b> Separation from the breadwinner due to deployment</p>	<ul style="list-style-type: none"> <li>• Military family members, including military personnel themselves need psychosocial and supportive counseling to ensure they have the coping skills and support to deal with the anxiety and strain of separation. In addition to ongoing HIV education on prevention, testing, care, and treatment, military personnel need to understand the challenges their dependants face and identify ways to reduce the risk of vulnerability.</li> <li>• Serving family members should receive training to understand the psychosocial needs of their dependants suffering from stress and anxiety as a result of separation from them and/or their eventual death.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• In addition to psychosocial support, married couples/partners also need counseling on HIV prevention, transmission, and treatment.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Support is needed in developing inheritance documents, wills, including living wills, as a way for military personnel to think about and prepare for the future of their dependants and provide for their care. Such planning would help reduce the anxiety that many dependants face when confronted with the reality of separation from or death of a breadwinner.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Building on existing structures, such as wives' clubs, is important for introducing microfinance and income-generating activities. Although the military rank system has been adopted by wives' clubs, thereby making it challenging to ensure a supportive environment, these clubs hold great potential as a mechanism or vehicle to empower wives/widows. Program ideas include adult literacy programs, as well as training in business skills. It is also important to teach women about gender-based violence and help them understand their legal rights. Additional ideas include HIV prevention information to ensure that wives/widows understand the risks and how to protect themselves. HIV prevention, counseling, and testing programs should also target widows/wives.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Interviewees across all groups identified the need for information, education, communication, and behavior change materials to help educate the military and military families and to generate awareness on the unique challenges that OVC face. Educational materials are also needed to educate providers and caregivers of OVC, as well as OVC themselves. Materials should cover such topics as stress and depression related to deployment, the high-risk nature of life in the military, and HIV prevention, as well as list resources and support services available outside the camps.</li> </ul>
<p><b>Stage two:</b> Waiting for death benefits</p>	<ul style="list-style-type: none"> <li>• At the national level, the National Child Policy should reflect harmonization with the ZDF policy articulating a plan to support widows and OVC and prepare them for life outside the camps through empowerment and livelihood training.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• The cost of OVC programs should be included in each camp's budget to reduce reliance on outside resources, ensure sustainability, and establish ownership of military OVC programs.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Mechanisms such as the OVC Fund, which allow serving members to contribute to the care and support of their children, also encourage ownership of and planning for long-term support of OVC.</li> </ul>
<p><b>Stage three:</b> Repatriation</p>	<ul style="list-style-type: none"> <li>• It is important to build the capacity of retired soldiers, wives/widows, and military OVC with basic skills, such as adult literacy, market-driven livelihood and business skills training.</li> </ul>

Risk Factor for Vulnerability	Stakeholder-Recommended Actions to Reduce Vulnerability
<b>Life Cycle Stages</b>	
	<ul style="list-style-type: none"> <li>• The ZNS youth training camps offer a promising approach to training and capacity building for young people. Before expanding this model, stakeholders should consider conducting an evaluation of this program to determine effectiveness.</li> <li>• Research is needed to understand better how these programs currently operate, what aspects are successful, and what areas need improvement.</li> <li>• The ZNS training program requires collaboration with and support from the Zambia Council for the Child to ensure that young people in need are identified in a systematic and timely manner.</li> <li>• A “transition assistance class” should be developed for widows and active duty members separating from the military to provide information and training on services available in the local community, veteran benefits (if any), and employment opportunities in the local community. The class could include capacity building in areas mentioned above (e.g., adult literacy, market-driven livelihoods and business skills). The class should be attended during stage two, so that widows are prepared to repatriate.</li> </ul>

## CONCLUSION

After reviewing the available literature on military OVC and conducting qualitative interviews with OVC stakeholders and focus group discussions with OVC and their caregivers, the research team concluded that, although military and civilian OVC face many of the same challenges overall with respect to vulnerability, the experiences of military OVC are unique due to characteristics of military culture and “life cycle” stages. As opposed to inviting stigma and discrimination, highlighting the unique experiences and needs of military OVC holds the potential of establishing policies and developing responsive programs that address the needs of military OVC and their families at specific stages of their journey from military camps through repatriation to civilian life.

Furthermore, fulfillment of the U.S. DOD’s goal of developing operational guidelines to help establish military OVC programs in countries that identify a need requires further exploration of certain key issues; these include a closer examination of whether the needs of military OVC differ by defense force unit and what, if any, improvements are needed to strengthen HIV care and treatment programs for military OVC and their families.

