

# *Stepping Stones* and young people: seeking cross-sectoral positive outcomes in social norms change *lessons from around the world*

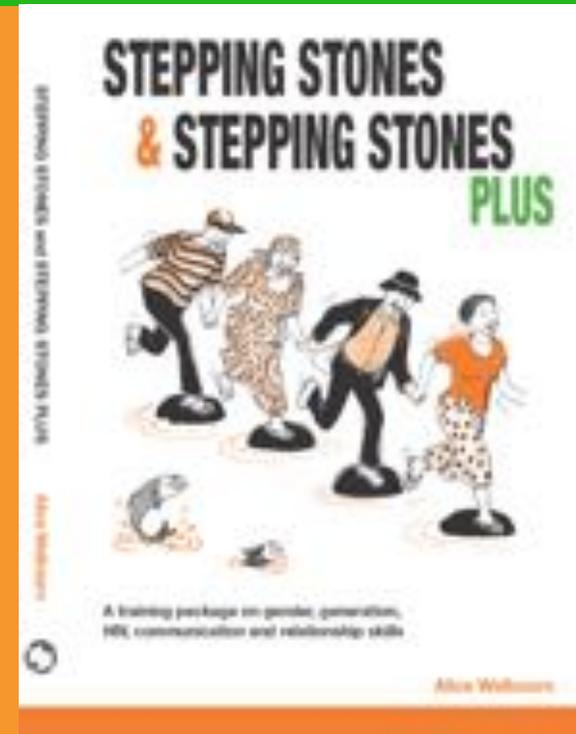


With thanks to all those involved in *Stepping Stones* around the world, especially, for this presentation:

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Positive Youth Development | Webinar | 7 September 2017



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In this pdf, the original presentation showed the left hand images on the screen (odd pages).

What you see on the right hand image was the commentary, related to the image on its left (even pages).

If you don't see these in the right order, go to the View menu, top left of the pdf, and chose Page Display and then Two Page View.

Then both related slides should appear alongside each other.

If you want to see an image in more detail, you can zoom in to do so.

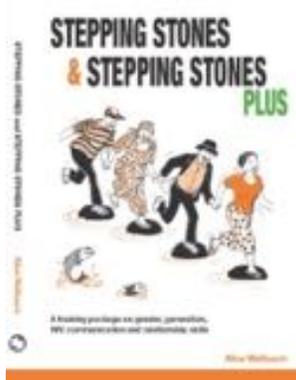
# Salamander's life-cycle approach



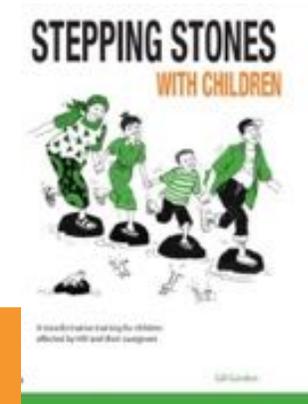
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**4M+**

4M+ peer-mentoring programme  
– led by & for women living with  
HIV on the pregnancy journey



*Stepping Stones & Stepping  
Stones Plus: young people ca. 15  
years upwards & adults*



*Stepping Stones with Children:  
5-8s, 9-14s, and their caregivers*

So, I'd like to start by explaining a bit about my organisation, Salamander Trust, and our life cycle approach to the training programmes that we have. In the picture in the middle above you'll see a drawing drawn by women in Zimbabwe in the mid '90s, showing a wife being beaten by her husband, who was chasing her away with the children they had had together. And in response to this, we take a life cycle approach, recognising that violence against children, if they experience that growing up, means that they may also become perpetrators or recipients of violence as teenagers and as adults. So we have our 4M+ project, which is peer mentoring training, led by and for women living with HIV as they go through the pregnancy journey; and supporting them through the early years of a child's life.

Then we also have our new *Stepping Stones with Children* programme, designed for use with orphans and other vulnerable children, aged 5-14 and their caregivers. I talked about this in a webinar earlier this year.

Then we also have the original *Stepping Stones* and the wholly revised and updated version of this, *Stepping Stones & Stepping Stones Plus*, which is for around 15 year olds and upwards, including adults, which I am going to be talking about today.

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**Violence Against Children → Violence Against Women.** (Guedes et al 2016, Namy et al 2017)

# WHAT IS *STEPPING STONES*?

- A highly **interactive** training process; used for over 2 decades worldwide
- Addresses **gender**, inter-**generational** & human **rights** issues in context of HIV
- Facilitates community members to explore issues in **peer groups** and collectively share their views and arrive at important **changes**
- 1993-1995 - Original *Stepping Stones* developed and published in rural **Uganda**  
This included teenage and adult men and women
- 2008 - *Stepping Stones Plus* (SRH and HIV)
- 2014 *Stepping Stones for Peace and Prosperity* (for post-conflict settings)
- **2016 – *Stepping Stones with Children* (5-8s, 9-14s and caregivers)**
- **2016 - *Stepping Stones & Stepping Stones Plus* - wholly revised & updated (ca. 15 years upwards and adults)**

**What is *Stepping Stones*?** It's a highly interactive training process, it's been in use for over 2 decades; I was diagnosed with HIV in 1992, so I developed it in order to try to make some sense of what had happened to me, it addresses gendered, human rights issues in the context of HIV; it facilitates community members to explore issues in peer groups; and arrive at important changes; and you see there a brief history of different stages of development of the programme - and at the bottom there the 2 recent programmes I've just described.

