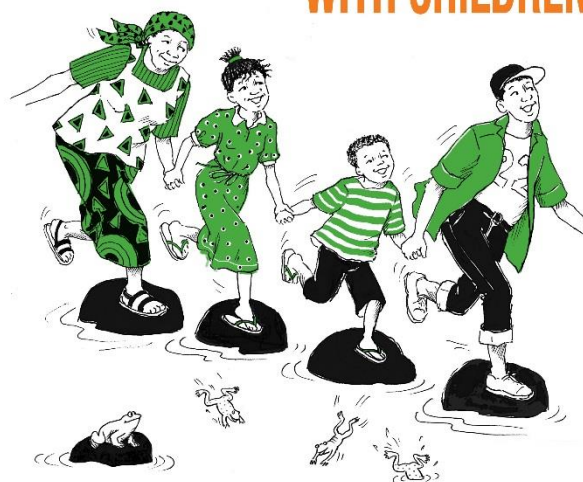


HOW TO TRAIN FACILITATORS TO RUN *STEPPING STONES WITH CHILDREN* WORKSHOPS

STEPPING STONES WITH CHILDREN



A transformative training for children
affected by HIV and their caregivers

Gill Gordon

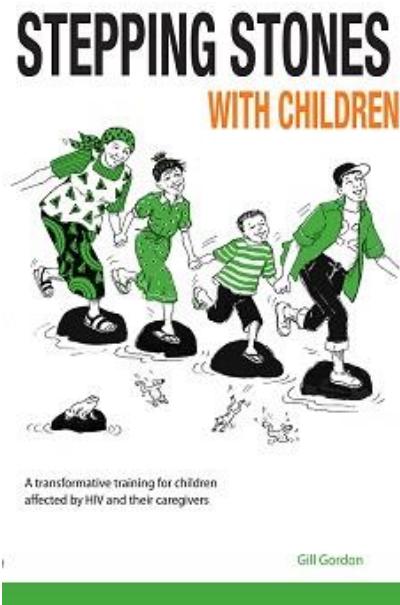
The Training Guide



Salamander Trust
TRANSFORMING THE WAY WE THINK ABOUT HIV

Version 1: April 2017

Stepping Stones with Children Training Guide



This *training guide* is to be used with the *Stepping Stones with Children* training package published by Practical Action Publishing, 2016.

On the www.steppingstonesfeedback.org website there are also many other resources to support you with this training manual and the original *Stepping Stones* training manual.

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Contents

1. INTRODUCTION.....	7
1.1 Background to this guide	7
1.2 Information about this guide	7
2. PRINCIPLES OF STEPPING STONES WITH CHILDREN.....	7
2.1 What is the <i>Stepping Stones</i> approach?	7
2.2 Key ideas in <i>Stepping Stones with Children</i>	9
3. TRAINING AND FACILITATION	11
3.1 The role of facilitators in <i>Stepping Stones with Children</i>	11
a) Some essential qualities of trainers and facilitators.....	11
3.2 Supporting trainees to learn facilitation skills.....	12
a) Using the manual.....	13
b) Facilitation skills.....	14
c) Adaptation and innovation.....	16
d) Time	16
e) Group dynamics.....	17
4. PLANNING YOUR TRAINING	17
4.1 What are the aims and objectives of your training?.....	17
4.2 Who are the trainers and trainee facilitators?.....	18
a) Trainees' preparation before the workshop	19
4.3 What is the overall training plan?	19
4.4 What is the content of your training timetable?	20
a) Learning about facilitation skills	22
b) Dealing with difficult situations.....	22
c) Including monitoring and evaluation.....	23
d) Involvement of people with HIV	24
e) Using films.....	24
4.5 How to run the training.....	24
5. RUNNING YOUR TRAINING COURSE	26
5.1 Team work.....	26
5.2 What are the roles of the trainers?.....	27
a) Preparing.....	27
b) Supporting trainees when they facilitate exercises.....	27

c) Observing and assessing trainees	28
d) Supporting the trainees	29
5.3 What are the roles of the trainee facilitators?	30
5.4 Looking after and using products from sessions	30
6. MONITORING AND EVALUATION OF YOUR TRAINING	30
6.1 Monitoring the process of your workshop	30
6.2 Assessing trainees' skills	31
7. NEXT STEPS AND SCALING UP	31
7.1 How will trainees use their learning after the workshop?	31
7.2 Supporting quality facilitation after the training	32
7.3 Creating adaptations	34
7.4 Sustainability	35
7.5 Scaling up	36
7.6 Investment	37
Annex A: TIPS FOR USING ACTIVE LEARNING METHODS IN <i>STEPPING STONES WITH CHILDREN</i> WORKSHOPS	38
Annex B: FORMATS AND HANDOUTS FOR CHAPTERS 3, 4, 5 AND 6	45
FORMAT 3.1 INDICATORS FOR TRAINERS ON FACILITATOR SKILLS	45
HANDOUT 3.2 FOR TRAINEES ON FACILITATOR SKILLS	47
FORMAT 4.1 PRE-TRAINING ASSESSMENT SURVEY	49
FORMAT 4.2 PRE-TRAINING INDIVIDUAL ASSESSMENT SUMMARY	54
FORMAT 4.3 GROUP SUMMARY PRE-TRAINING ASSESSMENT SURVEY	56
FORMAT 4.4 SURVEY OF EXERCISES YOU FEEL ARE ESSENTIAL TO BE TRAINED IN	59
FORMAT 4.5 TIMING OF SESSIONS AND COMING TOGETHER OF PEER GROUPS	61
FORMAT 4.6 SAMPLE OF EXERCISE SHEETS FOR FACILITATORS AND TRAINERS	63
HANDOUT 5.1 HOW TO PREPARE AN EXERCISE	66
HANDOUT 5.2 WAYS TO SHORTEN THE TIME TAKEN FOR EXERCISES	67
FORMAT 6.1 CHECKLIST ASSESSMENT: SUMMARY OF INDIVIDUAL'S SKILLS BY PEER GROUP	69
FORMAT 6.2 END OF WORKSHOP FEEDBACK FORM	71
FORMAT 6.3 FINAL ASSESSMENT OF TRAINEES	75
Annex C: SUGGESTIONS FOR 5-8 YEAR OLDS	76
Annex D: TALKING ABOUT SEXUALITY	79
Annex E: SUPPORTING A DISTRESSED CHILD	86

***For additions and corrections to the manual, please see this [document](#) on our website.**

1. INTRODUCTION

1.1 Background to this guide

Stepping Stones with Children answers a question often asked by caregivers who attended *Stepping Stones* workshops: 'How do we talk to our children affected by HIV about all these sensitive issues?'

It focuses on 5-14 year olds directly affected by HIV and their caregivers because most of these children are becoming adolescents without life-saving education, testing, care, or treatment. HIV programmes tend to focus on children from the age of 15, yet those aged 10-14 have higher rates of death from AIDS than 15-19 year olds (UNICEF 2015¹). The only group in whom AIDS deaths are increasing is adolescents. Every day 300 adolescents are dying due to AIDS. We must turn our attention to urgently addressing this inequity and gap. This is why we are working with 5-14 year olds, to help them stay AIDS free through their teens into adulthood.

For more information on starting and staying AIDS free in children aged 0-14 years, see 'Start Free. Stay Free. AIDS Free. A super-fast-track framework for ending AIDS in children, adolescents and young women by 2020' available at: <https://free.unaids.org/>.

Experience in Tanzania shows that the *Stepping Stones with Children* process can make a difference in many ways for participants, including greater confidence and self-esteem, better relationships between children and their caregivers, and children becoming able to live healthier happier lives, including learning their HIV status and how to manage it. For more information on the reported outcomes in Tanzania please see: <http://steppingstonesfeedback.org/resources/stepping-stones-children>.

1.2 Information about this guide

WHY: We have written this document to give guidance to trainers for training people to facilitate *Stepping Stones with Children* community workshops. The *Stepping Stones with Children* manual contains detailed instructions for facilitating sessions and exercises with three peer groups: caregivers, children aged 9-14 and children aged 5-8 years. The INTRODUCTION of the manual (pages 1-20) also gives information on the process and practicalities, learning methods, working with children safely, how to run the sessions, and monitoring and evaluation. Read the INTRODUCTION carefully and use it together with this guide.

We hope this guide will assist **you as a trainer** to develop the skills and confidence of your trainee facilitators so they feel free to follow the *Stepping Stones with Children* process and support the unique outcomes that arise when the participants explore and learn from their own experiences.

HOW: This guide is based on our experience of running training of facilitator workshops in Tanzania and Malawi and the resulting quality of facilitation in the community. We observed what worked well to increase confidence and skills and the

¹ Unicef (2015) Annual Results Report 2015: HIV and AIDS.
www.unicef.org/publicpartnerships/files/2015ARR_HIVAIDS.pdf

areas that people found challenging. Trainees gave us feedback on how to improve on the workshops and suggestions for what to include.

WHO: The guide is intended **for use by experienced trainers with facilitation skills who are familiar with *Stepping Stones with Children***. Ideally you will have first been trained as facilitators using the process described in this guide and then will have facilitated *Stepping Stones with Children* in the community. This means you will be familiar with the process.

Trainers will also be affected by the issues covered in the manual, for example, death, HIV and sexuality. You may need an opportunity to attend certain sessions as participants before you feel comfortable to facilitate others. You could either go through some or all of the sessions as caregivers and/or attend a *Stepping Stones and Stepping Stones Plus* workshop.

Your trainees are people who intend to facilitate *Stepping Stones with Children* in their communities. They can assess their readiness using the quiz on page 6 of the *Stepping Stones with Children* manual.

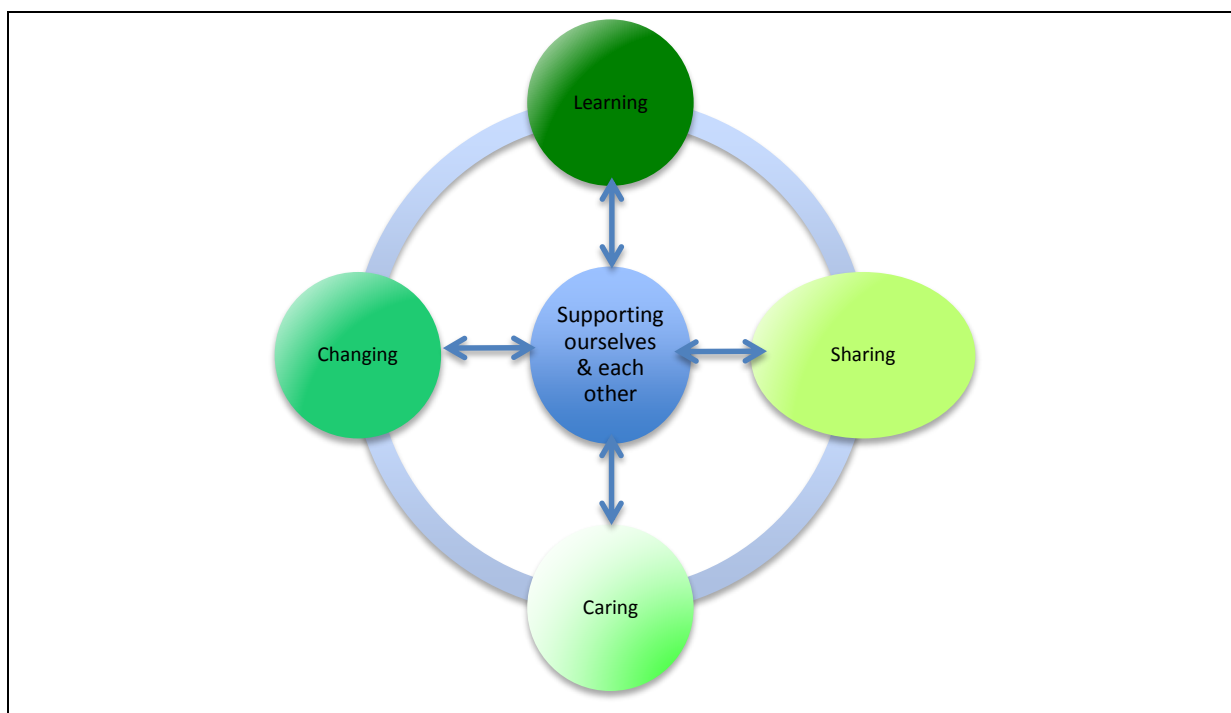
WHAT: The guide is based on how we trained facilitators in Dar and Lilongwe but it is not intended to be the last word. It is not a training manual. It instead gives guidance on planning and running a *Stepping Stones with Children* training of facilitators. We will go on developing the training guide, innovations and lessons learned through the community of practice.

WHERE: Once you obtain your own copy of the *Stepping Stones with Children* manual, counselling guide and DVD, you can proceed to download and read this training guide from the *Stepping Stones* website (<http://steppingstonesfeedback.org/resources/stepping-stones-children>) for free.

2. PRINCIPLES OF STEPPING STONES WITH CHILDREN

2.1 What is the *Stepping Stones* approach?

Stepping Stones is a **training** programme for community members on gender, generation, communication and relationship skills and community mobilization in the context of HIV and AIDS. It is what we can call a 'social norms change' programme. It aims for specific measurable outcomes, including changes in behaviour and attitudes, and increases in knowledge, skills and wellbeing. Most of the work is done in peer groups. The circle of change below shows how participants can support themselves and each other in learning, sharing, caring and changing at the workshops and in the community.



It is a **community-based** programme of workshops which engage members of a community on a regular basis over a period of time. It is intended that the participants share their learning more widely across the community. The exercises aim to link the participants up with resources such as health services, schools and other services.

Stepping Stones with Children community workshops are not **FOR** but **WITH** children affected by HIV; they are **meaningfully involved** throughout the process. Children were also involved at all stages of developing the *Stepping Stones with Children* manual and films.

Stepping Stones with Children is organized in a **step-by-step way**, with each step in the process building on the steps before. This is why it is important to follow the sequence of the sessions rather than jumping in and out. It is a **comprehensive response** to HIV aimed at many positive outcomes related to psychosocial, physical, spiritual, sexual and material wellbeing. It uses a rights-based, gender, generational and relationship framework.

Stepping Stones with Children uses **participatory learning** and **active learning methods**: facilitators do not operate in a 'top-down' way by telling people how things are and how they should behave! Children and caregivers work in peer groups and **learn by doing**. They **describe and analyse their own lives and experiences**, their strengths, desires and wanted changes through their own stories, role play, drawings, mind maps, ability spotting and dreams. They talk about their visions and how to achieve them in relation to the various factors which influence their health, for example HIV status, gender and inter-generational relations and rights. In this way, although the topics are set out in the manual, the activities reflect the participants' own culture and community, and so can be used anywhere. Adults are often surprised by how much children already know and what

they feel about issues such as pornography, condoms, sexual abuse, violent punishment, and secrecy about HIV and death.

Note that **all three peer groups work on the same topics** with adaptations. Two trained facilitators work with each of the separate peer groups. Participants are divided by gender for some activities. Caregivers and children are encouraged to talk together at home about what they have learned. They also meet up in some sessions through the *Stepping Stones with Children* workshops.

The peer group **facilitators** use guidance in the manual to support the participants to work together happily in a safe and friendly space and in the time available. They also support the groups to learn new knowledge and skills and to reflect on their attitudes and virtues. By bringing the peer groups together at certain points participants are able to share ideas, build bridges, and create shared solutions for acting together.

2.2 Key ideas in *Stepping Stones with Children*

The following ideas are all important to *Stepping Stones with Children*, so you and your facilitators need to believe in and want to use these ideas to work effectively.

The importance of positive living: A person living positively with HIV can live a productive, valuable, long and happy life just like anyone else. The psychological, physical, emotional and material support of family members and friends can make all the difference.

Attending to virtues: Virtues are timeless and universal ways of behaving that people believe are right, such as kindness, generosity, thoughtfulness, patience and honesty. We all have them and can nurture them inside us. In *Stepping Stones with Children* we select a different virtue for each session and praise each other when we use it. We talk about how the virtue relates to our culture, topic and behaviour. For example, how we can use the virtue of courage to make things fairer (reflecting the virtue of justice) for girls or people with HIV. We learn tools to practise and affirm virtues in our daily lives.

Seeing culture as changeable: Cultural practices reflect our values. These are things we value and care about, such as having many children or getting rich. Culture and values are constantly changing, for good or ill. Values can have positive or negative effects on different people in the same community. The *Stepping Stones with Children* exercises support people to use **critical thinking** to look at their own culture and reality in their peer groups and to decide what is good for them, their friends, family and community. We ask participants to decide what makes the characters in stories think and behave as they do and to reflect on and create their own opinions. This critical thinking supports us to make good decisions when we come across similar situations and to feel confident about our own thoughts and virtues. Because *Stepping Stones with Children* enables people to reflect on their *own* culture and context, the process works in any setting.

