

STEPPING STONES

LOOKING FORWARD – LOOKING BACK

Report of an ACORD conference

London 6th- 7th July, 2006

“ ..no matter who we are in the world, what we believe in or don't, or where we live...we all have a right to define our own path up the mountain and have no right to impose our own belief system or actions on others...” [Alice Welbourn, July 2006]

written by
Angela Hadjipateras, Research and Advocacy Officer,

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Introduction to the Report

This is the report of a 2-day conference that took place on the 6th and 7th July in Development House, London (see programme in Annex 3).

This report runs through the discussions in chronological order and records the key issues and conclusions reached in the course of the 2 days. A further shorter report, attempting to capture only the main Highlights of the Conference has also been written and can be downloaded from ACORD's website (www.acord.org.uk)

A full list of the names of participants and the organisations they were representing is provided in Annex 2.

Sadly, Dr. Alice Welbourn, author of the Stepping Stones process, was not present at the conference on account of the sudden and tragic death of her son, Ben, aged 18, only weeks before. However, she contributed greatly to the planning and conceptualisation of the conference and her message, distributed to all participants and included as Annex 1, served as an important reference point and reminder throughout the two days of the conference of the special characteristics of the Stepping Stones approach, which, goes beyond most public health-focussed responses, was designed to address our "common spirituality" and to try to help (us) face the really big questions in *all* our lives, such as 'What is love? What is death about? What is our sexuality about? What are our relationships about?'

This Conference report is dedicated to Alice in recognition of her enormous contribution to the efforts of communities all over the world to respond in a supportive, caring and positive way to the reality of HIV and AIDS as they affect us all.

Day 1: Wednesday, 6th July

Welcome and introductions

The conference began with brief introductions of those present (see list of names in Annex 1)

The aims and purpose of the conference

Tina Wallace, the facilitator of the conference over the two days, referred participants to the aim of the conference – as stated in the box below:

CONFERENCE AIM

To learn from the experiences of ACORD's work on Stepping Stones in three countries in Africa, to understand more about how the programme is implemented and how well it works as a tool to transform gender relations and mobilise communities.

Specifically the workshop will explore what good practice looked like in these contexts, what worked well and less well, how to improve the work in future, and how best to learn from experience of using SS in development practise.

Each presenter is being asked to share what excites them most about the work, what their major concerns are and what they feel needs deeper discussion with the development staff and practitioners at this workshop.

Method: It is to be a participatory two days, where everyone will listen to short inputs and then will be able to raise their questions, contribute their knowledge and experience.

Hopefully by working together on these issues we can deepen our understanding of the strengths and power of SS, how to monitor and learn from the work, and where the challenges and limitations lie

She ran through the programme for the 2 days and made reference to the spirit of Alice's message to conference delegates reminding us that Stepping Stones transcends the physical and emotional domains, attempting to reach a higher, spiritual domain that unites us all.

An overview of ACORD's Project

By Angela Hadjipateras, HIV/AIDS Research and Advocacy Officer, ACORD

The presentation began by explaining the two main aims of the ACORD project, namely to assess the effectiveness of Stepping Stones (SS) as a tool for–

- (i) transforming gender relations, thereby reducing HIV/AIDS vulnerability, particularly among young girls and women; and
- (ii) promoting community mobilisation in the response to HIV and AIDS

Additional aims included testing the extent to which SS can be adapted for use in a range of different contexts (the army, pastoralists, displaced camps) and testing whether impact is enhanced through working in close partnership with other organisations providing complementary services (such as VCT, legal advice and support for women, home-based care, and so on).

What is Stepping Stones?

Angela recalled the key characteristics and principles underlying the SS approach and the ways in which it differs from other approaches. She highlighted the fact that it is a *process* or a *journey* through life exploring fears, questioning assumptions and developing new visions and levels of understanding. It is the evolving nature of the process as it moves from one stage to the next that constitutes one of the main ways in which SS differs from more

traditional approaches, which tend to be more prescriptive and to rely on simply transmitting knowledge and information to a passive audience.

The Genesis and Design of the ACORD Project

An early initiative that led to the development of the SS project was a set of guidelines on the integration of gender into HIV/AIDS programmes developed collaboratively by ACORD, ActionAid and Save the Children in 1995, which, promoted SS amongst other participatory approaches for working with communities. Subsequently, several ACORD programmes in Mozambique and Uganda adopted SS with very positive results.

From 2000, ACORD entered into a process of redefining its mission with an increasing emphasis on supporting grass-roots action for change, both at the level of communities and at the national and international levels. This, combined with ACORD's renewed and strengthened commitment to mainstreaming HIV/AIDS and gender in all its work in communities throughout Sub-Saharan Africa, led to the development of a project using Stepping Stones as a means of enhancing its own work, as well as influencing policy and practice at the international level. The timeliness of the project was highlighted when funding for Stepping Stones came under threat as a result of an evaluation carried out on behalf of DFID¹, which questioned the efficacy of the approach and recommended suspension of further funding until 'hard evidence' of impact could be produced.

In 2004, a project proposal was submitted to Comic Relief. The proposal was accepted, but with less than half the total budget requested (£130,000 as opposed to £300,000), placing a number of constraints on the scope and implementation process. The project was implemented over 2-years (2004-6) in 3 countries: Angola, Tanzania and Uganda covering a range of different contexts: In Angola, beneficiary communities included the Mucubai pastoralists, the army and mobile communities on the border with Namibia. In Tanzania, SS was implemented in poor, rural communities on the outskirts of Mwanza city. And in Uganda, it was carried out in the camps for the internally displaced in the North (Gulu).

A key element of the project design included the establishment of Advocacy Committees in each country constituted by traditional and government representatives, religious leaders, service-providers, members of PLHA associations, partner organisations, community representatives and ACORD staff. The aim of these committees was to strengthen the potential for influence and change at the local level. An international Advisory Committee, serviced by the London-based Project Co-ordinator was established in order to share ACORD's work with others (mainly NGOs and academics) interested in SS and to benefit from their guidance and expertise in relation to implementation and/or evaluation of Stepping Stones.

Monitoring and evaluation systems were carefully built into the design of the project from the outset with a view to providing evidence of impact, in particular, in relation to changes in gender relations, attitudes and behaviours. Data-collection methods included a mix of qualitative and quantitative approaches. The specific approach and challenges faced were shared with delegates on the second day of the conference.