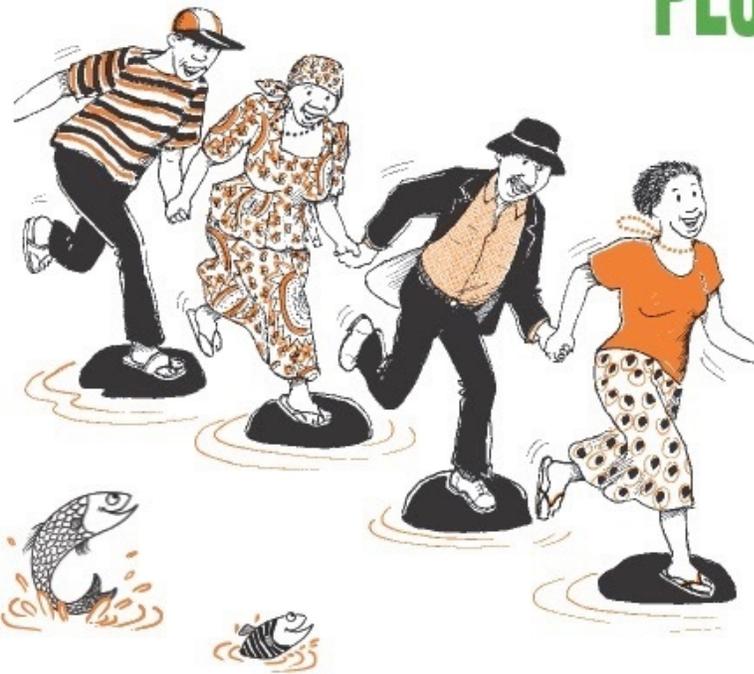
# What does *STEPPING STONES* focus on?

- Gender equality and empowerment (see Haberland 2015)  
*“Addressing gender and power should be considered a key characteristic of effective sexuality and HIV education programs”*
- Primarily focuses on activities with males and females separately  
*(found in PYD systematic review to be most effective in reducing gender inequality - ‘fission & fusion approach’)*
- Four peer groups based on gender and age (younger/older female/male):  
each led by facilitator of same gender and similar age  
*(each peer groups allows for ‘a safe place for honest discussion of sensitive issues’ - PYD)*
- All activities are based on participants’ own experiences or those of  
“someone like me”, (to provide confidentiality)  
*(enables adaptation of sessions to local context)*

**What does Stepping Stones focus on?** First of all it really focuses on gender equality and empowerment. Nicole Haberland in 2015 highlighted how important gender and power should be as key characteristics in effective sexuality and HIV education. Stepping Stones was included as one example here. It primarily focuses on activities with males and with females separately, just as the PYD systematic review found to be most effective. It has four peer groups based on gender and age. It implicitly enables individuals to explore 360 degree relationships: to think about their relationships with their own peers, and between children and their parents, as well as with sexual partners who may be older or younger than them or the same age, and secret relationships, including those between young women and sugar daddies, without overtly pointing the finger at anyone and saying 'you have to come to the workshop with your sexual partner'.

Then all activities are based on participants' own experiences, or those of 'someone like me'. I will explain more about that.

# STEPPING STONES & STEPPING STONES PLUS



A training package on gender, generation,  
HIV, communication and relationship skills

Alice Welbourn

STEPPING STONES and STEPPING STONES PLUS

Alice Welbourn



*What Works for Women*  
website:

Gray II evidence level for effectiveness,  
both in addressing violence against women and  
transforming  
gender norms.

