

# **Samvaad**

## **Report of the National Sharing Workshop on Stepping Stones (February 23rd -25<sup>th</sup> 2004)**

### **PREFACE**

## **SECTION I**

### **Introduction :**

## **Stepping Stones : An Introduction**

Stepping Stones (SS) can be introduced as a training package for HIV/AIDS, communication and relationship skills. In reality it is multi faceted training package whose scope is beyond d this stipulated description.

It is a module that enables individuals to explore themselves, understand HIV/AIDS not merely as a health problem but its connectivity to other social variables and in the process imbibes the skills to empower oneself.

Stepping Stones is a comprehensive package that basically aims to enable men and women to describe and analyze their experiences and to develop their own solutions to the sexual health dilemmas they face. The package enables people to explore the huge range of issues that affect sexual health –including gender roles, alcohol consumption, traditional practices, attitudes to sex, social environment and life as a whole and most importantly the personality of the person. Analyzing the above underlying causes in small peer groups, in an open and supportive environment enables the participants to adopt desirable behavior and thus benefit themselves, their partners, their families and the community at large and most importantly change their behavior.

To summarize: -

1. The process of Stepping Stones seeks to enhance individuals understanding of issues related to HIV/AIDS by exploring self, gender differences communication skills and relationships that form the core of healthy living. Stepping Stones refuses to deal with the issues of the HIV/AIDS in isolation but in the context of gender, communication, relationship and culture specificity.
2. It consensentizes individuals to focus on one's behavior patterns. It also promotes the understandings that any behavior is linked to his/ her thinking that in turn is influenced by one's psychosocial environment.
3. It seeks to develop: -
  - Skills required as trainer to facilitate training and deal with the issue of the HIV/AIDS in the community setting.
  - Flexibility in approach essential to adapt Stepping Stones to cater to the specific needs of the community.

## **ActionAid, ActionAid India and Stepping Stones: A Brief Preview**

Established in 1972, ActionAid's vision is a world without poverty in which every person can exercise their right to life of dignity .Its mission is to work wit poor and marginalized people to eradicate poverty, by overcoming the injustice and inequity that cause it. In 1998 realizing its strong link between poverty and AIDS, AAI initiated its HIV/AIDS program.

Action Aid India (AAI) looks upon the issue of HIV/AIDS in the framework of restoring rights of the marginalized and the vulnerable. Action Aid India believes that the development process must be taken ahead by the people and thus it's important to sensitize communities to the issues facing them. Community leaders are thus identified and trained to mobilize the community and create institutions like self-help groups, village councils, committees etc. These Community based organizations (CBOs) could then take the issue ahead and strive for rights to health, food, shelter, government entitlements and any other rights, the community has been deprived of. Action Aid thus looks at training and motivating communities to help themselves and act on humane values of compassion and concern. In consonance with this, AAI has organized training programs to train professionals in the SS approach in the regional national and international level

### **Initiation of stepping stones in Maharashtra**

It was Ms. Linnea Renton's visit in Mumbai in 2002 that was instrumental in institutionalizing Stepping Stones in India through Action Aid. A NF project proposal for strategizing Stepping Stones Resource Centre in Mumbai for Asia was taken up by the Action Aid regional office of Mumbai. Accordingly the resource centre named as Samvaad was initiated at ActionAid in Mumbai. Since then, Samvaad has been undertaking various activities to promote SS like organizing training of trainers, creating a platform for SS trainers, adaptation of SS model to Indian context etc. In the As an extension of these activities as well as to systematize the Samvaad's effort to promote, institutionalize and adapt SS to the Indian context a three days National sharing workshop on stepping stones was organized.

### **About the National sharing workshop on stepping stones**

Samvaad organized the National sharing workshop on Stepping Stones in February 2004 in Mumbai at Hotel Avion. The main objectives of the workshop were:

- To take stock of learning's and applications of the approach at the field level with different groups and in different context.
- To get feedback from the trainers about their experiences and have suggestions for their future programs.
- To review the reports, aids and manuals prepared by the participants after the training and give feedback on the draft.
- To have a concrete plan for further work in the Indian context.