In discussion, further clarification of the 'holistic' approach adopted by ACORD was sought. Angela explained that this refers to working in partnership with other organisations able to meet needs and demands arising from the Stepping Stones process itself. For example, increased demand for condoms and VCT, support for widows to defend their inheritance rights, and so on. None the less, it was noted that, even when working in partnership with others, not all the needs arising from Stepping Stones can be met. The moral and practical implications of this were discussed as part of the afternoon groupwork.

¹ Department for International Development

COUNTRY PRESENTATIONS: HIGHLIGHTS AND KEY LESSONS LEARNT

ANGOLA

In Angola, Stepping Stones was implemented in 3 different settings/provinces: in Namibe province, which is inhabited by pastoralists, many still living a nomadic lifestyle, but others depending also on agricultural production; with soldiers based in the army barracks within Huila Province and also in the surrounding civilian community; and thirdly, in the trading centre in Cunene Province on the border with Namibia. It should be noted that, whereas overall prevalence rates in Angola as a whole are comparatively low, mainly due to its been cut off from the outside world by the decades long civil war that only recently came to an end, Cunene has the highest prevalence levels in the country approaching 13%. The following key lessons were highlighted:

1. **Stepping Stones has a powerful impact on the military and can contribute to post-conflict reconciliation and community rebuilding processes**

Some of the most powerful effects of SS were noted in relation to the armed forces. They included:

- Sharp reduction in alcohol consumption
- Increased respect for women
- Less sleeping around/unprotected sex with multiple partners
- Increased condom use

In addition, it was found that the use of soldiers to facilitate the SS process in the civilian community helped to build bridges between the army and civilian population, thereby contributing towards the peace reconstruction process.

2. **Proactive measures are needed to enable non-literate and socially excluded groups, such as pastoralists to benefit from Stepping Stones:**

One of the target groups in Angola were the Mucubai pastoralists from Cunene province. However, although SS was implemented in this province, those who took part were the Mucubai who have taken up agricultural activities and no longer practice transhumant pastoralism. A key factor was the requirement for those trained as facilitators to be literate whereas the majority of the pastoralist Mucubai have had no schooling. In order to allow this group to participate, there is a need to develop methods for training facilitators that do not require literacy just as the SS process itself is especially geared towards non-literate populations.

3. **Trainers require some gender training to enhance gender impact of SS process:**

It is important for facilitators to understand the gender aspects of SS and to appreciate the centrality of transforming gender relations, not just from the point of view of addressing HIV/AIDS vulnerability, but as a goal in itself. Currently, the potential of SS in terms of challenging gender relations is not always fully realised because the major emphasis tends to be on the HIV aspects and facilitators often lack training in analysis of gender relations. Thus, to realise this potential fully, it is important to provide such training.

4. **Involvement of local leaders has a significant influence on local participation and impact.**

In the sites where the local leadership was directly involved, the level of community participation was greater and the SS process had a greater impact at the level of local initiatives.

5. **Need for mix of quantitative and qualitative data to understand impact of SS:**

The impact evaluation was based on a quantitative data provided by the findings of a questionnaire-based survey, complemented by qualitative data provided through focus group discussions (FGDs) and interviews with key informants. The survey provided useful data on behaviour patterns and attitudes, but the FGDs were needed to help interpret the data. Thus, it was clear that you need both types of approach to provide more meaningful data.

In discussion, questions were raised about how SS worked in the military given that there were no women's groups, only younger and older men. This was not found to be an issue

and, even with only two peer groups, they were able to complete the whole process. Moreover, women were also impacted because the soldiers discussed many of the issues raised with their partners. There was also some discussion about the nature of changes in terms of gender relations. Examples given included more sharing of resources and increased transparency between couples.

UGANDA

Stepping Stones was implemented in Northern Uganda in 4 out of the 53 camps situated around Gulu housing people internally displaced by the protracted civil war being waged between the government and the rebels of the Lords Resistance Army (LRA). The camps are extremely overcrowded (close to half a million people in all 53 camps) with very poor housing, health and hygiene conditions. Sources of livelihood are extremely restricted and alcoholism and prostitution are widespread. HIV prevalence in the camps is estimated at around 39% as compared with 11% in the whole of Gulu and 6% nationally. The SS project was implemented by ACORD in partnership with CARPP – an organisation formed by residents of Pabbo camp who were trained in Stepping Stones and have continued to train others in the camp, as well as carrying out other HIV/AIDS awareness-raising, care and support and support activities in Pabbo, the largest of the displaced camps. The following key lessons and challenges were highlighted:-

1. There are many advantages when working in partnership with organisations comprising members of the target population

The implementing partner, CARPP, is managed by camp residents. Consequently –

- They have a good understanding of the conditions of life in the camp and the conflict situation
- They live in the same conditions and, thus, have the trust of the people
- They know the language and can use it appropriately

2. Stepping Stones is a good vehicle for identifying community needs

Through SS, communities identified a range of needs, both directly and indirectly related to HIV/AIDS, such as the need for: VCT, for treatment of opportunistic infections and ARV services; and also for income-generation opportunities for PLHAs

3. SS helps to improve gender relations and promote increased respect for women. The improvements reported in the camps, include:-

- Reduction in forced sex
- Women have more say in decision-making matters in the home
- Wife beating has reduced significantly
- Better sexual relations

4. SS helps promotes co-ordination and cooperation between different sectors:

For example, in Gulu, SS helped to bring government, community groups and other service providers together to identify gaps in services and pool their resources in order to fill them.

5. Stepping Stones can be scaled up: those who have been trained, train others and, in this way, it can be rapidly scaled up. But, there is a dilemma between quality versus quantity: i.e. a choice needs to be made between intensifying inputs in a few communities in order to reinforce the benefits and impact for those communities, versus spreading SS to as many areas as possible with less intensive follow-up and support.

6. The key challenges of implementing SS in a conflict context include:

- Maintaining the commitment of facilitators and/or the participants: this can be more difficult in the conditions of the camp where traditional values and norms and conventions have been eroded and people live in a state of constant insecurity through daily exposure to fear of rape or abduction by the rebels.
- Logistical constraints: for example, movement between camps is often difficult as security clearance is required and a military escort may be necessary, which may upset pre-planned timetables, and so on.

TANZANIA

In contrast to the other two project countries, Tanzania has experienced peace and stability over many years. The context was also favourable in that the Tanzania government has adopted serious measures for addressing the HIV/AIDS problems in the country under the Tanzania Commission for HIV/AIDS (TACAIDS) established in 2000. ACORD's work in the country over the last five or six years has been aimed at strengthening community awareness and organisational capacities and promoting greater responsiveness and accountability of local government to the communities. Stepping Stones was implemented in 4 rural villages, all very isolated with limited access to social services. Key lessons learnt and challenges faced, include the following:-

1. Integrating local traditional cultural forms into Stepping Stones enhances level of participation and impact: ACORD worked together with local dance and drama groups to help attract people to the sessions, which were seen as providing fun and entertainment, at the same time as dealing with serious issues. Their songs and dances also helped to reinforce the messages of SS using cultural forms and references familiar to the people, such as the portrayal of sexuality as natural and beautiful.

