



Salamander Trust

TRANSFORMING THE WAY WE THINK ABOUT HIV

Stepping Stones in India



Stepping Stones facilitators, Bagalkot, India

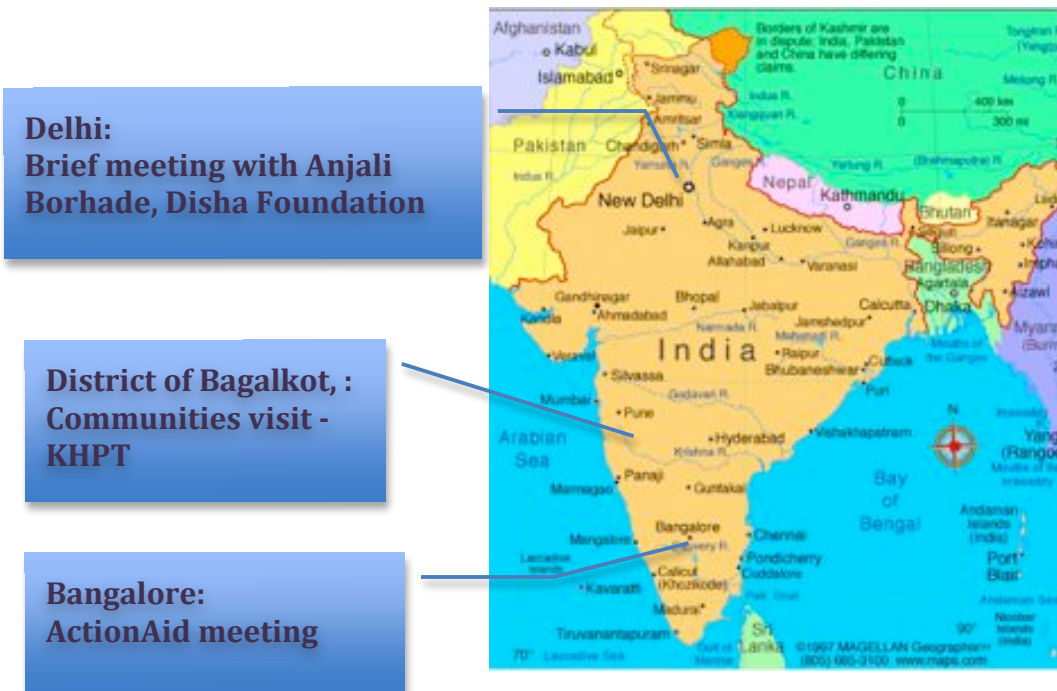
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Report by Amandine Bollinger, Coordinator of the Stepping Stones Community of Practice, Salamander Trust, further to her visit in July 2011 to programme units in Bangalore and in the district of Bagalkot.

Sponsored by Salamander Trust. Coordinated with ActionAid India and the Karnataka Health Promotion Trust (KHPT).

Stepping Stones in India - communities trip to Karnataka

With special thanks to Christy Abraham and Parinita Bhattacharjee.



INTRODUCTION

In July 2011, Salamander organised a mission to India to get a better sense of how Stepping Stones was being implemented and used there. We knew through organisations working locally that India had the widest range of translations and adaptations of Stepping Stones that any country had so far developed (8 languages, an adaptation in Braille and amazing work with sex workers and people with disabilities).

Salamander had mainly been in contact with ActionAid India, whose HIV team was being managed by Christy Abraham; and with KHPT (Karnataka Health Promotion Trust) through Parinita Bhattacharjee, Programme Manager, who had been involved in the methodology since its first entry on Indian soil in 1999.

India is characterised by its wideness at all levels: a country fourteen times larger than the UK; the second most populated country (1.22 billion) after China; several hundred languages spoken; over two thousand ethnic groups; all major religions; large variations in income and education; a linguistic, genetic and cultural diversity that is only exceeded in the whole continent of Africa.

Although India has a low HIV rate (0.30%), the actual number that this represents is high (2.4 million) – more than the combined number of people living with HIV in Zimbabwe, Botswana, Lesotho, Swaziland and Namibia – countries which are among the highest HIV prevalence worldwide. The southern half of India and the far north-east have been more affected than other areas. In the southern states, HIV is primarily spread through sexual contact, while the north-east has high numbers of injecting drug use and sex workers.