### **About the Participants**

Nearly 30 participants from various parts of India participated in the workshop. Most of the participants had undergone the SS training and had some experience in promoting SS through conducting trainings or implementing at the field level. Ms. Linnea Renton, the program coordinator for ActionAid based at U.K office as also present on all days of the workshop. Dr. Koparde from BMC and Dr. Usha Ubale from BMC's Women Centered Health Project were also present on the first and third day. Similarly representatives from

AAI's regional offices (Delhi, Bangalore and Kolkotta) were also present. A list of the participants is annexed at the end of the report.

### **About the Report**

The present document is the report of the proceedings of this workshop. The report records the proceedings of the workshop in a chronological manner. An attempt is made to capture the day wise sessions to record the details of the proceedings and prevent loss of data prevent loss of data.

## **SECTION II**

### **Session 1 :Introductory Session**

The workshop commenced with a welcome address by Ms. Kamini Kapadia (Regional Manager ActionAid -Mumbai).On behalf of ActionAid-Mumbai; she extended a warm welcome to the participants and all those present for the workshop. The guest list included Dr. Koparde from BMC, Dr.Usha Ubale from BMC's Women Centered Health Project, Ms.Linnea Renton, the program coordinator for ActionAid based at U.K office and Ms. Parineeta Bhattacharjee (ICHAP).

In her introductory speech, Ms. Kamini Kapadia focused on the purpose of organizing the workshop. She said that the main aim of this workshop was to take the SS approach forward and make it a continuous process of learning, sharing and thereby improve the skills gained as well as upscale its use to various groups in the most appropriate manner, through the participation of practitioners.

The underlying idea was thus to initiate a dialogue between Samvaad, partner organizations and other Stepping Stones practitioners by creating a platform to share experiences related to implementing of SS and in the process together formulate a plan to adapt, promote and popularize SS in India. She mentioned that the sharing needed to include the participants' experiences with SS, the strategies they had tried out, its impact and the lessons they had learnt in implementing SS in the Indian context. She concluded her speech by hoping that the three days proceedings would witness exchange of ideas and crystallize a visionary plan towards institutionalizing SS in India.

To familiarize themselves with each other the participants then introduced themselves and their organizations.

The next presentation was by Ms. Linnea Renton. She began her presentation with the evolution of SS at the international level. She stated that it was in the year 1987; in Uganda that work related to HIV/AIDS was started by ActionAid with a community based NGOS. Several years of work led to the realization that most of the HIV/AIDS programs focused on individual problems and did not address the issue related to gender and community as a whole leading to minimal impact. Also the belief that information would lead to behavior

change led to most programs focusing only on information. Lesson learnt from these programs led to the origin of SS in the early 90's. The original manual was developed in 1995. Begun in the early 90's, in Uganda, SS is now in its ninth year of experience, reached around 100 countries. Ms Linnea further added that only few countries had taken active steps in promoting and contributing to SS.

She also dwelled upon the fact that carrying forward SS does not mean that one rigidly follows SS as per the original manual but the main idea is to adapt SS to different locations create new ideas by adding appropriate and deleting inappropriate material from the original manual to suit the context in which it is applied. Adding to this, she said that SS acknowledges the fact people respond more effectively to local images, experiences and examples. To substantiate, she said that SS has witnessed this process of change in other countries leading to certain additions or deletions in the original manual. For instance, a section on violence has been added to the original manual. Similarly a section on injectable drugs has been introduced. In the original manual, there is a video made in the African context but in most if the countries where SS is being applied it is not used as it is culturally not appropriate.

Speaking about SS's entry into India, Linnea said that Parineeta Bhattacharjee who was working at the ActionAid's Bangalore office then made the first contact with ActionAid U.K office enquiring about SS. This contact subsequently led to the organization of the training workshop in Guwahati where participants from various NGO's in India and Nepal participated.

