Partnerships and collaboration with the community through the CBOs was crucial in ensuring ownership and commitment to the project. The Ministry of Agriculture was a key player in the implementation and sustainability of the initiative.

The OVC poultry project was a striking success. The introduction of chickens into the households met immediate nutritional needs through egg production as well as providing orphans with a resource that they could use to build up capital for further income generating activities. Many of the orphans now own cows and goats that they have been able to buy from the proceeds of selling their eggs and chickens.

Group dynamics and conflicts were a challenge to the implementation of group farming activities and, as a result, individually run farms tended to do better. APHIA II Western has now incorporated training on group dynamics into the support they are offering. More technical support was required than was originally anticipated as the communities had low levels of baseline knowledge. The poultry project struggled to provide support to OVCs whose chickens were attacked by disease, until they trained CBOs to provide support in disease management.

The introduction and support of the various farming activities and kitchen gardens have improved the nutritional status of the targeted PLWHIV/OVC households. They have also generated income that enables the group members to more successfully meet the basic needs of their families more and has totally transformed households from having nothing to having something.

This is an easily replicable and high-impact initiative that empowers individuals at the community level to transform their basic living conditions through simple farming activities. However, its success is contingent on developing strong relationships with supporting technical organizations that should be involved from the outset in planning the activities.

**Lydia Nekesa** is a CHW and team leader at the Urafiki Community-Based Organization, as well as being a member of the Imani Support Group in Lwandeti, Matete disrict and a trained Ambassador of Hope. As an HIV+ widow, she is keen to improve her livelihood and save and invest for the future of her son, Gracious Gome, a class four pupil. In December, 2009, she attended a micro-finance institution linkage meeting organized by APHIA II Western. Here she learned about the need to save, especially for her son's future. After the meeting she opened a Jumbo Junior account for her son at the Cooperative Bank's Webuye branch. She has been depositing Ksh500/- every month, with the aim of saving for her son's future. So far she has saved more than Ksh10,000/- and tells us, "Even if you give ten shillings to Gome, he will use five shillings and save five shillings. With this account my child is assured of school fees when he goes to Form One and also a better tomorrow."

## 3.11 Specialized PSS Support

### Systemic Child Counseling – Best Practice

The combination of HIV and general poverty-related issues has a profound impact on the communities of Western Province. The rapid increase of orphans and child-headed families makes children particularly vulnerable to distress with nowhere to turn to for support. Some have to care for sick parents and younger siblings or are simply struggling to accept their parents' HIV+ status. Some experience GBV and psychological and physical abuse from their family and community members. Others have problems staying in school and meeting their family's basic needs.

Systemic therapy is a therapeutic approach that focuses on the social systems and relationships that affect a child's growth and development. Through their interaction, counselors focus on relationships with a child's

parents, siblings, extended family and peers as well as social settings such as school, church and the community at large. Whilst exploring the relationships and systems, the counselor helps the child identify the problem and works with them until a solution is found. This process helps children grieve and cope with trauma, solve problems, share their problems with their peers, avoid life-threatening situations and adopt positive attitudes towards life.

The systemic child counseling initiative aimed to provide community-based support to deal with and minimize problems experienced by children in Western Province. A total of 230 counselors were trained and 23,000 OVCs reached through the counseling and Kids Club activities. An average of 6,000 children per month benefit from counseling support.

The systemic child counseling process starts with community members helping to identify potential counselors to undergo a five-day training in the systemic counseling techniques and approach. On completing the training, counselors develop work plans on how to identify and support children in close collaboration with local CBOs, support groups and schools. Once they are in these settings they use a variety of techniques to identify children in distress. The community refers children to the counselors who are also encouraged to interact with children they encounter in the course of their daily life. Once a child has been identified as needing it, they will receive regular counseling support until the problem is resolved. Counselors report on their activities and referrals on a monitoring form that they submit to the APHIA II Western team on a monthly basis.

In addition to individual counseling activities, counselors are also involved in running Kids Clubs. These clubs offer orphans and children of support group members the opportunity to interact and share ideas, to open up to counselors and receive education on reproductive health and providing care and support to ailing parents. Each group has 70 children and is facilitated by one mobilizer with the support of ten child counselors.

A total of nine clubs are running throughout Western Province, meeting on a quarterly basis unless counselors are prepared to commit their time to more regular meetings. The success of this initiative lies in the astonishing commitment of the counseling volunteers who give their time, resources and hearts to the children they are helping. Some even take the children in to share their homes. In addition to the volunteers' commitment, the success of the program depends on the strong relationship and linkages with government ministries. One of the main constraints to this initiative has been the inadequate numbers of trained counselors to cope with the number of cases that they are encountering. Future projects should consider hiring a lawyer as part of the project support team. This would allow them to offer strong technical support in dealing with the many legal issues that counselors encounter in the course of their work. It would be worthwhile considering how to provide some form of financial support to the counselors who volunteer their time and often use a considerable amount of their own resources in supporting and caring for the children who they are counseling.