2. SS promotes greater equality in gender relations: such as more equal division of labour in the household; equal respect and status for women in the household.

3. SS helps to break the taboos around sex: traditionally, couples never used to talk about sex amongst themselves or with their children. But, the SS process has made it acceptable to talk openly about sex, between couples and also between parents and children.

4. SS empowers communities by giving them a voice:

- Communities define their own needs, rather than being told by others
- Communities are involved in the planning and management of services
- Communities are helped to mobilise themselves around agreed advocacy demands

5. It is important to work in partnership with other service-provision organisations in order to ensure that community needs identified through SS can be met:

In Tanzania, partners were carefully selected on the basis of their capacity to provide complementary services. For example, increased demand for VCT provoked by the SS process was able to be met by one of the partners, AMREF, that provides VCT services; demand for income-generation support was provided through credit schemes operated by another partner, CARE Mwanza; and AIDS Outreach Nyakato was able to respond to an increased demand for home-based care.

6. Challenges faced:

- Under-funding: this was due to under-estimation of the cost of regular monitoring and supervision of facilitators; more regular refresher training; stipends for facilitators; and so on.
- Inadequate sexual reproductive health services to respond to demand generated by SS
- Despite some improvement, HIV/AIDS-related stigma remains prevalent and this undermines some of the benefits of SS, such as improved access to VCT, due to low take-up of this service linked to fear of stigma.

GROUP DISCUSSIONS

In the afternoon, conference delegates broke up in groups to discuss some of the key issues emerging from the ACORD country presentations. Suggested questions for discussion were provided to each group and they were asked to present the key points of their discussion in plenary.

The Impact of Stepping Stones on Gender Relations (Group 1)

Suggested questions for discussion: What do we mean by gender relations? What are the changes brought about by Stepping Stones? What does not change (in terms of gender relations) and why?

What do we mean by 'gender'?

For many, gender is still about women. So, there are still problems in terms of arriving at a clear and shared understanding of what we mean when we talk about gender. SS does help to provide a better understanding, even though it may not be made wholly explicit.

What changes in gender relations are brought about by SS?

The following were given as frequent examples:

- Men and women talk to each other about many issues, including sex (this is a major change)
- Women are able to speak their mind more freely
- Men are more open with their wives, for example, some men have started telling their wives what they earn, whereas previously this information was kept away from them
- Men and women discuss whether and when to have sex and the views and desires of both are respected
- SS helps to make more visible and to challenge gender violence
- Women are empowered, sometimes taking on leadership roles and taking the lead in overcoming taboos (an example was given of women, previously unable to name sexual organs, subsequently providing demonstrations of condom use for men and women alike)
- SS helps make people more open to new knowledge and practices²

What does not change?

- These changes have a significant impact on gender relations, but, by and large, do not constitute a radical shift in power relations between men and women. Women may now have a greater say in questions, such as when to have sex, but, at the end of the day, it is still viewed as their 'duty' to satisfy their husbands sexually. This suggests that Stepping Stones does not challenge the subordinate position of women in most spheres. Some delegates felt that, unless Stepping Stones can be and is used to challenge unequal power relations, it can not be said to have a significant and lasting impact on gender relations.
- Other delegates pointed to the fact that changing gender power relations is a long, slow process. Stepping Stones helps to jump start the process. A critical contribution is that it helps men and women to understand and analyse the nature and roots of gender relations in any given culture. It is a first step, but it needs steady and consistent follow-up to reinforce and deepen the process of change.

Factors promoting positive change

- The involvement of women's organisations helps to promote and reinforce radical changes in gender relations, through raising awareness and respect for women's rights and providing legal and other forms of support for women to defend their rights.
- It was noted that in other parts of the world, such as Latin America, women's organisations have a more overtly feminist approach whilst in most African countries, feminism is less culturally acceptable. In some countries, women's organisations are viewed with scepticism as they are associated with the structures set up by the state, often as part of a repressive state machinery, rather than as an expression of women's rights.

² This observation was based on the reported findings of an SS impact study in Buwenda, Uganda, the site of the first ever Stepping Stones experience. The study, which was based on interviews with people who had undergone the SS process some 12 years previously, found that the former SS trainees were far more open to new influences and more likely than others in their community to undertake new forms of training .

- It is important to work with both men and women in order to achieve change.

Group recommendations

- Provide gender training and/or increase gender emphasis in the training provided to facilitators
- Work in partnership with activist and women's organisations
- Involve both women and men in the process

Adaptation and Implementation of Stepping Stones (Group 2)

Suggested questions for discussion

a) **Adaptation:** What do you use from the SS manual and video? What needs changing? Can SS be used with a variety of different groups (eg army, pastoralists, sex workers, scouts, etc) and if so how? Additional topics needed? Which methods work best?

b) **Implementation:** How to choose and train facilitators. How to ensure facilitators and participants attend/stay. What is the role of leaders in the process? Quantity versus quality: better to work with a few in-depth or with many, but less follow-up?

Issues discussed:

- **Use of video:** the extent to which it is used varies from country to country, depending on what facilities are available. It often helps to attract people to the sessions and can also help people to understand the content of the sessions. The video could be even more powerful in this latter respect if it showed the local people and culture. In Angola, ACORD is trying to develop an Angolan video.
- **Adaptations:** It is usually necessary to adapt the manual in certain ways to make it more culturally relevant and acceptable. For example, in the Gambia, which is almost exclusively Muslim, the sessions on alcohol were removed. Correspondingly, a new emphasis on 'fertility' issues was incorporated to respond to the priority given to this question in Gambian society. In some places, particular communities, such as religious groups and parents, have raised objections to certain aspects of the manual, such as the sessions on condoms. In Ghana, messages from the scriptures have been added to the manual. Examples were also mentioned of attempts to develop an 'interfaith' manual, suitable both for Christians and Muslims. However, not all of these changes are consistent with the spirit of SS. This gives rise to the question: When does SS stop being SS?
- **Role of leaders:** these include church leaders, local counsellors, members of the local administration, community elders, and so on. Their involvement is very important as they have a strong influence on public opinion.
- **Selection of facilitators:** the methods and criteria vary from place to place. They include: age, reputation, literacy and ethnicity. The selection criteria are very important and, as seen in the case of the Mucubai pastoralists in Angola, may determine the level of participation of various groups within the community, particularly minority groups. For this reason, the criteria should be as inclusive as possible. On the whole, it is better to recruit community members as facilitators, as opposed to bringing people in from outside, because they know and are more likely to be trusted by their communities.
- **Attendance and continuity:** The most difficult group to attract and retain tend to be the older men. In Angola, there were also problems in relation to youth attendance, mainly because they were involved in other activities, such as market-selling, looking after the flock, and so on. Timing of sessions is important. Use of local song and drama, making the process 'fun' and avoiding excessive didacticism, use of video and other audio-visual materials, all these factors can contribute to attracting and retaining good participation in the process.