Creating a first batch of trainers paved the way For SS in India. The credit of taking the initiative and carrying it forward goes to Karnataka and Maharashtra. She also mentioned that a joint training of SS approach and the REFLECT approach termed as STAR was conducted in Bangalore for the first time in the world. Congratulating Indian partner's initiatives on carrying SS forward in her concluding remarks she pointed out India was one of the few countries who had carried forward the SS and contributed to it significantly in a short stint of time. She further remarked that the international community was looking forward to interact with Indian partners and learn from their experiences. She expressed her hope that this two way process of exchange would continue. She also looked forward for not just spreading in the community but to the process of enriching the SS by adapting it culturally.

Speaking about initiatives in Maharashtra Ms Kamini Kapadia said that Linnea's visit to Mumbai in 2002 was instrumental in launching the Samvaad Resource Center. During the visit she had discussion with several prospective partners Of ActionAid like ALERT INDIA, Apnalaya AIDS Cell of BMC WCHP, and CCDT etc.

The underlying idea was to carry SS at the community level, create a cadre of SS trainers at community level and finalize the organizations that could take up the role of networking and advocacy to upscale the work of SS and reach out to a large number of people. Further it was also envisaged that the change in behavior of people undergoing training would facilitate change in other people. It would be change influencing change thus creating a ripple effect.

Interaction with the organization further led to identification of several issues that one would have to deal with while promoting SS. Some of which were a systematic needs assessment for the identification of appropriate organization interested in promoting SS organizations which would include their potential to reach out to people directly and their commitment in carrying SS forward. It would also be important to propagate the fact that merely conducting a large number of programs is not the priority but the quality of the SS model needs to be retained. Implementation of the model should be able to bring about change in thoughts and behavior. Also the need to adapt SS and make it more culturally relevant was felt along with developing appropriate training material .SS promotion should thus focus on the quality of training and behavior change and not target oriented approach of completing specified number of trainings.

Speaking about the role of Samvaad she said that Samvaad Resource Center should reach out to organizations through TOT and through them facilitate the change process at community level. Building a cadre of trainer who would take SS forward was the need of the hour and a major challenge. She pointed out that Samvaad has been playing an active role in facilitating and strengthening NGO-Government relationship and advocacy of SS through NGOs. Similarly Samvaad would serve as platform for sharing experiences related to SS among practitioners within the state as well as inter state like the current workshop. This would enable one to get a national perspective, look at the growth of SS progressively, and identify the commonalities and differences that emerge from each experience of SS implementation with varied groups across India. There is a need to examine these experiences and draw inferences. She also highlighted ActionAid's experiences with WCHP and its potential to carry it further in BMC. Apart from this there is also a need to look at STAR approach and contribute towards it. She concluded by saying that AA would play the role of a catalyst in promoting SS and ultimately there would be a structure/group that would carry forward it independently.

The next presentation was by Dr. Usha Ubale. She shared her experiences of initiating SS through WCHP project in the BMC. The training through WCHP included Doctors, Community development officers, Public Health Nurses .ANM's and MPW's from BMC. Based on her experience she suggested that there is a dire need to train all health workers in SS approach to reach out to the community. She also spoke about the possibility to initiate SS in the Schools through the AIDS Program, UNICEF program for out of school youth that is to be launched, networking between NGO/BMC to carry forward SS ward wise and inclusion of SS in State AIDS Education program.

Dr. Koparde in his presentation expressed his commitment to carry forward SS in the BMC, the modalities of which needed to be worked out. He also spoke about the stigma associated with AIDS by highlighting the fact that in many cases of AIDS was not documented as a cause of death.

## **Session 2: Expectations and Planning**

In order to outline the proceedings for the next two days Mr. Anurag Pratap suggested that each participant would write his or her expectations which would further be pooled, based on which the proceedings for the remaining days would be planned. The responses given by participants were categorized and the sessions were planned which were as follows:-

- A) Sharing of Experiences
- B) Review and feedback on the training material
- C) Action plan for 2004

Based on the responses of the participants the activities for the workshop were outlined.