<http://whatworksforwomen.org/>

**Jewkes et al. (2008, 2010) (S African adaptation):**

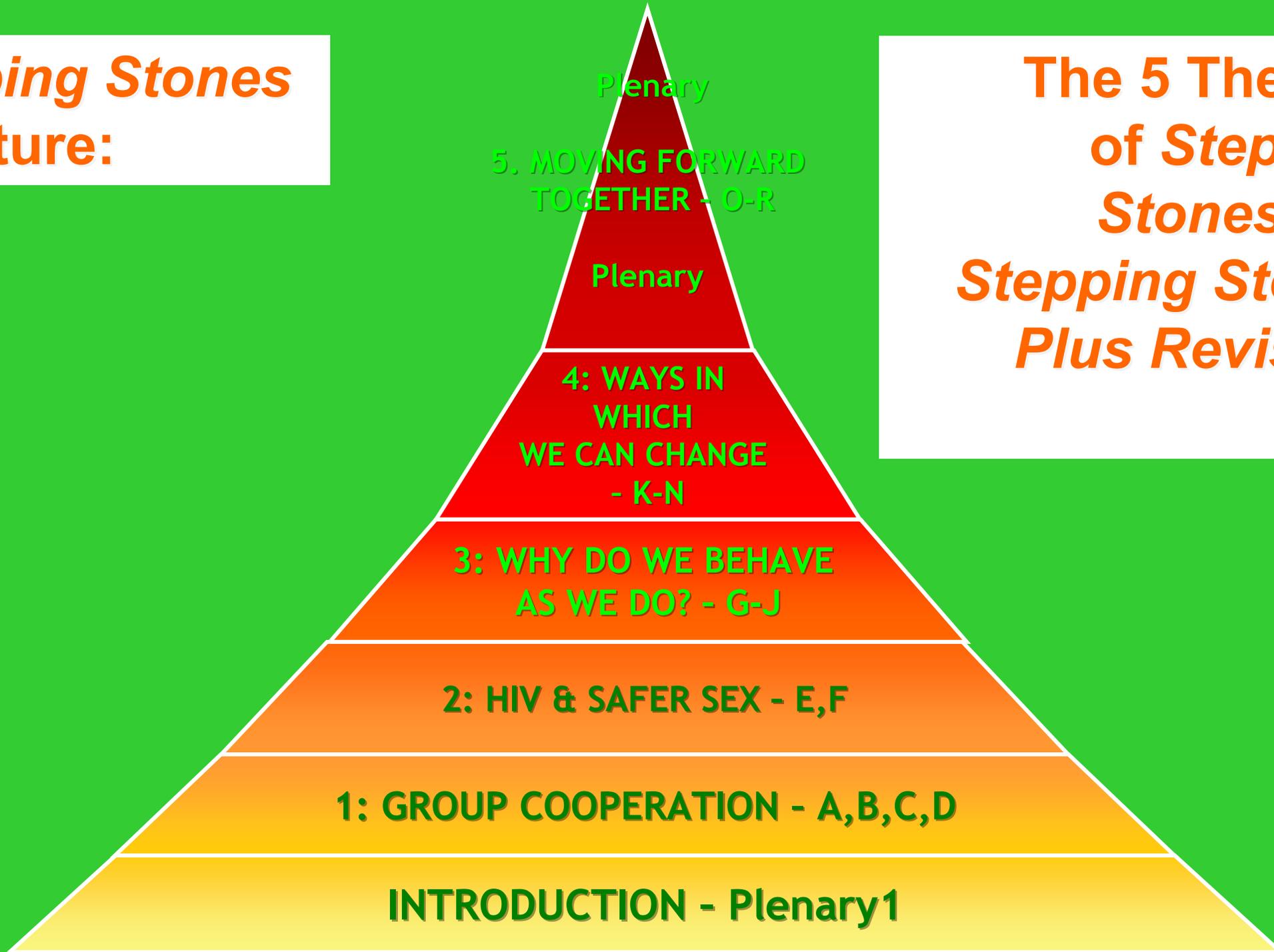
- reduced risk of herpes simplex virus 2 acquisition by one-third over two years of follow-up.
- reduced intimate partner violence by male participants, casual sex, problem drinking at 12 & 24 months.
- no statistically significant effects on HIV reduction.
- Qualitative research showed that *Stepping Stones* generally empowered participants to take control of different aspects of their lives and apply their cognitive skills, as well as to positively influence their peers.

**What formal evidence do we have?** From the 2008 RCT of the South African MRC adaptation by Rachel Jewkes and colleagues, it showed reduced risk of herpes simplex, and reduced intimate partner violence by male participants as well as reduced casual sex and problem drinking, but there were no statistically significant effects on HIV reduction. However the qualitative research showed that the programme generally empowered participants to take control of various aspects of their lives.

It doesn't entirely surprise us that the HIV reduction had no statistically significant effects because RCTs are so expensive, especially when blood tests are involved. So the RCT only worked with 2 younger peer groups of young men and young women, and no older peer groups. A publication in the Lancet in January 2017 by Oliveira et al using phylogenetic testing in South Africa illustrates how, on the whole, younger women of 17 or 18 or so are having sex with and acquiring HIV from young men about 8 years older than them. And *those* young men in turn are acquiring HIV from other women of similar age to themselves. And so basically what was probably happening in this RCT too was that because those older men really weren't there, and the younger women weren't dating young men in the young men's peer group, there weren't enough young men with HIV in the young men's peer group in the first place to show an HIV reduction. This may also explain in part the less positive results for young women's progress.

This highlights one of the challenges of relying on RCTs for this kind of research, because of their expense and the limitations of what can then be done with them. I will talk more about this later.

# Stepping Stones Structure:



# The 5 Themes of *Stepping Stones and Stepping Stones Plus Revised - 2016*

**Next, *Stepping Stones* structure.** Some people think *Stepping Stones* has no structure. That is incorrect. It is just that it's not explicit. This is on purpose because the idea is that programme facilitators and participants can work out for themselves what's going on in the story of their lives, without being told 'today you are going to learn about X, Y and Z. So it's very much a self-exploratory, experiential process.

So there is a clear progressive structure, like a staircase, or like climbing a mountain. You can't just jump in half way.

It moves forward from some basic cooperation skills and group dynamics, some basic knowledge skills around HIV, safer sex, condoms, male circumcision and so on. And then moving into WHY do we behave as we do, and critical literacy , which I will describe later. Then WAYS in which we can CHANGE – what solutions we have, what aspirations do we have. Then lastly, MOVING forward together.

# *Stepping Stones* Foundation Stones...

## ***Involvement of all stakeholders:***

- *Four*-peer group work and discussions, gender- and age-based – and emphasis on these relationships

## ***Holistic response to HIV:***

- Focus on *rights*-based sexual and reproductive health & gender issues – with *multiple positive outcomes*
- All can address their *own* most pressing issues
- *Ownership* of the process by the community

## ***Experiential learning structure:***

- Interactive discussions, role plays, diagrams
- ‘Fission and fusion’ approach
- Around *50 hours* contact time

**Facilitators as guides not teachers**

**Confidentiality**

**Positive Approach**

*Stepping Stones* has what we call some basic 'Foundation Stones' when it comes to adaptation. These include INVOLVEMENT of all stakeholders, as I've just described; HOLISTIC responses to HIV, which fits in very strongly with the PYD framework, focusing on rights-based multiple positive outcomes; so that all can address their OWN most pressing issues. This really supports OWNERSHIP and SUSTAINABILITY of the process by the community.