Discussion

A number of other issues raised during discussion include:

- ✓ **Incentives for facilitators:** The question of whether facilitators should be paid and how much, is a burning issue for many organisations. It is linked with questions of sustainability, equity and fairness. Lack of coordination between NGOs and/or deliberate use of incentives to attract the best community facilitators (even if this means 'stealing' them from other NGOs working in the area) aggravates the problems. Adopting a single, coordinated policy by all NGOs in a given area would help communities to know what to expect and avoid creating tensions and confusion.
- ✓ **Attendance subsidies:** In some places, community members expect to be paid something in return for attending the SS sessions. This is understandable, especially where people are foregoing the chance to earn their daily bread. The absence of any compensation in such cases is a form of social exclusion of the poorest members of the community who simply can not afford to participate. Another issue is to what extent people who have not participated in all or most of the sessions can be considered to have completed the training.
- ✓ **Adaptations:** While it is valid and necessary to make some adaptation to the manual, there are limits to the extent to which the process can be changed, while still being true to Stepping Stones. Essential sessions, such as those on condoms, should not be omitted from the manual.

Managing Expectations (Group 3)

Suggested questions for discussion:

How to meet community needs/demands arising from SS; should you work in areas with limited services?

Meeting community needs/demands

During the SS process, people discuss a wide range of issues, both directly and indirectly linked to HIV/AIDS and in addition, fears and stigma attached to HIV/AIDS may be allayed, thereby also increasing demand for certain services, such as VCT. How can this process be effectively managed and how can communities be supported to get their demands met? The group came up with a number of ideas and suggestions:-

- Mapping existing resources
- Working in partnership with others
- Establishing linkages between service-providers
- Empowering community groups to make demands
- Enhancing the capacities of facilitators to empower groups to make demands through appropriate training

Should you work in areas with limited services?

Here, the issue being addressed is an ethical one: if there are very few services in a given area, it is unethical to engage in a process whereby communities will be made aware of services they need in the knowledge that their needs are unlikely to be met? Overall, there was a consensus that it is not unethical to provoke increased demand for services as this is, in a sense, a part of the development process. The following suggestions were put forwarded for dealing with these situations in such a way as not to create frustrations:

- In the first place, be transparent about what can be achieved; do not create unrealistic expectations
- Encourage advocacy for increased access to services and resources
- Maximise the use of existing local resources
- Use SS alongside other existing development interventions

Other service issues:

A number of other issues relating to the type and quality of services provided were also discussed:

- Despite pressures on resources, it is important to ensure minimum quality of services, such as VCT. For example, in one area, this amounted to one 45-minute session, which is not good enough
- Community groups should be empowered to call for improved quality, as well as access to services

- Service providers should be given training where needed
- Stigma is still a major obstacle in relation to accessing services and needs to be addressed

SUMMARY OF KEY ISSUES DISCUSSED

- SS is an important method for changing gender relations because it triggers concerns at the community level (eg wife beating), rather than imposing priorities determined by others
- SS helps to reinforce change at the *individual* level, through change at the *group* level
- Gender change requires profound change for both men and women and feminism can support this
- The issue of how far Stepping Stones can or should be adapted in order to 'sit' comfortably with religious beliefs and/or cultural values is critical and needs to be addressed
- Not all expectations raised by Stepping Stones can be met, so one has to be pragmatic: identify which needs can be met and in partnership with whom and draw up a plan of action accordingly.

Day 2: Thursday, 7th July, 2006

The day began with a brief review of the previous day's discussions. Then, Jemal Ahmed from Actionaid International (AAI) spoke about the recent review of Stepping Stones Evaluations commissioned by AAI and undertaken by Tina Wallace and about AAI's response to the review and current position in relation to Stepping Stones.

'Actionaid: Current Position on Stepping Stones' by Jemal Ahmed, STAR Project Manager, Actionaid International (AAI), Kenya

Jemal began by mentioning why AAI had undertaken the review of Stepping Stones evaluations in the first place. First, because they wanted together information about what evaluations have been done and the existing evidence on the impact of Stepping Stones, bearing in mind the challenges posed in documenting such evidence around a process that essentially deals with complex processes, such as communication patterns, gender relations and so on. In addition, AAI was prompted to undertake this review in light of certain developments that took place after winning a bid worth £22.5 million over 3 years as part of a DFID-funded SIPAA initiative in Ghana, Ethiopia, Rwanda and Burundi. Stepping Stones was a key strategy adopted for the purposes of this programme. However, a mid-term review raised questions about the lack of evidence of impact of SS and, as a result, funding for SS was suspended.

Key issues highlighted by the report include:-

- 1) The need to put emphasis on monitoring, evaluation and documentation:
- 2) Quality assurance by establishing SS minimum standards whilst allowing flexibility and creativity
- 3) The need for evidence-based documentation
- 4) Need to invest more in capacity-building to increase the quality and impact of SS
- 5) Emphasise the linkages between SS and the rights of women and PLHAs

In discussion, clarification was sought as to what is meant by 'equity' for women, as opposed to 'equality'. Jemal noted that for AAI, equity implies narrowing the gap in terms of access to resources. Another question arose about the nature of support to be allocated by AAI as part of its ongoing commitment to promote and support Stepping Stones. However, Jemal was unable to say whether additional resources will be provided to meet the requirements highlighted by the report, such as more training and capacity-building and improvements in monitoring and evaluation.

'Assessing the Impact of Stepping Stones: ACORD's Approach and Challenges Faced' by Angela Hadjipateras, Research and Advocacy Officer, ACORD

In this presentation, Angela began by reminding delegates that one of the key aims of the ACORD project from the outset was to provide convincing evidence of impact of Stepping Stones (with a particular focus on gender relations and community mobilisation aspects) in response to the challenges posed by DFID and others. Hence, the establishment of effective monitoring and evaluation systems and methodologies assumed a high priority in the design and management of the project. This was reflected in the discussions of the International Advisory Committee, which focussed primarily on this aspect of the project. Her talk covered the different stages of the assessment process, highlighting (a) what was done and (b) the challenges involved.