## ANNEX A: PERSONS INTERVIEWED

	First and Last Name	Position	Organization	Telephone	Email Address
1.	Rajesh R. Singh	Country Director	PCI	(260) 211 266232/264579/265868	rajesh@pcizambia.org.zm
2.	Beatrice Simusana	OVC Program Manager	PCI	(260) 211 266232/264579/265868	beatrice@pcizambia.org.zm
3.	Charles Nyendwa	Data Manager	PCI	(260) 211 266232/264579/265868	charles@pci.zambia.org.zm
4.	Major Million Banda	HBC/OVC Manager	DFMS	(260) 211 250915	dfms@zamnet.zm
5.	Colonel Catherine Makwala	National HIV/AIDS Coordinator	DFMS	(260) 211 254356/250915	kate@zamtel.zm/dfms@zamnet.zm
6.	General Joseph Banda	Service Director General	DFMS	(260) 211 254356/250915	dfms@zamnet.zm
7.	Eda Lifuka	PEPFAR Program Manager	U.S. DOD	(260) 211 250955	LifukaEM@state.gov
8.	Dr. Mwaba Kasese Bota	HIV OVC and Youth Advisor	USAID Zambia	(260) 211 254303/6, ext 106	mbota@usaid.gov
9.	Colonel Anne Namakando-Phiri	Former OVC Manager	DFMS	(260) 211 261730	Annenambula2000@yahoo.co.uk; selanne.p@gmail.com; anne@dsn.edu.zm
10.	Benny Njovou	U.S. DOD Manager	PCI	(260) 211 266232/264579/265868	benny@pcizambia.org.zm
11.	Annah Mupinde	Voluntary Counseling and Testing / HBC Coordinator	Ministry of Health	(260) 977 718000	amupinde@yahoo.com
12.	Catherine Samiselo	USG/OVC Strategic Implementation Advisor	Ministry of Community Development and Social Services / Reaching HIV/AIDS Affected People with Integrated Development and Support	(260) 211 263476	Catherine_samiselo@wvi.org
13.	Colonel Lawson Simapuka	Commanding Officer OPD	Maina Soko Military Hospital	(260) 211 260301/4	simapuka@msmh.gov.zm
14.	Dr. Geoffrey Chishimba	Director Impact Mitigation, Care, and Support	National HIV/AIDS/STI/TB Council	(260) 211 255044/92	gchishimba@nacsec.org.zm
15.	Nicholas Banda	Chief Child Development Officer	MSYCD	(260) 978 517 158	(Not available)

# ANNEX B: INTERVIEW AND FOCUS GROUP DISCUSSION GUIDES

## Caregiver Interview Guide

### Background

The United States Government supports a number of programs that serve children and young adults in Zambia. These programs are intended to address needs, such as health and education. Some programs support civilians, while others address military children—children with at least one parent in the Zambian Defense Force (Army, National Service, or Air Force).

We have identified you as a **caregiver or someone who is providing care and support** to a young person and would like to ask you a few questions related to your experience. Your opinions and feelings are very valuable and will help us plan future U.S. Government–funded programs for young people and their families.

Your responses will remain confidential and will not be linked to you or your family. No reference will be made to your name, if the findings of this work are published. You may refuse to answer any question if you are not comfortable with it. Nevertheless, open and sincere responses to the questions will be very much appreciated. This interview should take 45 minutes.

We realize that this topic may be difficult to discuss. We want to share a list of referral services that are available to you. (*Interviewer provides list.*) At any point after our interview, if you need additional emotional support or counseling, you should know that there are services available to help you.

### Do we have your permission to continue?

### Introduction

Thank you for taking the time to share your experiences with us today. You have a special story to tell that can help influence programs and services that address important needs, such as education, nutrition, shelter, and health for young people. This is a chance for you to tell us what you feel is important.

**First, we would like to learn more about you. Tell us your story. You are currently providing care and support to a young person/young people.**

1. How did you come to care for these children? Are they your children, or are you caring for children whose parents were unable to care for them? (*Interviewer: if the latter, probe for circumstances, including deployment, death of parent, or chronic illness, etc.*)
2. How would you describe your relationship status? Are you married/never married/widowed/separated from your spouse? (*Interviewer to explore circumstances and history and to find out more about what, if any, household income comes in*)
3. How long have you lived in this community? (*Interviewer to identify if civilian community or military base and find out more details on transition from camp to community if applicable*)

4. How many people live in your household (*if information not gathered above*)? What is your source of household income? Do you have any supplemental income? (*Interviewer to explore other means of generating income or garnering support for medicines, food, etc.*)
  - (*Number of adults and ages if possible*)
  - (*Number of children and ages if possible*)
5. Please describe a typical day for you and your family
  - What are your responsibilities at home?
  - What care and support do you provide to others?
  - What are your responsibilities outside of the home?
  - In your absence from home (*when at school, work, etc.*) who else takes on these tasks?
6. As I mentioned earlier, the U.S. Government supports programs that address the education, health, nutrition, and recreational needs of military children. Now, I would like to ask you some questions about the support that you and your family receive in a few areas. To your knowledge, what support do you receive in (interviewer to note if caregiver is unaware of availability of services) the following:
  - Education for the children (*probe for books, pencils, uniforms, bursaries, etc.*)
  - Nutrition for the household (*probe for rations of grains, meat/beans, milk, etc.*)
  - Healthcare for the household (*probe for vaccines, hygiene, vitamins, sexual health services, gynecological if appropriate, etc.*)
  - Psychosocial support for the household (*probe for clubs, support groups, community activities, etc.*)
  - Shelter
  - Water (*probe for where/how interviewee accesses potable water*)
  - Financial (*probe for vouchers, cash transfers, employment*)
  - Legal
  - Clothing, including shoes
7. What challenges have you or the young people that you care for faced when accessing these services?
8. In what new areas would you like to have support? (*Encourage interviewee to be as specific as possible.*)
9. If you could design a support system for young people coping with parental loss, what would you make sure was included?
10. What other important messages would you like to share with donors and program planners about the needs of young people and their families?