Using an appreciative approach: This is very important. We focus on people's abilities and what gives them energy and enthusiasm, and how they could use these

in the future. Imagine a 100ml cup which contains 50ml of water. To create an environment for appreciation we ask questions that focus on the 'cup being half full' (what you have) instead of half empty (what you don't have). Such questions bring out our strengths, virtues and abilities. *'What are we good at? What is important to us? How can we build on this to take us to our vision?'* Appreciative questions grab our attention and our interest in exploring them takes over from our worries, though they can also be affirmed: *'I know that life may be tough for you, but how can we all support you to think of something, even in your struggles, which gives you energy right now?'* Appreciative questions enable us to say 'yes' to life, experimentation and exploration and 'yes' to change.

Different ways of understanding things: We seek to understand the best of what 'is'. What is in people's lives that they are proud of and value? In the sessions we learn how each person's view is valid, and that it's normal for different people to have different understandings of the same event or issue, and for the same person to behave differently in different settings. By honouring each other's views we can build self-respect and understanding.

Using stories and dreams: In the sessions we use stories to communicate, to understand our lives, and to remember things we are proud of. We also use dreams to explore possible futures, and consider what actions are needed to reach a future vision.

Building resilience: Being aware of our personal resources, resilience and capacity to recover from difficult experiences is an important part of *Stepping Stones with Children*. Building resilience involves strengthening protective factors such as self-confidence and friendships, and becoming skilled at protective processes, such as being able to stay on our hubs (see Session 2) and to spot our abilities.

Advocacy: *Stepping Stones with Children* encourages participants and facilitators to become advocates in their own households, friendship groups and communities. We can all play a part in creating the futures that we want. In Tanzania some participants have continued to meet monthly and represent people living with HIV in community fora.

The importance of enabling children to learn about sexuality: Some people worry that teaching children about sexuality harms their morals and encourages them to start having sex earlier. Evidence shows that sex education either has no effect on starting sex or a delaying effect; it also makes learners more likely to protect themselves from pregnancy, STIs and HIV.² *Stepping Stones with Children* links all behaviour with virtues. Talking about sexuality in the context of virtues such as love, kindness, responsibility and justice supports us all to change the way we think and behave around sexuality.

Stepping Stones with Children aims to reduce feelings such as blame, shame, guilt, stigma and discrimination caused by judging and labelling sexual behaviours that do not match the local 'ideal'. This makes it easier for children and adults to be happy,

² Garvey, M. (October 2003) Dying to Learn: Young People, HIV and the Churches. Christian Aid. London.
www.christianaid.org.uk/images/dying_to_learn.pdf

healthy and safe in relation to their sexuality. In *Stepping Stones with Children* we say that delaying or stopping sex is the safest choice for children, but they will grow up and at some point become sexually active. We need to equip them with the information they need to protect themselves.

Stepping Stones with Children helps us develop the skill of critical thinking, for example, about the things that influence our behaviour. We can strengthen the helpful parts of our culture, change or remove harmful ones and add some new ideas. Because children and caregivers learn about the same topics in their peer groups they all gain new knowledge and insights, and become better able to communicate and support each other. The guide and manual give guidance on changing the language about sexuality and provide age appropriate activities for the three peer groups.

For more information about the rationale for sexuality education and technical guidance on content see: www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/international-technical-guidance-on-sexuality-education/.

3. TRAINING AND FACILITATION

3.1 The role of facilitators in *Stepping Stones with Children*

In *Stepping Stones with Children* we use 'facilitator' to refer to the people who lead the peer groups through the sessions in the manual. Here we are using 'trainer' to refer to the people who train the facilitators. In this guide, when we say 'you', we mean 'you the trainer of facilitators'.

In *Stepping Stones with Children* workshops facilitators should:

- Create a place where people can feel trust and confidentiality, share their positive stories and experiences, feel listened to and empowered to grow and learn things that may be valuable for them.
- Support participants to move through the process and achieve the aims of the exercises, reaching a conclusion in the time allocated.
- Support participants to develop their skills and influence their friends to develop these skills.
- Be role models; for example, in the way they use the appreciative approach and show curiosity and respect for different viewpoints and understandings.
- When necessary, use questioning and new perspectives to challenge opinions which are contrary to rights and the expected outcome of the session; for example, if some people in the peer group believe it is OK to beat women and children.

a) Some essential qualities of trainers and facilitators

Leading together: We belong with our participants, working together to create a better future. It is not 'us' and 'them', it is 'we'.

Being genuine: Participants can learn from our experiences but may only trust us when we are genuine and speak from our hearts, not just copying someone else.

Maintaining confidentiality: If people tell us personal stories we must not tell them to anyone else without their permission — not to other facilitators, friends or family. We encourage people to share information about 'people like us', rather than personal information because people tend to gossip and this could cause harm.

Behaving with humility: This means being modest, not believing we are better than others. We can feel pride in who we are, our achievements and abilities, but without boasting or putting other people down. We can listen and learn from others.

Using emotional intelligence: We need to develop the ability to recognize our emotions, understand what they are telling us, and be aware how our emotions affect others and how they feel. This helps us to manage our relationships in a positive way and to work well in a team.

Being self-aware: We need to want to reflect and learn, and take time to think about what we have learned when training facilitators or working with community members.

Being a team member: Trainers or facilitators need to work together as a close team, to support one another and be respectful of all contributions to the success of the programme.

Listening with respect to participants with differing views whilst providing regulated space for debate, using questions and providing new perspectives to challenge harmful ideas and practices.

3.2 Supporting trainees to learn facilitation skills

Our method is that in the training, pairs of trainees facilitate the rest of their group who role play being children or caregivers. Everyone learns by doing. We use this approach because it would not be ethical to practise on children and caregivers. Also, in training we need to break off and reflect on our work, which could not be done in an actual session with children and caregivers.

Participants who are role playing children may forget who they are supposed to be! Start the session by asking them to get into the role, to imagine that they are children and have a chat with their neighbour as this child. What language are they using, where do they live, what is happening to them at the moment? Ask them to put their books away and focus entirely on the session. (They will have prepared their own exercises before the session.) Bring back people who forget their role. Be clear when you are asking participants to return to being trainees.

Ask people to wear name tags and thank them for this. After a few days, play a name game to see how well people are remembering names.

We use the FORMAT 3.1 INDICATORS FOR TRAINERS ON FACILITATOR SKILLS when we observe the trainees facilitating their exercises, to help us assess their performance and give them feedback. We give the HANDOUT 3.2 FOR TRAINEES

ON FACILITATOR SKILLS to trainees so they understand and focus on practising these skills.

Each pair of trainees is allocated one or two exercises from each session to facilitate.

The sections below give more information on the facilitator skills listed in FORMAT 3.1.

a) Using the manual

Gives directions clearly for the peer group and makes sure that participants understand

Adapts and uses the active learning methods described in the manual effectively

Contributes accurate information from the manual in their own words as and when appropriate

The manual is written to guide facilitators in preparing their session plans. It is not intended to be read out word for word to participants. Facilitators need to interpret, simplify and deliver the exercise in child- or caregiver-friendly language.

Facilitator pairs need to ask their group to put their manuals away during the exercise. It is the job of the facilitators to communicate the exercises without the manual open beside them, and participants' feedback on how well they do this is an essential component of the training.

The **aims** and **description** of the exercises are written for the facilitator, not the participants. Active learning happens when people undertake an activity and discover what they have learnt themselves from it. If the facilitator tells them the aim and outcomes, they are not able to discover this for themselves. So what they need to know is the topic of the session and exercise and a brief sentence on the activities — not a long description. For example, at the start of the session, the facilitator can say:

'In this session, we are going to talk about the rights of children and caregivers. We will play a game, talk about a virtue, use pictures and role play and work in small groups.'

Facilitators should follow the directions in the manual: they are there for a reason. If they are leaving out or changing a step or activity, they need to be clear why, and how it supports the aims of the exercise for the peer group.

Facilitators need to read the manual carefully and repeatedly to understand the directions and how to do the exercises. Pages 2-5 of the manual list the **active learning methods** used in *Stepping Stones with Children*; there are also some tips about how to use them in Annex A. For example, facilitators should not introduce completely new role plays unless directed to; they may take longer and confuse things.

Encourage facilitators to practise so that they do not have to read from the 'Information for facilitators' boxes. Instead they need to select information and use

words that suit the peer group, and only contribute what is needed; that is, what is not said by participants. If they do need to read the text, they need to do so fluently and engagingly. When explaining something, it helps to ask the group to give familiar examples from the local area.

Note, the individual exercises will make more sense when people read or facilitate them in sequence because they build on previous exercises.

Remember: Action! Action! Action! Start with doing the activity and then ask what people learned from it. Do not start with a lecture, or by giving the answers to the questions posed in the exercise.

Use and refer to the virtues in every session. Display the poster of virtues (see page 429 of the manual) from Session 1, Exercise 1.7 onwards. Put the virtue for the session in a bubble on a flipchart and encourage participants to spot it in each other and write their names around it. See also manual page 4, 'Using virtues'. Use positive language when talking about virtues. For example, '*How can you use your virtues to be a good person?*' rather than '*You are a sinful girl!*'

Put the opening and closing circles up at each session.

See **Annex E: ADDITIONS AND CORRECTIONS** on specific exercises in the *Stepping Stones with Children* manual.

b) Facilitation skills

Works well with partners with equal sharing of roles, respect and mutual support

Listens actively and responds appropriately

Encourages reflection and new perspectives using helpful questions, e.g. open, probing and circular

Supports participants to arrive themselves at learning points and conclusions linked to exercise objectives by using non-judgemental body language and feedback but encouraging debate and contributing new information when necessary. (See 'Challenge unhelpful views' below.)

To show good skills facilitators need to:

Work with their co-facilitator as equals and not dominate or be dominated. Both facilitators should be active and work together. For example, both walk around when people are doing group work to check that they are on the right track and focus and contribute to the topic if necessary.

Create a good physical learning environment as far as possible, so that people are comfortable, all seated at the same level and able to see and hear each other. In plenary, a semi-circle seating arrangement works well.

Support participants to feel comfortable in their minds and so help them to participate, for example, by giving due attention to respect and confidentiality.

Communicate well by making eye contact, listening actively, looking at facial expressions and body language and responding with interest and appreciation.

Be mindful of how much they write. Using lots of writing makes it difficult for participants with low levels of literacy to take part. They should use drawing methods as much as possible for materials used by and with participants.

Link exercises to previous activities and tell trainees if they will use an activity in a later session. For example, link Exercise 4.2 Justice back to Exercise 3.3 Checking our beliefs, to talk about the fairness of the division of tasks between boys and girls.

Pay attention by being intensely present and engaged in the moment of each exercise. They should always switch phones to silent, put computers away, not chat during a role play, and not allow things to distract them.

Encourage all trainees to **listen actively** to each other, and to show their appreciation in this way and by responding with pertinent comments or questions. There is no need to clap every time someone contributes to the session.

Redirect questions to the participants to encourage them to share their knowledge.

Avoid asking **leading questions** and **closed questions**. For example, instead of saying *'I don't think children like you are involved in using drugs are they?'* they can ask *'What substances might children like you take to make you feel good?'* This does not lead them or result in a 'yes' or 'no' answer.

Use probing and clarifying questions to learn more, such as *'Please could you say a bit more about that?'* or *'How do you feel when that happens? Does anyone feel differently?'* Facilitators should be curious and genuinely interested in people's ideas and lives.

Silences are more likely to happen if the subject being discussed is sensitive or painful. Facilitators should give participants time to answer. They can **help the conversation to flow** by **echoing** the last words that participant said before pausing, or by **reflecting** back what the person has said, or the gist of the discussion, but in their own words: *'So I am hearing that ...'*

Use circular questioning to help participants understand another person's way of looking at things: *'When you get angry, how do you think your child feels?'* This helps people become more empathetic and more responsible for their actions. Circular questions can also be used to think of future actions: *'In a couple of years what do you think your child will feel was the most important thing you did to support them?'*

Observers can use circular questions after watching a role play, with the actors staying in role.

Share their own insights infrequently. It is often better if they ask a question that brings in their opinion without necessarily saying it. However, giving examples of how they used a skill or a virtue can be helpful.

Challenge unhelpful views by ensuring that harmful ideas are discussed thoroughly by all members of the group. For example, *'The people over here are being very quiet – what do you think about this?'* and *'Do you think that could have consequences for your community?'* and *'How do rights relate to this issue?'* or *'If someone treated you like that, what would you feel? Think? And do? What might be the result?'*

The facilitator may need to bring in new perspectives about virtues, laws, rights, ethics and consequences.

c) Adaptation and innovation

Adapts exercise to suit peer group

Adapts learning activities (e.g. stories) to suit group whilst remaining faithful to the aims and message

Adapts language to suit the group and gives additional support to some if necessary

Uses level of literacy that is comfortable to the group and encourages members to support each other

Introduces and talks about sensitive topics in a way that enables participants to engage with them

Support trainees to be innovative and use their initiative and creativity to develop the exercise well for their peer group, as long as they achieve the aims of the exercise. See Annex B: HANDOUT 5.1 HOW TO PREPARE AN EXERCISE, Annex C: SUGGESTIONS FOR 5-8 YEAR OLDS, and Annex D: TALKING ABOUT SEXUALITY.

Recognize that some topics are painful and traumatizing and support each other with compassion, love and patience. Give people more time if they are finding things emotional. The counselling guide is an important tool to help facilitators support participants in painful and sensitive situations.

Talk about sensitive issues in pairs and assure people that they need only share what they feel comfortable to share, with a partner or the group.

d) Time

Keeps to times indicated

Is confident and starts immediately

Keeps focus and keeps things moving

Sticking to time limits is an important skill. Support facilitators to do this with these methods:

- Insist that trainees prepare in advance and are ready to facilitate at the start of the session. Do not allow extra time to prepare.
- Nominate a timekeeper for each session/exercise. The timekeeper informs the facilitators when they have five minutes left for their exercise. Share watches if necessary.
- Insist that facilitators keep to the timing given on the plan that they have prepared. They need to prepare their exercise with this in mind. See Annex B: HANDOUTS 5.1 and 5.2 and FORMAT 4.6 SAMPLE OF EXERCISE SHEETS FOR FACILITATORS AND TRAINERS.
- Interrupt facilitators promptly if they are going off track and help them to get back on track.
- Suggest quick ways to get participants into pairs or groups.

e) Group dynamics

Encourages everyone to participate actively
 Shows empathy for feelings and then soothes participant when needed
 Helps participants to become co-leaders in the group
 Understands and manages confidentiality
 Reminds participants of ground rules, virtues and equality
 Appreciates the strengths of all participants and gives constructive feedback

In addition to the essential qualities outlined above in 3.1.a), facilitators should:

Talk about *everyone* inclusively for example, '*people like us*', '*we*', '*together*', '*protecting each other*', rather than '*those with HIV and us*' or '*HIV people*' or '*those orphans and us*' or '*those caregivers and us*'. It is everyone's responsibility to keep us all — and our community — safe.

Put the opening and closing circles up at each session.

Provide a place where people can draw or write their unfinished issues on pieces of paper and stick them up for further discussion.

4. PLANNING YOUR TRAINING

4.1 What are the aims and objectives of your training?

You need to have clear aims and objectives to guide how you run your training of facilitators. These are what we used:

Aim: To enable the trainees to effectively, confidently and safely facilitate the *Stepping Stones with Children* workshop with community peer groups of caregivers and children aged 9-14 and 5-8 years.

Objectives: By the end of the workshop, participants will be able to:

- Plan sessions from the *Stepping Stones with Children* manual for the peer groups they will be working with.
- Facilitate the exercises in each session using communication and group work skills and attitudes which are positive, appreciative and sensitive.
- Use a range of learning methodologies.
- Implement the Child Protection and Safeguarding standards of the organization.
- Handle difficult situations, including ethical dilemmas.
- Gather and record monitoring and evaluation information in the Facilitator's Journal.

If your trainees feel ready for the challenge of being facilitators then you, your colleagues and the participants are going to explore and learn together with lots of fun, humour and moving experiences.

