

**Adaptation Workshop
On
Stepping Stones**

2000

ActionAid India

ADAPTATION WORKSHOP ON STEPPING STONES

28TH – 29TH September 00

at

**Hotel Akash Deep
Calcutta
India**

**Workshop report : Documented by Parinita
Bhattacharjee**

Contents

	Page
Introduction	4
Programme	4-5
Participants	5
Workshop Summary	5-8

Annexures

Annexure –1	-	Agenda
Annexure –2	-	List of participants
Annexure –3	-	Presentation by R. Meera, WINS, Tirupati
Annexure –4	-	Presentation by Rosenara Devi, ISD, Imphal
Annexure –5	-	Successes and challenges of Stepping Stones
Annexure –6	-	Adaptation of Stepping Stones
Annexure –7	-	Adaptation Groups
Annexure –8	-	Recommendations on adaptation

Introduction

Stepping Stones is a training package on HIV/ AIDS, gender, communication and relationship skills designed both for use in existing HIV/ AIDS projects and in general development projects which plan to introduce an ongoing AIDS component. Stepping Stones grew out of a need to address the vulnerability of women and young people when it comes to decision making about sexual behaviour. It is a participatory tool aiming at behavioural change for prevention and control of STD/ HIV and AIDS. This training tool has been very successfully used in African and Asian countries and can be adapted for use in other countries.

ActionAid India organised a 12 days training programme on Stepping Stones in the month of November at Guwahati, Assam, India. 33 participants from India, Nepal, Bangladesh, Malawi and Uganda attended this training programme. The aim of the training programme was to train the participants in Stepping Stones enabling them to further train individuals, peers, communities helping them to change their behaviour – individually and collectively – through the stepping stones which the various sessions provide.

The training programme ended with recommendations from the participants to adapt the training package to suit Indian conditions and include various target groups that the participants were working with. The participants after the training went back and implemented Stepping Stones in their own fields. Many of the participants also strongly expressed the need for a follow-up workshop which would provide them a platform to share and learn from each others experiences.

The two day Stepping Stones adaptation workshop from 28th to 29th September 00 at Calcutta was organised as a response to this need of the participants. The objectives of the 2 days workshop were:

- To share experiences of implementation of Stepping Stones in various regions and with different groups
- To derive lessons for adaptation of the Stepping Stones manual to suit Indian conditions and specific target groups
- To make an action plan for systematic and focussed implementation of Stepping Stones in various states.

Programme

The workshop started by introducing new participants and explaining the objectives of the workshop. This was followed by experience sharing by participants. There were sharing of experiences from Manipur, Hyderabad, Assam, Tripura and Pondicherry. The various successes and challenges of implementation were discussed. The sessions then moved on to look at adaptation of Stepping Stones. Various ways that the manual has been adapted with special focus on Gambia and South Africa was shared. Two adapted manuals, the Gambia version and the Cambodian version of Stepping Stones was also displayed.

The second day attempted at adapting the Stepping Stones manual to suit Indian conditions. This exercise was done in small groups followed by presentations and discussions. An actionplan was also worked out by the end of the day. (annexure 1 for agenda)

Participants

Eighteen participants from 10 states participated in the two day adaptation workshop. Almost all the Indian participants (except three) who attended the November training at Assam were present in Calcutta. Dr. Rochana from Catholic Relief Services (CRS) also attended the workshop as an observer. (See Annexure 2 for details)

Workshop Summary

The first day of the workshop started with Dr. Manzachin Hangzo from ActionAid welcoming all the participants and clarifying the objectives of the workshop. The participants then introduced themselves as there were few new participants.

Mr. Abhijit Dasgupta , from ActionAid India addressed the participants and informed the group that ActionAid would focus its work on persons / families infected and affected by HIV and vulnerable groups like women. ActionAid would be also involved in supporting and promoting Stepping Stones in different parts of the country.

This was followed by a session on participants' expectations from the workshop. The participants mostly expected to learn from sharing of field level experiences. Some participants wanted discussions on overcoming the challenges / limitations of implementation of Stepping Stones and some others wanted to discuss the possibility of including human rights, ethical issues and gender violence in adaptation of Stepping Stones.

R. Meera from Women's Initiative (WINS), Tirupathi made her presentation on two day Stepping Stones orientation workshop that she had conducted with sex workers and staff of her organisation. Meera related her experiences of using some of the exercises of Stepping Stones with the group that she works with, i.e. sex workers and with staff and student social workers placed in her organisation. She informed the group that she found Stepping Stones as a good tool to break the silence on sex and sexuality, discuss issues of gender and behaviour. The exercises helped people to reflect their own beliefs and behaviour in relation to their sexual health thus making the whole training very experiential. Taking a mixed group also helped in understanding the different view points and ideas.

The challenges that she faced were that of language specially in translating the manual to the local language. She advised the group to be very sensitive about the same as translation should be culturally acceptable and easily understood. IN retrospect, she felt that the groups should be homogeneous and there should be a gap of a day or more in between each day of training so that the participants get time to reflect and accept what they had learnt. (See annexure 3 for details)

This was followed by a presentation by Ms. Rosenara from Institute of Social Disease (ISD), Imphal, Manipur. She informed the group that after the Stepping Stones training in November, her organisation decided to broaden their focus from HIV to reproductive and sexual health. She shared with the group about the Stepping Stones workshop that her organisation has conducted with various groups like the Injecting Drug Users (IDUs), wives / widows of IDUs, community leaders and so on. She also informed the group about the various adapted versions of Stepping Stones that her organisation has developed for different target groups. Rosenara also informed the group that through Stepping Stones their organisation have been able to illicit more participation from both literate and illiterate population, develop skills of people rather than only providing information and conduct HIV related work with very little resources. She also mentioned that some of the challenges of Stepping Stones is that it is time consuming and needs trained personnel. (See annexure 4 for more details.)