### **Session 3 : Sharing of Experiences**

To discuss the different State level initiatives the participants were divided into three groups, which were as follows.

1. Karnataka group
2. Maharashtra group I (Field level implementation)
3. Maharashtra group II (Training of trainers)

Each group had to discuss among themselves their experiences of implementing SS, the focus of their training, the highlights of their training, adaptations made, reasons for making those adaptations, constraints faced and lessons learnt. Each group then had to present the summary of their discussion to the other groups.

### **Group Presentations**

#### **1. Karnataka Group**

Mr. Kevin presented the sequence of events with regards to SS in the Bangalore regional office. The highlights of his presentation were as follows. At the outset he stated that Karnataka has an estimated number of 3, 00,000 positive people in India, emerges as the third highest state in the country with HIV/AIDS. The Bangalore Regional Office (BRO) had been working with people infected/effected with HIV/AIDS as a focus group. BRO realized that this required capacity building of groups, organization and staff from AA. It was in the light of this background that BRO took the step of preparing of a proposal with the following objectives:

- To train and develop a cadre of local level trainers to facilitate stepping stones
- To adapt the manual to suit Karnataka/India specific situation
- To develop a plan of action to implement this tool in the *community/intervention areas*

This further led to a series of activities which included

- Preparation of an NF proposal for training jointly by (ICHAP) and (AAI-BRO) jointly funded by the HIV thematic unit of AAI and ICHAP



- Training on stepping-stones hosted by AAI-BRO & ICHAP at Bangalore - February 24th – March 8th 2003.
- Formulation of an e group after the SSTOT for the purpose was to keep in touch with information and sharing of experiences
- SS Manual Adaptation was the next Herculean task for which deadlines for bringing out the adapted version as well as the Kannada manual were set by conducting series of meetings
- Draft version of the report of the February-March 2003 TOT was ready and circulated
- The Indian adapted version in progress was sent in bits and pieces to the translator for the Kannada version
- Baseline survey report, revised plan of action and budget was received from all the AA Karnataka partners in June.
- Based on this a proposal was made by BRO covering the projects as well as cost for covering the Indian adaptation and the translation of the same in Kannada.
- The final draft of the Indian ‘Adapted’ version was ready by 21st July 2003
- Kannada version was received from the translator in August 2003
- Kannada version sent to all concerned partners in Karnataka in September for feedback and comments
- Refresher Course cum Meet for both ICHAP and AAI partners was conducted to share the experiences of SS implementation at field level – both AA (BRO) & ICHAP partners. (17-18 November 2003 at UTC, Bangalore)

## 2. Maharashtra group I (Field level implementation)

Mr. Balnath in his presentation enlisted the varied groups to which SS was applied by different group members. The list included groups from two settings i.e. urban as well as rural.

Urban	Rural
<ul style="list-style-type: none"> <li>• Adolescent boys</li> <li>• Adolescent girls</li> <li>• Women</li> <li>• Youth</li> <li>• Community volunteers</li> <li>• Health workers</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescent girls</li> <li>• Youths</li> <li>• School going girls</li> <li>• women (<i>Bachat gat</i>)</li> <li>• Adolescent boys</li> </ul>

Mr. Balnath shared that the group felt the need to make the groups on the field was felt because group strength had many advantages like they could solve the problems unitedly, serve as self help groups, for building of trust and confidentiality, easy to solve specific problems in a smaller group and the support mechanism created was effective.