1. **Baseline data collection:** Every country started out with a KAPB study aimed at providing baseline data to allow for later comparison of impact. Focus group discussions (FGDs) were also carried out to allow for triangulation of data.

Challenges:

- uniformity between the 3 countries, versus cultural sensitivity
- differences in sample size, questionnaire size,
- formulation of questions: lack of specialised training of staff in research methods in avoiding leading questions, etc., thereby undermining validity of findings
- Recording and analysis of FGD and linking this data with questionnaire data
- cost of data-processing and analysis: under-budgetting

2. **Ongoing monitoring:** This involved regular meetings between ACORD/partner staff and the community facilitators.

Challenges:

- Distances between SS sites and ACORD/partner base: this affected frequency and regularity of meetings with facilitators: in some places, where distance was not an issue, meetings took place weekly (eg Mwanza), but in others (Gulu, Angola), meetings were on a monthly basis.
- Security situation in conflict areas: this was a major issue in Gulu where travel between camps requires security clearance

3. **Development of Evaluation Framework and Indicators**

This was discussed at length during the mid-term review involving the 3 country Project Co-ordinators and a partner representative (from an association of women PLHAs in Mwanza, Tanzania) and also beforehand with members of the International Advisory Committee (including researchers from the Medical Research Council, Queen Margaret College in Edinburgh and others).

Challenges:

- *Gender impact indicators:* The first challenge was to define and agree upon the gender impact indicators. This involved clarity and consensus around the question – what changes do we expect/hope to see in gender relations as a result of Stepping Stones? Having agreed on this, it was also a challenge to develop measurable and appropriate indicators in relation to these changes, which included issues, such as power and status of women in relation to men.
- *Uniformity versus flexibility:* As with the KAPB baseline surveys, the main challenge was striking a balance between, on the one hand, the need for uniformity to facilitate comparison between the 3 countries and on the other hand, the need to recognise cultural differences and other variations in the social, economic, political, etc. context. The framework developed attempted to combine both by adopting six **Core Project Indicators** that were the same for all 3 countries and **context-specific indicators** that varied from one country to the next.

4. Impact Assessment Studies

As in the case of the baseline studies, the approach adopted involved a mix of both qualitative and quantitative data and the triangulation of data sources using both questionnaires and FGDs. Other data collection methods, such as Oral Testimony and the PEER Methodology (involving Peer Evaluation Researchers) were also considered.

Challenges:

- *Survey sampling:* deciding whether to question only those who went through SS directly; other household members; others in same community; and/or a control group.
- Difficulties finding SS participants due to mobility
- *Accessing hard data:* eg from health centre records, due to poor or non-existent record-keeping procedures in the public services
- *Inconsistencies and contradictions in the findings:* questionnaire survey data sometimes contradicted FGD findings: how to reconcile the two?(ACORD findings suggest that FGD findings more reliable)
- *Lack of training* (or time and resources for staff training) in specialised participatory methodologies, such as Oral Testimony
- *Interpretation of data:* need for more in-depth information to make more sense of it

5. Final Project Evaluation

This was done by the overall Project Coordinator and 2 external evaluators. Each visited one of the project countries. A common framework and methodology was adopted based on discussions with all the key stakeholders using participatory methodologies.

Lessons Learnt

- ❖ Need for clarity about desired/expected changes and the development of appropriate monitoring and impact indicators from the outset.
- ❖ Impact assessment should be based on a mix of both quantitative and qualitative data and instruments of analysis should enable the two to be correlated
- ❖ Community Facilitators are an important source of data for monitoring and impact assessment purposes
- ❖ Need for realistic and manageable M and E approaches based on NGO capacities and resources
- ❖ Emphasis on participatory approaches (research as empowerment, not information extraction)
- ❖ The M&E strategy should include training and support for local structures to enhance their ability to provide quantitative data required for monitoring purposes.
- ❖ Need for more in-depth research to go into issues more fully and get a deep understanding of the more fundamental questions, such as whether gender relations have undergone radical, as opposed to merely superficial change.

GROUP WORK

Delegates were divided into groups to discuss issues related to monitoring and evaluation, including what needs to be monitored and/or evaluated and how.

Questions discussed include: what is the scope of an evaluation?; how much time is needed; what are the costs involved; why was SS? used? How did SS address the identified needs? Was it well run/facilitated? How to deal with conflicting data? How to understand long-term, sustainable changes?

Group 1

- **Challenges for Gathering meaningful data**
 - Who asks?
 - Sampling
 - How to capture what people say to in contrast to what they do
- **Indicators**

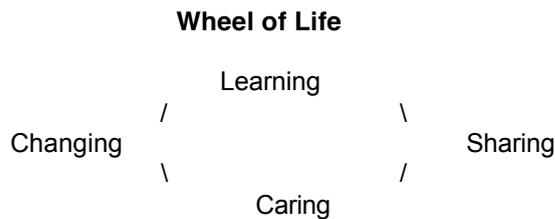
Measuring behaviour change
 Using proxy indicators
 Self-reporting behaviours
 Qualitative data helps understand behaviour
 Quantitative, imperfect but very important

- **Triangulation**

Different methods and sources and analysis

Group 2

Major change brought about SS is to do with love, communication, feelings – how can we measure this? One framework that has been developed is called the Wheel of Life.



Other areas that need to be measured include:

- The impact on public policy
- Why we behave as we do? Causes of vulnerability
- Linking M&E to SS process itself more deliberately (eg the special requests)
- How to measure long term change?
- Quantitative data unreliable, but generates questions

Group 3

- M & E must be built in from day 1
- Valid methodology to be used, such as Rapid Participatory Appraisal. Particular attention should be paid to the following: the design of questions, the number of survey participants; the number of questions asked and volume of data generated (there should be limits to avoid collecting excess data that cannot be analysed or only at considerable cost)
- Involve local participants in the monitoring and evaluation design
- Need for good documentation: staff training required

Discussion

Community involvement: Communities should always be involved in the M & E process and the data collected should always be fed back to communities

Community versus NGO indicators: It is particularly critical for communities to be involved in the development of indicators as theirs may differ from that of the organisations involved.

Process indicators: It is important to monitor and evaluate, both the *process* and outcomes/outputs of SS and indicators should be developed accordingly

Survey questionnaires: Methodological details, such as use of women to administer questionnaires to women and men to men, are important and can affect the findings. However, the reliability of self-reported behaviour and attitudes always presents problems.