Arjun Singh from SASO, Imphal shared his experiences of doing Stepping Stones with local youth and shared that Stepping Stones can used as a tool to involve men in the community. He also raised the issue that as Stepping Stones can be time consuming, it may be practical to implement it in a phased manner.

Dr. Shreelekha Ray , from Voluntary Health Association Tripura, Tripura, shared her experiences of conducting a TOT with 10 partner NGOs in Tripura. She started the training with a session on participatory training skills as she felt before doing Stepping Stones one needs to learn participatory skills. She informed the group that 4 of the NGOs that she had trained were implementing Stepping Stones in field now. She also related her experiences of adapting Stepping Stones to work with adolescent children both in and out of school.

Sushnata from SRC, Guwahati, Assam shared her successful experiences of Body Mapping which helped in not only breaking barriers but also initiate detail discussion on reproductive health and sex. Ms. Bandana form NESPYM shared her experiences of doing the TASO game and Testing the Water exercise very successfully with chemical and alcohol dependents. Ms. Shyamala from SFDRT , Pondicherry shared her experiences of doing the River of Life exercise with commercial sex workers.

The participants raised many questions on implementation of Stepping Stones, monitoring of the process, time and resource limitation. The success and challenges along with suggestions that were given by participants to overcome the challenges are listed as annexure 5.

The presentations and discussions were summarized by Ms. Pramada Menon, CREA, New Delhi. She wrapped up the session by saying that none of the participants had implemented Stepping Stones completely and therefore were not in a position to discuss about successes and challenges of the complete tool. Many of the participants experienced participatory training process for the first time while getting trained for Stepping Stones and hence for them Stepping Stones was synonymous to participatory training. However it should be kept in mind that a training cannot be termed as Stepping Stones till the training covers all four themes of Stepping Stones that is group cooperation, HIV, Why we behave the way we do and how can we change our behaviour besides other non negotiable principles. It was also discussed that for any kind of training aiming at behaviour change these four themes are important (the theme of HIV can be replaced by the pertinent issues which need behaviour change) and cannot be negotiated or done away with. The summing up session also raised questions on the participants' attitudes as facilitators towards various issues which may be raised during Stepping Stones training programme. It was emphasized that behaviour change is slow and therefore cannot be achieved in one day but there is need to remember that is our ultimate goal therefore cannot be omitted.

During the post lunch session, Parinita Bhattacharjee from ActionAid Bangalore, shared with the group the benefits and pitfalls of adaptation of Stepping Stones. She presented the various types of Stepping Stones adaptation that has taken place and have been documented. A detail presentation on the adaptation of Stepping Stones in Gambia and in South Africa was made. The adapted manual from Cambodia and Gambia was also shared. It was made clear to the participants that though content, activities and sequencing of the sessions can be changed while adapting it there are few non negotiable which would need to be kept in mind. The non-negotiable principles were the four themes, work in peer groups, people find their own solution to their problems and role of the facilitator.
(See Annexure 6 for details)

This provided an outline for discussions on adaptation of Stepping Stones.

Day – 2

The second day started with participants breaking into four groups. Sessions representing the four themes in the manual were assigned to each group for discussions and suggestions for adaptation. The first group discussed the sessions on Group cooperation (Session A to Session D), group two discussed the sessions on HIV/ AIDS (Session e to Session F), group three discussed the sessions on Why do we behave the way we do (Session G – Session J) and the fourth group discussed sessions on the theme of how do we change our behaviour (Session K – N). For details of the group members please see annexure 7.

The groups discussed the themes assigned to them in details. The groups made suggestions on content of the sessions and the process / sequencing of the sessions. The groups made presentation on the suggested adaptation. The groups suggested that Stepping Stones should be preceded by workshop on participatory training and should be followed by workshop on monitoring and evaluation. Few of the activities were replaced by relevant / effective activities. Video clips were replaced by role plays or tableaux. Some more excercises with the community in the beginning were suggested and number of peer group meetings were increased. See annexure 8 for more details.

This was followed by drawing up of Actionplan by the participants. The suggestions were :

- A conceptual clarity workshop (concepts of participation, gender, sex work, same sex relationship and so on) should be done with the participants of the November training
- All the participants of the November training workshop should implement Stepping Stones in its complete form in the community. As some of the participants do not have direct access to a community, he or she may do it with someone else who is working in the field.
- Sessions on gender violence, same sex relationships needs to be added
- Another India training programme or regional training programmes on Stepping Stones should be conducted
- Each group should take the responsibility of fine-tuning each of the theme that they were a part of and send the feedback for a adapted manual to ActionAid
- Need for a generalized manual with specific sessions as annexures to work with specific high risk behaviour groups was spelt out.

The workshop concluded by vote of thanks by Dr. Manzachin Hangzo.

ANNEXURES

Agenda

28 September 00

9.30 -10:00 am	:	Registration	
10.00-10:30 am	:	Introduction and welcome	Dr. Manzachin
10:30-11:00 am	:	Tea Break	
11:00 -11: 30 am	:	Experience sharing	from NE Ms.Rosenara
11:30-12.30 am	:	Experience sharing from South	Ms.R.Meera.
12.30 1.00 pm	:	Experience sharing	
1:00.- 2:00 pm	:	Lunch	
2:00 – 3:00pm	:	Wrapping up the experiences	Chairperson
3:00-3:20 pm	:	Tea Break	
3:20-5:00 pm	:	Adaptation of Stepping Stones in different countries	Ms. Parinita

29 September 00

9:00 – 9:10 am	:	Reflection of the first day	Dr. Manzachin
9:10 –9:45 am	:	Adaptation Guideline	Ms. Pramada
9:45-1:00 pm	:	Adaptation of Stepping Stones	
1:00 – 2:00 pm	:	Lunch	
2:00 –3:00 pm	:	Adaptation and preparation for presentation	
3:00 – 4:30pm	:	Presentation	
4:30 –5:00 pm	:	Action Plan	
5:00 pm	:	Vote of thanks	Dr. Manzachin