It's also very experiential learning, with no expectation of literacy skills; it has a 'fission and fusion' approach, which I will explain next, with around 50 hours contact time. Then we see facilitators as guides, not teachers, a stress on confidentiality which is not about *ensuring* confidentiality but about building mutual respect between different people and groups. Then all the way through we emphasise a forward-looking, assets-based, positive approach.

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This process of deep reflection connects to much deeper processes of learning and change within us than more traditional IEC materials.

**The core programme is designed to take place over 18 sessions with about 50 hours contact time. There are 5 additional optional sessions.**



# 'Fission and fusion...'

- *Safety* in peer groups
- *Sharing* across genders & generations
- *Building* bridges across identities & views
- From 'I'-dentity to *'We'-dentity*
- Creating shared *solutions*
- *Acting* together

**Fission and Fusion.** Here you have a road map on the left, describing the process. You create first of all SAFETY in those separate peer groups, based on age and gender, in those first few sessions. Then by sharing every few sessions, you are sharing across genders and generations, of different experiences and perspectives; you are building bridges between those peer groups, through shared identities and people recognising “oh we have more in common than we have different between us”; so moving from a sense of ‘I’-identity to ‘we’-identity across the community and creating shared solutions. And then finally, ACTING together.

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**Again, please note, the core programme is designed to take place over 18 sessions with about 50 hours contact time. There are 5 additional optional sessions.**

# How has *Stepping Stones* been adapted?

Many different contexts, including:

- People with disabilities (eg India)
- Pastors and Imams and their congregations (Kenya, Gambia)
- School pupils and teachers (many countries)
- NGO staff (eg Tanzania)
- People living with HIV and AIDS (eg Zimbabwe, Namibia)
- National and constituency AIDS Control Councils (Gambia..)
- Girls and boys out of school (many countries)
- Women's rights groups (many countries)
- Health staff (Mumbai)
- Drug using communities (Myanmar)
- People in prison (Morocco, India)
- University staff and students (Namibia)

**ADAPTATIONS.** Here are some examples of how *Stepping Stones* has been adapted in many different contexts and cultures and continents. You can come back to this slide later. I need to press on here.

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We welcome adaptations of this programme, provided they are done properly. We recommend strongly that you contact us for guidelines and support from experienced trainers and that the basic foundation stones highlighted in this presentation are fully observed.

**IT IS REALLY IMPORTANT TO REMEMBER THAT, AS WITH STRONG MEDICATION, THERE IS A NEED TO THINK OF THE RIGHT “DOSAGE” AND “DURATION”.**

*Stepping Stones* needs careful adaptation with guidance from experienced trainers who clearly understand the principles and structure of the original package.

Without close adherence to the integrity of the original programme, an adaptation will not achieve the desired multiple positive outcomes.

This is why we emphasise the importance of working closely with trainers recognised by the creators of the original programme.

# Evaluations

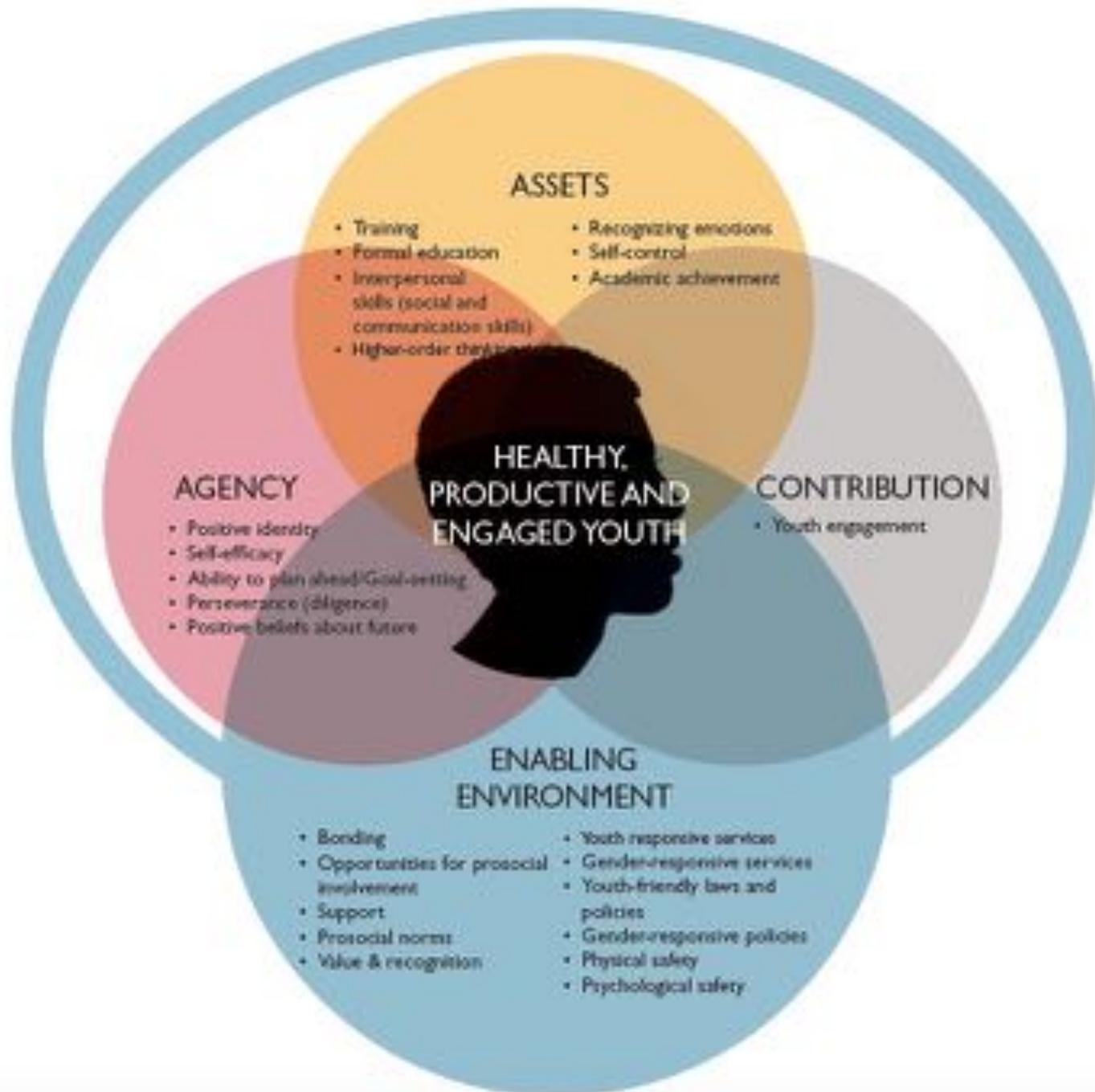
## Many different contexts, including:

- Gambia evaluation AJAR
- A review of evaluations up until 2006 (T. Wallace)
- RCT South Africa (Jewkes et al, BMJ)
- Regional evaluations (C. America, Fiji)
- ACORD: Uganda, Tanzania, Angola
- COWLHA Malawi evaluation

We also have a variety of different evaluations, as well as the RCT in South Africa, from different continents.

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For more information about evaluations of the programme, see the [www.steppingstonesfeedback.org](http://www.steppingstonesfeedback.org) website



## ***Stepping Stones:***

- addresses all four domains of the PYD framework
- takes a gendered- & human-rights based, holistic approach
- treats all participants as equals
- promotes communication & relationship skills for mutual respect for shared learning across the genders & generations

How does Stepping Stones relate to the Positive Youth Development framework? Here we see the image of the PYD domains. It really addresses all 4 domains. It takes a gendered and human rights holistic approach; it treats all participants as equals, young and old, male and female; it promotes communication and relationship skills for mutual respect and shared learning across the genders and generations.

# PYD Sectors\*:

## HEALTH

HIV and AIDS,  
sexual and reproductive health,  
mental health (*including suicide*),  
(*smoking* - but see StStWC), alcohol and drug use,  
resilience,  
breastfeeding,  
(*hepatitis*),  
(*nutrition* - but see StStWC)  
(*physical fitness* - but see StStWC),  
child maltreatment (or *neglect* - but see StStWC).

## DEMOCRACY & GOVERNANCE

violence,  
youth capacity building,  
child marriage.

## Economic Development and Education

workforce development,  
education,  
bullying,  
the environment (in its widest sense)

# Stepping Stones:

- Connects with **all three sectors** of the PYD Framework
- Many examples found by implementers of '**unplanned**' or '**unexpected**' outcomes related to this list
- Repeated observations that the programme acts as a **catalyst** or **springboard** for other work (eg *StStCF*; Mozambique; Redd Barna)
- Highlights need for **more holistic approaches to evaluation** - across sectors and including communities

(\**Stepping Stones* not known to have been used in relation to items in *italics* and brackets - although most of these are covered in StStWC)

Here we see how Stepping Stones connects with all three SECTORS that the PYD Framework covers. It's just the sub-sectors in italics which it doesn't necessarily connect with - although in fact our new *Stepping Stones with Children* programme covers nearly all of them.

There are many examples in programmes around the world found by implementers of "Ooh! We didn't plan this but it's ended child marriage!" or "Oh! We didn't expect this but now imams have sanctioned condom distribution.". This is the interesting thing -they haven't explicitly been included as potential outcomes in the evaluations. But this highlights how complex the approach is and multi-sectoral - so these just pop up as unexpected outcomes.

And we've also had repeated observations that the programme acts as a catalyst or springboard for other work, such as in Mozambique for post-conflict peace building, and we will hear a bit more about this from Andy too.

And all this also highlights the need for more holistic approaches to evaluation - across sectors and including communities.

# Examples of *Stepping Stones* adaptations:

1: [YOPAD](#), PASADA – Dar es Salaam, Tanzania



From trash.....  
..... to cash:



- Informal settlement in largest conurbation in E Africa
- High levels of **alcohol** and **drug** use and related gun crime & **VAWG**
- Huge mounds of stinking **rubbish**
- Youth repeatedly chased away the PASADA outreach youth worker – who kept returning
- Youth finally agreed to listen to him
- Transformed the community,
- Youth started **IGAs** & reaching out to other communities
- “Police used to chase us – now they bring us their cars to be washed” – youth in another informal settlement

I want to give you some examples. I haven't got time to go into this one in depth but it's a slum community in Dar es Salaam. Young people, alcohol, drugs, gun use, violence against women and girls, stinking rubbish piles... TRANSFORMED through this Stepping Stones process and Dominic, an extraordinary youth outreach worker from PASADA, into these amazing environments where the young people cleared up the whole community and started doing income generation around tree nurseries instead. So follow that link.