# OVC Interview Guide

## Background

The United States Government supports a number of programs that serve children and young adults in Zambia. These programs aim to address such needs as health and education. Some programs support civilians, while others address military children—children with at least one parent in the Zambian Defense Force (Army, National Service, or Air Force).

We have identified you as someone who is **currently receiving services**, and we would like to ask you a few questions related to that. Your insights are extremely valuable and will help us plan future programs for young people like you.

Your responses will remain confidential and will not be linked to you or your family. No reference will be made to your name if the findings of this work are published. You may refuse to answer any question if you are not comfortable with it. Nevertheless, open and sincere responses to the questions will be very much appreciated. If you wish, you may stop this interview at any point. This interview should take about 45 minutes.

We realize that this topic may be difficult to discuss. We want to share a list of referral services that are available to you. (*Interviewer provides list.*) At any point after our interview, if you need additional emotional support or counseling, you should know that there are services available to help you.

## Do we have your permission to continue?

### Introduction

Thank you for taking the time to share your experiences with us today. You have a special story to tell that can help influence programs and services that address important needs, such as education, nutrition, and health for military children. This is a chance for you to tell us what types of services would be helpful for you and others like you.

1. First, we would like to learn more about you. Tell us your story.
  - Let's start with your age. How old are you?
  - Where are you currently living (in the camp or in the surrounding community)?
  - Describe your household:
    - How many people do you live with? (*number of adults, number of children and ages if possible; interviewer to determine if one or both parents are deceased*)
    - How long have you lived here?
    - (*If relevant*) Where did you live before?
2. Describe life at the military camp:
  - What was/is your daily routine? (*Interviewer to probe about attendance at school, highest level of education, responsibilities at home, taking care of parents or siblings, etc.*)
3. Describe life since leaving the military camp (if applicable)
  - What was/is your daily routine? (*Interviewer to probe about attendance at school, highest level of education, responsibilities at home, taking care of parents or siblings, etc.*)

4. As I mentioned earlier, the U.S. Government supports programs that address the education, health, nutrition, and recreational needs of military children. Now, I'd like to ask you some questions about the support that you and your family receive in a few areas. To your knowledge, what support do you receive in the following (Interviewer to note if OVC is unaware of services):
  - Education (*probe for books, pencils, uniforms, bursaries, etc.*)
  - Recreation (*probe for sports and other activities*)
  - Nutrition (*probe for rations of grains, meat/beans, milk, etc.*)
  - Healthcare (*probe for vaccines, hygiene, vitamins, sexual health services, gynecological if appropriate, etc.*)
  - Psychosocial support (*probe for clubs, support groups, community activities, etc.*)
  - Shelter
  - Water (*probe for where/how interviewee accesses potable water*)
  - Financial (*probe for vouchers, cash transfers, employment*)
  - Legal
  - Clothing, including shoes
4. What challenges have you faced when accessing these services?
  - (Probe for having to give books, uniforms, etc. to another child or adult; transportation issues; obligations in the home; etc.)
5. In what other areas could you and your family use support?
6. If you could design a support system for kids facing the same situation you are facing, what would you make sure to include?
7. What other important messages would you like to share with donors and program planners about the needs of young people and their families?

# USG Officials Interview Guide

## Introduction

As you may know, the United States Government provides services to meet the needs of orphans and vulnerable children—or OVC—young people who have lost parents to AIDS. Some programs target all young people coping with loss, while others focus on military children—children with at least one parent in the defense force or military.

We are working with the U.S. Government to develop our understanding of previous and existing U.S. Government-supported military OVC programs in Zambia. Specifically our team's interest is to understand what USG-funded programs have been implemented in Zambia, what the priority needs are for OVC in Zambia (both military and civilian), what factors distinguish service delivery and program implementation for military versus civilian OVC, what interventions have been successful in reaching military OVC, and what challenges remain.

As a **part of the U.S. Mission in Zambia**, your insight is extremely valuable and will help inform the direction of future USG OVC programs. This interview should take about 45 minutes.

Your responses will remain confidential and will not be linked to you. No reference will be made to your name if the findings of this work are published. You may refuse to answer any question if you are not comfortable with it. Nevertheless, open and sincere responses to the questions will be very much appreciated. If you wish, you may stop this interview at any point.

## Do we have your permission to continue?

1. What is your role?
  - What is your experience in working with military OVC programs in Zambia?
2. In your opinion and to your knowledge, what characteristics differentiate military from civilian OVC?
  - What is the operational definition of military OVC in Zambia?
  - What factors influence vulnerability for military OVC?
  - What system is used to track/register military OVC?
  - What system is used to track/register civilian OVC?
3. In your opinion, and to your knowledge, what steps have the Zambia Defense Force, including the *Zambia Army/Zambia Defense Force, and Zambia National Services*, taken to address the needs of military OVC?
  - What has worked well?
  - What remains challenging?
4. In your opinion and to your knowledge, what steps has the Government of Zambia taken to address the needs of military OVC?
  - What has worked well?
  - What remains challenging?

5. In your opinion and to your knowledge, in what ways and to what extent have the Office of Global AIDS Coordinator/PEPFAR OVC guidelines influenced the design and implementation of military OVC programs in Zambia?
  - What has worked well?
  - What remains challenging?
  