List of Participants

Name	Organisation/ Address	Phone/Fax/ email
Pramada Menon	CREA, 7 Jangpurab, Mathura Road, NDelhi – 110014	0114310985/6435219 creaworld@mail.com pramada1@vsnl.net
Neeraj Richhariya	Abhivyakti SRC E-4/12, Arera Colony Bhopal (MP) - 16	0255-466611/461158 abhisrc@yogkshem.com neerajrichhariya@yahoo.com
Thongam Suraj	Institute for Social Disease Sapam Leikai, Singjame, Imphal Manipur – 795001	0385-227574/222936
S. Rosenara Devi	- do-	0385-227574/222936
Dr. Sreelekha Ray	Voluntary Health Association of Tripura,P.O. Kunjaban, Agartala Tripura - 799006	0381-222849/324298
A. Arjun Singh	SASO Khwai Lalambung Makhong, RIMS Road (s) Imphal, Manipur -1	0385-310011/411408 /221090/411409 sasoimph@vsnl.net.in
Shyamala Ashok	Society for Development Research and Training 34, Chetty Street, Pondicherry- 605001	0413-220058 sfdrt@satyam.net.in aabinand@satyam.net.in
Dr.Uchhal Bhadra	Dept of Community Medicine Institute of PG medical Education and Research Ronald Ross, 2 nd Floor, SSKM Hospital 244 AJC Bose Road, Calcutta - 20	033-2238921/8922 /4686937/4683534 uchhal@cal3.vsnl.net.in
R. Meera	WINS 6-8-1017 NGOs Colony K.T. Road, Tirupati AP - 517507	08574-30607 rmeera102@yahoo.com

List of Participants

Name	Organisation/ Address	Phone / Fax / email
Ayan Chatterjee	PSU Sabarmati Ashram Gaushala Near Gandhi Ashram, Ashram Road, Ahmedabad - 380027	079-7552282/83 AYANCHATTERJEE@n2.com
Sushnata Goswami	SRC Assam Mandovi Apartments Unit C&D, 1st floor GNB Road, Ambari Guwahati - 781001	0361-511794/551847
Bandana Dutta	NESPYM Ashram Road, Near water tanks Ulubari Guwahati - 781007	0361-520183
Dr. Shakeel	CHARM West Boring Chanal Road, Patna - 800001	0612-265838 charm@tande.com
Aparajita Dhar	WBSHB- PMU British High Commission 9A, Little Russell Street, Calcutta - 700071	033-2821859/1993
Dr.Rochna Mitra	Catholic Relief Services 4/2 Orient Row, Near park Circus, Calcutta – 700017	033-2471969/2476433 /3527402 rochana_mitra@hotmail.com
Abhijit Dasgupta	ActionAid India 71, Uday Park, NDelhi - 41	011-6510351/342 abhijtd@actionaidindia.org
Dr. Manzachin Hangzo	ActionAid India 3, Rest House Road Bangalore -1	080-5586682 manchin@actionaidindia.org
Parinita Bhattacharjee	- do -	080-5586682 parib@actionaidindia.org

Stepping Stones Training – Experiences of R. Meera , WINS – Tirupathi

Objectives:

- To implement the SS training in a heterogeneous group and discover its scope and limitations
- To find out if issues of gender, sexuality and sexual health can be explored in such a group

SCHEDULE FOR STEPPING STONES WORKSHOP

DAY 1

A) Let us introduce ourselves:

Participants will introduce themselves And tell the gathering their favorite actor/actress and give reasons.

They will name their favorite place and why.

B) Breaking Ice:

Facilitators will ask questions and participants have to come out with irrelevant answers.

C) Pairing and sharing:

Participants will be paired and they have to tell each other their expectations from the training and each of them will tell of the other's expectation. There will be no interruptions as the participants are relating the other's expectations. But after one has finished the facilitator will clarify from the other member of the pair if the person has left out anything.

D) Tea

E) Repeating instructions:

All the participants are seated in a circle. One of them is asked to volunteer to be the beginner. This person will receive the set of instructions. Later this person will whisper the set instructions to his neighbor and in turn he will whisper it into the ear of his neighbor. After the whispering has gone full circle, the last person is asked to repeat it loudly for everyone to hear. The facilitator will ask the participants why the instructions changed after passing round the circle. After discussion he will summarize the issue.

F) Listening:

One of the participants is asked to volunteer to come to the center and narrate one happy incident and while this narration is going on

the facilitator will listen attentively. Another volunteers will narrate a sad incident from their life. During this session the facilitator will listen inattentively. After they are done talking, the facilitator will initiate discussion on the two instances and summarize.

A male facilitator and female facilitator will play the role of wife and husband and demonstrate passive, aggressive and assertive communication. The husband is watching TV and the wife is trying to tell him about repairing the children's school fees. In one scenario the husband is simply nodding without paying attention and the wife finishes whatever she has to say. In the next scenario the wife starts telling the husband something and when she finds that he is not paying attention, she raises her voice and accuses him of never listening to her and tries to get his attention by switching off the TV. In the next scenario the husband is staring into the TV, but this time the wife starts telling the husband something and finds him paying more attention to the TV. She gently reminds him that what she is going to tell him is an important issue concerning the children, and she has a right to be heard and that the cricket match could wait because there is going to be a replay the following day, and that if it were not important she would not be disturbing him while he was watching TV. The facilitator initiates discussion and summarizes the three types of communication.

G) Straight Line:

A volunteer is blindfolded and asked to walk in a straight line. In the first attempt no one gives any hints on how she is progressing. And after the blind fold is removed she is asked what she felt about the exercise. In the second attempt, the volunteer is blindfolded but the other participants are allowed to give her verbal clues. In the third attempt the participants help the volunteer both by verbal as well as by physically steering her. The facilitator sums up the game and initiates a discussion on team effort and cooperation.