# Examples of *Stepping Stones* adaptations:

## 2: MRC and partners – The Gambia – formal & participatory reviews



Young women from 17+; young unmarried men aged 19-24 – in this traditional rural context, young people below this age would not have been allowed to join in on sex education

- Participants chose their **own** priority issues
- The programme then related these back to HIV and VAW
- From “**condoms** will promote ‘promiscuity’ “....
- ...to ‘infertility is caused by **STIs** and condoms can protect our **fertility**’ (& peer-led distribution)
- “The **marriage** before was very difficult because if you want to discuss with your husband — even if it is a simple thing he takes it to be a big thing. But now all those things are gone, we talk to each sweetly. (*female participant*)”

Then a little more time to look at the adaptation from the Gambia, where they had both formal and participatory reviews going on.

Participants started by choosing their own priority issues, from the outset in respect that HIV wasn't considered a big issue by them.

The team were very clever in promoting condoms as fertility protectors, rather than to stop having babies, so the community welcomed them and distributed them.

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PYD Systematic Review 2017: “While youth development programs often focus on young people in the 15-to-24-year-old range, USAID recognizes that youth programs likely engage a broader cohort ranging from 10 to 29 years old. This expanded age range recognizes the critical understanding that the transition from childhood to adulthood varies across and within countries.”

The Gambia context - rural communities, almost entirely Muslim. The implementers conducted both formal and participatory review processes.

# Examples of *Stepping Stones* adaptations:

## 2: MRC and partners – The Gambia – [formal](#) & [participatory](#) reviews



**Table 1:** Prioritisation of urgency of sexual reproductive health problems by peer group

	NOW	SOON	LATER
Old Women	Grandchildren are awake when wanted by husband Wife beating STIs AIDS Unwanted pregnancy	Husband looking for a new wife Wife tired when husband wants sex Tiredness after delivery No money	Jealousy Menopause pains Husband wants sex when wife is unwell or pregnant Headaches
Young Women	Too many children Husband wanted sex by force AIDS STIs Unwanted pregnancy Wife beating	Sex during menses Husband refusing condom Deflowering of young girls	Pain during sex Sex after delivery when woman is tired
Old Men	Too many wives Malaria Epi-gastric problems	Having casual sex Headache General body pain	Jealousy STIs Sexual weakness High blood pressure
Young Men	Unsafe sex Spread of STI AIDS	Infertility Unplanned family Stomach ache Joint pains	TB Headache Worms Boils

Young women from 17+; young men from 19+

Here is the table of the peer groups' own priority issues at the programme start. These were their own lists, not prompted by anyone. You can see where I have drawn red circles where older and younger women identified so called 'wife beating' and forced sex in the 'NOW' column. These weren't mentioned by men at all anywhere.

# Examples of *Stepping Stones* adaptations:

## 2: MRC and partners – The Gambia – formal & participatory reviews



POSITIVE CHANGES SEEN NOW IN THE VILLAGE, February 2000

GOOD CHANGES	W	YM	OM
More DIALOGUE in the home	<input type="checkbox"/> #	#	#
Less quarrelling amongst couples (violence)	<input type="checkbox"/> #	#	#
More trust and confidence between couples and the community	<input type="checkbox"/> #		
Fewer sex partners	<input type="checkbox"/>	#	
*Practise safer sex	<input type="checkbox"/> #	#	
**Stay with husbands during breastfeeding	<input type="checkbox"/> #	#	
Husbands provide more fish money	#	#	#
More understanding and respect in the home	<input type="checkbox"/> #	#	#
Husbands buying presents for wife and children	<input type="checkbox"/> #		
Husbands helping wives with difficult jobs at household level	<input type="checkbox"/> #	#	#
Husbands granting permission for wives to visit relatives	<input type="checkbox"/> #	#	
Talking to children about sex	<input type="checkbox"/> #		#
Safer sex even outside marriage	<input type="checkbox"/> #	#	#
Awareness	<input type="checkbox"/>	#	#
Safe drinking water <sup>4</sup>	<input type="checkbox"/>	#	

\*By this, participants meant that they used condoms

\*\*Normally, women leave their husbands while they are breastfeeding and go to their parents' houses as a contraceptive method. Now due to knowledge gained from Stepping Stones programme, they can remain with their husbands and have normal sexual relations with them without the fear of getting pregnant because they have access to contraceptive methods like condoms.

Key:  - mentioned by at least 2 groups (including women) or by women alone in 3 simultaneous but separate self-generated lists - so no conferring took place

<sup>4</sup> A well is now being constructed in the village with funding from another donor

Young women from 17+; young men from 19+. NB in this review exercise there were not enough female facilitators available, so the older and younger women agreed to form one group

A year later, there was a participatory review with the groups, in simultaneous meetings, so there was no conferring. When asked what positive changes they had seen, you can see all the red flags where something has been mentioned by at least 2 groups, including women, or by women alone.

So for example, more dialogue in the home, less quarrelling between couples, more trust and confidence between couples. Then also more husbands providing fish money - which means men handing over some of their income to support the household, men helping out with difficult household tasks; safer sex even outside marriage.

And Also TALKING TO CHILDREN about sex. So this really shows you how things had transformed, even though men hadn't initially mentioned the basic issues about violence at all. They could see for themselves how much better life was for them now, how it had improved. So that was a really exciting example of how things had really changed. Even though HIV wasn't considered an issue by them, inevitably, there were knock-on effects there.