4.2 Who are the trainers and trainee facilitators?

Trainers: Ideally the trainers (you!) will have been trained as facilitators of *Stepping Stones with Children* and will have implemented the programme in your community at least once. You need to have facilitation and training skills, a good level of knowledge about the subject matter of the sessions, and a positive and virtuous approach. All trainers need to have read this guide with the INTRODUCTION to the manual and planned the training together.

In our workshops, we had two trainers working with ten trainees for each of the three peer groups.

Trainee facilitators: Pages 5-7 of the *Stepping Stones with Children* manual explain who might be a facilitator. The quiz on page 6 will help the applicant and/or organization to assess if potential trainees have the experience and skills to benefit from the training. If not, you might be able to suggest ways to support them.

The more you know about your trainees, the better you can plan your training content. We used the following methods to assess our trainees' experience and skills.

See Annex B: FORMAT 4.1 PRE-TRAINING ASSESSMENT SURVEY, FORMAT 4.2 PRE-TRAINING INDIVIDUAL ASSESSMENT SUMMARY, and FORMAT 4.3 GROUP SUMMARY PRE-TRAINING ASSESSMENT SURVEY.

Invite each trainee to complete and hand or send back to you a training and experience assessment survey a few weeks before the training, before they receive the manual. This is helpful in several ways:

- You can learn about each participant's strengths and anticipate where they will most need your support during the workshop.
- The information allows you to plan the training programme with an emphasis on the areas where people have the least training and experience. For example, if

few trainees have worked with children aged 5-8 years you may wish to add support from people used to working with young children.

- You can put participants in pairs or groups where they can best support each other with their joint strengths.

a) **Trainees' preparation before the workshop**

Ask potential trainees and/or their organizations to make a draft plan about how they intend to use the learning from the workshop. This might be for programme and personal use. Ask them to sign a letter of intent before you confirm their attendance. This letter could contain how the training will meet needs, the beneficiaries, a rough workplan with timing, and possibilities for funding.

After the participants have returned FORMAT 4.1 above to you, send them copies of the manual and Annex B: FORMAT 4.4 SURVEY OF EXERCISES YOU FEEL ARE ESSENTIAL TO BE TRAINED IN, to arrive at least three weeks before the training starts. Ask them to:

- Read the sessions before they come to the training, because time is limited and the training is tiring (note, only Part 1 if you follow our suggestion in 4.3 below).
- Use Annex B: FORMAT 4.4 to record exercises with unfamiliar content and methods, and return it to you at least a week before the training.

You can use the FORMAT 4.4 feedback to shape the training to the topics and methods that trainees feel they need most help with.

4.3 What is the overall training plan?

The *Stepping Stones with Children* manual contains 29 sessions, split into 2 parts.

Part 1 (Sessions 1-15) follows a sequence and enables participants to develop group trust and co-operation, knowledge, virtues and skills, and to build on these as they reflect on key issues in their lives.

Part 2 (Sessions 16-29) contains 14 sessions on specific issues, some of which must follow a sequence.

We suggest you train your facilitators in using Part 1 and then have a break whilst they implement it in their communities. During this time, they will gain confidence and skills working with their peer groups, reflect on the new skills and decide whether and how to continue. They can work as a team with participants on areas that need improving. They will need regular supervision and mentoring (see 7.2 below for more about mentoring).

At the end of the Part 1 workshops the trainee facilitators can consult with the communities about their interest in the different topics in Part 2, before being trained to facilitate Part 2.

This plan has the advantages of:

- Two shorter training courses, allowing trainees to avoid the exhaustion that builds with a longer training.

- Less time away from normal work responsibilities.
- Giving trainees time to practise facilitating workshops in the community.
- Gaining a sense of community priorities regarding Part 2.
- A continuing process of learning and mentoring with practice.

4.4 What is the content of your training timetable?

You can plan your curriculum based on the results of your assessments.

We recommend four weeks training in total: two for each part. However, you may need to adjust this to fit with your resources. You may need to do Part 1 and seek funding for Part 2 or run the sessions in the community over a longer period of time. If you have already covered certain topics in your community, you may wish to focus on unfamiliar topics, but think carefully about what the *Stepping Stones with Children* sessions or exercises offer and who will benefit.

The chart below shows a sample timetable based on the length and number of exercises in each session. See Annex B: FORMAT 4.5 TIMING OF SESSIONS for timing of sessions for each peer group and points where caregivers and children come together.

Do make detailed daily timetables for the whole workshop, so that trainees and trainers know what is coming and what they need to prepare for. Annex B: FORMAT 4.6 SAMPLE OF EXERCISE SHEETS FOR FACILITATORS AND TRAINERS gives an example of a daily timetable. You can calculate the time allocated by making an assessment for each exercise based on the peer group, the activities and their importance.

SAMPLE TIMETABLE FOR PART 1						
	Monday	Tuesday	Wednesday	Thursday	Friday	Sat or Sun
	WEEK ONE					
AM	Introduction, aims, how we work together, handling difficult situations	1. Getting started	2. Using our brains	3. Gender & sexuality	5. Tree of life	7. All about virtues
PM	Planning exercises	1. Getting started	2. Using our brains	4. Children's rights	6. Assertive-ness	Free
	WEEK TWO					
AM	8. The power of love	10. Coping with loss and tree of love	12. All about HIV	14. Living well with HIV	15. Partners in health care	Home
PM	9. Bringing the best out in each other	11. Understanding death	13. Testing and talking about HIV	15. Partners in health care	Planning Evaluation of the training	
SAMPLE TIMETABLE FOR PART 2						
	Monday	Tuesday	Wednesday	Thursday	Friday	Sat or Sun
	WEEK ONE					
AM	Sharing experiences	16. Friendship	18. Managing alcohol and drugs	19. When we are growing up	21. Sexual feelings and sexual safety	23. Delaying sexual debut
PM	Preparing exercises	17. Going to school - Film 'Give her a chance'	19. When we are growing up	20. Sex, love and relationships	22. Pornography - Film 'Kigodoro'	Free
	WEEK TWO					
AM	24. All about condoms	26. Protecting each other from sexual abuse	27. Supporting survivors	28. Learning & contributing through work	29. Livelihoods	
PM	25. Children by choice not chance	26. Protecting each other from sexual abuse	27. Supporting survivors	29. Livelihoods	Planning Evaluation of the training	

Note, you need to familiarize trainees with the whole *Stepping Stones with Children* programme, give everyone opportunities to practise preparing and facilitating the exercises using active learning methods, and have time to reflect on the process and ways to improve! This is a lot to do! It means you have to spend less time facilitating each exercise than that stated in the manual. This is OK because it is a simulated training of facilitators with role playing participants, not facilitating for real in the community. In the training, you may wish to describe some exercises or sessions and discuss rather than facilitate them. For example, we summarized Session 17: 'Going to school' because trainees found it straightforward. But be clear that when trainees are implementing the programme in the community, it is important to take enough time for participants to engage more deeply in the sessions and exercises. The trainers also presented a summary and facilitated a

discussion on female genital cutting (Exercise 19.9) and love between people of the same sex (Exercise 20.6), because of the challenging content. These things happen in communities and trainees need time to discuss them.

The pre-course skills assessment FORMAT 4.1 can help to identify which sessions you can move through more quickly and where trainees need more time.

If you spend two weeks on Part 1 and Part 2, trainees will have enough time to prepare all the exercises thoroughly which will make them less challenging and allow time for discussion also.

a) Learning about facilitation skills

Trainers can integrate learning about facilitation skills (see 3.2.b) into each session. Here is one suggestion:

- Cover basic facilitation skills in the first day or two. For example, expose participants to the difference between 'top-down' learning and participatory learning by briefly doing both, and asking them to reflect on how it felt and what they learned.
- After this, focus on learning about and practising one skill each day.
- Give some specific input each time a new learning methodology comes up; for example, the first time role play is used.
- Praise trainees in your feedback after the exercise when they use skills well.
- Intervene when facilitators need support in a particular skill and demonstrate it if necessary.
- Facilitate some exercises or skills yourself to model the skills and discuss them.

b) Dealing with difficult situations

The *Stepping Stones with Children* process can result in some strong feelings and challenges emerging from the participants. These can be the start of a healing process and we need to handle them well. We recommend that you spend some time considering this, with the person or people responsible for child protection and safeguarding and your workshop support person present. See also manual INTRODUCTION pages 10-12.

In plenary, talk through and hand out the Child Protection Policy and Safeguarding standards. Emphasize the importance of having a counsellor or support person at the community workshops. You could then invite trainees to identify difficult situations that might arise and role play them. For example, imagine that a child or caregiver becomes very distressed in a session. Ask trainees to use the tools they are learning about in the training, for example, in the manual, exercises 2.9; 11.1; 11.2; 13.8; and 15.7. Refer to the counselling guide. Referring to sections of the manual and counselling guide encourages trainees to actively use these materials. Support the trainees to follow organizational guidelines on how to handle sexual or physical abuse. Throughout the training, identify any challenges that might arise and practise how to handle them. See Annex E: SUPPORTING A DISTRESSED CHILD.

c) Including monitoring and evaluation

Trainees need to understand how to monitor and evaluate their community workshops. This is explained on pages 18-19 of the *Stepping Stones with Children* manual. You can use our M&E overview <http://steppingstonesfeedback.org/resources/stepping-stones-children/> to explain all the possible steps. It is up to each organization how much M&E they decide to do when running community workshops.

We suggest that you emphasize the M&E activities in one of the sessions which contains the frog symbol:

Session 1: Exercises 1.2 and 1.8	Session 14: Exercises 14.3 and 14.7
Session 6: Exercise 6.2	Session 15: Exercises 15.2 and 15.8
Session 9: Exercises 9.3 and 9.4	Session 22: Exercise 22.2
Session 10: Exercise 10.5	

Begin by making a presentation to show the types of pages in the Facilitator's Journal, and discuss the purpose of each activity. During the session, trainees should practise the following:

- *Attendance:* The co-facilitators for the first part of a session fill in the details of the role playing participants, who can decide on their ages.
- *Evaluation activities to create a baseline:* Where the frog appears they do the activity and fill in the journal. Note, it only makes sense to do these activities with communities if they also plan to run later activities to compare against the baseline (questionnaires and repeats of some of the activities: see <http://steppingstonesfeedback.org/resources/stepping-stones-children/> for the full range of evaluation tools).
- *Participant Review:* Ask for 3 volunteer participants and follow the instructions on page 4 of the Facilitator's Journal. Each pair of facilitators collects and records the feedback for their exercise. The rest of the group observes.
- *Progress report:* If you have time, ask the participants to role play participants with different behaviours — some very engaged and learning, others not. Agree at the end of the session on what scores to give each participant and record in the Facilitator's Journal.
- *Facilitator review:* Ask the pairs of facilitators to record in the group copy of the Facilitator's Journal their observations and thoughts on the exercise(s) that they facilitated.
- In the *opening circle* of the next session, go back to the Facilitator's Journal and ask the 3 volunteer participants if they have been able to use what they learned in the previous session.

By the end of the training all the trainees should know the purpose of the Facilitator's Journal (i.e. monitoring and forming a baseline for later evaluation) and how to use it.

d) Involvement of people with HIV

It is very important to have people living with HIV at the training, ideally as trainees rather than visitors. If you or any trainees or trainers are openly living with HIV, you/they will be key in supporting participants informally throughout the workshop and in specific sessions ('Testing and talking about HIV', 'Living well with HIV', 'When we are growing up', 'Children by choice' and 'All about condoms'). At our trainings in Dar and Lilongwe the expertise and sharing from trainees living with HIV transformed people's attitudes from 'them' and 'us' to 'we'. Of course, you must discuss with anyone living with HIV if and how they would prefer to share their experiences during the training. Make it clear that people are free to withdraw from giving testimonies at any time they feel like it. Also, revisit your confidentiality principles.

This is also relevant and important in relation to people who may feel different in other ways: for instance, caregivers who were themselves orphans when young, people with disabilities, people who have experienced or perpetrated intimate partner violence, people who are lesbian, gay, or bisexual, or transgender people. Again, it is important always to check first if and how you/they might like to share your/their experiences with the group.

e) Using films

Films are a powerful learning method, especially when they show the *Stepping Stones* programmes in action or are made by community participants. We showed the inspiring films made by *Stepping Stones with Children* participants, and trainees were amazed by the agency and talents of the child filmmakers in storytelling, advocacy and raising issues such as pornography which are a reality in their lives. They moved from fearing that 'innocent' children would be harmed by talking about sex to realizing that they needed support to cope with the harmful sexual exposure in their lives.

See Annex A: USING FILMS IN TRAINING.

4.5 How to run the training

The training methodology we recommend follows the *Stepping Stones* approach of **learning by doing** in four ways:

- Split the trainees into three groups, aiming for roughly equal numbers of males and females, older and younger people, more and less experienced people and organizations represented in each group.
- Either:
 - ~ Rotate trainees so that they all spend a third of the training time in each peer group (this gives them all broad experience and the chance of finding out where their strengths lie) and keep the trainers with the same peer group for the whole training. We think that this is the approach of choice if the trainers

are specialists in working with a particular peer group, unless there is a specific reason for preferring option 2; or

- ~ Keep the trainees in the same peer group for the whole training (this builds skills and capacity for each trainee as a specialist for their peer group, but commits them to a group which may not best suit them). The trainers rotate around the three peer groups (so they still observe all the trainees and the trainees experience all the trainers).
- Mostly the **trainees in pairs facilitate** exercises, with the rest of the group role playing children or themselves as caregivers, depending on the peer group. This learning by doing enables them to build their skills and confidence as the sessions progress.
- Sometimes the **trainers facilitate** exercises, with all the trainees taking the role of the peer group's participants. This allows the trainers to model how to do the tasks and trainees to experience them as participants. This can be particularly helpful with new or challenging methods and topics.
- Sometimes the trainers **summarize** a session or exercise to allow more time to lead a **discussion** about it. This is particularly useful for new or controversial topics such as female genital cutting and sexual orientations. A summary can also save time in sessions or exercises that are straightforward and familiar.
- At all times the trainers observe the sessions. If the trainee facilitators are going off track the trainers **intervene** and **demonstrate** the correct way to do an activity, and give feedback at the end of the session. This maximizes the opportunities for trainees to practise their skills whilst ensuring a focus on good practice.

As the trainees work in pairs for the whole training it's important to **pair them carefully**. We tried as much as possible to create pairs as follows:

- A male and a female.
- One under the age of 30 and one over 30.
- With different areas of expertise or experience so they can strengthen each other's skills, including one person with experience in *Stepping Stones*.
- If they come from the same organization, they could work together in implementing community workshops at home; however, this may slow down the mixing and gelling of the group. Also, if the two people have widely differing status, it may limit the junior partner from fully expressing themselves. 'Leaving status at the door' does not always solve this barrier. If they come from different organizations, the interaction may be very different regardless of their status.

We were aware of status and the risk of domination by those at higher levels. It was not always possible to match pairs for status. We used this as an opportunity to model equality and give feedback on interactions between pairs.

CHECKLIST: ARE YOU READY TO START YOUR TRAINING?

- Prepare thoroughly for the whole training with the other trainers and other relevant colleagues, such as those from finance and administration teams.
- If possible have a 'runner' at the workshop — someone who can tackle problems as they arise, so that the trainers can focus on their work.
- Make sure you have remembered to invite or include warmly (other) people living with HIV to the training, ideally as trainees — and, if possible, people with a variety of other life experiences, as explained above.
- Arrange your trainees into groups and pairs of facilitators.
- Create a timetable for the training, and decide what is to be done in each session, and who will do it (trainer or pairs of trainees).
- Include a session in the timetable on Child Protection and Safeguarding with your officer and workshop support people; and a session on difficult situations.
- Prepare for every session and exercises by reading them beforehand and preparing short notes.
- Ensure that enough of all materials needed for the exercises are available (e.g. string).
- Ensure that you have equipment to show DVDs and videos.
- Include a session on M&E. Ensure that each peer group has a Facilitator's Journal for the trainees to use.
- Photocopy all the FORMATS and HANDOUTS ready for the sessions.
- Organize some treats such as fruit or sweets.
- With your co-trainer, prepare any exercises that you are going to facilitate with your peer group.
- Prepare any exercises that you are going to present for discussion with questions.

5. RUNNING YOUR TRAINING COURSE

5.1 Team work

Encourage team work right from the start. Encourage each pair to work together in preparation and role-sharing; although individual abilities will feature, the peer support can strengthen the skills and qualities of each of them.

Talk about 'leaving our status at the door' at the beginning of the workshop; it's a good lesson in equality. Our status might rest on, for example, our age, gender, marital status or work role. Within the training there are no bosses and juniors. You could play the hat game below to get this point across.