H) Our Perception:

Miming a lie: The participants will be seated in a circle. One of them is asked to stand in the center and act out or mime some action. Another will ask what he or she is doing. The mimic will say some thing else. In other words he / she will lie. The person who asks the question next takes turn in miming. And this goes on until all the participants get their turn. The facilitator then initiates discussion on what went on and why people lie.

I) Fixed Positions:

A table is arranged with various objects on it and arranged so that not all objects can be seen from all angles. Participants look at the table

from three or four different angles and makes a list of what all they can see. Then the facilitator compares what each group has seen and then they are allowed into the room to walk around the collection and see all the objects. The facilitator initiates discussion on perceptions and how we all differ in our perception of the same matter and summarizes how perception depends upon our position and how each person is placed in a situation unique to herself or himself, and how each is valid and correct from that particular position.

J) Pictures:

A scene from a movie is frozen on the screen and participants are given the role of the actors in the still. They are then asked they think is going on in the particular scene. After they have given their ideas then the movie is played from some scenes before the still and up to when the situation is resolved. The facilitator then initiates discussion why each of them came out with a different interpretation and the reason why perceptions differ. Later he / she sums up how our perceptions depend upon our past experience.

Participants are asked to say some proverbs and sayings. The facilitator then initiates discussion on the content, meaning and circumstance of the proverb. Participants are asked to analyze the reasons behind why such a proverb may have originated and how the situation today might have changed and how proverbs sometime freezes our perception and how it may color it.

K) Myths:

Males loose their maleness if they undergo sterilization: The facilitator introduces the topic and asks participants about their opinions and experiences. Then discussion proceeds and is summed up by the facilitator.

Marriage is a hundred-year crop: This is taken up for discussion and summed up by the facilitator.

L) What is love?

The participants are grouped and then asked to discuss the question and report to the larger group.

M) Dumb Charade:

N) Our prejudices:

O) What did you like most?

P) What you disliked most?

Q) Suggestions for the next session.

DAY-2:

A) Energizer:

B) Share with the group any new thing you have learnt in the time between our meeting last and today.

C) Marriage:

Every one will come out with a sentence about marriage. All the participants will discuss this.

D) Energizer: O Henry.

E) Sex: Every one present will say one sentence about sex. All the participants will discuss this.

F) Energizer: Good words and bad words.

G) STD / HIV:

Each of the peers will come out with a sentence on STD / HIV. The non-peers will discuss these responses. Similarly non-peers will come out with responses on STD / HIV which the peers will discuss. Then a role-play was done. The peers will propose a theme, which the non-peers will enact and the Non-peers will propose a theme, which the others will enact.

I) Managing a proposition: How will you manage a proposition? With discussions and role-

J) Summing up and question and answer session.

H) Feedback.

Impressions of the first day of stepping stones program:

SS training was organized mainly to make the staff and trainees working with WINS to clarify their concepts, attitudes and relationships while working in AIDS prevention project with focus on empowerment of women.

Feedback from the first day

The participants broadly fall into three groups. Two of them are married males. One of them is the male field staff and the other is the lab technician. Both of them salaried staff of WINS. Six of them were sexworkers and there were five unmarried younger women out of whom three were student trainees placed with WINS for field work training. The most pertinent observation we could make was that the younger women from sheltered and secure backgrounds came face to face with the harsh and almost brutal life circumstances of the destitute women. And its

impact on their perceptions of sex, marriage and life in general. There was agreement however on the male ordered world and its unjust treatment of women. In a way it was education for the non-sexworkers. The sexworkers gave new interpretation to the various concepts, which the non-sexworkers had taken for granted. The sexworkers also revealed the whole spectrum of human sexual preferences and practices in frank and unambiguous terms, which was probably the first time that the younger women had come across. We observed that the various participatory games were perceived by the sexworkers as designed to test their comprehension, memory and capabilities.

The participants liked the games that were played and the students said they liked the game of 'Fixed Positions'. Our project coordinator liked the game of 'Straight Line' and the way it taught her how it was easy for her to walk blindfolded when others directed her. They all enjoyed the dumb charades. One of the peers said she liked the way Meera explained the concept of 'Stepping Stones' in the local language. Our male field worker liked the way topics were discussed freely in the meeting.

The introduction by the participants went on without reservations except for one who preferred to simply echo whatever her neighbor said. Each person introduced himself / herself, his or her favorite actor / actress and his or her favorite town. They were expected to give reasons for their choices. A new person also preferred to echo what her neighbour said.

In the next session where the participants were paired to exchange their expectations about the program, only some of the participants were able to give specific responses. Others gave out standard responses about expecting to learn useful things, which would enable them to help them work with AIDS patients. Peers have got used to this type of programs and are able to give standard responses without much thinking.

The three trainee socialwork students gave responses related to their situation in which they are expected to make field visits and talk to groups about HIV / AIDS, how to initiate communication on HIV/AIDS in new places and how to discuss with doctors.

One participant wanted to know what 'Stepping Stones' is and would like Meera to share her experience on how to conduct meetings. Women are the most hit by the epidemic so they wanted to learn how to help women discuss topics of sex, sexuality and HIV / AIDS.

In the participatory game on communication, the non-sexworkers were able to understand the import of the game in which a set of instructions

was to be whispered into the ear of the neighbour and after the message went round it was compared to the original.

But the sexworkers thought it was designed to test their memory. This is generally true of all other participatory games as well. We felt that games have to be designed for local groups.

The topic for discussion was 'love'. The student trainees gave responses based on ideals. This was balanced by opinions of sexworkers who came out with responses influenced by dejection and betrayal in their own lives. In our opinion this caused the students to realize the variety of experiences all of which do not confirm to the ideal. One common opinion was that media is responsible for unrealistic and childish portrayal of love which adversely influences youth. We had to moderate the extremes of opinions by stating the various ages states and conditions which influence the concept of love. The participants were able to see that no one opinion can adequately describe 'love' in its entirety.