6. What other issues are important for the USG to consider regarding future programming for military OVC?

# Senior Military Officials Interview Guide

## Introduction

The United States Government provides services to meet the needs of orphans and vulnerable children—or OVC—young people who have lost parents to AIDS. Some programs target all young people coping with loss, while others focus on military children—children with at least one parent in the defense force or military.

We are working with the U.S. Government to develop our understanding of previous and existing U.S. Government-supported military OVC programs in Zambia. We have identified you as a **senior military official** who works in this area and would like to ask you a few questions to help us better understand what programs have been implemented in Zambia for military children, what the main needs of military children are, what factors affect access to programs/services, what programs and services have been successful in improving the lives of young people who are coping with loss, and what challenges remain. Your insights are extremely valuable and will help inform the direction of future USG OVC programs. This interview should take about 45 minutes.

Your responses will remain confidential and will not be linked to you. No reference will be made to your name if the findings of this work are published. You may refuse to answer any question if you are not comfortable with it. Nevertheless, open and sincere responses to the questions will be very much appreciated. If you wish, you may stop this interview at any point.

## Do we have your permission to continue?

1. I am interested in hearing more about your experience working with military OVC programs in Zambia.
  - In what capacity do you interact with military OVC programs in Zambia?
    - What is/was your previous/current role(s)?
    - What is/were your program objectives/goals?
    - What is/was your target population?
    - What specific areas of support does/did your program address (*education, nutritional support, child protection, health, home-based care/palliative care and/or psychosocial support*)?
  - In what geographic areas does/did your program operate?
    - What criteria are/were used to identify OVC in these geographic areas?
    - In what ways do/did you engage with the Zambia Defense Force in these geographic areas (*please specify interaction with each unit: Zambia Army / Zambia Defense Force / Zambia National Services*)?
2. In your view, what characteristics differentiate military from civilian OVC?
  - What is the operational definition of military OVC in Zambia?
  - What factors influence vulnerability for military OVC?
  - What system is used to track/register military OVC?
3. In your opinion, and to your knowledge, what steps has the ZDF (all units) taken to address the needs of military OVC?
  - What role does the ZDF see itself playing regarding

- Shaping OVC policies?
  - Delivering services?
  - Providing other assistance (*educational, psychosocial, nutrition, economic empowerment, etc.*)?
  - What has worked well?
  - What has been challenging?
4. What system is used to track/register military OVC?
  5. In your opinion and to your knowledge, what steps has the Government of Zambia taken to address the needs of military OVC?
    - What has worked well?
    - What remains challenging?
  6. What other issues are important for the U.S. Government to consider regarding future programming for military OVC?
  7. What other stakeholders would the ZDF like to partner with to provide support for military OVC?
  8. What other issues are important to the ZDF regarding military OVC?
    - What issues need to be taken into consideration when engaging military support for OVC?

# Ministry of Health Officials Interview Guide

## Introduction

The United States Government provides services to meet the needs of orphans and vulnerable children—or OVC—young people who have lost parents to AIDS. Some programs target all young people coping with loss, while others focus on military children—children with at least one parent in the defense force or military.

We are working with the U.S. Government to develop our understanding of previous and existing U.S. Government–supported military OVC programs in Zambia. We have identified you as a **Ministry of Health official** who works in this area and would like to ask you a few questions to help us better understand what programs have been implemented in Zambia for military children, what the main needs of military children are, what factors affect access to programs/services, what programs and services have been successful in improving the lives of young people who are coping with loss, and what challenges remain. Your insights are extremely valuable and will help inform the direction of future USG OVC programs. This interview should take about 45 minutes.

Your responses will remain confidential and will not be linked to you. No reference will be made to your name if the findings of this work are published. You may refuse to answer any question if you are not comfortable with it. Nevertheless, open and sincere responses to the questions will be very much appreciated. If you wish, you may stop this interview at any point.

## Do we have your permission to continue?

1. What is your current role?
  - In what capacity do you work with OVC or OVC issues in Zambia?
    - Military OVC?
  - What is the extent of your role in developing and shaping child OVC health policies and guidelines in Zambia?
2. In your view and to your knowledge, what characteristics differentiate military from civilian OVC?
  - What factors influence vulnerability for military OVC? (*interviewer probe regarding childhood illnesses and other health vulnerabilities*)
  - In what ways are these factors different for military versus civilian OVC?
  - What is the process for birth registration for OVC?
  - What system is used to track/register military OVC?
  - What system is used to track/register civilian OVC?
3. What strategy is the Ministry of Health currently using to provide health services to military OVC?
  - What steps were taken to identify and develop this strategy?
  - What aspects of this strategy have worked well?
  - What areas need improvement?
4. In what ways does the Ministry of Health engage with the Ministry of Defense or any particular unit in Ministry of Defense to develop strategies and provide services to military OVC?

5. What, if any, plans does the Ministry of Health have for future programming and collaboration?
6. What other issues do you think are important to understand when meeting the needs of military OVC?

# Other Ministry Officials Interview Guide

## Introduction

The United States Government provides services to meet the needs of orphans and vulnerable children—or OVC—young people who have lost parents to AIDS. Some programs target all young people coping with loss, while others focus on military children—children with at least one parent in the defense force or military.