The presentation also highlighted the reasons for not having more groups in one community. The reasons brought forth were

- not having enough trained facilitators

- Other NGOs already dealing with specific groups
- Time constraint
- Difficulty in formulating Men's group due to lack of convenient time
- Lack of trained professionals within the organization
- No specific project to integrate SS

The group members also shared some experiences related to integrating SS in other programs. the experience of Apnalaya was narrated in which Ss sessions were taken as a part of RCH program intervention which was ongoing. Apnalaya's experience of Chikkuwadi highlighted work with migrant population. Similarly ALERT India's experiences with adolescent groups in the community revealed how SS can be implemented at community level in urban slums.

All the members from the group felt that SS training has impact on the participants where they do experience the process of change in thoughts as well as behavior facilitating improvement in relationships.

Mr.Anurag Pratap who was facilitating the session thanked both the groups for their presentations. Due to lack of time it was decided to shift do the presentation of the last group to the next day.

### **Session: 3 Session on Sharing of experiences (contd.)**

The second day began with a brief recap of the first day's proceedings by Mr.Anurag Pratap. Two new participants Mr.Ayan Chatterjee and Ms.Leena Joshi who joined in were introduced and welcomed .This was followed by the last groups presentation.

### **3. Maharashtra group II (Training of trainers)**

Most of the members of this group were participants who had conducted Stepping Stone's training of trainers with different groups. The various groups to which different group members applied SS is given below.

<b>Groups</b>
➤ Staff working with NGO's
➤ Staff of Health Dept.
➤ ANMs
➤ MPWs
➤ Medical officers
➤ CDOs
➤ PHNs
➤ Adolescents/ Youth
➤ NSS Candidates
➤ School going
➤ Out of School
➤ Jail inmates
➤ Others
➤ Migrant workers
➤ Teachers
➤ Rag picker women

One of the group members Ms. Swati Pongurlekar who had conducted training with the Health dept Staff shared the results of the evaluation conducted to assess the impact of SS training. She shared that a pre and post test was conducted on the participants undergoing the training .The tool used was a questionnaire which consisted of 40 questions revolving around five themes The scores revealed that participants scored significantly more on most questions in the post test as compared to the pre test.

Some of the concerns expressed by the group as while implementing SS were as follows.

- Differentiating between SS as an approach, project or a module
- Need to include issue of homosexuality, sexual violence including the services available and the legal aspect
- Consistency of participants
- Participants from the same family
- Ensuring quality of training
- Can SS be conducted without reference to HIV and AIDS
- Should the participants group be homogeneous
- How important is the sex of the facilitator
- Duration of the Stepping Stone Process

After the presentations were over the floor was opened for discussion. The highlights of the issues raised during the discussion are as follows.

- While applying Stepping stones to the field it is the trainers discretion to ascertain the content, format and sequence decision of which would depend on number of variables.

- The essence of the SS needs to be retained if one is terming it as a stepping stone module. The duration cannot be cut down to merely one or two days
- A need for developing some parameters for qualifying as a SS module needs to be developed
- Before conducting the training program the trainer has to equip oneself the tips for which need to be included in the manual.
- A manual should be looked upon as a guide that provides the basic framework and the rest should be developed by the trainer based on the needs of the group.
- A need to develop a checklist for trainers while implementing SS.
- In the community availability of a common time for men and women is a problem. It's easy to access adolescent boys and girls due to time availability.
- ICHAP as an organization focuses completely on HIV/AIDS but this is not the case with ActionAid. This issue needs to be developed while addressing the issue developing a strategy to promote Stepping Stones.

After a short tea break, Ms. Linnea Renton made a brief presentation focusing on the minimum conditions for implementing Stepping Stones. She said that based on the global experience certain minimum requirements needed to be adhered while implementing SS. The requirements she mentioned were as follows:

- The methodology followed has to be participatory and not lecture based.
- Must work in separate gender groups
  - ❖ A lot of confidential issues are discussed during the SS process where the need to have a peer group for open sharing.
  - ❖ The need is uniform across groups irrespective of the level of education and ease with the other gender
  - ❖ Only when one is in separate groups does one realize its importance
  - ❖ Age, marital status etc can be the other variables on the basis of which the separate gender groups can be further sub divided
- It is essential to share the share insights between groups on a regular basis.
  - ❖ If direct sharing is not possible then the facilitators should discuss and communicate the needs of the other group
- There must be a logical progression of sequence of themes
  - ❖ One should not jump between topics
  - ❖ There is a need to develop to trust
  - ❖ It cannot be a one shot one day program.
  - ❖ Internal flexibility within sessions is permissible
- Difficult issues like HIV,AIDS,sexuality and death have to be addressed
- Each group should be facilitated by facilitators of their own gender

Based on her experience she also spoke about some factors that could be the key to a successful Stepping Stone's program.SS is successful when

- Both members of the couple participate
- Facilitators get
  - ❖ On going motivation and support

- ❖ Reflect on their own values and beliefs every time they do the training as each
- ❖ Time one is at a different phase of life
- ❖ Internalize the crucial learning's of SS
- As soon as one is trained one should train others to develop confidence and retain enthusiasm
- Should visit the organization before they send participants for training to ensure that the right people are sent for training and the organization makes commitment to take SS forward.

Most importantly

**SS activities should stimulate reflection, analysis, which leads to action which results in change in people lives.**

The discussion included the following points

- The size of the group should be comfortable enough for participants to share
- Making the group comfortable depends on the skills of the facilitator
- Limited number of facilitators is a constraint.
- While selecting an organization number of factors like priority of the organization, funding, ongoing programs, staff etc need to be taken into consideration
- It is important to involve the key decision makers from the organization to ensure promotion of SS
- Key persons of the organization need to be a part of the training
- To prevent drop out need to get a commitment from the group.

### **SECTION - III**

#### **Session 4: Review and feedback on the training material**

The next task was to review of the Indian version of the manual. Mr.Ayan Chatterjee facilitated the session. Ms. Manjula a participant who had worked on the Indian version in her presentation said that the manual is not the final version. It is a product of their learning's and discussions. The field testing of the manual is going on for which the Kannada translation is done. The participants were then divided into groups. Each group had to review a part of the manual based on the theme allotted to them. The four themes were which were as follows:

- Communication
- HIV/AIDS and other issues
- Why we behave the way we do
- Changing ourselves

Review of each theme had to be based on the following points

- Relevance of the issue in terms of the target group and the structure
- Addition and Deletions made
- Alternative Exercises
- Challenges

The presentations were done on the next day due to lack of time.

The day began with the presentations by the groups

All the groups acknowledged and appreciated the efforts undertaken to bring forth the Indian version of the manual.

As per the instructions, the groups identified the additions and deletions in each section. There were comments related

- To sequencing of some topics namely sex and loving relationship, alcoholism and violence.
- Inclusion of some exercises on self
- The language needs to be simplified.
- There should be usage of appropriate pictures.
- The manual needs to be supplemented with other training material.
- A section on tips for trainer needs to be included.
- There needs to be a talking manual of SS for those trainers who cannot read and write.
- Manual should be considered a guide and not a stand alone document that covers every thing. Let the manual serve as a reference book and each group develop its own manual.
- Topic on homosexuality also needs to be included.
- Experiences of a trainer need to be a part of this manual
- The manual should also contain list of other relevant training material.
- One needs to clarify whether the manual is for training of trainers or facilitators.

#### **Section - IV Formulating Action Plan**

##### **Session 5 : Action Plan**

The last session focused on the planning the advocacy efforts for promoting Stepping Stones. Ms. Kamini Kapadia said that it's important to systematize the efforts for advocacy and strategize the plan for promoting SS at various levels namely the state, national and international level. Advocacy she said would not only mean spreading but also up scaling, adapting, quality control and documentation. It would also mean planning within ActionAid, preparing a time line and identifying organizations for future implementation.

After the lunch break the participants were divided into groups to formulate a plan of action.