Discussing sexuality and sexual health: This is a very personal domain and we need to consult with communities themselves to advise us on the best way to discuss these issues and get at this information.

Scaling up Stepping Stones: The Gambia Experience by Mamadou Conteh, World Vision, Project Coordinator, the Gambia

SS was first introduced to the Gambia in 1997. Based on two pilot phases in rural villages, the manual was adapted to the Gambian context, which is almost exclusively Muslim.

An evaluation was carried out and SS was found to be an effective methodology for the prevention of the spread of HIV in the Gambia. It also had a very significant impact on domestic violence, which, used to be the norm in the Gambia and, since the introduction of SS, has reduced dramatically. On that basis, funding was sought from the World Bank in 2003 through the National AIDS Secretariat to scale up Stepping Stones. The scale-up programme was in phases:

Phase One (2003-5)	SS implemented in 120 villages
Phase Two (2006)	SS implemented in a further 225 villages
Phase Three (2007)	SS to be implemented in approximately 300 villages

Key elements for successful scaling up

- Mainstreaming HIV/AIDS activities (including SS) into extension services in communities (through the multi-disciplinary facilitation team approach)
- Linking with other services such as VCT, treatment sites (2 rural hospitals) and parent to child prevention centres
- Involvement of many partners: both national and international (in the Gambia, partners included: Gambia Red Cross Society, ActionAid the Gambia, Worldview The Gambia, Concern Universal, Medical Research Council, PLWHA Support Societies and others.)

Resources required and cost of scaling up

Based on the Gambia experience, it costs approximately £95,000 to implement Stepping Stones in 20 villages over a one-year period. This amount includes:

- personnel
- support staff
- vehicles
- field equipment (radios, mobile videos, etc)
- field activities (training, facilitators, puppetry, traditional communicators, etc)
- institutional capacity building
- monitoring and evaluation

Economies of scale savings

The cost of implementing SS per beneficiary reduces the greater the number of villages covered:

1. Cost for 20 villages x 500 direct beneficiaries x 1 year= £9.50 per beneficiary
2. Cost for 1 village x 500 direct beneficiaries x 1 year= £190 per beneficiary

These figures show that it is both possible and very cost effective to scale up Stepping Stones on a large scale.

In discussion, people asked questions about the **quality** of Stepping Stones when implemented on such a large scale: how long it takes in each village? What kind of follow-up is provided?

In the Gambia, the SS process takes at least 3 months in each village and the process is followed up in various ways: through mobile video, reproductive and child health clinics, the radio, working with the health services. These follow-up activities are kept up for approximately one year. After that, follow-up is less intensive, but they still make quarterly visits to the villages. In terms of quality control, this is assured in various ways: staff employed

are already experienced in SS or other participatory methodologies and minimum standards are established before agreeing to fund SS in each new village.

Empowering communities in the face of HIV through STAR – Uganda experiences,

STAR= Stepping Stones and Reflect. Reflect is a participatory methodology that focuses on developing literacy skills and draws on the Freirian approach to empowerment.

STAR combines the best of both approaches: in the case of **Reflect**, it covers a wide range of topics, which are chosen by communities themselves, from agriculture to war and enables people to take action at all levels – community level and beyond; in the case of **Stepping Stones**, it focuses on HIV/AIDS-related issues and interpersonal relations and enables people to take action at individual and household level with community support. Both use participatory methodologies suitable for non-literate people.

Gaps addressed by STAR include:-

- Covers more issues than SS does
- Prioritises HIV/AIDS more so than Reflect

Aims of STAR

- a) Promoting HIV/AIDS awareness and skills to respond to challenges
- b) Developing local strategies to respond
- c) Enhancing rights of women and girls (empowerment)
- d) Strengthening literacy and communication skills of vulnerable people
- e) Reduction of prejudice and discrimination
- f) Strengthening of grass roots activities.

The STAR process

- Involves regular community meetings
- Meetings are mixed except when it is felt that they should be single sex
- Periodically wider community meetings held
- STAR actions linked to general community development processes (local government planning and budgeting, etc)
- Issues covered in STAR manual include: agriculture, education, food and nutrition, governance, local planning, migration, positive living, poverty, prejudice and discrimination, religion, roads and transport, sexuality, violence, and others.

How was STAR developed?

The idea originally came from communities themselves who had experienced both REFLECT and SS. Initially field-tested in Uganda and India and experiences were compared at a conference in Nairobi and a draft manual developed in Kampala workshop under the auspices of ActionAid International.

Results (in Uganda)

In Uganda, STAR groups have helped to: improve health delivery services; promote community groups (youth and others); enhance literacy; challenge traditional practices that are harmful and increase HIV vulnerability, especially among girls and women.

Challenges

- Developing skills of community facilitators
- Adaptation of information for non-literate communities
- Attitude change in communities
- Linking STAR to other processes
- Ensuring sustainability

Lessons

- Need to work in partnership with others/ bring in other areas of expertise to support community facilitators

- More emphasis on advocacy
- Ensuring implementation of community action plans to sustain interest and faith of community members in the process
- Need for ongoing capacity-building
- Keep the Manual open to new issues
- Strong organisational commitment (including resources) to the process is critical

Role of AAI

- Identification and selection of partners
- Training
- Quality assurance
- Research, documentation and sharing of good practice
- Fostering links and networks
- Using STAR outcomes for international policy and advocacy work

In discussion, the Rights-Based focus of the STAR approach was emphasised, with a particular emphasis on women's rights and human rights. The advocacy strategy, based on linking STAR circles with other community groups to form a critical mass, was also emphasised. Other questions addressed:-

STAR topics and HIV/AIDS focus: all issues must be linked to HIV/AIDS: they must either address the impact of HIV/AIDS (eg on education) or how they impact on HIV/AIDS.

Facilitators: Concerns were raised about how people with sufficient skills and knowledge in all the topics covered can be found. In answer, it was clarified that experts are invited to address STAR group meetings covering specialist topics. The role of the facilitators is to facilitate the process in communities and help them to see the relevance of all the issues discussed. Training is provided by PAMOJA, a training organisation with branches in many countries in Africa.

Quality control: Is there not a risk of weakening, rather than strengthening the two methodologies through trying to combine them? For example, SS is a process that develops with each progressive session. This is lost in STAR. Conversely, is there not a risk of losing the emphasis on literacy within REFLECT? AAI reply is that the method combines the best of both approaches.

Gender Focus: Despite assurances that gender empowerment remains a key focus of STAR, there were concerns that the gender focus within STAR will be diluted compared with Stepping Stones.