We are working with the U.S. Government to develop our understanding of previous and existing U.S. Government–supported military OVC programs in Zambia. We have identified you as a **ministry official** who works in this area and would like to ask you a few questions to help us better understand what programs have been implemented in Zambia for military children, what the main needs of military children are, what factors affect access to programs/services, what programs and services have been successful in improving the lives of young people who are coping with loss, and what challenges remain. Your insights are extremely valuable and will help inform the direction of future USG OVC programs. This interview should take about 45 minutes.

Your responses will remain confidential and will not be linked to you. No reference will be made to your name if the findings of this work are published. You may refuse to answer any question if you are not comfortable with it. Nevertheless, open and sincere responses to the questions will be very much appreciated. If you wish, you may stop this interview at any point.

## Do we have your permission to continue?

1. What is your current role?
  - In what capacity do you work with OVC or on OVC issues in Zambia?
    - Military OVC?
  - What is the extent of your role in developing and shaping child OVC policies and guidelines in Zambia?
2. In your view and to your knowledge, what characteristics differentiate military from civilian OVC?
  - What factors influence vulnerability for military OVC? (*Interviewer probe regarding childhood illnesses and other health vulnerabilities*)
  - In what ways are these factors different for military versus civilian OVC?
  - What is the process for birth registration for OVC?
  - What system is used to track/register military OVC?
  - What system is used to track/register civilian OVC?
3. What is the GRZ's (Government of the Republic of Zambia) national plan regarding children/OVC?
  - What are the goals and objectives of the national plan?
  - What are the priority issues to address? (*Interviewer probe regarding reference to military OVC and any plans to look at this group*)
4. In what ways does the (*name of ministry*) engage with the Ministry of Defense or any particular unit in the Ministry of Defense to develop strategies and provide services to military OVC?

5. What, if any, plans does the (*name of ministry*) have for future programming and collaboration?
6. What other issues do you think are important to understand when meeting the needs of military OVC?

# Program Managers Interview Guide

## Introduction

The United States Government provides services to meet the needs of orphans and vulnerable children—or OVC—young people who have lost parents to AIDS. Some programs target all young people coping with loss, while others focus on military children—children with at least one parent in the defense force or military.

We are working with the U.S. Government to develop our understanding of previous and existing U.S. Government-supported military OVC programs in Zambia. We have identified you as a **program manager/director** who works in this area and would like to ask you a few questions to help us better understand what programs have been implemented in Zambia for military children, what the main needs of military children are, what factors affect access to programs/services, what programs and services have been successful in improving the lives of young people who are coping with loss, and what challenges remain. Your insights are extremely valuable and will help inform the direction of future USG OVC programs. This interview should take about 45 minutes.

Your responses will remain confidential and will not be linked to you. No reference will be made to your name if the findings of this work are published. You may refuse to answer any question if you are not comfortable with it. Nevertheless, open and sincere responses to the questions will be very much appreciated. If you wish, you may stop this interview at any point.

## Do we have your permission to continue?

1. I am interested in hearing more about your experience working with military OVC programs in Zambia.
  - In what capacity do you interact with military OVC programs in Zambia?
    - What is/was your previous/current role(s)?
    - What are/were your program objectives/goals?
    - What is/was your target population?
    - What specific areas of support does/did your program address (*education, nutritional support, child protection, health, home-based/palliative care, and/or psychosocial support*)?
  - In what geographic areas does/did your program operate?
    - What criteria are/were used to identify OVC in these geographic areas?
    - In what ways do/did you engage with the Zambia Defense Force in these geographic areas (*please specify interaction with each unit: Zambia Army/Zambia Defense Force/Zambia National Services*)?
2. In your view, what characteristics differentiate military from civilian OVC?
  - What is the operational definition of military OVC in Zambia?
  - What factors influence vulnerability for military OVC?
  - What system is used to track/register military OVC?
3. In your opinion, and to your knowledge, what steps has the ZDF (*all units*) taken to address the needs of military OVC?
  - What has worked well?

- What remains challenging?
4. In your opinion and to your knowledge, what steps has the Government of Zambia taken to address the needs of military OVC?
    - What has worked well?
    - What remains challenging?
  5. What other issues are important for the U.S. Government to consider regarding future programming for military OVC?

# Teachers/Guidance Counselors Interview Guide

## Introduction

The United States Government supports a number of programs that serve children and young adults in Zambia. These programs aim to address needs such as health, recreation, psychosocial support, and education. Some program support civilians while others address military children—children with at least one parent in the *Zambian Defense Force* (Army, National Service, or Air Force).

We have identified you as an **educator/teacher** and would like to ask you a few questions related to your experiences working with military and civilian children, particularly those considered OVC—or orphans or vulnerable children. Your opinions and feelings are very valuable and will help us plan future U.S. Government-funded programs for young people and their families.

Your responses will remain confidential. No reference will be made to your name if the findings of this work are published. You may refuse to answer any question if you are not comfortable with it. Nevertheless, open and sincere responses to the questions will be very much appreciated. This interview should take 45 minutes.