The points given for discussing within the group were

- Available Resources
- Training
- Up scaling
- Advocacy
- Networking
- Alliance building
- Communication
- Research
- Documentation

The highlights of the three group's presentation are given together below. The fourth group's presentation is given separately

### **Group I, II and III**

1. The available resources for the State and Community identified were

- State
  - Human resources (trainers)
  - Resource centre
  - Trainers network at State level
  - Training material
  - Manual
  - Documentation support

- Community
  - Experiences from
    - Bagalkot
    - Alert
    - Apnalaya
    - WCHP

1. The constraints identified were

- At organizational level
  - Time
  - Space
  - Priority
  - Finance
  - Staff turnover
  - Sufficient trainers of both genders
  - Training material and aid
  - Limited trained staff

At community level

- Problem of migration
- Space
- Time
- Priority
- Consistency of participants
- Trained community facilitators
- Simplified manual for community facilitators

4. The expectations expressed

- From the community
  - Economic gains for participating
  - Certificate of participation

➤ In terms of training/material were  
State level refreshers course

- National level Sharing
- International Exposure
- Interstate Exposure
- STAR training
- Manual(State languages)
- Relevant material
- documentation
- Needs based assessment
- Observers

5. Monitoring and evaluation

- Standardized pre and post assessment
- Formation of core group for quality control
- Checklist for trainers
- Small scale studies

6. Advocacy

- Establishing interlinkages
  - i. Between NGO-CBO-Government departments
  - ii. Director of Health Services
  - iii. Within regional offices of ActionAid
  - iv. Through media
  - v. NACO
  - vi. AVERT
  - vii. City initiatives
  - viii. PLWHA Networks

2. Networking

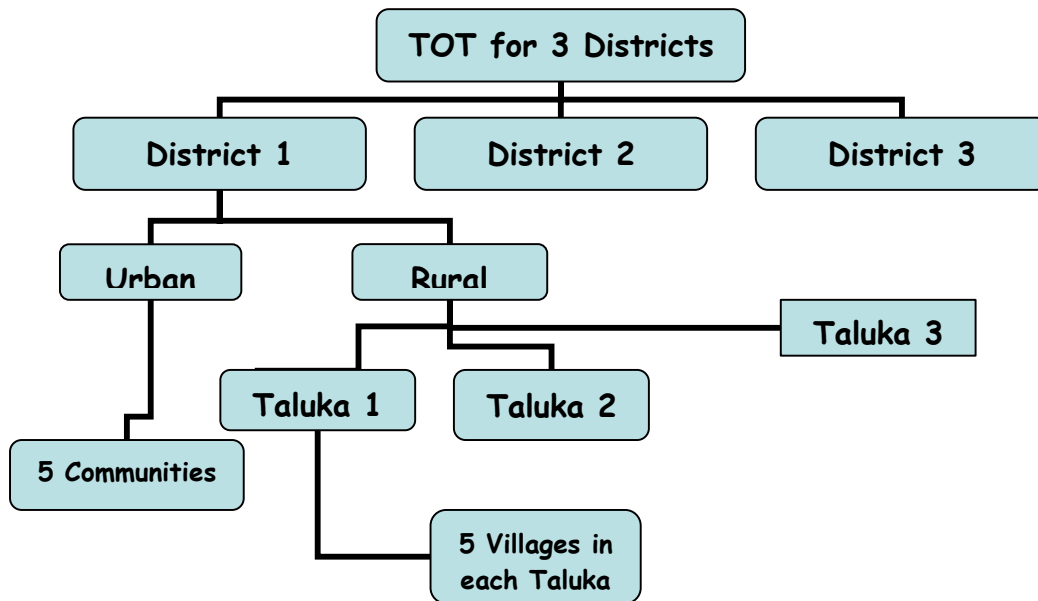
- With existing e groups like MASST and SSTCI
- Merging of MASST and SSTCI
- Creating a national base of trainers
- ICDS staff
- Leprosy staff

6 Pilot project with urban and rural areas

- Rural project with three districts
  - Nasik
  - Ahemhednagar
  - Pune
- One metro project with
  - Mumbai

The chart given below explains the plan of action





The monitoring and evaluation would be done by MASST and District level committee that would meet once in two months. At all levels the government machinery would be involved. The fourth comprised of representative of ActionAid staff from different branches. Given below is the summary of their presentation.