The Hat Game

- Make paper hats and give one to each participant.
- Ask them to write on their hats ALL the names that people call them. This might be at work, at home, at school, at their place of worship and so on.

- Ask them to put on the hats and sing and dance in a circle.
- Collect all the hats and keep them safely.
- Explain to the participants that they are now all NAMELESS and are all equal in the training.
- Ask them to choose the name and adjectival name they wish to use during the training. See manual, Session 1, Exercise 1.2.

5.2 What are the roles of the trainers?

a) Preparing

- Support trainees in preparing their exercises, including discussing how they are planning to shorten the exercises: as part of this, give out and talk through Annex B: HANDOUT 5.1 HOW TO PREPARE AN EXERCISE and HANDOUT 5.2 WAYS TO SHORTEN THE TIME TAKEN FOR EXERCISES.
- With your co-trainer, refresh yourselves on the preparation of any exercises that you are going to facilitate with your peer group.
- Refresh yourselves on the preparation of any exercises that you are going to present for discussion with questions.

b) Supporting trainees when they facilitate exercises

- Ensure that the opening and closing circles are visible on flipchart.
- Give a brief overview of the session to your peer group (purpose; one-sentence description of exercises; special information e.g. protection, evaluation).
- Briefly explain what facilitation skill you are focusing on today.
- Ask trainees who are role playing participants to get into role for the peer group.
- Invite the first pair of facilitators to begin.
- Actively observe all the skills in the checklist used by the facilitators.
- Jot notes in your notebook on all the skills from the checklist used and those needing improvement, any interesting innovations and any need for correction to be made to the manual, to write up later on the assessment checklist.
- Intervene promptly to keep facilitators on track if necessary.
- As co-trainers, role play an activity or exercise if you think the facilitators have not delivered it well enough, to ensure that trainees understand how to present the exercise well.
- Remind facilitators of time available and time remaining, or make sure that a trainee is doing so.
- When the exercise is finished, invite feedback. Remember that many participants feel nervous when they start to facilitate, so encourage everyone to give feedback in a positive, respectful and encouraging way. This will build self-confidence. Also give the trainees the opportunity to give feedback to you.

Facilitators share:

What went well? What was challenging? What would you like to improve on?
Any other observations on the exercise?

Participants share:

What did you enjoy? What would you like to be different next time?
Any other observations on the exercise?

Trainers share:

What skills did you observe?
What skills would you like to support the facilitators to strengthen?
Any other observations or suggestions for improvement?

- At the end of the session, give out slips of paper and ask individual participants to write on them:
 - One thing I have enjoyed about the session.
 - One thing I would like to be different at the next session with this group.
 - The level of challenge that I experienced with this session.
- Remind participants to keep and bring products such as ability necklaces to every session.
- Manage the products from the session as appropriate. Trainees may wish to keep personal drawings and/or put products on the wall to share.

c) Observing and assessing trainees

A key task for the trainers is to observe and assess the performance of the trainees as they facilitate exercises. We recommend you use FORMAT 3.1 CHECKLIST OF INDICATORS FOR TRAINERS ON FACILITATOR SKILLS to do this. It contains indicators to assess facilitator skills and observe participant responses to *Stepping Stones with Children* exercises:

- 1 point = needs improvement
- 2 points = moderate
- 3 points = good

Give out HANDOUT 3.2 FOR TRAINEES ON FACILITATOR SKILLS so trainees know which skills we are aiming to build together over the workshop. Explain that we are partners in learning from each other and strengthening our skills. Explain that we all reflect on progress using these skills as indicators.

In our workshops, trainers:

- Jotted down brief notes of their observations for each trainee during the sessions.
- Gave each trainee supportive feedback during the session.
- Filled in the checklist at the end of the day.
- Discussed trainees' progress at our nightly trainers' meetings, highlighting those who would benefit from additional support and adjusting the training to give more focus to challenging skills and issues.

Note, trainees take feedback seriously. Constructive, appreciative feedback is a powerful part of the learning process. Trainers need to allow enough time for this to happen, but at the same time keep the feedback focused and structured. Good feedback models how in everyday life we can give feedback to each other in a respectful, appreciative way that builds confidence and abilities. Showing each other

attention, respect and love keeps us on our hubs. See Exercise 2.8 and 2.9 in *Stepping Stones with Children*.

Note, trainers need to agree how to assess and give feedback on shortened sessions and be consistent across the groups. We suggest the following criteria:

- Does the shortened exercise achieve its aims?
- If a step is left out, was it an essential step (bringing a new fact or skills or connecting one step with another) which should not have been left out? (For example: in Session 12.3 the steps conveying information about the Chain of Transmission have to come before placing activities along a line as participants need that information to decide whether activities are safe, mostly safe or unsafe.) Or was it a step that reinforced previous knowledge or skills, so it was OK to not do it? (For example: Session 6.4 Steps 6 and 8, additional practice of assertive responses.)

d) Supporting the trainees

In addition to the tasks already outlined, the trainers support trainees to form bonds and support each other to grow their abilities and be as good as they can be. This may happen in several ways:

- The trainee groups agree on a female and male leader. These rotate over the course of the workshop.
- The trainers encourage team work from the start and give feedback on how they observe it.
- The trainers give incentives which motivate trainees to work hard as a team and do well. Incentives might be: acknowledgement of skills and virtues; fruit or treats; awarding star facilitator or star group badges or prizes; and awareness of the impact of, for example, using the manual well, timekeeping, preparing well, doing relevant activities on assessment.

We recommend that each trainer pair makes time to **meet with trainees** when they ask for support and, if possible, with everyone at the end of day two and day seven to discuss any problems and give feedback. Allocate enough time for this feedback to give more time to people who find the exercises challenging for whatever reason:

- Understand what is supporting them and what is hindering their progress as facilitators.
- Find out what would support them better.
- Find ways to provide extra support.
- Encourage them to become stronger as the sessions happen. This will help each of them be strong and able to make progress within the process.

Ask participants individually whether they are comfortable with their partner. If you observe domination, give feedback during the session and talk about it (using positive criticism) with individuals and the pair during evening feedback.

5.3 What are the roles of the trainee facilitators?

The trainees need to adopt an appreciative attitude to the training, being open to learning and to supporting each other to learn. They need to form bonds to work with their co-facilitator, but also be willing to mix and share with other participants, including people who are not from their own organization.

When taking the role of participant in the sessions, they need to engage with the role fully. This both helps the facilitators to practise with people who are behaving realistically and to simulate and experience for themselves what it might be like to be a participant. Ask participants not to behave in such a challenging way that the facilitators are not able to proceed with the exercise.

Pairs of facilitators should thoroughly prepare the night before for exercises that they are to facilitate the following day. Hand out and talk through Annex B: HANDOUT 5.1 HOW TO PREPARE AN EXERCISE and HANDOUT 5.2 WAYS TO SHORTEN THE TIME TAKEN FOR EXERCISES.

5.4 Looking after and using products from sessions

Make sure you have key materials visible as ongoing reminders and learning. For example, the opening and closing circle on flip chart; pictures from the 'Using our brains' session, poster of virtues, mind maps and so on. Ask two particular trainees (from different pairs) to volunteer to look after all these products from all the sessions.

Support trainees to visit the different places where materials are on display, so they see what other peer groups did. Trainers can visit with them, to review and ask questions for clarity of each pair.

Encourage participants from different peer groups to share and compare notes informally on their experiences of doing specific sessions. For example, by sitting with different people for meals and breaks and by showing displays in group rooms.

6. MONITORING AND EVALUATION OF YOUR TRAINING

Pages 18-19 of the *Stepping Stones with Children* manual explain the monitoring and evaluation tools to use when running community workshops. You can download more evaluation tools such as questionnaires from our website (<http://steppingstonesfeedback.org/resources/stepping-stones-children/>). This chapter is about M&E for your training of facilitators.

6.1 Monitoring the process of your workshop

Monitoring tools need to be simple and practical for daily use. For example, use a **mood meter** to see how trainees are feeling at different times as you go through the workshop. Encourage the group **leaders** to take responsibility for reporting any issues related to their group.

See 5.1.b) above: At the end of each session, give out slips of paper and ask individual participants to write on them:

- One thing I have enjoyed about the session.
- One thing I would like to be different at the next session with this peer group.
- The level of challenge that I experienced with this session.

Encourage feedback from trainees when you meet with them outside the sessions formally and informally.

Make it clear that you welcome feedback about the way you are running the workshop and your own performance as a trainer!

6.2 Assessing trainees' skills

During the training: As already explained in 5.1.c) above, trainers use FORMAT 3.1 INDICATORS FOR TRAINERS ON FACILITATOR SKILLS to assess and record facilitator skills as trainees practise exercises through the workshop.

At the end of the training: Trainers sort the checklists by trainee names and then sort each name into peer groups. They then summarize each trainee's score by peer group using Annex B: FORMAT 6.1 CHECKLIST ASSESSMENT: SUMMARY OF INDIVIDUAL'S SKILLS BY PEER GROUP.

After the training: Give out or e-mail Annex B: FORMAT 6.2 END OF WORKSHOP FEEDBACK FORM to trainees at the end of the workshop and request them to fill in the survey and return it to you. E-mail allows people more time to reflect on their experience. Use Section A of the form to add to the assessment of individual facilitators and collate Section B to E for qualitative workshop evaluation and follow up.

Collate the information from FORMAT 6.1 and 6.2 Section A into FORMAT 6.3 FINAL ASSESSMENT OF TRAINEES to get an overall assessment for each trainee. Circulate the assessments to all the trainers and discuss and agree on your recommendations: you need to decide if you think each trainee is skilled enough to be a full facilitator or assistant facilitator for each peer group, or if they need more skills training and experience. Trainers can only make a judgement for peer groups that they have observed.

7. NEXT STEPS AND SCALING UP

7.1 How will trainees use their learning after the workshop?

The training provides an opportunity to support trainees to plan how they will use their learning in their workplace and communities and to establish learning networks with their fellow facilitators.

Explain that the *Stepping Stones with Children* manual, counselling guide and DVDs are available to buy from www.practicalaction.org. Organizations can also apply online for free copies from the Salamander Trust at <http://steppingstonesfeedback.org/resources/stepping-stones-children/>.

During the training, encourage participants to discuss with their colleagues and trainers how they might use their learning.

Session on next steps: At the end of the workshop organize a session to plan and share ideas about what comes next. Trainees could divide into organizational, regional or country groups to review their draft plans and discuss how they will use their learning in their own settings. They might collaborate to form networks of trainers for example, or train facilitators together, or apply for multi-site funding.

Give the groups an opportunity to share and **celebrate** their plans at the start of the final celebrations. Record a summary of the plans to share after the workshop.

Gather trainee **contact details**, including organizational and personal emails, mobile, WhatsApp, facebook and twitter and share so they can keep in touch, even if they change jobs.

Encourage trainees to join the *Stepping Stones* **community of practice**.

Explain that you will email Annex B: FORMAT 6.2 END OF WORKSHOP FEEDBACK and encourage everyone to complete it. This format includes plans for follow up.

Support the establishment of a *Stepping Stones with Children* user group, identification of trainers and establishment of national or regional networks.

7.2 Supporting quality facilitation after the training

Reviews have shown that there is a wide variation in the quality of implementation of *Stepping Stones*, mainly related to the quality of facilitation and leadership and the way that adaptations are created.

Be sure to give trainees your recommendations for their work as facilitators (see Annex B: FORMAT 6.3) and share those recommendations with trainees' managers and peers so that people can make teams of facilitators with the needed skills. Encourage them to follow the recommendations, for good quality work.

Monitoring, in-service training and mentoring will support the strengthening of the quality of facilitation in *Stepping Stones with Children* workshops.

Mentoring supports newly trained facilitators to strengthen their knowledge, skills and positive approach. This can happen in a number of ways:

- Experienced facilitators, or those awarded full facilitator status, pair up with less experienced people or those awarded assistant facilitator status, to implement *Stepping Stones with Children*. They may work in the same or a different organization or independently. The aim is to strengthen the skills and confidence of the less experienced facilitators and everyone learns from experience.
- Experienced *Stepping Stones* trainers may be designated as mentors and visit organizations or individuals to mentor newly trained facilitators or assistant facilitators. They might support their mentees to model good practice, observe exercises using the checklist, invite feedback from participants, and review the records in the Facilitator's Guide.
- Mentors can also help organizations to problem solve about implementation issues.

- The *Stepping Stones* community of practice could designate mentors who interact with organizations and individuals online through Skype, chats or fora. Newly trained facilitators could share experiences and hold fora for solving particular challenges.

Box 2 How to be a good mentor (adapted from Blue Sky Coaching © 2008)

1) Set expectations together at the beginning

Sit down with your mentees and agree on your expectations of each other.

2) Be credible

Good mentors are people who have experience and have achieved success in working with *Stepping Stones* and ideally *Stepping Stones with Children*.

They don't need to have all the answers, but their wisdom can support mentees to find their own answers.

3) Be a positive role model

Good mentors are respected by their mentees, who can learn simply by watching how their mentor behaves in any particular situation. Good mentors will also look out for experiences, or create situations where their mentees become involved to learn new things.

4) Be genuinely interested in your mentees as individuals

A mentoring relationship is a personal one, which is often important to the mentees. You need to use your emotional intelligence and get to know them personally, about their experiences, hopes and dreams, and how they respond to situations, so you can help them in a way that meets their best interest. Don't make any assumptions about them: ask detailed questions about their issues.

5) Share your experiences and insights

Share stories that you feel are appropriate and helpful, but in a neutral way, without any attachment to how your mentee will use this learning. Be open to sharing your mistakes and failures too, as these are often where our biggest lessons are learned. It will also help your mentee be aware that challenges will arise, and the way you dealt with the situation might also help them gain insight about how to build resilience.

6) Ask open questions

Asking open questions will help you to identify your mentees' real needs, values and passions. It's a great way to get your mentee to think through situations themselves and draw out the consequences of the various choices or courses of action they can take. During these conversations, you can share your wisdom, without making decisions for your mentee. That's their job.

7) Act as a sounding board

Mentees benefit greatly from the opportunity of having a good mentor listen to them. Allow them to explore their thoughts and ideas openly with you. This will

often help them unravel their thinking and gain insights about a situation as they share their concerns with you. Show that you are happy to spend time listening to them freely and that you also learn from them in the process.

8) Provide a fresh perspective

A good mentor will often provide their mentees with a fresh perspective on an issue. They will often have the clarity of distance from an issue that's needed to provide objective feedback to their mentee. They can also hold up a 'mirror' to the mentee to, for example, let the mentee see what their behaviour looks like to others.

9) Provide helpful feedback

Not all feedback is helpful. A good mentor will deliver feedback in a way that helps their mentee gain insight to further develop specific qualities or skills. For example, a good mentor will always ask for permission to give feedback before doing so. Giving unwelcome feedback can be harmful to any mentoring relationship. Instead, explain what you'd like to talk about first and highlight the benefits of doing this.

10) Acknowledge achievements

Highlight for your mentee any abilities and achievements they might have forgotten, to help build their confidence. Remember to celebrate their successes on your mentoring journey too.

11) Offer your advice, but only if your mentee asks for it

It can be very tempting to jump in and offer advice before a mentee has asked for it, especially when you've dealt with a similar situation yourself. Be a sounding board, allow your mentees to discuss the situation with you, ask them questions to draw out the consequences of various actions and reach their own conclusions. This is always more empowering than advising them what to do. It helps them to learn to think through issues themselves.

12) Build skills for the long-term

Act as if you are going to mentor forever so that it is easier to find long-term ways to achieve aims.

Being a mentor takes practice and patience. The more you work with given mentees, the more you'll learn about them and at the same time about yourself — how well you explain ideas and whether you're able to provide a vision that motivates others, and so on.

Finally, remember that being a mentor is a two-way process and is likely to be as rewarding an experience for you as it will be for your mentees. If you keep your eyes and ears open, you may be surprised by how much you learn from them too!

7.3 Creating adaptations

Many groups have made adaptations of *Stepping Stones*. For example, it has been adapted for:

- Different countries, cultures and languages e.g. Cambodia and Ecuador.
- Different peer groups: e.g. sex workers and same-sex couples.
- Different issues: e.g. post-conflict peace and prosperity.
- Different contexts: e.g. military and schools.

We encourage you to adapt individual exercises to make them more enjoyable and tailored to the group and context, as long as they achieve the aims of the exercise.

If you are planning to adapt *Stepping Stones with Children* in a way that changes the structure, number of sessions or sequence, we strongly encourage you to get in contact with the Salamander Trust at enquiries@steppingstonesfeedback.org or via the website contact page so that we can share with you our experience with other adaptations.