## Do we have your permission to continue?

1. We would like to hear about your experiences as an educator/teacher in Zambia.
  - What is the age range of children with whom you interact and what grades do you teach?
  - How long have you been an educator/teacher?
2. As I mentioned earlier, the U.S. Government supports programs that address a variety of needs for military and civilian children.
  - Based on your experiences, what specific areas of support do military children need? *(Interviewer to probe why these areas are important)*
  - What about the circumstances and experiences of military children make these priority areas for program support? *(Interviewer to probe for such areas as education, nutritional support, child protection, health, psychosocial, shelter, etc.)*
  - In what ways are their needs different from those of civilian children? *(Interviewer to explore how life changes for military children due to deployment, death of parent, etc.)*
  - What specific areas of support do civilian children need? In what ways are their needs different from military children?
3. In your opinion, what works well in delivering education to military and civilian children?
  - What factors influence their ability to learn?
  - In what ways are these factors different for military versus civilian OVC?
4. In your opinion, what are some of the challenges in delivering education to OVC?
  - What factors limit their ability to learn?
  - In what ways are these challenges different for military versus civilian OVC?
5. To your knowledge, what tracking system is used for military and civilian children to ensure they continue to receive support and services?

6. What other issues are important for the U.S. Government to consider regarding future programming for military OVC?

# HBC Providers Interview Guide

## Introduction

The United States Government supports a number of programs that serve children and young adults in Zambia. These programs aim to address needs such as health, recreation, psychosocial support, and education. Some program support civilians, while others address the needs of military children—children with at least one parent in the Zambian Defense Force (Army, National Service, or Air Force).

We have identified you as a **home-based care provider** and would like to ask you a few questions related to your experiences working with military and civilian children, particularly those considered orphans or vulnerable children or OVC. Your opinions and feelings are very valuable and will help us plan future U.S. Government-funded programs for young people and their families.

Your responses will remain confidential. No reference will be made to your name if the findings of this work are published. You may refuse to answer any question if you are not comfortable with it. Nevertheless, open and sincere responses to the questions will be very much appreciated. This interview should take 45 minutes.

## Do we have your permission to continue?

1. We would like to hear about your experiences as a home-based care provider in Zambia.
  - How long have you been working in this capacity?
  - What services do you provide in home-based care?
  - Do you serve a particular population or both military and civilian families?
2. Based on information that we gleaned from earlier interviews with program managers and policymakers, we learned that home-based care is one of the key ways of identifying vulnerable children.
  - Based on your experience, what factors increase a child's vulnerability?
  - In what ways are these factors different for military versus civilian OVC?
3. As I mentioned earlier, the U.S. Government supports programs that address a variety of needs for military and civilian children.
  - Based on your experiences, what specific areas of support do military children need?  
*(Interviewer to probe why these areas are important)*
  - What about the circumstances and experiences of military children make these priority areas for program support? *(Interviewer to probe for such areas as education, nutritional support, child protection, health, psychosocial, shelter, etc.)*
  - In what ways are their needs different from those of civilian children? *(Interviewer to explore how life changes for military children due to deployment, death of parent, etc.)*
  - What specific areas of support do civilian children need? In what ways are their needs different from those of military children?
4. In your opinion, what are some of the challenges in delivery services to children in need?
  - What factors limit their ability to access existing services?
  - In what ways are these challenges different for military versus civilian OVC?

5. To your knowledge, what tracking system is used for military and civilian children to ensure they continue to receive support and services?
6. What other issues are important for the U.S. Government to consider regarding future programming for military OVC?

# Teacher/Guidance Counselor and Home-Based Care Provider Focus Group Discussion Guide

## Introduction

Thank you for taking the time to join us for this focus group discussion today. My name is XXX, and I am with the USAID-funded Health Policy Initiative. I am joined by my colleagues, XXX from YYY and XXX from YYY.

We invited you here today, because each of you works in varying capacities in support of children. As many of you already know, in Zambia, households and, therefore, children have grown increasingly vulnerable due to the loss of one or both parents or as a result of caring for chronically ill parents. In the case of military children—children who have at least one parent serving in the military—vulnerability also results from military deployment or parental death in the line of service. These children are informally known as military OVC.

Through this focus group discussion, our team hopes to learn more about programs that serve military OVC in Zambia. We are particularly interested in understanding the unique needs of military OVC and how, in your experience, they compare with civilian OVC.

Your insights are extremely valuable and will help guide the direction for future U.S. Government-funded programs that target military and nonmilitary OVC. If at any point during this group discussion you feel uncomfortable or do not wish to answer a question, you reserve that right. This is voluntary, which means that you can refuse to participate at any point.

**Do I have permission to continue?** (*obtain verbal consent*)

## Questions:

**Background.** Earlier this year, our team conducted interviews with policymakers and program managers—people who develop and implement programs and services that serve military OVC. We learned that the U.S. Government currently supports a program that serves the needs of military OVC—children living in the military cantonment, as well as in the surrounding area.

As providers of services who actually live and work in the area and who interact with military and civilian children (OVC) on a regular basis, we would like to deepen our understanding of the issues that these children face and the factors that make them vulnerable.

To begin:

1. In your opinion, how would you distinguish between military and nonmilitary OVC. What is unique about the experiences of military OVC? (*Interviewer to probe on the following areas*)
  - Explore their understanding of life inside the camps vs. outside.
  - What are the living conditions of military vs. nonmilitary OVC?
  - What psychosocial issues exist for military vs. nonmilitary OVC?
  - Does one group have a better chance of ‘survival’ than the other? Why? What factors increase vulnerability?