Future Plans: AAI plans to support all 3 methodologies (SS, Reflect and STAR) – but not all 3 in one community. STAR is still at the early stages and the experience will be closely monitored.

Moving Forward: Next Steps

In the final session of the conference, delegates discussed the next steps they would like to see following on from this conference.

1. Dissemination of conference notes to all participants and on ACORD website
2. Development of a paper based on talk given relating to the M&E challenges faced by ACORD
3. Reconvening of ACORD Project International Advisory Committee to review conference outputs and next steps and to share ideas with Alice Welbourn since she was unable to participate herself.

4. To consider the possibility of developing Stepping Stones Implementation Guidelines drawing on the ACORD experiences. Options to consider:
 - ✓ Developing a collaborative set of Guidelines, drawing on the experiences of other organisations, such as Save the Children, AAI, the HIV/AIDS Alliance (similar to Guidelines on Integrating Gender and HIV/AIDS developed by AAI, ACORD and SCF in 1995).
 - ✓ Looking at how SS can be adapted for use with different populations (pastoralists, army, displaced, etc) drawing on case studies of ACORD and others
 - ✓ Funding options: could either apply to external funding source or pool resources of organisations involved
 - ✓ Issue of purpose served and cost benefit analysis would be required

It was proposed that ACORD draft a concept note for circulation to other agencies and the issue be taken forward in this way.

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Before closing the conference, **thanks** were given to all who contributed, in particular to Tina Wallace, the facilitator, the speakers from Africa and elsewhere and the conference delegates. In addition, Marie Aziz, who dealt with most of the logistics, such as travel and visa arrangements, production of conference packs, etc, Eliza Pozzi who agreed to come and help out at very short notice and the two interpreters - Ester Nastari (Portuguese) and Andrea Ingham (Spanish) were also thanked for their hard work.

Annexe 1: Message from Alice Welbourn

4 July 200

Dear Stepping Stones friends and colleagues, new and old

Andgela Hadjipateras has kindly invited me to say a few introductory words for this meeting about Stepping Stones, hosted by ACORD as it launches its important report of its action research findings from Uganda, Tanzania and Angola.

I am very sorry not to be with you in person, but I have just lost my 18 year old son, Ben, suddenly, from a massive unexpected brain haemorrhage, probably caused by a congenital weakness in an artery leading to his brain, and so I hope you understand that I need to be at home with the rest of my family.

When something enormous happens like this we could ourselves immensely fortunate that my husband daughter and I received fantastic information, palliative care and support from the doctors and nurses in our local hospital, for the last few hours of Ben's life. We have since been surrounded by incredible warmth, love, care and understanding from all our friends and neighbours, both in our local village and around the world, over the last three weeks since his death. We feel hugely comforted by the faith that this support will continue in the days, weeks, months and years to come.

This is in stark contrast to the millions of people around the world for the whom the fears, sickness and death of their children, grandchildren, parents and siblings caused by HIV status and AIDS-related illness, are associated with the traumas of cold shoulders, silence or malicious gossip, physical as well as psychological violence and totally unaffordable, unreachable or judgmental health services.

If Stepping Stones and related programmes anywhere in the world have contributed in any small way to alleviating the suffering related to HIV transmission, or to easing the trauma, devastation and grief faced by millions as they watch more and more of their relatives endure a slow, deeply painful and agonisingly isolated death, then there is much that we all need to learn, donors, researchers and practitioners alike, to see how such programmes can be supported, improved and adequately funded.

Over the past 3 weeks, in order to make sense of my own son's death, I have been re-reading many texts, which I first read in 1992 and '93, when I was coming to terms with the shock and grief of learning that I am HIV positive, and the loss of the unborn child I was expecting then. I have been drawn to many such books since. One which has stayed with me particularly is one by Satish Kumar, child monk of the Jain faith, peace pilgrim, ecological activist and educator. In this book, entitled "You Are, Therefore I am: A Declaration of Dependence", he declares

"science deals with what is measurable, and spirituality with what is immeasurable. Everything has these two dimensions together. How can we divide them?"

His premise in this book is that much of Western thinking is based on the Cartesian principle of "I think, therefore I am"(cogito, ergo sum). Kumar prefers instead to hold "You are, therefore I am" as his own principle of existence.

Kumar is concerned about Descartes, writing as follows:

This one phrase (cogito, ergo sum) describes the direction of Western science, philosophy, politics and the social order. When I first heard it, I was puzzled by Cartesian logic; in India we have been speaking of the dissolution and even the non-existence of the self for many centuries. But here was an eminent European philosopher basing the very foundation of existence on the self!

As I learnt more about Western culture, I realised how Cartesian dualism was an essential feature of a thought process which divided mind and matter, separated soul and body and

looked at the world as a collection of objects to be analysed, compartmentalised, classified, and controlled.. This Cartesian subject-object dualism or mind-matter split has become the dominant paradigm of Western culture..

Descartes attracted everybody's attention because he was the first philosopher to bring scientific methodology into philosophical investigation. The starting point of Cartesian enquiry is doubt, which was a useful tool at a time when questioning was quashed and blind beliefs imposed. But Cartesian doubt went too far – the baby was thrown out with the bath water. My upbringing was rooted in faith and in trust. Descartes discarded trust altogether, and a new dogma of doubt and then disillusion became the dominant paradigm of his thinking, and later of Western culture.”

So that was what Satish Kumar has written. I am no philosopher and so I can't judge how accurate his analysis of Descartes is or isn't. But Kumar's writings have meant a lot to me over the years, when coming to terms with my own grief in my life. A lot of these and similar thoughts from philosophies much older than ours in the West influenced me as Stepping Stones was created, between 1993 and 1995.

I do appreciate that it is important and right that Stepping Stones programmes should be 'properly' and rigorously evaluated, so that others may decide for themselves whether or not they have had the desired outcomes; and so that we can all find out how to build on its useful elements and discard its unhelpful or negative elements.

But, throughout this week and in all your future work, I would also like to hope and to make a request of us all – that we somehow hold on also to that spirituality which is at the essence of Satish Kumar's belief system – and which as the essence, I hope of all of us, whether we subscribe to a particular religious faith or none. I believe strongly and fundamentally in the universal nature of the human condition, no matter who we are in the world, what we believe in or don't, or where we live – and that universality includes a common spirituality. As a part of that universality, I also believe that we all have a right to define our own path up the mountain and no right to impose our own belief system or actions on others, particularly if these harm them in any way. I hope this universality comes through in what Stepping Stones is and what Stepping Stones tries to support people to learn about themselves and their own lives. To, Stepping Stones was perhaps about trying to help us all to understand our interconnectedness in the world and our inter-dependence. It was designed to try to help both myself and others to face the really big questions in all our lives, such as What is love? What is death about? What is our sexuality about? What are our relationships about? I would like to hope that it is these elements of Stepping Stones, more than any other, immeasurably though they might be, which appeal to people from many different walks of life and might make it of some use to them in some small way, around the world.