(map from AVERT.org)



Children playing in an Indian village, North India, photo by A. Bollinger

1. MEETING WITH ACTIONAID INDIA

A first meeting coordinated by Christy Abraham was organised at ActionAid in Bangalore on 20th July 2011. Those present were:

- Christy Abraham, HIV team manager, ActionAid
- Parinita Bhattacharjee, Programme Manager, KHPT
- William Christopher, Coordinator of APACHA
- Poornia (Stepping Stones trainer for 6 years)
- Satresh (facilitator of groups with disabilities)
- Amandine Bollinger, Stepping Stones coordinator, Salamander Trust

Stepping Stones started in 1999 in India as a result of a push by Linnea Renton (HIV unit, Action Aid UK) and Dr Jacqui Bataringaya, ActionAid International HIV Coordinator, based then in Zimbabwe. The first training of trainers (ToT) was delivered by Gill Gordon (UK), Linnea Renton and Lovemore Magwere (Zimbabwe) in the province of Guwahati, in the North-East of the country.

India remains amongst the poorest countries in the world: a third of the world's poor are Indian. Corruption is widespread, social inequalities are maintained through a strong caste system and traditional gender norms; political, religious and social violence is widespread; malnutrition and lack of education amongst children is high; and sanitation is a major issue.

One of the biggest challenges for ActionAid has been to address HIV issues on the one hand and education, food, gender issues on the other hand. Stepping Stones was adopted as a way to incorporate all these different areas of work into a single project.

Training of Trainers (ToT)

Every year since the implementation of the programme, ActionAid India has organised a Stepping Stones training of trainers. It now draws an average of 40 participants from the South Asia region. About a thousand facilitators have been trained to date (of whom only 10 to 15 Stepping Stones facilitators are based in Bangalore).

Partners in various projects (not necessarily working on HIV) were trained in the methodology and started to implement it with adolescents and high school children.

William Christopher who is also Coordinator of APACHA – Asian People's alliance for combating HIV/AIDS – has conducted most of the ToT sessions at national and regional level. Several sessions and themes of the programme are grouped in one role-play. William has also been in charge of developing modules to be used with adolescents.

“Most popular sessions are ‘What is love’ (especially for children and adolescents), ‘River of life’ (which is often a heartbreaking session) and

'Spider web'. Role-plays are also generally very popular.' William Christopher

National Training of Trainers with child rights organisations were organised in 2010, which brought 30 to 40 participants. This training allowed the organisations to have:

- An additional resource person identified – for example on gender issues , sexual minorities etc.
- Direct interaction with people living with HIV
- Appreciation of issues around gender and health
- Better knowledge on STIs
- Understanding of reproductive health issues – eg through body mapping



William Christopher: HIV & AIDS Forum / Amandine Bollinger / Christy Abraham

Another organisation reported by ActionAid as being extremely active and also specialising in the organisation of ToT is CYDA (Centre for Youth Development and Activities) led by its founder, Mathew Mattam.

CYDA has been promoting Stepping Stones through international, national , state and village level training. With ActionAid cutting back its HIV team, CYDA is likely to now be the only organisation delivering Stepping Stones ToT regionally.

CYDA has trained around 240 people from different background; including HIV/AIDS activists, Doctors, Coordinators of State AIDS Control Societies, International, national and state level NGOs trainers, and counsellors from all over the world. Since 2004 CYDA has organized 10 training of trainers in India in Marathi, Hindi and in English before initiating training at international level.

A Stepping Stones trainer was facilitating a body mapping exercise to a group of young people in a village in Maharashtra, India.

A villager, who was not part of the training, noticed. He was shocked as to why the facilitator was talking about body parts related to reproductive health.

The villager saw something foul in the training. He felt that the trainer was corrupting the young people. He immediately summoned the police.

The police came and discussed what was happening with the trainer. The trainer informed the police that he was a master trainer of Stepping Stones methodology. He showed the police his certificate issued and the Stepping Stones training manual. He explained that he was trained by CYDA to teach Stepping Stones, to create awareness about HIV/AIDS and to prevent young people from infection by educating them about issues of sexuality. This satisfied the police.

Then the police admonished the nosy villager, saying that the trainer was providing essential information to these young people that, otherwise, nobody else would give them. The police told everyone that they should be grateful to the Stepping Stones trainer for saving many lives. The facilitator continued his training in the village.