SECOND DAY:

Feedback from first session

The participants were asked to share with the group some thing new they learnt since they met last, or some thing pleasant they experienced in the mean time. The responses were varied. One of the surprises was one of the peers said she learnt that she must not entertain an idealistic opinion of love and she must understand the ground realities of the feeling called love. Another said she dreamt of the previous session and another said his friend with whom he shared his experience also wanted to attend the meeting. Almost all of the participants said that they shared their experiences with someone else.

With a brother, or sister or friend or teachers or hostel mates. The student trainees said they felt they have been given importance because the training was organized on fieldwork days so they could attend the sessions. Even shy persons were able to participate in games like dumb charades.

The topic for discussion was marriage. The participants came out with various opinions. A married male said that marriage is meant to enjoy sex. Another said it is a sacred thing. One of them said it meant responsibility. Permanent and legal were some of the other responses. One of the new peers said marriage meant children.

License, bondage and restrictions were some of the other responses. One woman said love marriages were not marriages. Only arranged marriages were real marriage.

Discussion

All words and responses came under intense examination and each person had to concede to certain ideas and they all could understand that there could be no one idea about marriage, and that all of the responses were valid and came out of their life experiences. Most of the responses were discussed threadbare. The sexworkers rejected strongly the idea of sanctity of marriage and questioned why is it that men desert women if marriages so sacred. They said the idea of sanctity came from mythology and was unjust to women.

They pointed out that the rule of sanctity only applied to women and men often broke the sanctity. When one of the male participant said it is natural for men to seek other women when their wives were away, it was strongly opposed by the women who pointed out the double standard in claiming one privilege for men and another for women.

When one male participant said marriage meant sex, one of the women (non-sexworker) pointed out one could have sex anywhere and one need not get married for the sake of sex. When one participant said Indian culture was against promiscuity, another girl pointed out the erotic sculptures on temples.

The topic for the next round was 'sex'. The responses were varied and ranged from 'fear', 'pleasure' to 'business'. All responses were enthusiastically discussed and all participants had many things to say. This discussion resulted in a visible enthusiasm among the participants who edged closer and everyone insisted on being heard.

Feedback from the second day

Everyone said discussion was a very interesting method of clarifying ideas. One of the students said sex was repulsive.

One of the peers disagreed strongly with this opinion. All of the peers said it would be a good idea if there were a 'Stepping Stones' training every two months. Every one of the participants except one, who said that actually it is a good concept, disliked the word 'license'. The participants thought that it was the cinemas that are responsible for introducing this concept. The students said it was the first time that they attended such a training session and they enjoyed the discussions.

They said this would help them in talking about sex and sexuality with rural women when they attend camps during the 'micro level planning' they

are supposed to attend as a part of 'Janmabhoomi' program of the Government. Our counselor said that though she attended many training programs this was the first time she had heard such topics discussed. One student trainee said youth must receive this training. One of the student participants said she had never even uttered the word 'sex', and she felt ashamed that she did not know anything about sex. She said she had learnt a lot about this important topic and would like to create awareness to women in the rural areas. Another student said this training must be conducted for people from rural areas so that they can gain knowledge and prevent AIDS. Another student felt she had learnt valuable information about safe sex. Our lab technician said he had learnt a lot about husband and wife relationship, which could be thought of as a transaction and he agreed that this was true.

A sample of responses of the participants:

ON "LOVE"

- 'Love is not constant, it depends upon the circumstances'-female
- 'Mother's love always expects something in return'-female
- 'Cinemas portray love in a vulgar way'-female
- 'For youth love means sex and only when they are thirty years old do they understand what love means in a family relationship'-male

ON "MARRIAGE"

- 'Marriage means children'-female
- 'Marriage is sacred'-male
- 'Marriage is for enjoying sex'-male
- 'Marriage is a license'-male
- 'Marriage means restrictions and boundaries'-female
- 'Marriage is for ever'-female

ON "SEX"

- 'Sex is business'-female
- 'Sex is pleasure'-male
- 'Sex is a temple of disease these days'-female
- 'Sex is disgusting'-female

Comments on adaptability

We found that the sexworkers felt that the participatory games were designed to test their memory, understanding and skill. When asked to volunteer none of the sexworkers came forward. We feel that games must be developed specially for people without literacy. Also these must relate to the cultural background of participants.

But their participation in energizer was enthusiastic and even naturally shy women also participated.

At the same time student trainees and staff of WINS were able to understand the import of the participatory games. Also we found that local group games were more effective energizers.

The two males who were participants did not try to dominate the discussions and on the whole were receptive to ideas even if their initial responses were typical stereotypes. They were able to see the limitations of male stereotyping.

On the whole the sexworkers and non-sexworkers were able to interact without rancor and were able to see each other's point of view. (For example, the sex workers very much appreciated the role-play done by the student trainees. They agreed that it portrayed realistically the field realities of women in prostitution and the difficulties in motivating them to make use of the clinic facilities.)

The guidance of the facilitators was needed to give out the appropriate ideas on 'love', 'marriage' and 'sex'. This was needed because some of the responses were based on stereotypical ideas of male dominance and female submissiveness.

Discussions were more effective in challenging male stereotyping and it was possible for the female participants to address specific instances.

We could not cover the topic on discrimination against HIV / AIDS affected persons, as we did not have enough time.

