



solving their problems. The judicial system is so overloaded that it can be too time consuming to deal with many of these issues through the court system. This approach provides a community-based alternative that deals with some of the less complicated legal issues.

A paralegal in Khwisero was called to assist a girl who was raped. On reaching the victim's home, she learned that the rapist was her brother. She didn't hesitate to take legal action against the perpetrator and reported the case at Butere police station. The perpetrator was arrested, his case heard in court and he was jailed for 30 years.

Four children from Vihiga lost their parents. Their relatives decided to take everything from them and forced them to stay with them in their homes. They were prevented from attending school. A paralegal intervened and worked with the Children's Office to make sure they were given back their home and land. At the moment, they are assisted by well-wishers and a paralegal from the region who provide them with food and clothing.

Inter-personal Therapy Groups (IPT-G) – Promising Intervention

The World Health Organisation (WHO) ranks depression as the fifth killer in the world. It is a debilitating illness that can have a significant impact on the normal functioning of people who suffer from it. Normal daily activities such as eating, bathing and looking after a household can become herculean tasks. Depression can be triggered by grief, change in life status (including discovering one is HIV+) or loneliness. It is on the rise in areas with high rates of HIV prevalence. An ethnographic survey of the districts in which this intervention was carried out, found a prevalence of between 6-10% among the population surveyed.

Interpersonal therapy is a short-term therapy that has been proven to be an effective treatment for depression. Research has shown that it is equally effective in short-term treatment of depression as anti-depressant medication therapy.

Whilst depression may not be caused by interpersonal events, it can affect relationships and roles within relationships. Interpersonal therapy was developed to address these interpersonal issues. World Vision has adapted the approach for use in HIV/AIDS settings and has successfully piloted it in Rwanda, Uganda and Swaziland.

Under the umbrella of expanding support to PLWHIVs and OVCs, this intervention aims to significantly reduce symptoms of depression in target populations and help clients return to



HIV Testing

normal levels of functioning. It targets adults and children aged between 13-17 who experience depression. The intervention was piloted in four districts, Butere, Vihiga, Shinyalu and Matete. A total of 85 counselors were trained, of whom 79 are still working. 220 groups were established and 300 men, 3,400 women, 588 boys and 720 girls have undergone interpersonal therapy to date.

The first phase of the process was to recruit volunteer counselors to facilitate the therapeutic groups. They were selected on the basis of being able to read and write and have the ability to facilitate groups. Once selected, the volunteers underwent a two-week training program in IPT-G and its implementation. Volunteers are expected to attend supervision meetings twice a month and a week-long residential retreat every quarter during which they address issues relating to their own psychological wellbeing as well as addressing issues and problems arising from the therapeutic process.

The Johns Hopkins University tool for identifying symptoms of depression was translated into the local language. This list was used in conducting an ethnographic survey in the target communities to identify people experiencing symptoms of depression and to establish a prevalence rate. Volunteers recruit clients to join the therapeutic groups by visiting community members who are displaying signs of depression. Those who are willing to be part of a therapeutic group are invited to join voluntarily. Each group consists of 10-15 members and meets for one and a half hours each week for the duration of the therapy.

Once groups are established they follow the process outlined below:

1. Introduction Phase (Weeks 1-4) – During this time the group gets to know each other, establishes norms, sets goals and identifies the issues to be addressed in the therapy.
2. Working Phase (Weeks 5-13) – During this phase the groups discuss symptoms identified and tasks they have been given to complete. Members offer each other suggestions on alternative approaches to dealing with situations. The group facilitator carries out weekly reviews of the previous week's symptoms and tasks, helping each group member to evaluate their progress and understand why their symptoms may have increased, decreased or stayed the same in the course of the week.



3. Termination Phase (Weeks 14-16) – During this phase members should be showing signs of improvement in their symptoms and increased levels of functioning in their daily lives. This period focuses on helping them plan how they are going to take care of themselves once the therapy comes to an end. It is common for groups to form strong bonds during the course of the therapy, which they often continue to build on at the end of the process by setting themselves up to run group income-generating activities.

The outcomes of this activity were primarily measured through observation and rely heavily on self-reporting from the participants themselves. The majority of participants in the activity reported a positive impact on their lives through improvement in their symptoms and a capacity to engage in their regular daily lives. The strong cohesion created in these groups has formed a strong foundation for mutual support and resource sharing to start income generating activities and improve their economic livelihoods.

The strength of this intervention is that is conducted in the local language and has taken time to identify culturally relevant symptoms of depression. The use of community volunteers provides it with a strong foundation within the community. Regular supervision of the group facilitators ensured not only their psychological wellbeing, but that any issues and problems arising through therapy were dealt with in a timely and appropriate manner.

The quarterly de-briefing sessions provided an opportunity for continuing training and skills development. The main challenge with this intervention came at the end of the therapeutic process when many participants expected to receive some form of material benefit to help them once they left the groups.

IPT-G is an activity that is strongly rooted in the community and its structured format can easily be replicated, provided that technical back up for the group facilitators is available. It is an intensive process that requires considerable commitment from the people who are facilitating it. As a result, it is crucial to ensure careful selection of people who are highly motivated, are willing to volunteer their time and are ready to face up to their own psychological issues.