The adaptations which work well are those which keep the essential *Stepping Stones* components, while remaining flexible in detailed content. It is essential that the positive, respectful, non-stigmatizing language and the principles and key ideas in *Stepping Stones with Children* (see Chapter 2) are kept.

ACORD developed *Implementing Stepping Stones: A Practical Guide for Implementer, Planners and Policy Makers* in 2007, which included how to make adaptations. This is available from the Salamander Trust (enquiries@salamandertrust.net). The Salamander Trust is in the process (in 2017) of developing a revised, updated guide on how to make adaptations to include current challenges. We encourage you to share your experiences and adaptations in the community of practice.

7.4 Sustainability

The *Stepping Stones* process often mobilizes participants to **share what they have learned** with other members of the community and new communities. Simple print handouts for *Stepping Stones with Children* in English are available on the Stepping Stones website (<http://steppingstonesfeedback.org/resources/stepping-stones-children/>).

These can help participants to recall and share their knowledge accurately. Radio or video programmes and local drama linked to key topics will draw attention to, reinforce and generate further discussion in the community.

The **films** made by caregivers and children after the *Stepping Stones with Children* workshops are very relevant and motivating for community audiences. (DVDs distributed with manuals or on <http://tinyurl.com/StStwCDar>).

The experience in Tanzania is that groups may continue to meet, and may get involved in local advocacy and other activities. Perhaps you can support them by including funding and support for community participants in your plans for the project. You might also revisit the communities at regular intervals. For example, six months after the workshops have follow-up meetings with participants to see how things are going. (This meeting was part of our overall evaluation: see <http://steppingstonesfeedback.org/resources/stepping-stones-children/> for free

downloads about this). Provide what support you can to the groups for fundraising, development, advocacy, training and additional *Stepping Stones* work.

Developing local partnerships with community leaders, local leaders and bodies and services is a key way to sustain the programme and reach more people with its benefits. In *Stepping Stones with Children*, health providers, teachers and people from income generating programmes are invited to participate, in Sessions 15, 17 and 29.

Stepping Stones and *Stepping Stones Plus* can support adolescent and adult men and women in their own lives. You might also like to be trained to facilitate this programme yourself.

Stepping Stones with Children can support teachers and health staff in their own lives and their work and outreach to the community. It can lead to the provision of complementary services.

It is good also to support trained facilitators to form or join a national network of *Stepping Stones* trainers, so they can keep in touch with the network throughout their working lives.

Partnerships build credibility and community support and strengthen commitment to advocacy demands, for example, to stop violent punishment. Partnerships also support integration of services and sustainability of progress.

What local partnerships do you plan to develop or establish?

7.5 Scaling up

When a programme has been shown to work well on a small scale, people are keen to scale it up to reach more people. Scale up of *Stepping Stones* has been achieved in a number of ways, including:

- *Stepping Stones* was piloted in the Gambia with high quality research by the UK Medical Research Council. The evidence of clear benefits such as a reduction in gender-based violence resulted in the government putting resources into scaling it up nationally.
- Training trainers from different countries together led to in-country and regional adaptations and training of facilitators by international NGOs such as Plan, the International HIV/AIDS Alliance, and IPPF.
- ActionAid also adapted the programme for use in different countries in sub-Saharan Africa and India.
- In Uganda, Baron Oron set up NESSA, the Network of Stepping Stones Approaches.
- People shared their appreciation for the unique characteristics of the *Stepping Stones* approach — there is 'nothing like it'. Positive reports, reviews, and word of mouth praise all helped to spread its use in an organic way locally, nationally and internationally.

- A randomized control trial of an adapted version of the programme, conducted by the South African Medical Research Council, established that the programme reduced intimate partner violence. This formal evidence base led to further interest amongst donors and NGOs.
- Feedback on the experience of using *Stepping Stones* in articles, at global meetings and through the community of practice, has inspired others to adapt and use it around the world.

What ways might you scale up the use of Stepping Stones with Children?

7.6 Investment

The scale up of effective *Stepping Stones* programmes requires a major investment of resources. Donors, NGOs and communities need to be sure that this is a good use of scarce resources.

Evaluation that provides statistical evidence of the value of *Stepping Stones with Children* for public health outcomes requires a large sample and expert researchers. This is costly and it may be difficult to attribute social changes to *Stepping Stones* and to guarantee that they will be the same in different settings.

Evaluations using participatory qualitative methods checked against data from practical quantitative methods are grounded in reality, and if they are the same in a large number of sites, they provide strong evidence that *Stepping Stones* is effective. For example, perhaps you can gather 'before' and 'after' clinical data such as CD4 counts for the children who take part in your workshops and compare them with similar children who did not take part. See our policy brief on Monitoring and Evaluation for more information about evaluation methodologies. (<http://steppingstonesfeedback.org/resources/stepping-stones-children/>).

How will you encourage donors, your organization and communities to invest resources in Stepping Stones?

Stepping Stones with Children is a work in progress and we hope that users will share their achievements and challenges and what worked well for them in the *Stepping Stones with Children* community of practice.

Annex A: TIPS FOR USING ACTIVE LEARNING METHODS IN STEPPING STONES WITH CHILDREN WORKSHOPS

'Learning by doing' is very different from the 'top-down' approach of being told how to behave! You will use this method throughout the training to enable the trainees to learn well, and they in turn will use it when running *Stepping Stones with Children* workshops with community members. We hope that both trainers and trainee facilitators will become role models for this appreciative, curious and involving approach, as we learn how to apply these approaches in our own lives.

During the training you should demonstrate activities, rather than only talking about how to do them. Make the activity lively and get everyone doing it. Divide into smaller groups or pairs if people are shy. It is better to have all participants doing active pair work than having one person doing a presentation.

Using drawings and diagrams

Making drawings and diagrams helps people to share and add to their knowledge, to analyse their situation, to plan and to act. It also enables participants to create images which they can take home as reminders of what they learned. There are lots of places in the manual where drawings and diagrams are used.

Look out for exercises which use the drawings at the back of the manual from pages 420-436. You could photocopy these and hand them out, laminate them and pass them around the group, or enlarge them and stick them up. You could adapt and redraw them to suit your community.

If participants are making their own drawings, some tips are:

- ✓ You may wish to invite participants to draw pictures whenever you think that it will engage them and make things clearer. Many children love to draw.
- ✓ Explain that drawings do not have to be 'good' or of a high standard as the creators can explain what they mean.
- ✓ If you have paper, use felt tip pens, crayons or coloured pencils.
- ✗ Do not use markers because they are costly and give off harmful fumes.
- ✓ You could also draw on the ground with a stick (use leaves, seeds, stones or sticks to mark different places or to score) or on the blackboard or walls with chalk.
- ✓ For drawing or making diagrams in groups encourage everyone to contribute, and have lots of pens/chalks/sticks to share around.

Using role play

In a role play, people act out a particular situation. They may act as someone like themselves or play the role of another person. There is no written script and the focus is on what happens in the interaction, not how well people 'perform' or act.

In *Stepping Stones with Children* we use role play to:

- Give a basis for discussion.

- Show a good way of doing something; for example, a virtue in action, a way of communicating.
- Practise skills and increase confidence; for example, being assertive.
- Rehearse for reality in the future; for example, using positive discipline.
- Show a situation and explore it; for example, why we behave as we do.
- Find ways of dealing with difficult situations; for example, someone tries to abuse you sexually.
- Express feelings openly and see how others feel; for example, say how you feel about being beaten.
- Get inside other people's shoes and see how things feel from their side; for example, females role play males and vice versa.

Having the facilitators demonstrate something through role play at the start of an exercise can work well, particularly for 5-8 year olds. For example, in Exercise 2.4, one facilitator acts the lower brain with big feelings and the other acts the upper brain and calms the lower brain down.

Some tips for using role plays effectively:

- ✗ Do not introduce completely new role plays outside the aim of the exercise or directions in the manual. They take longer and confuse things.
- ✗ Do not tell participants the details of what to act in role plays. The idea is that they tell a story or act a role play related to the topic, based on the experiences of 'people like us'. Then it is based on their own situation and we can see the reality for them.
- ✓ Involve everyone, either as actors or as observers.
- ✓ Explain what the role play is about and ask people to volunteer for roles.
- ✓ Encourage those who have not acted in a role play yet.
- ✗ Do *not* select people according to your judgement of their character in real life; for example, don't say, '*You are very shy so you will fit this role*'. We want people to experience new roles.
- ✓ Tell the participants how long their play should be. The best role plays are fairly short, not more than 5 minutes at the most.
- ✓ Tell the observers what to look for in the role play by giving them the questions in the exercise.
- ✓ Start in pairs or small groups with a few observers to build confidence.
- ✓ Encourage people to get into the role they are playing. If they are playing a new character, have people ask them questions about themselves to help them get into that person's shoes. If they are playing themselves in a new situation, they should respond as honestly as possible to that situation.
- ✓ If participants are acting a role play or story for the group, set up a clear 'stage' so that everyone can see and hear the performance well and engage with it.
- ✓ Trainers and facilitators need to stand away from the stage.
- ✓ Ask the actors to speak loudly and clearly and face those watching them as best as they can, so people can see their expressions and hear what they say.

- ✓ Help the role players to stay focused and explore the situation fully. Most role plays come to a natural pause.
- ✓ When each role play ends, give each of the actors an opportunity to express their feelings about the characters and situations they portrayed. Then ask them to shed their characters and return to themselves by removing any props, saying their real names and something about themselves.
- ✓ Some participants may laugh when a role play shows bad things happening; take care that people are not hurt: bad things may have happened to them. Remember too that we are not bad people but our behaviour may be bad.
- ✓ Process each role play straight after it is acted when it is fresh in people's minds. Then move on to the next role play.
- ✓ Talk about the role play positively in ways that increase the self-esteem of the players, especially if they have been brave enough to practise new skills and deal with a difficult situation. Analyse the role play using the questions in the exercise. Ask what people learned from the experience, and its relevance to their lives. Contribute information and skills as necessary.

Using mind maps

You can use mind mapping to: record feedback about an idea; take notes and analyse a discussion; get some ideas from or across to a group; summarize a discussion. Page 4 of the manual gives an example of a mind map. The steps to create one are:

1. Put a key question, word or symbol (explain what it means) in the middle of the paper.
2. Ask a question about the centre word. For each item or idea from the group ask if it is new and separate, or related to one already on the map.
3. Join each new item to the centre point with a line. Join related ones together.
4. Use symbols to value the contributions of those who have low literacy.

Mind map so that everyone feels that their ideas have been heard, that they are part of the different stories being told. For example, when the group is talking about love in Session 8, there is no single meaning but it is useful to write up everyone's meanings and the words and associations they have.

Using ability spotting and the ability necklaces

Ability spotting first appears in Exercise 1.7 of the manual, when participants also make their necklaces. The method is based on the idea that our identity is created by the stories others hear about us. We ask each other about times when we did something we feel proud of, that we did well. As we tell our story, the listener spots abilities, skills and virtues. Often the storyteller is surprised when the listener spots an ability because they had not realized they have it. But it is there within the story. The listener writes or draws the ability on a small square of paper, describes it to the storyteller and explains why they are acknowledging it. The person puts their square onto a string to make a necklace and keeps it as a resource for the future.

Facilitators can help people to value their ability necklaces and encourage them to bring them to every session.

We start ability spotting in Session 1 because it encourages people who find it difficult to talk or think of any story they are proud of to recognize their abilities. You can spot abilities and virtues even if they say they have no story they are proud of: for example, that they have shown courage by being in the workshop.

Linking abilities with virtues

Sometimes the stories show pride in a behaviour that hurt another person, or put the storyteller at risk, or where the pride covers up negative feelings such as shame and guilt. In such cases we can recognize their abilities and virtues but help them to think about how this affects themselves and others and suggest that they might use them in a different way. For example, if a child was proud of how he paid for his siblings' school fees by stealing, we can first recognize the abilities and virtues he shows in doing so, but also ask him about how he might prefer to raise the money and the pros and cons of the different possibilities. See Exercise 29.6.

Using storytelling

There are different ways of using the stories in the manual. For example, read the story aloud and then discuss it; or read it once and invite people to act or mime the story as you read it again; or draw pictures of the different scenes or the feelings of the characters. You might tell the story in the way that it is written and then retell it so that the abilities and strengths of the characters come out more.

You may wish to create your own stories for a specific age, gender or cultural group — for example, if a story in the manual is about a boy, create one with the same aim featuring a girl. Be sure to still include the point of the story. For example, in Exercise 2.5, the point is that the girl uses the 'brain in hand' model to calm down, so this must also feature in any story that you tell.

If people tell stories about something difficult, such as death, respond to each one in a positive way and with empathy. Do not just move onto the next one.

Using puppets and toy figures

Puppets and toy characters are very helpful in discussing sensitive or embarrassing issues such as death or sex because they are a separate character from the person using it. Children also love to use them. Have some with you ready to use if participants become very shy about discussing something. You can make simple puppets from locally available materials, such as card or cloth. Or use toys such as dolls or animal models. You can bring them to life by moving them, giving them a voice, making them dance and so on.

Using songs

Singing and dance can be a fun way to energize everyone. You can also use songs to empower people, overcome shyness and help people remember the sessions and share them with others. Make up songs or use local tunes with new words about

topics. Collect a list of relevant songs with their words. For example, for exercises about dreaming there is:

*Happy, happy talking, happy talk
Talk about things you like to do
You've got to have a dream, if you don't have a dream
How you going to have a dream come true?*

And to reduce shyness and empower children to say no to unwanted touches there is:

*These are my private parts, private parts, private parts x 2
(touch breasts, buttocks and genitals)
And nobody should touch them*

Enabling mindfulness and relaxation

In the manual we use activities involving physical movement, energizers and games, song and dance, breathing, guided visualization and meditation. Mindfulness helps us to connect and be more aware of our minds, our thoughts and our bodies. This helps us to deal with challenging issues. You can introduce short mindfulness activities to energize or relax participants as you like. For example, if participants are getting sleepy introduce a hopping game where everyone hops and then balances on one foot. Or if participants are becoming irritable, use a relaxation method such as all lying down and listening to sounds.

Emphasize and explain the breathing part of meditation. Read the exact words in the guidance, translated or simplified if necessary. Participants do not answer questions aloud during the guidance, they answer them in their heads.

Games

Play a game where participants spell words with their waists or with all parts of their bodies. Make the words relevant to the session. For example, love, rights, gender.

Throw a ball to someone in the circle who has to say one thing they learned from the previous session and throw the ball to someone else.

Innovate with the games in the manual. For example, in Exercise 4.1 Joined pairs, do a task (for example, taking a sock off) together first without talking. Then swap pairs and do a task with talking. Ask: 'What is the difference between doing the task with no talking and talking?' In Exercise 20.2 The pairing game, blindfold people and ask them to move about making the noise of their animal. They find their partner by listening for the sound their animal makes.

Films

The *Stepping Stones with Children* manual is accompanied by a DVD, which has on it the films listed below and a handbook. If you have internet, you can also access

them on the links shown below or on the *Stepping Stones* website. Show them to participants during the exercises listed below or in the evening before the exercise.

You can also access a short summary of all the films on the *Stepping Stones* website (<http://steppingstonesfeedback.org/resources/stepping-stones-children/>).