Story by Mathew Mattam, CEO, CYDA

Examples of ActionAid's use of Stepping Stones in India

Examples of groups involved in the projects are people with disability, transgender, men who have sex with men, people living with HIV, seminarians (pastors), adolescents (14 to 18 years old) and sex workers – see the manual designed by KHPT specifically to work with sex workers.

Stepping Stones has now been translated into 8 Indian languages: Telugu, Hindi, Bengali, Kannada, Urya, Tamil, Marathi, Gujarati. There is also a Braille English edition.

Disability

Poornia, Stepping Stones trainer for ActionAid, specialised in working with people with disabilities through the Narandra Foundation explains that:

“people with disabilities rarely get married in India and are not talked to about sex. The use of Stepping Stones in these setting have helped improve communication skills and open up on taboo subjects such as sex and self-stigmatisation. After the workshop, 4 people got married. 30 ToT of organisations working in this field have been organised. In the case of HIV-positive people who also live with a disability, Stepping Stones has helped communicating around different issues such as love or sex in the case of widows and to lead to advocacy campaigns to obtain medicine, microbicides, etc.”

Sex workers

An STI programme was organised during the Stepping Stones sessions with the women. Many explained that they had undergone all sorts of violence and that they had taken sex work as an activity because they were poor. Other forms of income generating activities were identified, scholarship for their children were

obtained so they would get access to education and a women's right programme was organised.



*Poornia (Stepping Stones trainer for 6 years) & Satresh (facilitator of groups with disabilities)
Both are specialised in HIV and disability*

In India, the four peer groups are divided according to their marital status – married men, married women, unmarried men, unmarried women. This was deemed to be a more relevant division in the Indian cultural context than looking at age groups.

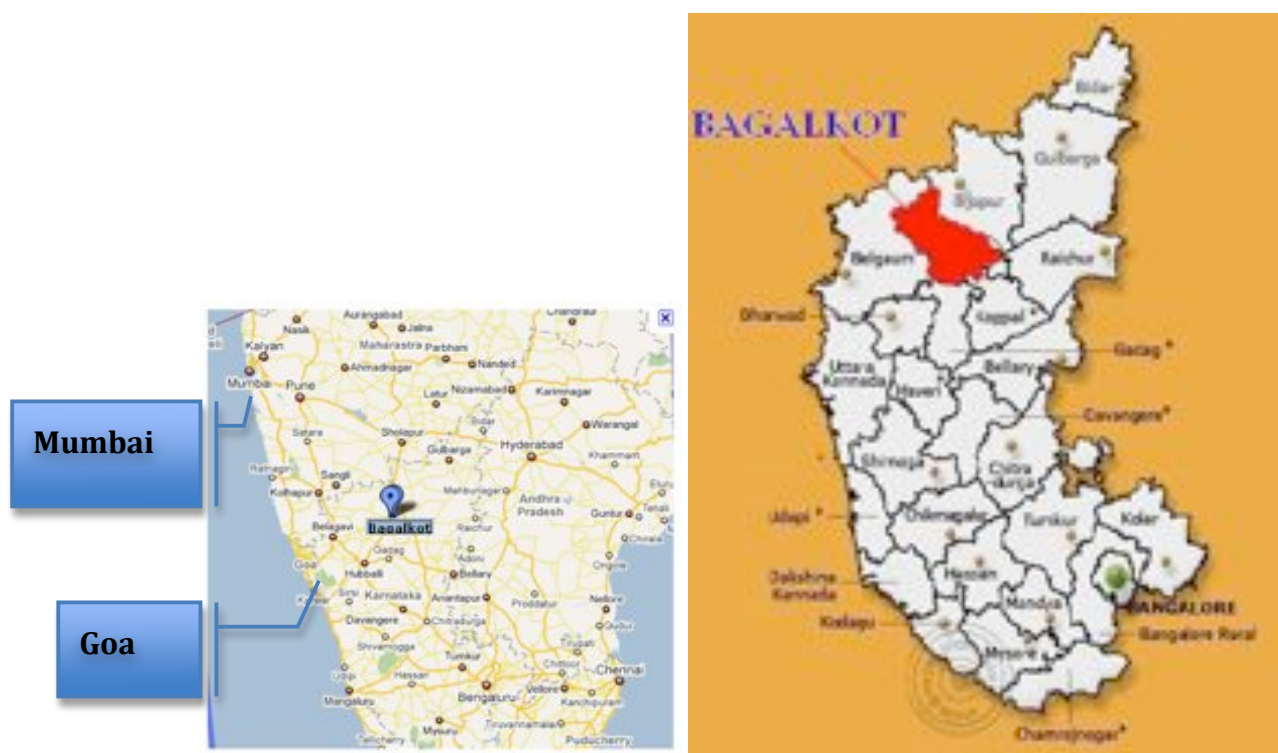
Parinita Bhattacharjee, KHPT, explained how Stepping Stones was adapted by KHPT for use with sex workers. They had wanted to get the sex workers' clients involved but this proved difficult, so the division into peer groups became based on the category of sex worker that the women perceived themselves as belonging to. (See Parinita's interview by Alice Welbourn on: <http://vimeo.com/35954636>)