In this sense, therefore, Stepping Stones, was designed not at all as a public health response to HIV. It certainly includes some key aspects of public health responses, but it was also trying to address rather more than such responses normally provide. I suppose, therefore, that I wonder what evaluation methods there may be out there that enable us to address these *other* elements, since we all appreciate that you can't compare apples with oranges. I don't have any answers to that. I just offer these thoughts as you meet together to share all the important work you are doing in evaluating Stepping Stones – not least to offer some accountability to all those communities who agree to give up so much of their time to take part in it.

With warmest best wishes to you all

Alice Welbourn

Annex 2: Conference Programme

Stepping Stones LOOKING FORWARD - LOOKING BACK ACORD, July 2006
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Conference Programme

Wednesday, 5th July

9.30	Introduction and Welcomes	Tina Wallace
10.15	Conference aims and programme	Tina Wallace
10.30	Overview of ACORD Project	Angela Hadjipateras

11.00 COFFEE/ TEA BREAK

11.30	Angola	Fatima Dendo, Dr. Willy Vete Emmanuel - Angola
12.00	Uganda	Geoffrey Omoney, Ellen Bajenja - Uganda
12.30	Tanzania	Celestina Nyenga, Donald Kasongi

1.00 LUNCH BREAK
video showings

2.00	GROUP WORK – Building on Critical Issues raised by ACORD presentations	
3.00	GROUP REPORT BACKS	

3.30 COFFEE/TEA BREAK

4.00 Group reportbacks contd

4.45 Summing up

5.00 C L O S E

Thursday, 6th July 2006

9.30	Launch of Actionaid Stepping Stones Evaluation Review	Jemal Ahmed, Actionaid International, Kenya
10.00	Monitoring and Evaluation of ACORD Project	Angela Hadjipateras
11.00	GROUP WORK	

11.00 C O F F E E / T E A B R E A K (group work continues over coffee)

11.30	GROUP REPORT BACKS	
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1.00pm L U N C H B R E A K
video showing

2.00	Scaling up Stepping Stones in the Gambia	Momodou Conteh, Worldview The Gambia
3.00	STAR (Stepping Stones and Reflect): Uganda	Elizabeth Nakiboneka, Actionaid International, Uganda

3.30 C O F F E E / T E A B R E A K (group work continues over coffee)

4.00	Looking Forward: Plenary Discussion	
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5.00pm E N D

Annex 3: List of Conference Participants

**STEPPING STONES
LOOKING FORWARD- LOOKING BACK
An ACORD Conference
5-6 July 2006
PARTICIPANT LIST**

Name	Organization/position	Email address
Jemal Ahmed	STAR Project Manager, ActionAid International, Africa	Jemal.Ahmed@actionaid.org
Ellen Bajenja	ACORD, Uganda Programme Support Officer	Ellen.hasap@acord.or.ug
Emily Brown	Womankind – Southern Africa Programme Manager	emily@womankind.org.uk
Mathew Cadbury	Board Member UNIFEM UK	matthewcadbury@onetel.com
Elizabeth Cadillo-Edwards	Salvation Army	Elizabeth_Cadillo-Edwards@salvationarmy.org
Momodou Conteh	World Vision The Gambia, Project Coordinator	mconteh9@yahoo.co.uk
Craik, Richard Alistair	UNAIDS Best Practice Manager	craikr@unaid.org
Maria Fatima Dendo	ACORD HIV/AIDS Officer, S Angola	Cpang6@netangola.com
Judy El Bushra	Independent	judy@el-bushra.com
Brita Fernandez Schmidt	Womankind - Head of Programmes & Policy	brita@womankind.org.uk
Gill Gordon	International HIV/Aids Alliance – Senior Programme Officer Prevention	ggordon@aidsalliance.org
Angela Hadjipateras	ACORD, HASAP Research and Advocacy Officer	Angelah@acord.org.uk or angelahadii@yahoo.co.uk (after august 2006)
Helen Hawkins	Paso a Paso, Dominican Republic	h-hawkings@yahoo.co.uk
Stephanie Henthorne	Helpage International, Programme Officer (Asia Pacific, Eastern Europe & Central Asia)	shenthorne@helpage.org
Andrea Ingham		Andrea_ingham@yahoo.co.uk
Donald Kasongi	ACORD, Area Programme Manager, Lake Victoria Programme	acordtz@africaonline.co.tz
Heidrun Kippenberger	Christian Aid- Senior Programme Officer Ghana	HKippenberger@christian-aid.org
Suyapa Martinez	CEM-H – Centre for Women's Studies Honduras; Officer for Governance and Local Development	Suyapa9@yahoo.es
Joanna Monaghan	Big Lottery Fund (until July 2006)	jmo@serpentine.org.uk
Elizabeth.Nakiboneka	Team Leader Programme HIV, AIDS & SRHR , ActionAid International Uganda	Elizabeth.Nakiboneka@actionaid.org
Wendy Ngoma	One World Action, Africa Regional Co-ordinator	wngoma@oneworldaction.org
Celestina Nyenga	ACORD HIV/AIDS and Gender Project Officer, Lake Victoria Programme	acordtz@africaonline.co.tz
Oonagh O'Brien	QMUC Queen Margaret University College	OOBrien@QMUC.ac.uk
Geoffrey Omony	CARPP Field Supervisory, Pabbo Camp, Gulu, Uganda	omonygodlygeoffrey@yahoo.co.uk
Dr J Kay Richmond	UNIFEM UK Board member	kay@first4health.co.uk
Amy Shehan	Christian Aid HIV Programme Funding Manager	ASheehan@christian-aid.org
Marilyn Thomson	Independent	marilynthomson@blueyonder.co.uk

Saskia Verhagen	NOVIB	Saskia.Verhagen@oxfamnovib.nl
Tina Wallace	Independent	Tinawallace11@aol.com ; tinawallace90@hotmail.com
Becky Weir	Christian Aid	BWeir@christian-aid.org
Dr Vete Willy Emmanuel	Institute of Social Research, Lubango, Angola	cfpla@nexus.ao
Glen Williams	Strategies for Hope	sfh@stratshope.org
Malgosia Zamolska-Settles	Big Lottery Fund (up to July 2006)	