Experiences of Implementing Stepping Stones – Experiences shared by

H. Rosenara and Th. Suraj, ISD Manipur

1. Mode of Adaptation

- Integration of SS techniques into the existing activities of the organisation

2. Target groups

a) Intravenous Drug Users

- Developed a three day training of peer educators to promote safe behaviour

b) Wives and widows of IDUs

- Developed module for 3 day training on empowering assertive skills

c) Community Youth Leaders

- Developed module for – 4 days training module on sex and sexuality
 - 1 day participatory programme

Most of the programme design restructured based on SS training package

3. Achievements

- Increase participation by participants
- Enables participants to discuss sex and sexuality in the group mostly by the sessions like Images of Sex, Body Mapping and What is Love
- Sessions of group cooperation makes participants feel the importance of group support not only during the training but also in the community to uplift PLWHA
- Sessions related to human behaviour like testing the water, Risk taking, Taking Responsibility and Possible Futures help to explore the hidden factors that may influence a person to undergo risky practices and to develop assertive skill to cope the influencing situation
- Increase monitoring quality during the programme

4. Indicators

- Reduced use of one way mode of communication during the programme
- Training are mostly focussed on skill development rather than information giving
- Programme can be done amongst participants of any background – literate or illiterate
- Programme can be done at any situation with little resources
- More people are interested to participate in your programme
- Increase in the number of small group discussion on sex and sexuality amongst the peers of the trained personnel and share their feedback with us
- Seek more knowledge on STD/ HIV
- Seeking more programme of Reproductive and Sexual Health by the community people
- Community based organization starts to integrate the RSH issues in their existing programme

5. Constraints

- Since the programme is participatory, it is time consuming which some participants cannot afford
- High skilled facilitators are required which are very limited

6. Future Action Plan

- Develop local and culturally specific training modules based on concepts of SS
- Integrate the concept of SS in the existing programme of Gos, / NGOs/ CBOs at District / state and regional level
- Develop a resource pool at District / State / NE level
- Develop a networking system amongst the various programmes for effective monitoring
- Further input required to the already trained resources

7. Justification of Action Plan

- Increase trend of HIV infection amongst the women population
- Effected/ affected group at a very young and productive age, also they do not belong to the high risk group (IDU or CSWs)
- High relevance of pre – marital sex
- Taboo of condom use and talking about sexual health

- Promotion of other forms of safer sex besides condom use is not in the national/ state programme
- National / State programme doesn't have gender policy

Success and Challenges of Implementing Stepping Stones

Based on participants' experiences the following are the success / advantages of implementing Stepping Stones

- Stepping Stones encourages two way communication enhancing participation
- SS develops skills rather than just providing information
- SS allows literate and illiterates both to take part with equal enthusiasm
- SS can be implemented at situations with even little resources
- SS has helped in doing away with electronic gadgets like TV / VCR
- SS is a general tool. Though it has been developed in the context of HIV, it can be also used in the context of diarrhea, TB or any such issue where behaviour change is required.
- SS had broadened horizons ... from information to behaviour change
- SS allows people to get in touch with themselves... know themselves , analyze their knowledge, perceptions and behaviour. It also helps / facilitates change of behaviour
- Some of the sessions have worked very well with sex workers like session on what is love
- **Based on Participants' experience, following are the challenges of implementing Stepping Stones. Along with each challenge, suggestions given by the participants to overcome it are also given.**

• Challenges	• Ways to overcome it(suggested by participants)
• Time consuming – need shorter packages for 1-2 days	• Any behaviour change tool would be long as behaviour change cannot be achieved in one day. This package is a minimum requirement and needs to be implemented completely (all four themes) may be in a phased manner
• There are limitations while implementing with marginalised groups like commercial sex workers, IDUs, MSM	• The package needs to be adapted to include these groups. NGOs working with vulnerable groups need to implement SS and adapt accordingly
• The package does not look at ethical or rights issues	• Can be added while adaptation

Suceses and Challenges of Implementing Stepping Stone

Challenges	Ways to overcome it(suggested by participants)
<ul style="list-style-type: none"> • Difficulty in implementation in absence of male resource person 	<ul style="list-style-type: none"> • Regional training programmes where each NGO / organisation should send one male and one female participant
<ul style="list-style-type: none"> • Resource constraints 	<ul style="list-style-type: none"> • SS can be included in ongoing HIV/ AIDS project or RH project to reduce implementation cost
<ul style="list-style-type: none"> • More peer groups needed 	<ul style="list-style-type: none"> • SS provides that flexibility
<ul style="list-style-type: none"> • It is difficult to introduce HIV specially with organisation who does not work exclusively on that topic 	<ul style="list-style-type: none"> • SS does not talk about HIV only. It brings in discussions on sexual health or HIV only after a rapport has been built with the community through discussions on communiton. Moreover SS provides the flexibility of introducing HIV through discussions on more acceptable issues like infertility or family planning and so on
<ul style="list-style-type: none"> • It is difficult to get people's time 	<ul style="list-style-type: none"> • Facilitator can go to the community when the community has time rather when the facilitator has time.
<ul style="list-style-type: none"> • Monitoring of SS is a problem 	<ul style="list-style-type: none"> • SS can be preceded and succeeded by sessions on PLA which can focus on need assessment and monitoring and evaluation. SS has inbuilt mechanisms which help in monitoring and evaluation
<ul style="list-style-type: none"> • Language can be a barrier 	<ul style="list-style-type: none"> • SS needs to be translated in local languages with acceptable words
<ul style="list-style-type: none"> • Some sessions relating to the third theme- why do we behave the way we do has been difficult to do with vulnerable groups like IDUs 	<ul style="list-style-type: none"> • There may be need to relook at the session and adapt it to be more acceptable. There may be also need to phase the sessions and also to evaluate ones one facilitation skills.
<ul style="list-style-type: none"> • Due to lack of time one can do only one or two theme 	<ul style="list-style-type: none"> • One cannot do one theme or two and call it Stepping Stones. While implementing Stepping Stones one cannot negotiate with the themes

	otherwise there will be no results. Also for any behaviour change process, all the four themes are most essential. One can increase or decrease the sessions in each theme but while implementing Stepping Stones, one cannot delete any theme.
--	---

Annexure 6

Adaptation of Stepping Stones

Stepping Stones was designed with specific community in Uganda and the examples given in the manual, video clips and the factors affecting behaviour are based on the culture and ways of life of that community and country

Benefits of Adapting Stepping Stones

- Ensures peer groups focus their discussions and activities on their own problems thus increasing level of participation
- Ownership of the training package
- Critical reflection of the package

Pitfalls of Adaptation

- Adaptation should be done by people who have experienced Stepping Stones as otherwise some sessions or activities may be taken out or modified without fully appreciating their importance or purpose
- There is no such thing as perfect adaptation - only one that has a good fit in a specific situation. So adaptation can be titled as '*work in progress*'.