2. According to interviews that we conducted, the U.S. Government currently supports programs that address education, recreation, nutrition, and other needs. In what ways are these programs effective at meeting the needs of military OVC? What factors prevent children and families from accessing available services? What are some steps that the U.S. Government might take to address these factors to ensure quality service delivery? (*Interviewer to probe on the following areas*)
  - Explore each area (education, recreation, nutrition, psychosocial support, shelter, etc.)
  - What areas need more support?
  - What is important for the military to understand? In what ways can the military provide support?
  - In what ways can the U.S. Government provide support?
  
3. What additional points are important for donors to understand when funding OVC programs, both military and civilian? What assistance do these children and their families need that they are not currently accessing? (*Interviewer to probe on the following areas*)
  - What additional support do households need?
  - Explore support for wives/widows
  - What kinds of capacity building and training are needed?

## **Target Audience: OVC (Interviewer to note: signed consent)**

### **Introduction**

Thank you for taking the time to join us for this focus group discussion today. My name is XXX, and I am with the USAID-funded Health Policy Initiative. This is a project funded by the U.S. Agency for International Development. I am joined by my colleagues, XXX from YYY and XXX from YYY.

We are here to conduct a study for the Health Policy Initiative, which is approved by the relevant Research Ethics Committee in Zambia.

This study involves your participation in focus group discussions to record your comments, observations, and perspective on available services for children of military personnel.

### **Our discussion today is intended to**

- Record program recipients' insights about what the priority needs are for programs that serve children of military personnel, as well as civilians;
- Identify what factors affect access to programs and services;
- Understand what programs and services have been successful in improving the lives of young people; and
- Identify what challenges remain.

Understanding your experiences will help our team provide recommendations to U.S. government agencies to improve and/or expand services for young people. Your feedback and input will benefit the quality of services offered to your community.

We realize that this topic may be difficult to discuss given the sensitivities and vulnerabilities related to HIV, and we want to share a list of referral services that are available to you. (*Interviewer to provide list.*) At any point after our interview if you need additional emotional support or counseling, you should know that there are services available to help you.

We usually need 45 minutes of your participation to complete the study, and your part is completely voluntary in the sense that you can choose not to answer or comment on individual questions or choose not to participate in the study at all. If you feel during the interview that answering some or all questions of the study poses a direct or indirect threat to you or your family, you have the sole authority to skip that portion of the interview or discussion. Also, if participation in this study interferes with your normal activities, you can choose not to participate in the study. If at any point you are not comfortable with your participation, you can choose to withdraw completely.

Your name, origin, place, and other personal information will not be revealed to anyone in the group/area or to the staff of the organizing agency. All the information collected through this study will be treated and kept with strict confidentiality and will only be used to analyze the general situation of young people who are coping with loss in your area.

Participation in this study does not entail provision of any monetary or in-kind incentives by the research or funding agencies, and implementation of this study does not necessarily obviate provision of a specific set of services by the research or funding agencies or the Ministry of Health in Zambia.

If you have any queries about the process or methods of this study, you can contact the Institutional Review Board of the Ministry of Health in Zambia, whose contact information is provided below.

Dr. Munthali  
Chairperson  
966-76-5422

**At this time, do you want to ask me anything about the study?**

Do you agree to participate?    Yes                      No

Signature or thumb sign of the Participant: \_\_\_\_\_

Date: \_\_\_\_\_

**Background.** We invited you here today because, as young adults, you have a number of responsibilities. You are trying to get an education, often while also balancing your duties at home—taking care of siblings and sometimes parents who are ill. Some of you have also lost your parents—in active duty or to illness.

The U.S. Government funds programs intended to help children and young adults with some of these challenges. We have identified you as someone who might use these services and wanted to learn more about your experiences to find out what is working and what improvements should be made.

1. Many of you are children of military personnel. We'd like to understand what life is like living on the cantonment. *(Interviewer to probe on the following areas)*
  - Please describe a typical day, including attendance at school and household responsibilities.
  - What changes when a parent is deployed for active duty?
  - What changes if a parent becomes ill or dies?
  - What are the challenges that you face under these circumstances?
  - What support do you have in facing these challenges (education, income, health, psychosocial, shelter, etc.)? *(Interviewer to explore their awareness of programs and available services, as well as access to services)*
  - What are your concerns for your well-being and the well-being of your family?
  
2. What is life like once you move away from the cantonment? *(Interviewer to probe on the following areas)*
  - Please describe the process of change. *(Interviewer to encourage the young man or woman to explain the process of moving from the camp to the outside world)*
  - How is living in the “outside” world different? How is living in the outside world better? How is it more challenging?
  - What support do you have when facing these challenges? (education, income, health, psychosocial, shelter, etc.) *(Interviewer to explore their awareness of programs and available services, as well as access to services)*
  - What changes if a parent becomes ill or dies?
  - What are the challenges that you face under these circumstances?
  - What support do you have in facing these challenges (education, income, health, psychosocial, shelter, etc.)? *(Interviewer to explore their awareness of programs and available services; explore access to services)*

- What are your concerns for your well-being and the well-being of your family?
3. (If aware of programs) In what ways have each of these programs/services helped you?  
(*Interviewer to probe on the following issues and note specifically what programs*)
- Explore educational support (uniforms, school fees, etc.). Explore access versus availability. Do they have to share uniforms, books, etc? Are they able to use the materials provided to them?
  - Explore psychosocial support (related to chronic illness, death, caring for siblings, loss of parent, and deployment).
  - Explore income generation (what training is available, etc.).