# Examples of *Stepping Stones* adaptations:

## 3: Other examples



- Youths set up their own **council** (Fiji)
- Young **soldiers** reduce alcohol use & violence & increase ability to communicate about their feelings, & condom use (Angola)
- Girls can access **sanitary** towels & stay in **school** (Kenya)
- Girls persuade fathers, through their male peers, to pay for their **school** fees (Uganda)
- Girls ask men to sanction ‘**sugar daddies**’ (Uganda)
- Girls’ under 18 **marriage** stopped (India)
- Improved understanding & support **across** genders & generations (all)
- Increased respect for **people living with HIV** (all)
- Significant reduction in **IPV** -> marked effect on **children** (all)

There are other examples from around the world – from Fiji about youth setting up their own Youth Council, from India about the ending child marriage I mentioned, young conscripted soldiers in Angola reducing alcohol, reducing violence and increasing condom use. Girls in Kenya and Uganda staying in school. Please look back at this slide too.

# Challenges with M&E

- Huge limitations of complex M&E processes  
*few NGOs can afford them or have sufficient capacity to publish in peer-review journals*
- [Limitations](#) of RCTs to measure complex social norms change programs  
*focus more on what, much less on how and why*
- [DfID Review](#) of effective VAWG program evaluations: “*Strengthening Participation*”
- [ALIV\[H\]E](#) Framework: UNAIDS et al  
*formal **and** participatory, quantitative **and** qualitative*

OK now let's consider some challenges with M&E. There are huge limitations with cost and complexity of M&E processes for NGOs, who normally can't publish their great programmes in peer review journals, so they often never get heard about.

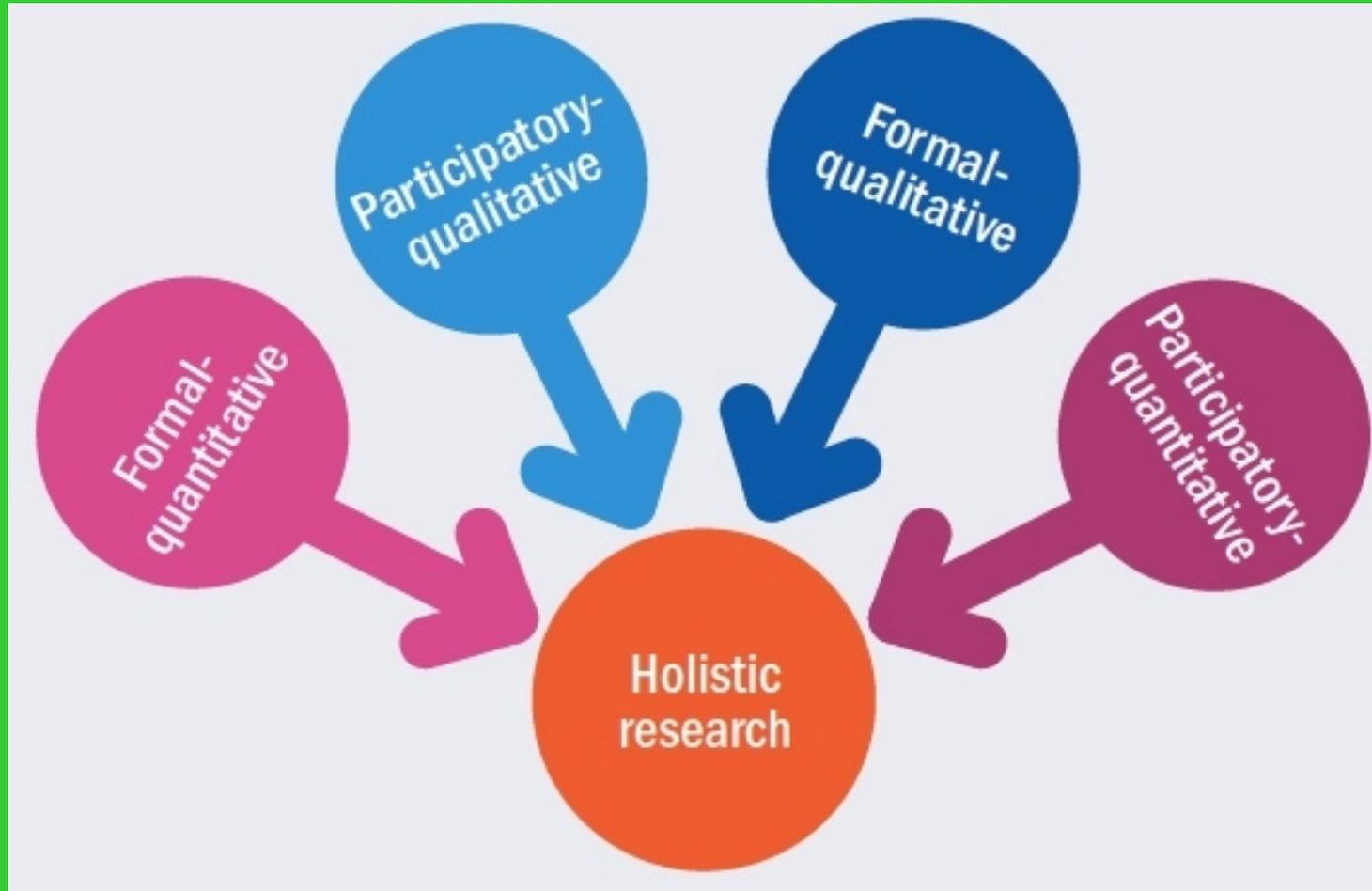
I mentioned the limitations of RCTs earlier. There's a really interesting report commissioned for DfID, reviewing effective Violence against Women programme evaluations, which states: "Evaluations in the field of VAWG should be designed and interpreted in consultation with evaluation users (implementers of the intervention, donors and beneficiaries) to ensure evaluators obtain the right data, interpret it correctly and produce recommendations that are adapted to the evaluation purpose."