0. To access all the *Stepping Stones with Children* films:

<http://tinyurl.com/StStwCDar>

- | | |
|--------------------------|--|
| 1. Animated film | Short synopsis of the <i>Stepping Stones with Children</i> programme. |
| 2. Children First | Interviews with the facilitators, caregivers and children who attended <i>Stepping Stones with Children</i> , examples of exercises from the workshop and how the workshops support communities affected by HIV. |

The Participatory Films

Films made by adults

- | | |
|------------------------------|---|
| 3. Shall We Tell Him? | This film is about telling a child that they have HIV.
https://vimeo.com/124240371 |
|------------------------------|---|

Exercise 13.5 for children

Exercise 13.6, 13.7 and 13.8 for caregivers

- | | |
|-------------------|--|
| 4. Volcano | This film is about how to understand and manage strong emotions in the family related to HIV and how the <i>Stepping Stones with Children</i> workshop can help us.
https://vimeo.com/124233442 |
|-------------------|--|

Exercise 11.2 Volcano, for caregivers and children

Films made by children 9-15 years

- | | |
|-----------------------------|--|
| 5. Give Her a Chance | This film is about how a brother supports his sister to go back to school. https://vimeo.com/124224950 |
|-----------------------------|--|

Exercise 4.2 Justice

Exercise 17.2 Supporting children in attending school

- | | |
|------------------------------|--|
| 6. Out on The Streets | Children interview other children and their caregivers who have completed the <i>Stepping Stones with Children</i> training. https://vimeo.com/124228065 |
|------------------------------|--|

Introduction

Film made by children 5-8 years

- | | |
|--------------------|---|
| 7. Kigodoro | Kigodoro is a night dance party that involves sexy dancing, stripping, alcohol and drug use. Children |
|--------------------|---|

attending these parties are at risk of sexual abuse. A boy and his teacher educate his classmates about the dangers of Kigodoro. <https://vimeo.com/124222006>

Exercise 22.6 Protecting each other from pornography

Exercise 26.1 Unsafe situations

Annex B: FORMATS AND HANDOUTS FOR CHAPTERS 3, 4, 5 AND 6

FORMAT 3.1 INDICATORS FOR TRAINERS ON FACILITATOR SKILLS

Name of trainer: _____ **Name of facilitator:** _____ **Exercise:** _____ **Peer group:** _____ **Date:** _____

INDICATORS FOR OBSERVING FACILITATOR SKILLS	INDICATORS FOR OBSERVING PARTICIPANT RESPONSES	SCORE 1: poor 2: moderate 3: good
Use of the manual		
Gives directions from the manual clearly for the peer group and makes sure that participants understand	Participants work smoothly, with focus and remain on the right track	
Adapts and uses the active learning methods described in the manual effectively to suit peer group	Participants engage correctly with interest and enjoyment in the methods from the manual	
Contributes accurate information from the manual in their own words as and when appropriate	Participants listen with interest and understanding to the information from the manual	
Facilitation skills		
Works well with partner with equal sharing of roles, respect and mutual support (Mutual agreement so no contradictions during presentation, mutual sharing of tasks so no overlap of activities and mutual respect to ensure good role-modelling of team work so no dominating behaviour over the other)	Participants show that they feel comfortable with both facilitators and their interaction. Participants interact with both facilitators equally	
Listens actively and responds appropriately	Participants show satisfaction with appreciative words and discuss controversial issues with new perspectives	
Encourages reflection and new perspectives using helpful questions, e.g. open, probing and circular	Participants respond with well thought out contributions to helpful questions	
Supports participants to arrive at learning points and conclusions linked to exercise objectives	Participants share what they have learned and agree on conclusions linked to exercise objectives	
Guides participants to reflect on norms (e.g. gender, culture), virtues, behaviours (taking medicines correctly) and choices (e.g. whether to have sex or not)	Participants reflect on norms, virtues, behaviours and choices	
Adaptation and innovation		
Adapts learning activities (e.g. stories) to suit group whilst remaining faithful to message and objectives	Participants engage in learning activities with enjoyment and understanding	
Adapts language to suit group and gives additional support to some if necessary	Participants demonstrate ability to communicate comfortably in the training language	

Uses level of literacy, including no literacy, that is comfortable for the group and encourages members to support each other	Participants able to manage reading and writing required, or without reading and writing	
Facilitator introduces and talks about sensitive topics in a way that enables participants to engage with them	Participants engage in discussion about sensitive topics and accept feelings that may arise such as embarrassment	
Time		
Keeps to times indicated, but remains mindful of participant concentration and concludes topics smoothly before moving onto next	Participants remain confident of the flow of activities	
Is confident and starts exercises immediately with prepared materials	Participants remain happy with management of time	
Keeps focus and keeps things moving	Participants remain focused and on track	
Asks participants to volunteer as timekeepers	Timekeepers take role seriously	
Group dynamics		
Encourages everyone to participate actively	All participants from all social groups, including those with disabilities, actively engage in exercises	
Shows empathy for feelings and then soothes participant when needed	Participants who show strong feelings such as sadness or anger are supported and taken care of	
Helps participants to become co-leaders in the group	Participants actively engage in exercises and take responsibility for their success	
Understands and manages confidentiality	Participants act in a way that protects their own confidentiality and that of others and demonstrate confidence that confidential issues will be kept as such	
Reminds participants of ground rules, virtues and equality	Participants keep to ground rules and practise virtues and equality	
Appreciates the strengths of all participants and gives constructive feedback	Participants appreciate their own and others' strengths and show enthusiasm and energy	

Comments:

HANDOUT 3.2 FOR TRAINEES ON FACILITATOR SKILLS

Name of trainer: _____ **Name of facilitator:** _____ **Exercise:** _____ **Peer group:** _____ **Date:** _____

INDICATORS FOR OBSERVING FACILITATOR SKILLS	INDICATORS FOR OBSERVING PARTICIPANT RESPONSES
Use of the manual	
Gives directions from the manual clearly for the peer group and makes sure that participants understand	Participants work smoothly, with focus and remain on the right track
Adapts and uses the active learning methods described in the manual effectively to suit peer group	Participants engage correctly with interest and enjoyment in the methods from the manual
Contributes accurate information from the manual in their own words as and when appropriate	Participants listen with interest and understanding to the information from the manual
Facilitation skills	
Works well with partner with equal sharing of roles, respect and mutual support (Mutual agreement so no contradictions during presentation, mutual sharing of tasks so no overlap of activities and mutual respect to ensure good role-modelling of team work so no dominating behaviour over the other)	Participants show that they feel comfortable with both facilitators and their interaction. Participants interact with both facilitators equally
Listens actively and responds appropriately	Participants show satisfaction with appreciative words and discuss controversial issues with new perspectives
Encourages reflection and new perspectives using helpful questions, e.g. open, probing and circular	Participants respond with well thought out contributions to helpful questions
Supports participants to arrive at learning points and conclusions linked to exercise objectives	Participants share what they have learned and agree on conclusions linked to exercise objectives
Guides participants to reflect on norms (e.g. gender, culture), virtues, behaviours (taking medicines correctly) and choices (e.g. whether to have sex or not)	Participants reflect on norms, virtues, behaviours and choices
Adaptation and innovation	
Adapts learning activities (e.g. stories) to suit group whilst remaining faithful to message and objectives	Participants engage in learning activities with enjoyment and understanding
Adapts language to suit group and gives additional support to some if necessary	Participants demonstrate ability to communicate comfortably in the training language
Uses level of literacy, including no literacy, that is comfortable for the group and encourages members to support each other	Participants able to manage reading and writing required, or without reading and writing
Facilitator introduces and talks about sensitive topics in a way that enables participants to engage with them	Participants engage in discussion about sensitive topics and accept feelings that may arise such as embarrassment

Time	
Keeps to times indicated, but remains mindful of participant concentration and concludes topics smoothly before moving onto next	Participants remain confident of the flow of activities
Is confident and starts exercises immediately with prepared materials	Participants remain happy with management of time
Keeps focus and keeps things moving	Participants remain focused and on track
Asks participants to volunteer as timekeepers	Timekeepers take role seriously
Group dynamics	
Encourages everyone to participate actively	All participants from all social groups, including those with disabilities, actively engage in exercises
Shows empathy for feelings and then soothes participant when needed	Participants who show strong feelings such as sadness or anger are supported and taken care of
Helps participants to become co-leaders in the group	Participants actively engage in exercises and take responsibility for their success
Understands and manages confidentiality	Participants act in a way that protects their own confidentiality and that of others and demonstrate confidence that confidential issues will be kept as such
Reminds participants of ground rules, virtues and equality	Participants keep to ground rules and practise virtues and equality
Appreciates the strengths of all participants and gives constructive feedback	Participants appreciate their own and others' strengths and show enthusiasm and energy

FORMAT 4.1 PRE-TRAINING ASSESSMENT SURVEY

Name:

Country:

Organization:

Date:

1. Your training and implementation experience

Tick or highlight or type your answers as applicable

	Regarding this programme, have you:				
	Had training in this?	Trained facilitators or trainers?	Implemented in the community?	Used with children aged 9-14?	Used with children aged 5-8?
PROGRAMMES					
<i>Stepping Stones</i>	As a participant As a facilitator As a trainer	Facilitators Trainers	Yes No	Yes No	Yes No
<i>Stepping Stones Plus</i>	As a participant As a facilitator As a trainer	Facilitators Trainers	Yes No	Yes No	Yes No
<i>Stepping Stones Karamoja</i> (for peace and prosperity)	As a participant As a facilitator As a trainer	Facilitators Trainers	Yes No	Yes No	Yes No
Other <i>Stepping Stones</i> adaptations	As a participant As a facilitator As a trainer	Facilitators Trainers	Yes No	Yes No	Yes No
<i>The Journey of Life</i> (REPSSI)	As a participant As a facilitator As a trainer	Facilitators Trainers	Yes No	Yes No	Yes No
<i>The Tree of life</i> (REPSSI)	As a participant As a facilitator As a trainer	Facilitators Trainers	Yes No	Yes No	Yes No
SKILLS AREAS: topics	Regarding this topic, have you:				
	Had training in this?	Trained facilitators or trainers?	Used these skills or topics in the community?	Used with children aged 9-14?	Used with children aged 5-8?

Facilitation skills	Yes	Facilitators	Yes	Yes	Yes
	No	Trainers	No	No	No
Training skills	Yes	Facilitators	Yes	Yes	Yes
	No	Trainers	No	No	No
Using active learning methods, e.g. drawing, role play, storytelling	Yes	Facilitators	Yes	Yes	Yes
	No	Trainers	No	No	No
Resilience	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
How the brain works and develops in children	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Gender	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Children's rights	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Assertiveness	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Caregiver-child relationships	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Positive discipline	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
How to support children through bereavement	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
HIV transmission and effects on the body	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No

HIV testing and talking about having HIV	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Living well with HIV	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Using HIV services	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Alcohol and drug use	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Puberty	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Sexual relationships	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Coping with sexual feelings	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Pornography	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Delaying sexual debut and stopping having sex	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Condoms	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Children by choice – early pregnancy	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Preventing sexual abuse	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No

Supporting survivors of sexual abuse	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No
Livelihoods and children	As a participant	Facilitators	Yes	Yes	Yes
	As a facilitator				
	As a trainer	Trainers	No	No	No

2. Your strengths and training needs

What are your 3 key strengths in areas of **knowledge**?

- 1.
- 2.
- 3.

What are your 3 priority training needs in areas of knowledge?

- 1.
- 2.
- 3.

What are your 3 key strengths in **attitudes**?

- 1.
- 2.
- 3.

What are your 3 priority training needs in attitudes?

- 1.
- 2.
- 3.

What are your 3 key strengths in **skills**?

- 1.
- 2.
- 3.

What are your 3 priority training needs in skills?

- 1.
- 2.
- 3.

FORMAT 4.2 PRE-TRAINING INDIVIDUAL ASSESSMENT SUMMARY

Name:

Organization:

Topics	Have you been trained in?	Have you trained others?	Have you used in community with:		
			Adults?	9-14 years?	5-8 years?
<i>Stepping Stones</i>					
<i>Stepping Stones & Stepping Stones Plus</i>					
<i>Stepping Stones Karamoja (for peace and prosperity)</i>					
Other <i>Stepping Stones</i> adaptations					
REPSSI Journey of Life					
REPSSI Tree of Life					
Facilitation skills					
Training skills					
Active learning methods					
Resilience					
Using our brains					
Gender					
Children's rights					
Assertiveness					
Caregiver – child relationships					
Positive discipline					
Bereavement					
HIV transmission					
HIV test/talking about HIV					
Living with HIV					
HIV services					
Alcohol and drugs					
Puberty					
Sex relationships					
Sexual feelings					
Pornography					
Sexual debut					
Condoms					
Children by choice					
Protection from child sex abuse					
Supporting survivors					
Work & income					

What are your 3 key strengths in **knowledge**?
What are your 3 priority training needs in knowledge?

What are your 3 key strengths in **attitudes**?
What are your 3 priority training needs in attitudes?

What are your 3 key strengths in **skills**?
What are your 3 priority training needs in skills?

FORMAT 4.3 GROUP SUMMARY PRE-TRAINING ASSESSMENT SURVEY

Names of organizations (Total number of trainees):

	Number trained	Number who have trained others	Number who facilitated in community	Number who facilitated 9-14 years	Number who facilitated 5-8 years
<i>Stepping Stones Adaptations</i>					
<i>Stepping Stones & Stepping Stones Plus</i>					
<i>Stepping Stones Karamoja</i> (for peace and prosperity)					
Other <i>Stepping Stones</i> adaptations					
REPSSI <i>Journey of Life</i>					
REPSSI <i>Tree of Life</i>					
Facilitation skills					
Training skills					
Active learning methods					
Resilience					
Using our brains					
Gender					
Children's rights					
Assertiveness					
Caregiver & child relations					
Positive discipline					
Bereavement					
HIV transmission					
HIV test and talking about HIV					
Living well HIV					
HIV services					
Alcohol and drugs					
Puberty					
Sexual relationships					
Sexual feelings					
Pornography					
Sexual debut					
Condoms					
Children by choice					

Protecting children from sexual abuse					
Supporting survivors of abuse					
Work & livelihoods					
Column totals					
Analysis	% trained in Stepping Stones. Rank all topics according to numbers trained.	% who have trained others in Stepping Stones. % who have trained others in other topics.	% who have trained over 15s to adults in Stepping Stones. % who have trained in other topics.	% who have facilitated topics with 9-14 year olds. Rank all topics according to numbers trained.	% who have facilitated topics with 5-8 year olds. Rank all topics according to numbers trained.

FORMAT 4.4 SURVEY OF EXERCISES YOU FEEL ARE ESSENTIAL TO BE TRAINED IN AT THE *STEPPING STONES WITH CHILDREN* WORKSHOP

Dear participant,

You should receive your copy of the *Stepping Stones with Children* manual shortly. As you will see, we have a lot of material to cover in two weeks. The manual will give you the opportunity to read through the introduction, sessions and exercises and start to familiarize yourself with the package. We appreciate that it is a long manual and you may not have time to read it thoroughly. However, if you have some idea of the content of the manual when you arrive at the workshop it will help to you to dive straight into the training activities.

I have attached a format to help you to identify the exercises that you feel are essential for you to be trained in and practise.

From the training assessment survey, we learnt that some session topics are new to people and we will spend more time on those. In other sessions, some exercises and methodologies may be new. We will practise all the various methodologies used in the manual at least once.