Non negotiable in Adaptation

Although we can change the content, activities and sequencing of Stepping Stones, it is important that the adaptation is compatible with the underlying principles of Stepping Stones. These principles are:

- The four themes of SS remain in some form – Group Cooperation, HIV and safer sex, Why we behave in the ways that we do and ways in which we can change
- Participants use their own experience to find their own solutions to problems

- Participants work in peer groups
- Facilitators guide and support, provide information as it is needed and challenge ideas but do not tell people what they should do or judge them

Annexure 6

Different types of adaptation

- Translation into another language – Singhala, French, Portuguese
- Making a shorter version of Stepping Stones - this has not really been possible even though many groups have mentioned the need. It has been tried in Cambodia by prioritizing the problems and selecting the most important problems and also by combining two or three activities especially in sessions on assertive skills. In Gambia and Cambodia, they have taken out session M on 'Lets work together ' as they felt it inappropriate for that country.
- Use simpler language
- Adapt SS to fit the organization's approach and systems - A sexual and reproductive health organization would want to add more on family planning, infertility, abortion and sexuality. An organization working with same sex relationships may want to add sessions on those issues.
- New modules to address locally important topics – In South African adaptation, the activity exploring why was integrated into a new module on teenage pregnancy
- More emphasis on monitoring the SS process and its effects – Cambodia group designed an Action matrix to be used from 3rd session onwards,
- Adding some PLA activities to act as baseline measure for evaluation – Gambia has used PLA activities to learn about people's perception of the types of STIs occurring in the community, treatment and consequences and so on
- Adapt SS to work with particular groups of people – very strongly projected in by Indian participants
- Adapt to use SS without a video – was replaced by role plays and tableaux in India

Adaptation in Gambia

Although very similar to the mother manual there are some changes being made in the Gambia adaptation of Stepping Stones. They are :

- Certain exercises such as those involving alcohol were omitted because Gambia is a Islamic country with very little alcohol consumption
- It was decided not to use video cassette because electrification is rare in rural villages and very few organizations have portable screening facilities
- Entry into the villages was a major problem, as the program was perceived as a birth control programme. So it was presented as an **infertility prevention package**. STIs are the biggest cause of infertility and ways to prevent STIs are similar to preventing HIV. Therefore new sessions on STIs, causes of infertility as well as advice on how to conceive were included

Annexure 6

- The programme was started with a blind matrix scoring exercise on health priorities to match the NGOs agenda with villagers agenda
- Participants were informed that every peer group did exactly the same exercises to do away with all the concern that men had when women were taken away in separate groups. The one exercise in the original manual where women do a slightly different activity was modified.
- Body mapping of sexual turnons and turn offs was added to enable discussions on difficult subjects like female circumcision and orgasm.
- Exercise M from the original manual on will making was excluded as in the Gambia the extended family has the responsibility to care for the bereaved. However there are plans to add it now in the modified version to try and have an impact on gender inequality in inheritance, which can contribute to poverty and financial dependence on sexual partners.
- An additional inter peer group meeting was added so that the groups meet three times before having the final community meeting.
- The groups make a group action plan and during the special request session, the groups present a request which is not necessarily the most important change but may be the one which is hardest to achieve without the support of the rest f the community
- Preparation for post workshop review is very important as it is the most important aspect to sustainability of the programme
- Stepping Stones is added as a part of integrated rural development. Should reproductive health come as a concern for people, then Stepping Stones can be offered there.
- Stepping Stones is drawing closer links with REFLECT too as there are many similarities between the two manuals and the material in Stepping Stones could be a good base for the adult literacy exercises.

Adaptation in South Africa

The South African Adaptation of Stepping Stones has added some issues which are very relevant to the country :

- The adapted version added a complete new module on gender violence. The contents include Statues of power, How do men and women mistreat each other, When men get violent, Supporting abused women, Bushveld and Closing circle.
- An HIV positive person is invited to talk to the group.
- Sessions on TB, showing videos on rape, HIV and teenage Pregnancy, contraceptives, anatomical charts and introducing songs and poetry were some of the additions.

Adaptation Groups

Themes / Sessions	Participants
Group Cooperation Session A to Session D	Aparajita Dhar, T. Suraj, Dr. Uchhal Bhadra, Sushnata Goswami and Parinita
HIV/ AIDS Session E to Session F	Dr. Shakeel, Shreelekha Ray, Shyamala Ashok and Rosenara devi
Why we behave the way we do Session G to Session J	A. Arjun Singh, Ayan Chatterjee, R. Meera and Rochana Mitra
How can we change our behaviour Session K to Session N	Neeraj Richhariya, Bandana Dutta, Pramada Menon and Abhijit Dasgupta

Recommendations for Adaptation

Theme – Group Cooperation

Stepping Stones Original Manual	Suggestions for Adaptation
First Open Community Meeting	To include Community mapping, Time line and problem ranking
Session A – Lets Communicate	
A.1 Adjectival Names	Adjective can be replaced by food one likes or a book or flower.....
A.2 Expectation	Can be used to find out hopes and fears
A.3 Trust and confidentiality	Should follow Straight line just as discussion
A.4 The Straight Line	Can be concluded by discussion on trust and confidentiality
A.5 Ground rules	May not spend too much time
A.6 A knotty problem	This should be in the end of session A
A.7 Listening pairs	The activity can be modified and combined with body language
A.8 Body language	Can be combined with Listening pairs
A.9 Guardian Angels	To be deleted
A.10 Hand in Hand	To be deleted. Session to end with knotty problem
Session B – Our Perception	
B.1 Mime the lie	To be kept as it is
B.2 Fixed Positions	To be deleted from here
B.3 Ideals Images and personal Destroyers	To be kept as it is. To be shared in community meeting
	Body mapping. Depending on time and need this exercise can be done in detail to include components of RH and comfort with sexual vocabulary
B.4 Images of Sex/ Joys and sorrows of sex	B.4 and B.5 can be merged
B.5 Prioritizing problems	
	Session with women on 'feeling good about ourselves' and session with men on ' responsibilities of both to make improve sorrows into joys
B.6 Closing Circle and local	To be kept as it is