So this is really promoting a new direction for effective evaluation processes. We have taken this up and have made use of it in what we call the ALIVHE Framework.....

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Raab and Stuppert (2014) state: "**Strengthening participation** Evaluations in the field of VAWG should be designed and interpreted in consultation with evaluation users (implementers of the intervention, donors and beneficiaries) to ensure evaluators obtain the right data, interpret it correctly and produce recommendations that are adapted to the evaluation purpose."

# ALIV[H]E: Invest in a holistic research matrix



.....which Andy and I and other partners have researched with UNAIDS. This looks at how we can invest in a holistic research matrix, to strengthen and expand the evidence base.

We feel this is a real way forward for evaluating these kinds of multi-sectoral programmes.

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This is so we can all work together to support one another to produce a really holistic approach to inclusive research, which is firmly building on that deep critical personal knowledge and insights that young people have about their own communities. We really need to understand and explore that knowledge with them, to shift deeply embedded social norms.

# Key Components of Good HIV Programmes: HIV / SRH&R / Safety (end of VAWG) inextricably [linked](#)

- IPV increases HIV vulnerability by [1.5](#)
- VAW marked increase among many women living with HIV after [diagnosis](#)
- Knock-on effect on their children & on their [capacity](#) to start & [adhere](#) to tx
- Good HIV Programmes need to recognise this 'interlinkage' of HIV & VAWG
- And good HIV programmes need to be *solution-focused, aspirational*.
- Meaningful and equal involvement of young women & young men
- Also critical need to work *across* [generations](#) & *genders*
- Social norms change work: needs to be gender- & rights-based, takes time, needs holistic approach (multi-sectoral & involving whole community), needs to do no harm, needs investment in trainers - see CUSP brief (forthcoming) based on 8 evidence-based programmes
- Critical literacy - analysis of power imbalances at every stage of the programme, from the perspectives of 'myself / my peers / other generations & genders' - stepping into *others'* shoes
- Livelihoods options also huge driver - huge need for *choice* - best if *follows* initial programme

Contd....

Finally I've been asked to comment on some key components of good HIV programmes. It's quite a list as you can see. First of all, mutual interlinkages between violence and HIV in both directions: both before and after diagnosis, are really key, because they have such a knock-on effect on women themselves and on their children, through the life cycle. Violence also affects women's capacity to start and to adhere to treatment and that's absolutely vital to get right.

Secondly, good HIV programmes need to be solution-focused and aspirational, as the PYD Framework highlights. And they're really needs to be equal involvement of young women and young men throughout the programming process.

There's the critical need I keep mentioning to work across the genders and generations. Social norms change work takes a lot of TIME, needs a holistic approach, is multi-sectoral and there's a report just coming out by a group of us called the CUSP, which is based on our collective experiences of developing 8 evidence-based programmes used around the world. This report highlights some of the key principles which we see around social norms change, which really underline what I'm saying here.

Then that critical literacy again - that analysis of power imbalances at every stage of a programme, so that individual participants can work out for themselves what's going on in their lives: the whys and wherefores of WHY we behave as we do - and how we could change - and really understanding perspectives from *others'* shoes in the community.

And then there's the livelihoods options - the poverty driver which Andy will talk us through.

# Key Components of good HIV programmes - continued

- Good **adaptation** essential - need to understand overall structure well - talk to us!
- Good **training** essential - facilitators need time & ongoing support to understand and internalise programmes themselves well - no short cuts!
- Current **funding** climate - short-term time scale, scale up based on numbers reached, evidence-based.... How can we address this?
- Initial **investment** is so important yet staff retention is now minimal - but this *should* be seen as investment, not cost - over time, with well trained and *experienced* facilitators - need for support for long-term trainers - including young people who have 'graduated' from the programmes

Final slide – good **adaptation** is essential. Good **training** is essential – facilitators need **TIME** and they really need good ongoing support – there are no short cuts.

The current funding climate alas is so against us. The short time scale for projects, with scale up often based on numbers, on quantity rather than on quality. We really need to think about how we can address this.

Last but not least, that initial investment in trainers is so important and yet staff retention is now minimal, so much employment now is just contract based, rather than real investment in staff experience. We really need to support long-term trainers, including young people you have ‘graduated’ from the programme, who would be amazing.

So there are a lot of fundamental issues that I think we need to address there.

## Some Key Resources

Raab M, Stuppert W. *Review of evaluation approaches and methods for interventions related to violence against women and girls (VAWG)*. Department for International Development; [2014](#).

*ALIV[H]E Framework. Action Linking in Initiatives on Violence against Women and HIV Everywhere*. UNAIDS and partners. 2017 (forthcoming).

CUSP. *On the cusp of change: Effective scaling of social norms programming for gender equality*. Community for Understanding Scale Up. 2017 (forthcoming).

# Thank you!

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