As you are reading through the manual session by session, please use the format attached to indicate the exercises you feel are essential for you to be trained in and your preferred peer group to practise with for each exercise. Many thanks and looking forward to meeting you,

FORMAT 4.4 SURVEY OF EXERCISES YOU FEEL ARE ESSENTIAL TO BE TRAINED IN

Name:

Organization:

Session: Mark session with * ***High support needed **Moderate support needed *Little support needed	Please write the numbers of exercises you feel are essential to be trained in for each session (2 maximum or say whole session)	Your preferred peer group for practising this exercise
1. Getting started		
2. Using our brains		
3. Gender and sexuality		
4. Children's rights		
5. Tree of life		
6. Assertiveness		
7. All about virtues		
8. The power of love		
9. Bringing out the best in each other		
10. Coping with loss and the tree of love		
11. Understanding death & coping with our feelings		
12. All about HIV		
13. HIV testing and talking about having HIV		
14. Living well with HIV		
15. Partners in health		
16. Friendship		
17. Going to school		

18. Alcohol and drugs		
19. Puberty		
20. Relationship sex and love		
21. Sexual feelings and safety		
22. Pornography		
23. Delaying sexual debut		
24. All about condoms		
25. Children by choice		
26. Protecting each other from sexual abuse		
27. Supporting survivors of sexual abuse		
28. Learning and contributing through work		
29. Livelihoods		

FORMAT 4.5 TIMING OF SESSIONS AND COMING TOGETHER OF PEER GROUPS

Session	Hours caregivers	Hours (age 9-14)	Hours (age 5-8)	Maximum hours
1. Getting started	6	6	6	6
2. Using our brains <i>Additional exercise.</i>	5.15 45 mins	5.15 45 mins	5.15	6
3. Gender & sex	3.5	3.5	3.5	3.5
4. Children's rights	3.25	3.25	3.25	3.25
5. The tree of life <i>Peer groups all come together in the second and third exercise.</i>	3	3	3	3
6. How to be assertive	3.5	3.5	3.5	3.5
7. All about virtues	4	4	4	4
8. The power of love <i>Peer groups all come together at the end for the last exercise.</i>	3.5	3.5	3.5	3.5
9. Bringing out the best in each other <i>Children and caregivers come together to share the 'We' statements. Additional exercise.</i>	4 1	4 1	4	5
10. Coping with loss and tree of love <i>Children and caregivers come together to make a forest out of their trees of love.</i>	4	4	4	4
11. Understanding death and coping with our feelings	4	4	4	4
12. All about HIV Use questions from anonymous question box.	4	4	4	4
13. Testing and talking about HIV Exercises for caregivers only. Use questions from anonymous question box.	3.5 2.5	3.5	3.5	6
14. Living well with HIV	5.5	5.5	5.5	5.5
15. Partnerships in health care <i>Peer groups and health workers come together to share in the last exercise.</i>	5.0 1.5	5.0 1.5	5.0 1.5	5.0 1.5
Part 2				
16. Friendship	3.5	3.5	3.5	3.5
17. Going to school	3	3	3	3

<i>All peer groups and teachers come together at the end to share their dreams.</i>	1	1	1	1
18. Managing alcohol and other drugs <i>Additional exercise.</i> Encourage children and caregivers to share pictures?	3.5 1	3.5 1	3.5 1	3.5 1
19. When we are growing up Use anonymous question box. <i>Homework: child asking caregiver questions, caregiver giving child opportunity to talk.</i> <i>Additional exercises.</i> <i>Peer groups come together for growing up with HIV.</i>	5.5 3	5.5 3	5.5 3	8.5 3
20. Relationships, love and sexuality <i>Additional exercises.</i>	2.5 2	2.5 2	2.5	4.5
21. Our sexual feelings and sexual safety Use anonymous question box.	3.5	3.5	2.5	3.5
22. Pornography	4.5	4.5	3.0	4.5
23. Delaying starting, and stopping having sex	4.5	4.5	3.5	4.5
24. All about condoms Use anonymous question box.	4	4	2.5	4
25. Children by choice not chance Use anonymous question box. <i>Caregivers and children come together with the parents with HIV and their baby.</i>	5.5	5.5	5.5	5.5
26. Protecting each other from sexual abuse <i>Homework could be done by caregiver and child together.</i>	4	4	4	4
27. Supporting survivors of sexual abuse <i>Caregivers and children 9-14 come together in exercise 27.4.</i> <i>They are joined by 5-8s in the closing circle.</i>	4.5-5	4.5-5	3.5-4	4.5-5
28. Learning and contributing through work <i>All peer groups come together to share their mind maps and calendars. Then share in caregiver/child pairs.</i>	3.5	3.5	3.5	3.5
29. Livelihoods Invite local economic organizations to attend session. <i>Children and caregivers get together for the last exercise and closing circle.</i>	6.5	6.5	6.5	6.5

FORMAT 4.6 SAMPLE OF EXERCISE SHEETS FOR FACILITATORS AND TRAINERS

Trainee group: 18: Managing alcohol and other drugs Date:		
<i>Exercise</i>	<i>Time</i>	<i>Trainee facilitator pairs</i>
18.1 Exploring drug use	30	
18.2 Do what I do, not what I say	10	
18.3 Supporting ourselves in taking control	20	
18.4 Supporting others in taking control	30	
18.5 Drug use in the household	30	
Total minutes	120	
Trainers: _____ Peer group: _____		

Trainee Group:		19: When we are growing up	Date:
<i>Exercise</i>	<i>Time</i>	<i>Trainee facilitator pairs</i>	
19.1 Physical changes in puberty	15		
19.2 Our sexual and reproductive organs	30		
19.3 Social and behavioural changes in puberty	20		
19.4 Finding and giving support during puberty	20		
19.5 Managing menstruation	20		
19.6 All about wet dreams	15		
<i>Additional exercises</i>			
19.7 Growing up with HIV	10	Trainer describes, discussion	
19.8 Male circumcision	10	Trainer describes, discussion	
19.9 Female genital cutting	10	Trainer describes, discussion	
Total minutes	135		
Trainers:		Peer group:	

Trainee Group:		20: Relationships, love and sexuality	Date:
<i>Exercise</i>	<i>Time</i>	<i>Facilitators</i>	
20.1 Friendships between boys and girls	20	Names of trainee facilitators	
20.2 The pairing game	10		
20.3 Love, sexual feelings, and having sex	25		
<i>Additional exercises for children aged 9–14 years and caregivers only</i>			
20.4 Early marriage	10	Trainer describes, discussion	
20.5 An ideal long-term loving relationship	10	Trainer describes, discussion	
20.6 Love between people of the same sex	10	Trainer describes, discussion	
Total Minutes	85		
Trainers:		Peer group:	

HANDOUT 5.1 HOW TO PREPARE AN EXERCISE

REMEMBER: ADAPT THE AIMS, LANGUAGE, STEPS AND ACTIVITIES FOR YOUR PEER GROUP. You will use different language and activities for 5-8 year olds than for caregivers. The manual is written for trainers. It is your job to adapt it for your peer group.

1. Plan the exercise with your co-facilitator. Write the plan in your notebooks.
2. Read the whole exercise carefully, thinking about the peer group's characteristics; their age, mix of genders, level of literacy, language and culture. Look out for directions that apply to your peer group.
3. Go back to the aims of the exercise; do you need to tailor or focus them for this peer group? If so write them down.
4. Pay attention to:
 - Any special information, including that related to the safety umbrella and evaluation frog.
 - Boxes giving information for facilitators.
 - The steps of the exercise, looking out for specific directions for your peer group or related to different genders.
5. Consider how this exercise connects with the previous one, and the previous sessions.
6. Ask yourselves:
 - What language will you use? Will everyone understand it? Write down difficult words and put simpler or friendlier words next to them. Write down information, instructions, stories and questions in the language you will use with the peer group.
 - What information is relevant and appropriate for this peer group?
 - Is this activity suitable? How will you adjust it for this peer group?
 - Do you need to adapt this story or role play or game? How will you ensure that it gives the same message and achieves the aims?
 - What local examples will you give?
 - What questions will you ask?
 - How will you find out what people have learned?
 - How will you conclude the exercise?
7. Think about how you will facilitate the exercise in the time given.
8. Gather the materials you need.
9. Divide the tasks between you.
10. Do any individual preparation.
11. Meet and check everything is ready.
12. Identify possible challenges and decide how you will manage them.
13. Rehearse the exercise together and make improvements if necessary.
14. When actually facilitating the exercise point out where you are cutting out steps to save time, if necessary.
15. You are now ready to facilitate the exercise with your peer group. Enjoy!

HANDOUT 5.2 WAYS TO SHORTEN THE TIME TAKEN FOR EXERCISES

REMEMBER that when facilitating the exercises with the community for real we need to use all the exercises as in the manual. *All the exercises are important, whether we practise them in this training or not!* We are only shortening them because we need to make time to think about, discuss and practise skills. Here are some ways to learn without doing all the exercises in full:

1. Facilitate trainees to engage with the learning activity **enough to practise it and see how it works** rather than processing it as if it is for real.
2. For example:
 - Ask for one role play from the girls group and one from the boys group rather than performing them all.
 - When you process the role plays, take two or three points rather than all the possible points.
 - Have people work on one statement or situation rather than several.
 - Demonstrate how to make things — for example, the volcano — rather than have everyone make one.
3. Divide the peer group into **two groups** — maybe by gender — and have one facilitator work with each group. Ask them to share in a structured way. This will save time and also allow both facilitators to get experience simultaneously and work with their own gender.
4. **Leave out a step** or steps if they are not essential — e.g. repeating a skill that has already been practised.
5. If there are options, **select one option** — ideally an unfamiliar method that suits the peer group.
6. **Give people information** when appropriate rather than drawing out their own knowledge every time. For example, get answers from one or two participants and add information from the facilitator information boxes.
7. Keep your focus on enhancing skills using the **particular approach of *Stepping Stones*** and **move** things along at an appropriate pace.
8. If some participants have not finished, suggest they complete their assignment **after the session**.

HOW TO USE FORMAT 6.1 CHECKLIST ASSESSMENT: SUMMARY OF INDIVIDUAL'S SKILLS BY PEER GROUP

At the end of the training, trainers sort the filled in checklists by trainee names and then sort each name into the three peer groups. They then summarize each trainee's score by peer group using FORMAT 6.1.

Steps

1. Fill in the trainee's name, organization, peer group and date.
2. Write all the exercise numbers recorded for this peer group in date order in the 2nd row.
3. Tick the assessment under each exercise. Add up the total number of excellent, good, needs more support and other and record under 'Total number of times'.
4. For each exercise add up the total number of 1 scores and multiply by 2. Then add on the total number of 2 scores for the total score. e.g.
Number of 1 scores = $1 \times 2 = 2$
Number of 2 scores = 3
Total score = 5
Remember that the higher the score, the more support the trainee needs. Trainees who score all 3s will get O, which is the best score.
Low score (0-20): good
Medium score (21-50): moderate
High score (>50): needs improvement
5. Fill in the scores for each skill theme in the checklist under each exercise.
6. Look at scores for this trainee's scores in relation to this peer group. Look at progress over time.
7. Insert the information from this format into FORMAT 6.3.

FORMAT 6.1 CHECKLIST ASSESSMENT: SUMMARY OF INDIVIDUAL'S SKILLS BY PEER GROUP

Name of trainee:

Organization:

Peer Group:

Date:

	Exercise numbers												
e.g	1.1	2.4	4.2	7.4	10.3	13.5	16.3	19.2	22.1	25.6	28.4	Total no. of times	Comment
Excellent facilitation													
Good facilitation													
Needs more support													
Other													
Total number:													
	Number of times scoring 1s and 2s. Multiply 1s by 2 = total number												

1. Using the manual													
2. Facilitation skills													
3. Adaptation/ Innovation													
4. Time													
5. Group dynamics													
Total number													
c. Comments about person's work with this age group Indicate +ve or -ve													Insert the information from this format into FORMAT 6.2
d. Other comments Indicate +ve or -ve													

FORMAT 6.2 END OF WORKSHOP FEEDBACK FORM

We would appreciate it if you could complete this feedback form. It will help us to strengthen our workshops and the use of the *Stepping Stones with Children* materials. We can also share your feedback with our funder. Please feel free to use as much space as you need in completing it.

A. ACHIEVING THE AIMS AND OUTCOMES OF THE WORKSHOP

Please tick to show the answer that best describes how you feel.

1. I feel I am able to:

Facilitate a *Stepping Stones with Children* workshop in the community *with support**

	4 - Not yet	3 - Quite well	2 - Well	1 - Very well
Caregivers				
9-14 years				
5-8 years				

*This could be co-facilitating with a recommended facilitator for the peer group or a mentor

Facilitate a *Stepping Stones with Children* workshop in the community

	4 - Not yet	3 - Quite well	2 - Well	1 - Very well
Caregivers				
9-14 years				
5-8 years				

Train others to facilitate *Stepping Stones with Children* workshops in the community

	4 - Not yet	3 - Quite well	2 - Well	1 - Very well
Caregivers				
9-14 years				
5-8 years				

2. I have the ability to:

Explain to my colleagues the purpose of *Stepping Stones with Children* and how the process works (Circle your answer)

3 - Quite well	2 - Well	1 - Very well
----------------	----------	---------------

Explain to my colleagues the principles of *Stepping Stones* and *Stepping Stones with Children* and why they are important

3 - Quite well	2 - Well	1 - Very well
----------------	----------	---------------

Explain to my colleagues, using the manual, the sessions and exercises of *Stepping Stones with Children*

3 - Quite well	2 - Well	1 - Very well
----------------	----------	---------------

Explain to my colleagues how to protect children from harm during the workshop

3 - Quite well	2 - Well	1 - Very well
----------------	----------	---------------

3. I feel I need the following additional **training** to facilitate *Stepping Stones with Children* well in the community:

4. I feel I need the following additional **experience** to facilitate *Stepping Stones with Children* well in the community:

5. I need the following **training and experience** to **train** others to use *Stepping Stones with Children*:

B. CHANGES FOLLOWING THE WORKSHOP

1. What **personal** changes, if any, have you experienced as a result of this training?

2. What changes, if any, do you think you will make **in your life** as a result of these personal changes?

3. What **professional** changes, if any, have you experienced as a result of this training?
4. How do you think you will use these professional changes **in your work**?

C. THE WORKSHOP PROCESS

1. What did you enjoy most about the workshop process?
2. What did you enjoy least about the workshop process?
3. What are your suggestions for improving the workshop process?

D. THE *STEPPING STONES WITH CHILDREN* MANUAL

1. What do you like about the *Stepping Stones with Children* manual?
2. We are not able to make changes in the manual unless it is reprinted. However, we can share additional educational materials on the *Stepping Stones* website to support trainers and facilitators using the *Stepping Stones with Children* manual.

Are there any additional education materials that you would like to see which would:

- a) Strengthen the knowledge of people using the manual?
- b) Strengthen the skills of users of the manual?
- c) Make it easier for people to use the manual?
- d) Anything else?

E. USING YOUR LEARNING FROM THE TRAINING

1. How do you plan to use your learning from this training in the coming year?

FORMAT 6.3 FINAL ASSESSMENT OF TRAINEES

Name: _____

Organization: _____

Country: _____

	5-8 Years	9-14 Years	Caregivers	Additional information
From 6.1: Checklist summary score (low is good)				For example, small number of exercises recorded.
From 6.2: Feedback summary score (low is good)				For example, feedback on training and experience needs.
Decision: - Facilitator - Assistant facilitator - More skills needed				For example, when discrepancy between checklist and feedback, reasons for decision.

Annex C: SUGGESTIONS FOR 5-8 YEAR OLDS

See 'Tips on working with children' *Stepping Stones with Children* manual pages 16-17. This Annex gives some suggestions that worked well in the training for facilitating the 5-8 year olds.

Exercise 2.1 Our changing brains

Ask: 'What does the brain look like?' Ask participants to draw a head on pieces of paper and then draw what they think the brain looks like inside it. Ask: 'What different parts does the brain have?'

Compare their drawings with the enlarged picture on page 420 in the manual.

Exercise 2.10 Me and we

Divide into two groups, one for each friend, each with a facilitator.

Ask:

- 'How is this friend feeling? What has made him/her feel this way?'
- 'What would you do if you were this friend?'
- 'How can the two make up and become friends again?'

Invite children to act another scene where the two become friends again.

Skip Step 8.

Exercise 2.11 Circles of the mind

This is a short exercise to add something more about the brain – about its different parts and how it links to the river of wellbeing.

Ask participants to jump on two legs. Now hop on one leg. This is not so easy because the legs support each other. We are designed to walk on two legs. Our brains have three parts and they are also designed to work together.

Ask: 'What type of work do we do at home?' (For example, fetch water, polish shoes, fetch firewood, cook.)

'How many stones are there in the cooking fire?' Three. Show a big picture of three stones on cooking fire.

Ask: 'What would happen if one stone was removed or very small?' The pot would topple over. It is the same with the brain. The brain has three systems. They all need to be working well for us to be in our river of wellbeing. We will look at each system in turn.

Label and explain the **protection** stone. Put a picture on it to show what it does. Invite the participants to add more pictures.

1) The **protection** system is in the lower brain.

What happens if something or someone attacks our home?

We run, fight, freeze or try to calm them down or meet their demands in some way. Our heart beats faster and more energy goes to our muscles.

2) The **achievement** system is in the upper brain.

We feel good and proud if we help our caregiver and she praises us or we do well at school. This motivates us to work harder and do even better.

3) The **kindness** system is in the upper brain.

The upper brain works hard to stay on the hub. We make good decisions, stay calm and connect with others. This system soothes us and helps us to soothe other people.

Our three-stone hub, all working together, turns us from 'me' to 'we'.

You could ask people to do short role plays to show protection, achievement and soothing as you focus on each stone.

Explain that we do not have three separate brains, the systems work together through chemical messengers called hormones.

Exercise 3.2 Being a boy, being a girl ...

Ask girls and boys in separate groups to complete both sentences and then share the first one and then the second one in their groups. Draw or write answers to 1 and 2 on flipchart.

Ask: 'Which wishes are to do with sex and which to do with gender?' Underline the sex roles.

If people feel happy to share their sentences with the other gender, bring them together and share. What are the similarities and differences between the groups?

Ask: 'How could we change gender roles?'

Exercise 3.3 Checking our beliefs

Think of statements that raise important questions of fairness between boys and girls in your community. For example:

Outside and inside tasks should be shared fairly between boys and girls.

It just as important for girls to go to school as boys.

Ask: 'What effect does this have on our lives?'

Ask participants to go to the 'agree', 'disagree' and 'don't know' corner that shows what they *really* think rather than following others. This is not a competition, just a way to help us to talk about gender and fairness and listen to each other so we understand better.

Conclude that sharing gender roles and working together brings about the virtues of fairness and respect.