This has proved to be a solid intervention that is deeply grounded in the community. There is a recognized improvement in the general wellbeing of children who receive systemic child counseling support. Parents comment on the changes that they are seeing their children at home, whilst others report on improved academic performance. It has really helped children who are naïve and vulnerable and unable to address their problems and has established a support mechanism that is totally rooted in the community.

**Margaret Nakhumicha,** an APHIA II Western-trained systemic child counselor first met **Maurine Mabonga** in September, 2007. Maurine displayed all the symptoms of a sick child. After their first meeting, Margaret found out that Maurine was living with her aunty and grandmother. She was missing school because she was so sick, she wasn't getting enough to eat and no one in her home was taking her for treatment. Margaret invited her to visit whenever she was sick or hungry.

The following weekend, Maurine was very sick when she arrived at Margaret's house. Margaret took the child to Bungoma District Hospital where she was prescribed drugs for her cough. A week later no one from her family had bought her the drugs and her cough was worse. Margaret took her back to the hospital where she was diagnosed with TB. Margaret also insisted that the child was tested for HIV. She tested HIV+, with a CD4 count of 20, and was immediately put on Septrin and TB drugs.

Margaret visited Maurine's aunty and grandmother and explained to them about Maurine's HIV status and the fact that she would now need extra care and a balanced diet. At weekends Margaret's children would sneak her from her home and bring her to their home where she was given nutritious foods and counseled on HIV-related issues. After six months her TB had cleared, she was on ARVs and her health had improved.

Then, in October, 2008, Margaret woke up one morning to find a paper bag of clothes on her doorstep. After a few days Maurine opened up and told Margaret how her grandmother beat her and forced her to sell chang'aa. She couldn't concentrate on her studies and asked if she could move in with Margaret who agreed. She has lived with Margaret for over a year and is now enrolled in the

Mashambani Support Group and Children's Club. She is no longer sickly and attends the Bungoma District Hospital for her care and treatment.

"Guardians should love OVCs since with love, it will be easier to give them all the care and understanding they need." says Margaret.

## Community Paralegal Support – Best Practice

HIV-affected populations are faced with a range of legal issues to deal with. Inheritance issues arise because men and women aren't making provisions for their families by writing wills to ensure that land ownership disputes don't arise following their deaths. Widows are often displaced from their matrimonial land and have nowhere to go so end up homeless, living in towns. Births and deaths are not properly recorded and GBV is rife. Some children are split up from their siblings after their parents die and are often sent to live in households where they experience emotional and physical abuse and are prevented from continuing their education. There is little support available for these populations to resolve legal wrangles and seek justice. People often fear engaging with the legal system because they think that it will cost them too much and many have little faith that the system will actually deliver justice.

The community paralegal support initiative aimed to educate people on legal issues so that they can access legal support freely and resolve land dispute issues. The intervention started in 2007 and aimed to provide legal support to 15,000 PLWHIV and OVCs during the project life. It worked to help widows live in decent homes, OVCs to stay in their own homes and live dignified lives free of abuse and exploitation. It has trained nine community mobilizers who support 296 community-based paralegal volunteers. Training was given to a further 120 paralegals who are employed by a network of CBOs and LNGOs. An average of 13,000 people were reached through the program.

The first step is to sensitize communities on their legal rights and introduce the project services to them through church meetings, chief's barazas and support groups. These meetings were also used as a vehicle for identifying potential paralegal volunteers. Individuals interested in training as paralegals are required to complete a Training Needs Assessment form that is used as the basis for selecting individuals for training. Selected individuals complete a three-day training in paralegal work using a Paralegal Training Manual developed by the Paralegal Support Network (PASUNE). Volunteers are expected to commit two days a week of their time to community work and attend quarterly supervision meetings with the APHIA II Western team where they discuss problems and issues based on the monthly reports that they prepare.

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Once they are trained, paralegals take on work as "community first-aiders", serving as the first port of call for people trying to tackle legal problems. They are a resource to guide and support individuals through their cases by making referrals, acting as witnesses when required and helping to push cases through to trial. The paralegal program works in close collaboration with a range of organizations whose support and input is crucial in dealing with many of the legal issues that are faced by the communities.

Paralegal interventions have helped widows to obtain title deeds to their matrimonial land and children to obtain their birth certificates and stay in education. We have been able to create the possibility for children to live less exploited lives and refer them to receive material assistance, food support and access health services. The communities have been quick to intervene and report any cases involving child labor. Paralegals are now empowered with knowledge on the laws of Kenya and feel that they are able to make a difference in their communities. They have most recently been involved in educating their communities on the proposed constitution in advance of the August, 2010 referendum.

The greatest challenge faced has been the fact that it has not been possible to train enough paralegals to tackle the problems faced by the communities. Some cases have been dropped before they reach court due to the fact that the project doesn't have a lawyer dedicated to the project. Future interventions would benefit enormously from employing a lawyer to provide technical support to the paralegals and see cases through to court.

The success of this intervention is primarily due to the fact that it is a community-based initiative with support coming from individuals who are known and trusted in their communities. It is an easily replicable approach that has life-changing impacts on the communities it serves. It has provided a mechanism to support communities in finding simple ways of