Channels of Hope – Best Practice

Faith-based organizations have the potential to be a strong community resource in addressing issues of HIV/AIDS affecting their congregations and surrounding communities. They have the potential to help fight stigma and discrimination, encourage HIV testing, provide psychological and material support to PLWHIVs, OVCs and HIV-affected

My life had come to an end after my husband died. Life became very difficult and I could not sleep or eat. This wasn't because there was no food, but because the food was tasteless, my in-laws wanted to throw me out of our matrimonial home and I almost resorted to suicide.

When the leader of the group invited me to join them, I had reservations because I thought the others would not accept me. However, after joining the group, I came the place when I decided to pen up. I couldn't believe the transformation that was taking place in my life. I am a happy woman and my fellow group members are always there for me when I feel like I am getting depressed again. –

Teresia Wanguzi, Matete IPT-G

I used not to believe that grown up men could sit around without busaa and talk about their problems just like women. I believed that men were supposed to be strong and now show emotions. However, after attending the IPT-G sessions I realized that, like myself, many of my fellow men were experiencing depression and they need help.

**Joseph Alega,
Mabusi IPT-G**

households and help resolve inheritance and land disputes. The reality is that faith leaders are often the least compassionate and supportive due to their misconceptions that HIV is a punishment for sinful behaviors.

World Vision's HIV/AIDS response strategy focuses on building communities' capacity to prevent the spread of HIV and to provide care and support for PLWHIVs and OVCs. The Channels of Hope model is one of their key response models that works to harness the infrastructure and organizational capacity, the pool of current and potential volunteers and the unrivaled moral authority of local churches and faith communities to generate positive responses to HIV/AIDS. Channels of Hope was adapted to the Muslim context by the Mufti of Zambia and field tested in several African countries. A revised Channels of Hope manual edited by four Muslim scholars was produced in 2008.

The implementation of the Channels of Hope initiative in Western Province started in 2007 and aimed to reduce stigma and discrimination in target communities and expand support to OVCs and PLWHIVs. It specifically aimed to sensitize faith leaders on HIV/AIDS and use them as a vehicle to motivate faith based-communities into a positive



response to HIV/AIDS issues in their communities. Muslim faith organizations became involved in 2008. The team established 80 Congregational HIV/AIDS Action Task Teams (CHATTs) and training was completed with 374 faith leaders, 78 facilitators trained and 405 CHATT members.

Once faith organization leaders have been identified and sensitized to the initiative, they take part in a three-day workshop during which they are given in-depth education on HIV/AIDS and look at issues of stigma and discrimination. They are challenged to adopt more a more compassionate and supportive role with their HIV-affected congregation members.

On completing the training, the leaders return to sensitize their congregations on the initiative and establish CHATTs that will be responsible for implementing HIV support activities in the faith-based community. Each team has a leader who undergoes training in the Channels of Hope program and facilitation and group leadership skills. In addition to this, one or two CHATT members complete a four-day training similar to that of the organization leaders but with greater focus on HIV care and support.

The CHATTs then work to identify the specific needs of their congregation and develop an action plan to meet them. Potential activities include encouraging HIV counseling and testing and status disclosure as well as establishing PLWHIV support groups and mechanisms for providing support to OVCs.

CHATTs were supported through quarterly review meetings with APHIA II Western's Channels of Hope coordinator. During these meetings, they reviewed their achievements, gaps and challenges and developed action plans to address them. They identified linkages to relevant support organizations such as the Ministry of Health, Ministry of Agriculture and Livestock, Community Development Fund (CDF) and Ministry of Education. In addition to this, the groups were given capacity-building support to help them develop management skills including financial management, and proposal writing to help them access resources to assist them in their work.

Operations research has shown that Channels of Hope significantly reduces levels of stigma and increases rates of VCT uptake among faith leaders. A study compared implementation and control communities in Uganda and Zambia examined stigma index scores for all respondents. They found that among Uganda faith leaders participating in the Channels of Hope program there was a significantly lower stigma index score (3.33) than among the control group (4.87).



Infant Young Child Nutrition (IYCN)

Overall, there has been an impressive response from the faith organizations that have become involved in the Channels of Hope initiative. Congregations report that they didn't know that they needed to do anything to address the problem of HIV or that they were able to do anything that could make a difference. Many church members report how they are feeling better about themselves for returning to their spiritual values and actually being actively involved in helping others.

This approach has transformed the attitudes of faith leaders who are now empowered and prepared to lead their communities in a positive response to HIV/AIDS. It has demonstrated that it is possible to work with faith organizations as positive agents in facing the HIV crisis. It is a structured and focused means of entry into communities that empowers them to tackle issues of HIV/AIDS and provide support to those affected.

Mr and Mrs Mutange approached Pastor Emmanuel from Butere CHATTs to pray for them because they were both sick on a regular basis and thought that they had been cursed by one of their neighbors. The pastor talked to them extensively about HIV/AIDS and eventually convinced them to go for VCT. They disclosed to the pastor after attending the VCT that they were both infected. Pastor Emmanuel gave them ongoing counseling and they are currently living positively and have joined a support group within the community.