Exercise 6.3 Making 'I' statements

The 'I' statement shows the virtue of respect. Caregivers need to respect children and children to respect adults. We all earn respect from our behaviour.

'When you shout at me I feel unhappy and scared. I would love it if you could explain to me what I did wrong and how I could do it better.'

Introduce basic information about HIV in the story of Dabwiso as appropriate.

Exercise 7.6 Using language to lift us up

Make drawings of faces with feelings on pieces of paper. For example, shame, guilt, embarrassment, sadness, happiness and confidence. Put them in the middle.

In pairs, children think of a 'put down' statement and a kind statement. In the circle, each pair calls out their 'put down' and the group puts the picture of the feeling this causes in the middle. The pair call out their kind statement and the group change the feeling.

Exercise 13.2 Talking about HIV, trust and confidentiality

In fours, ask children to do a role play showing the importance of keeping things secret when people ask you to.

- Ask half of the small groups to do role plays where a secret is not kept.
- Ask half to do role plays where the secret is kept.

Ask one group from each set to show their role play. Discuss what happens.

Ask which virtues will help us to support those of us living with HIV.

Exercise 15.7 Having a blood test or injection

Start with a role play of a scared boy or girl going for an injection and his caregiver helping him to stay on his hub ('Connect and redirect').

Exercise 25.4 Taking responsibility for our actions

Make sure that children understand the idea of the Five Point Plan. Ask them to choose a situation where something went wrong and think about the five steps in the plan.

Teach the children how to play hopscotch. Make five squares on the ground and mark each square with a step in the Five Point Plan. Use easy words (for example, acknowledge = admit, accept, own up or fess up).

Invite the first child to stand on one leg on the first square (acknowledge) and say: 'I admit that I laughed at my brother and didn't help him when he was hurt.' He or she then throws a stone to next square, hops to it and says: 'I accept that he hit me because I hurt his feelings.' And so on for each step.

Annex D: TALKING ABOUT SEXUALITY

Most of us are not used to talking about sexuality with 5-8 year olds. In this Annex, we aim to provide some suggestions in different exercises based on the training of facilitators in *Stepping Stones with Children*. Keep a notebook to record your own experiences in talking about sexuality and reproductive health with 5-8 year olds. What worked well and what did not work so well and why? Meet with your colleagues and share your experiences.

Exercise 3.1 The difference between sex and gender

We are going to talk about the differences between males and females.

(Don't say the word 'sex' until later.)

Sing the song 'Head and shoulders, knees and toes, knees and toes' together with people touching the places as they are mentioned.

Ask: 'What parts of our bodies are missing in this song?' (Chest, tummy, genitals or 'private parts'.)

Ask: 'When a baby is born, how do we know whether it is a girl or a boy?' We look at its private parts. Girls have a hole — the vagina — between their legs. Boys have a penis and grow balls.

'Thinking about our brothers or sisters, what are the differences between them when a boy and a girl reach the age of about 13 or 14?' Girls get breasts and wider hips; in boys the penis and balls grow bigger, they get hair on the face and lower voices.

'What are the differences in mummies and daddies?' Mummies get pregnant and give birth, and breastfeed babies. Daddies get together with mummies to make a baby. A woman and man are both needed to create a baby.

Show the pictures of a woman and man with no clothes on and a pregnant woman on pages 425 and 423.

*'These are physical things in males and females that we can see. We call this their **sex**. This is not a rude word. "Sex" can also mean the way that mummies and daddies get close and show their love for each other and make a baby. We will learn more about that in future sessions.'*

Continue with exercise, moving on to gender.

Exercise 6.2 What is love?

The way that we can understand the virtue of love is to describe what we say, do and feel when we practise love. In this exercise, we will talk about how caregivers and children show love to each other. Later in the workshop we will talk about how mummies and daddies show love to each other.

If you are crying and your caregiver hugs you, this shows love. Kissing on the cheeks or lips shows love between children and others. Mummies and daddies may

show love by kissing for longer with open mouths — this kind of kissing is for older people like our caregivers.

If people bring up the idea of love as 'bad manners' (sex), help them to understand that caregivers, family members and friends can love each other without having anything to do with sex.

Exercise 12.2 What is HIV and how do children get it?

The most common way that HIV is shared is during sexual intercourse. Most children will know this because it is widely messaged and talked about. It is important to include sex as a route of transmission in this exercise but there is no need to go into details about vaginal fluid and semen at this point because all the peer groups will learn about it in later sessions.

See how much children know from their questions in the anonymous question box.

Ask children to discuss in pairs how they think people get HIV. Share their ideas in the group. If they talk about sex, find out what they know about it and explain it in a simple way. If not, say that HIV can be shared when a man and woman get close to each other and make love like mummies and daddies do. Say that some children get HIV through older people having sex with them. This is sexual abuse and is wrong.

Ask them why they think people treat people with HIV badly. If they say because they do 'bad manners' or something to do with sex, talk about how it is normal and good for human beings (and animals) when they grow up to form pairs and enjoy sex with each other. This increases their love and helps them to stay together and enables them to have children. Without sex, we would not be here. It is unfortunate that HIV can be shared in this way too but having sex is not to blame.

Then tell participants that there are different ways in which HIV is shared between people and that they will learn more about how in later sessions.

Exercise 12.4 How does HIV get around the community?

This game is helpful for 5-8 year olds because it shows that people have the power to reduce the spread of HIV by behaving in a responsible and caring way. We could ask them to act as if they are older and make it simpler by just having them shaking hands or refusing to shake hands to simulate having sex as described in 12.4 but adapted as below.

They should have learnt about sex in a simple way in 12.2. The first time you play the game, tell everyone to do as they are told and shake hands with one person each round. Count how many have been in contact with HIV as in the manual. The second time you play it, they can decide whether to shake or refuse to shake hands. Count up the number of people who are in contact with HIV again.

Read and follow the instructions carefully.

1) Calculate from the HIV prevalence in your area how many people should have a paper with a cross. Do **not** just give out lots of crosses.

- 2) Insist that people do not look at their paper.
- 3) Ask people to shake hands with *one* person in the first, second and third round. The idea is **not** to shake as many hands as possible.
- 4) Count the difference in numbers between the first time they play the game and the second time.

People may laugh at all the people who are in contact with HIV in the game. This may be a way of dealing with fear or signify stigma. Gently ask them how it makes them feel and how they are showing their feelings.

Exercise 19.2 Our sexual and reproductive organs

Female organs

Ask girls: 'When you have a bath, what do you see between your legs? What do we call those parts?'

Ask: 'What do each of these parts do now at your age?'

'What do they do when you get older?'

Explain that females have three holes between the legs: 1) in front for urinating; 2) in the middle for monthly blood, for daddy to put seeds into mummy to make a baby, and for giving birth; and 3) in the back for pooing out waste.

If anyone touches you down there, you should tell someone you trust about what they are doing (unless the person touching you is your caregiver or a health worker and it is when they are taking care of you). We will learn how to protect ourselves from sexual abuse later in the workshop.

Exercise 19.3 Social and behavioural changes during puberty

Ask children: 'What changes do you see happening in the behaviour and social lives of children around you as they get older and reach puberty?' Do a few role plays and talk about the changes in a positive way.

Exercise 19.5 Managing menstruation

It's good to start talking about menstruation with girls and boys in the 5-8 year groups. (You could involve them in making sanitary towels.)

Girls start to bleed from the middle hole between their legs every month after they reach puberty. If the egg from a female and a seed from a male join together inside the bag in mummy's tummy they make a baby. The baby lives and grows inside the Mummy's bag for nine months. Then it is born, when the mummy pushes it out through her middle hole. If she is not pregnant, every month the egg journeys from her egg bag along a tube to her baby bag. Every month mummy makes a soft, comfy lining in her bag in case mummy and daddy get together and make a baby. If the baby does not come, the mummy cleans out the bag and prepares a new one, just like you would if you were expecting visitors but they did not show up. The

lining comes out of the mummy from the middle hole between her legs as blood. The mummy wears a pad like a baby wears a nappy so she keeps herself clean.

Exercise 20.1 Friendships between boys and girls

Talk about virtues and being a good friend in this exercise. Remind people about the session on friendship and how we show friendship. Do not bring up the topic of sex unless the children do.

Exercise 20.3 Love, sexual feelings and having sex

Ask the children how they show love to their caregiver and how their caregiver shows love to them. How do friends show love to each other? Show the mind map from Session 8, Exercise 2 for your peer group to remind them.

Talk about love between mummies and daddies. How do they show their love for each other? Talk about the love that older siblings might show to boyfriends or girlfriends. How do they show their love for each other?

They show love in the same way as friends and family. But they also have another way of showing love, called sexual love.

Sexual love between mummies and daddies and boyfriends and girlfriends makes the two people feel excited if they touch each other, especially on their breasts, mouths and sexual organs. For example, kissing on the mouth with their mouths open. They want to get as close as they can to each other. We call these sexual feelings. They are natural. They are good when the two people practise their virtues of caring, kindness and responsibility.

Love between friends, for example, hugging, also feels good but it does not involve touching sexual organs and does not lead to sexual excitement.

Exercises 20.4 Early marriage, and 20.5 An ideal long-term loving relationship

A number of trainers believe that an adapted version of 'Early marriage' and 'An ideal long-term loving relationship' is important for 5-8 year olds. Discuss this with your colleagues and caregivers, adapt the exercises together and try them out.

Exercise 21.1 Managing sexual feelings

Say: 'Even babies feel pleasure when their genitals are touched. As we grow up we may find that it feels nice to touch our genitals. When we reach puberty, these sexual feelings can get stronger, especially if we are hugging or touching someone we like a lot.'

An older person may try to make us feel sexy by touching our genitals. This is called sexual abuse and we should tell them to stop.'

Say: 'Just because we feel sexy, it doesn't mean that we should have sex. How can people of our age manage these feelings?'

If this is difficult, you might talk about how they think that their older brothers and sisters can manage their sexual feelings.

Exercise 22.2 Asking questions about pornography

Leave out step 4.

For those who have heard of porn, you could ask if children like them watch it and if they say 'yes', do the fingers up game (step 3) to see what their experience of porn is and what they think about it.

Children may feel ashamed, curious, guilty, scared or excited about watching porn. Many will say that only bad people watch it, although these may well be their caregivers, relatives, older siblings or teachers. They may say that there is nothing good about it or that you can learn to do sex from it.

Exercise 22.3 Is it legal, is it right?

Trainers thought that this exercise would be helpful for 5-8 year olds because it tells them about the law, the harm pornography can do to children and how it relates to virtues.

You could show them the film made by children of their age group, called 'Kigodoro'.

Exercise 23.1 Why do children start having sex?

Do not be judgemental about children having sex, for example, by saying 'Are children supposed to have sex?' — because then no-one will talk about the reality of sex for people of their age.

If children talk about sexual abuse, ask them to draw pictures of the kind of people who abuse people like them.

Exercise 23.2 Advantages and disadvantages of starting, delaying and stopping having sex

It is important to talk about the disadvantages of delaying sex and the advantages of starting sex from the point of view of children and caregivers. This can uncover the reasons why some children have sex in spite of the risks.

For example:

- They may not get support with money, material goods or food.
- They do not have a boy or girl friend and feel unpopular.
- They miss the intimacy of sexual activity.
- They miss being hugged by their caregivers in a loving, non-sexual way.
- Their caregivers complain that they are not catering for their own needs.

Discuss whether these disadvantages and advantages are real and whether the negative effects of starting sex early outweigh the positive points raised.

Exercise 24.1 What are condoms?

Say: 'Who has heard something about condoms?' 'Where do we see them?' On TV, at the clinic, in shops and road adverts. Condoms are closed tubes made of rubber for grown-up men and women to use in sexual relationships to protect themselves from pregnancy, HIV and diseases.

Take the condom out of the packet and show the group. Say: 'We should not play with used condoms because they can give us infections, including HIV.' Ask: 'Where are used condoms found?'

Exercise 25.2 How do people make babies?

Remind the children of Exercise 19.2 where we learn about the sexual and reproductive organs in females and males. Ask: 'Who is needed to make a baby?' A mummy and a daddy. Which parts of a mummy make a baby? The eggs in mummy's tummy. Which parts of a daddy make a baby? The seeds in daddy's balls.

'How do the egg and sperm meet?' The daddy puts his penis in mummy's vagina and squirts out the fluid called sperm with the seeds in it. The seeds have tails like tadpoles and they race each other to get to the egg. The champion sperm goes inside the egg and the egg and seed start to make a baby.

'Where does the tiny baby stay?' In the bag in mummy's tummy. You remember in Exercise 19.5 how the mummy makes the bag cosy each month in case a baby arrives? Now the baby has arrived, she stops having periods.

'How big is a baby when it comes out of mummy's tummy?' Ask people to show how big a newborn baby is with their hands.

'What does it eat in the bag?' Food through a tube from mummy's bag into the baby's tummy. (Explain the belly button.) 'How does the baby get out of the mummy?' The bag opens up and the mummy pushes out the baby between her legs in childbirth.

'If the mummy has HIV, will it go to the baby?' If the mummy gets treatment at the clinic and has her baby at the health centre, so the baby can get treatment too, the baby has a tiny chance of getting HIV — only one baby in 100 births with mummies who have HIV.

Some men and women have trouble making a baby. For example, the man may have weak seeds or the woman may have a block in the tube going to her bag so that her egg can't reach the bag. We can increase our chances of making a healthy baby by protecting each other from diseases shared through sex, getting fast treatment for these diseases and avoiding pregnancies before we are 18 years old. We can protect ourselves by delaying sex until we are adults and able to enjoy it happily, healthily and safely.

Exercise 26.3 Good and bad touches

Ask: 'What caring touches do we get at home? What touches don't we like?' Use puppets to show different kinds of touching. Choose or adapt situations relevant to the group. In pairs of two males or of two females ask people to decide which touch is caring and which is sexual or confusing. How do these touches make people feel?

Exercise 27.2 Signs of sexual abuse and supporting children in talking about it.

Ask: 'How can we know if a friend of ours is being abused?'

Annex E: SUPPORTING A DISTRESSED CHILD

Many of us are afraid that if we talk to children about distressing things, they will cry and we won't be able to comfort them. We may also have been brought up not to show strong feelings, to control ourselves. We now know that it helps us to express our feelings, to cry when we feel sad or happy, to shout or punch a cushion when we feel angry and to laugh with joy. Our brains tell us to express ourselves because this helps us to release our feelings and feel better, and helps others to understand how we are feeling and what we need.

Our fear of making children cry is often related to our fear of expressing our own feelings. If we can nurture an attitude that crying is a normal helpful response to emotion and accept it in the group with compassion, it will not need to be a dramatic event to be avoided if possible. However, sometimes a child may be very distressed and need more support to get back on their hubs.

In *Stepping Stones with Children* there are many exercises that help us and our participants to express and understand our feelings and to link them up with our thoughts in a positive way so they do not overwhelm us. See b) Dealing with difficult situations.

The following steps are intended to give an overview of how to support a distressed child or caregiver. But remember that each situation is different. You may have your own good way of handling a distressed child or adult based on your intuition and experience.

1. Make sure that the child is in a safe place, and that they cannot run away into danger.
2. Stay calm yourself.
3. Ask yourself: 'Does the child seem to want to stay with the group or have some time away from the group, perhaps with a particular person?'
4. Ask: 'Who is best placed to comfort the child — is the child drawn to a particular person?' This might be a peer, a facilitator, a counsellor or support person or their caregiver.
5. Often peers from the group have experienced the same feelings — they may move to comfort their peer. Encourage their kindness and compassion.
6. Connect with the child by:

Communicating comfort: get down to the child's eye level, giving them a loving touch, a nod of the head, an empathetic look; this often calms the child down.

Validate their feelings; for example, say 'I can see that you are feeling sad; it's OK to feel that way. It helps to have a good cry'.

Stop talking and start listening; don't try to cheer them up or stop them crying. Stay in the moment and listen and look for the meaning and emotions that the child is communicating.

Reflect what you hear, so the child knows you have heard them; this is comforting.

7. When the child has calmed down enough to talk and listen, help her or him to tell their story. Listen carefully.
8. Recognize and build on the child's strengths, praise her or him for showing courage, love or other abilities and virtues.
9. Show the child care and love.
10. Encourage the child to join the group activities to the extent that they feel comfortable. They may want to watch rather than participate or play with a toy or look at a book.
11. Keep your eye on the child as the day goes on and give support where needed.
12. Ask the child whether they would like to talk to their caregiver about what happened or whether they would like you to talk to the caregiver about it, perhaps with the child present. Respect their feelings if they prefer to keep it confidential.