song	
	First Community Meeting – to share ideal images and images of sex

Stepping Stones Original Manual	Suggestions for Adaptation
Session C – What is Love	
C.1 Fruit salad	To be kept as it is
C.2 What is love	Can be extended to discuss about sexual relationship and reasons for having sex
C.3 Video Clip – what is love	Can be replaced by role play in loving and no loving relationships
C.4 Sitting on knees	Can be replaced by another energizer
C.5 Closing circle	Can be deleted
Session D – Our Prejudices	
D.1 Pass the picture	Can be replaced by another game on perception. Fixed positions can be done here
D.2 Taking risks	Can be linked with exercise on generation change (Cambodian version)
D.3 Who is labeling whom	Can be deleted
D.4 catch up time	As it is
D.5 Closing Circle	Can be deleted

Theme – HIV/ AIDS

Stepping Stones Original Manual	Suggestions for Adaptation
Session E – HIV	
E.1 Muddling messages	To be extended to explain how misinformation / rumours can be harmful in the context of HIV
E.2 The Language of Sex	Can be included while doing body language. Different kinds of sex can be explored
E.3 The TASO game	Instead of handshake, a pat or prick with a tooth prick could be encouraged. Instructions need to be clear and emotions of both infected and non infected in the exercise needs to be explored
E.4 Facts and feelings about HIV	Information should be updated, ethico regal issues and issues of rights needs to be discussed

	Issues related to PLWHA needs to be discussed. A positive person may also be invited
	Myths and misconception on HIV needs to be added
E.5 Prr and Pukutu	As it is
E.6 Closing Circle	Can be deleted

Stepping Stones Original Manual	Suggestions for Adaptation
Session F : Condoms	
	Sessions name should be changed to 'safe sex practices'
F.1 Folding paper game	Can be changed to culture specific game
F.2 Video clip – the condom	Use of a game or posters
F.3 Condom Discussion	Needs to include sessions on sensualising the condom, jokes anecdotes
	Discussion on other safe sex practices, how safe are they, sexual rights
F.4 Catch up time	As it is
F.5 One new thing	As it is

Theme – Why do we behave the way we do

Stepping Stones Original Manual	Suggestions for Adaptation
Session G : Our Options	
G.1 Spiders web	As it is. It can be also done in the end of all sessions
G.2 Possible Futures	Participants can get very emotional. Can be replaced by river of my life
G.3 Video Clip 4	Role plays
G.4 Video Clip 5	Role plays
G.5 Jungle	As it is
G.6 if I were an Animal	Optional
FULL WORKSHOP MEETING	As it is . Share loving relationships
Session H : Lets look deeper : part 1	
H.1 O henry!	As it is
H.2 Exploring Why ?	The participants may need few lead instances
H.3 Video Clip on Alcohol	Can be done pictorially or through cause – consequence tree
H.4 Community Likes	Can be deleted
H.5 Happy song and closing circle	As it is
Session I : Lets look deeper : Part 2	
I.1 Shout, Whisper, Sing	Can be replaced by any other energizer
I.2 Video Clip : Traditions	Replaced by discussions and role-plays
I.3 Touch Something Blue	As it is

I.4 Video Clip : money	Can be replaced by discussion and role play. A spider diagram can be also used
I.5 Hand Push	As it is
I.6 Testing the water	As it is
I.7 Closing circle	As it is

Stepping Stones Original Manual	Suggestions for Adaptation
Session J : Lets Support Ourselves	
J.1 Statues of Power	Role plays can be used
J.2 Attack and avoid	As it is
J.3 Video Clip : saying yes	Can be deleted
J.4 Taking control	As it is or can change the activity
J.5 The yes/no game	As it is
J.6 Supporting ourselves to regain control	As it is
J.7 closing circle	As it is (optional)

Theme – How to change our behaviour

Stepping Stones Original Manual	Suggestions for Adaptation
Session K : Let's Assert Ourselves	
K.1 Tugs of War and peace	As it is
K.2 Video clip : Saying No	To be replaced by role play to apply situations of alcohol use, violence, IDU and so on
K.3 Opening a Fist	As it is
K.4 Video clip : Coming Home	To be deleted
K.5 'I' Statements	As it is
K.6 Closing circle	As it is
Session L : Lets Change Ourselves	
L.1 Video Clip : I statements	Role play using specific situations
L.2 Three to One	To be deleted
L.3 Manipulative skills	As it is
L.4 Exploring why revisited	As it is
L.5 Rhythm clap	Can be replaced by another energizer
Second Full workshop meeting	Third Full Workshop meeting
Session M : Lets works together	
M.1 I'm going on a trip	As it is
M.2 Video clip : trust	Can be deleted
M.3 The long journey	As it is
M.4 Video clip – long journey	Can be deleted
M.5 The trust game	As it is
M.6 Closing Circle	As it is

Stepping Stones Original Manual	Suggestions for Adaptation
Session N : Lets prepare for the future	
N.1 The special request	As it is
N.2 The great debate	To be deleted
N.3 Video clip : the community challenge	
N.4 Rehearsal of special request	As it is
N.5 Workshop expectation review	As it is
N.6 Preparation for post workshop review	As it is
N.7 Plans for future	As it is
N.8 Mental gifts	As it is
Final Open community meeting	As it is

HIV Unit
Action Aid India
3, Rest House Road , Bangalore – 1
parib@actionaidindia.org