Note: OVC who have insights should be asked for an individual interview to follow up on more personal issues.

4. (*If aware of programs*) In what ways could these programs/services be improved?  
(*Interviewer to probe on the following issues and note specifically what programs*)
- Explore educational support (uniforms, school fees, etc.). Explore access versus availability. What would help gain access to services?
  - Explore psychosocial support (related to chronic illness, death, caring for siblings, loss of parent, and deployment).
  - Explore income generation (what training is needed, etc.).
  - Explore need for shelter.
  - Explore need to be linked with other nongovernmental organizations, services, etc.

Note: OVC that have insight should be asked for an individual interview to follow up on more personal issues.

5. If you could design an ideal support program, what would it look like? What issues would be addressed? (*Interviewer to probe on the following issues*)
- Explore payout of benefits, support for women/widows, support for household, training, income-generating activities, psychosocial support, etc.
6. What other important message would you like to share with donors about what it means to be a young person who is facing so many issues? (*Interviewer to probe on the following issues*)
- Explore being child of military personnel and the unique challenges.

# Caregiver Focus Group Discussion Guide

## Introduction

Thank you for taking the time to join us for this focus group discussion today. My name is XXX, and I am with the USAID-funded Health Policy Initiative. This is a project funded by the U.S. Agency for International Development. I am joined by my colleagues, XXX from YYY and XXX from YYY.

We are here to conduct a study for the Health Policy Initiative, which is approved by the relevant Research Ethics Committee in Zambia.

This study involves your participation in focus group discussions to record your comments, observations, and perspectives on available services for children of military personnel.

## Our discussion today is intended to

- Record program recipients' insights about what the priority needs are for programs that serve children of military personnel, as well as civilians;
- Identify what factors affect access to programs and services;
- Understand what programs and services have been successful in improving the lives of young people; and
- Identify what challenges remain.

Understanding your experiences will help our team provide recommendations to U.S. government agencies to improve and/or expand services for young people. Your feedback and input will benefit the quality of services offered to your community.

We realize that this topic may be difficult to discuss given sensitivities and vulnerabilities around HIV and want to share a list of referral services that are available to you. (*Interviewer to provide list*) At any point after our interview, if you need additional emotional support or counseling, you should know that there are services available to help you.

We usually need 45 minutes of your participation to complete the study, and your part is completely voluntary in the sense that you can choose not to answer or comment on individual questions or choose not to participate in the study at all. If you feel during the interview that answering some or all questions of the study pose a direct or indirect threat to you or your family, you have the sole authority to skip that portion of the interview or discussion. Also, if participation in this study interferes with your normal activities, you can choose not to participate in the study. If at any point you are not comfortable with your participation, you can choose to withdraw completely.

Your name, origin, place, and other personal information will not be revealed to anyone in the group/area or to the staff of the organizing agency. All the information collected through this study will be treated and kept with strict confidentiality and will only be used to analyze the general situation of young people who are coping with loss in your area.

Participation in this study does not entail provision of any monetary or in-kind incentives by the research or funding agencies, and implementation of this study does not necessarily obviate provision of a specific set of services by the research or funding agencies or the Ministry of Health in Zambia.

If you have any queries about the process or methods of this study, you can contact the Institutional Review Board of the Ministry of Health in Zambia, whose contact information is provided below.

Dr. Munthali  
Chairperson  
966-76-5422

**At this time, do you want to ask me anything about the study?**

Do you agree to participate?    Yes                      No

Signature or thumb sign of the participant: \_\_\_\_\_

Date: \_\_\_\_\_

**Questions:**

1. We understand that you provide care and support to a young person/young people who has/have lost (one/both) parent(s). In what ways has that changed your life? As a result, what needs do you now have?
2. What programs and services do you have access to?
3. In what ways have each of these programs/services helped you?
4. What challenges have you faced when accessing these services?
5. In what ways do you think your experiences would be different if you weren't affiliated with the military?
6. In what areas would you like to have additional support?
7. What would help you gain access to this support?
8. If you could design a support system for kids facing the same situation you are facing, what would you make sure to include?
9. What other important message would you like to share with donors and program planners about young people coping with loss?

**Probing questions:**

10. What is your daily routine like now?
11. What are your responsibilities outside of the home?
12. What are your responsibilities at home?
13. What care and support do you provide to others?
14. In your absence (when at school/work) who else takes on these tasks?
15. How many people do you live with? (*number of adults, number of children and ages if possible*)
16. What other people/groups provide you and your household with support? (*Interviewer to probe with categories, including food, financial, clothing, education, psychosocial*)
17. What is/are your sources for household income?
18. What is the money used for?
19. Who is responsible for spending the money?
20. (*Interviewer to probe if this is enough to support the needs of household*) If inadequate, what needs remain unmet?

## ANNEX C: MAP OF ZAMBIA



Source: Mapsof.net. Map of Zambia. Retrieved May 28, 2010, at [http://mapsof.net/uploads/static-maps/zambia\\_map.jpg](http://mapsof.net/uploads/static-maps/zambia_map.jpg).

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