1. The available structures and resources in the form of different organization were

- ICHAP
- CHARCHA
- ROYAL TROPICAL INSTITUTE
- ICRW
- CARE
- UNICEF
- UNESCO
- INTERNATIONAL HIV AIDS ALLIANCE
- NACO
- OXFAM
- FORD FOUNDATION
- TISS
- VHAI

2. For training there needs to be

- Database of trainers
- E group
- Sponsorship exploration
- A thematic unit for funding
- Strategic locations to promoting SS

3. The advocacy efforts would include

- A national advocacy plan inclusive of sensitization activities
  - News letter
  - E group
4. For research and documentation
    - Dissemination workshops
  5. Work Plan from March –December was formulated which was follows
    - A Delhi Dissemination program
    - TOT workshop at West Bengal and Delhi
    - National Core group for Monitoring and evaluation
    - Pilot projects in different regions.

Commenting on the initiatives taken by the Indian partners, Ms Linnea in her concluding remarks said that after Africa it's for the first time that such systematic efforts to build upon the SS model have ever been done outside. She applauded the efforts taken by the Indian counterparts.

The three days workshop was concluded after Ms. Kamini Kapadia thanked all the participants and all those who had worked to make this workshop a success.

**Annexure 1 Participant list of Stepping Stones Workshop**

<b>Sr.No</b>	<b>Name of participant</b>	<b>Organisation</b>
1.	Nishant Salvi	Apnalaya, Mumbai
2.	Pushpa Bhosale	Apnalaya, Mumbai
3.	Mathew Mattam	CYDA, Pune
4.	Syed Rafat	Alert India, Mumbai
5.	Vandana Jagtap	Alert India, Mumbai
6.	Sushila Salve	Alert India, Mumbai
7.	Suchira B	Share, Mumbai
8.	Kanchan	Share, Mumbai
9.	Linnea Renton	ActionAid, UK
10.	Dr. Anisa Sayed	BMC
11.	Medha S. S	Alert India, Mumbai
12.	Balnath Sonawane	Lokpanchayat, Sangamner (Maharashtra)
13.	Ajit Jane	Apnalaya, Mumbai
14.	Veerappa	SIRE, Yadgiri (Karnataka)
15.	Kamalakshi	SIRE, Yadgiri (Karnataka)
16.	Shaikh Gazala	Aamrae, Nashik
17.	K. Manjula	ActionAid, Bangalore
18.	H. Srinivas	Paraspara, Bangalore
19.	Kevin N	ActionAid, Bangalore
20.	Patel S. A. A	BMC
21.	Parinita	Bangalore
22.	Prakash Thorat	BMC
23.	Nidhi Khosla	ActionAid, Delhi
24.	Aparna Joshi	ActionAid, Mumbai
25.	Dr. Koparde	BMC
26.	Dr. Usha Ubale	BMC
27.	Anjali Borhade	Lokvikas, Nashik
28.	Swati Pongurlekar	BMC
29.	Kamalika Datta	ActionAid, Kolkata
30.	Kamlakar Gaikwad	Aamrae, Mumbai
31.	Ayan Chatterjee	UNAIDS, Delhi
32.	Leena Joshi	Apnalaya, Mumbai
33.	Aashish T	Sathi, Mumbai
34.	Priyanka Sharma	CYDA, Pune
35.	Nishigandha	Nirmala Niketan, Mumbai
36.	Atul Rane	Prayas, Mumbai
37.	Kamini Kapadia	ActionAid, Mumbai
38.	Anurag Pratap	ActionAid, Mumbai
39.	Gurudatta Shirodkar	ActionAid, Mumbai
40.	Dinesh Joshi	ActionAid, Mumbai