For ActionAid, the biggest challenge has been to maintain the skills of its Stepping Stones facilitators - trainers are usually from the communities in which they will have to work and often come with life-long perceptions - about inequitable gender norms, for example. A 12-day training programme cannot change any person: the training would need to last much longer in order to be able to sensitise the trainers fully and even challenge them on some of the key issues that Stepping Stones deals with (especially in relation to gender inequalities and various cross-related issues such as HIV).

Retention of the trainers and therefore knowledge retention has been another important difficulty. After attending the training, many staff move on professionally or get married. This does not allow the programme to grow.

Unfortunately, ActionAid will not be able to complete a training of trainers this year for the first time since the programme was started because the HIV team was dismantled and there are no focal persons identified.

2. VISIT TO THE WORK OF KHPT: DISTRICT OF BAGALKOT



22nd July 2011:

I flew from Bangalore to the airport of Belgaum where KHPT had organised for a driver to pick me up. After two hours drive, we arrived at their local office, which is situated inside one of the district's three ART centres.

I received a warm welcome from Mahesh Doddamane (Regional Manager) and Tejiswini Hiremath (District Programme Coordinator) who gave me a very good presentation on the HIV situation in Bagalkot and of KHPT's work with Stepping Stones.

According to the 2011 census, Bagalkot district has a population of 1,890,826, roughly equal to the population of Lesotho. Approximately 88% of the district's population is Hindu, while 11% is Muslim. The sex ratio of the district is 980 females per 1000 males and the literacy rate is 57.3 % (37% amongst females). Kannada, the state language of Karnataka, is the most widely spoken language in the district.

The district includes a high number of large-scale and small-scale industries - mainly agricultural (sugar cane), but also with some mining and construction, activities that have allowed many men working in these industries to become rich enough to seek frequent paid sex.

71% live in rural areas, 65% of workers are agricultural cultivators. 80% of female workers in Bagalkot are engaged in agriculture.

Bagalkot is also known for being the district with the highest number of people living with HIV and AIDS in the State of Karnataka (which is itself one of the six states with higher rates of HIV prevalence) and the third highest prevalence district in the country- 17,917 people living with HIV.

In this part of India (between Pune – under Mumbai – and Goa), HIV is a real issue. The practice of the Devadasi system is widespread: a religious tradition in which girls are "married" and dedicated to a deity or to a temple. Initially dedicated by their family to priests, the Devadasi system has now taken the form of sex work with religious overtones.

Child marriage is common and there is a significant proportion of unmarried males and females reporting pre-marital sex; and married males and females reporting multiple partners. This reflects the low level of HIV risk perception. The district has also a high population mobility, with migration of sex workers to neighbouring destination points with high HIV prevalence in the states of Maharashtra and Goa.

From 2001 to 2006, the Karnataka Health Promotion Trust (KHPT) undertook HIV prevention activities in approximately 600 villages in the Bagalkot district of Northern Karnataka. Stepping Stones was introduced by trained link workers as a key behaviour change tool in 202 of these villages. The project adapted the original SS manual to suit Indian conditions. In most villages (median size 2,100 people), 4 groups of people (married and unmarried men, married and unmarried women) were trained, with the training involving separate group trainings as well as occasional mixed group trainings and other meetings that were arranged for trainees to plan future joint community activities.

Selected trainees were a mixture of people: some (around 15%) were invited to participate because link workers felt they were "at high risk" of HIV (sex workers were not included as there was a separate programme for them), some (around 60%) were invited because they were felt to be potential community change agents (such as health workers, teachers), and others (25%) volunteered, though their volunteering suggested they were interested in community development. In total, approximately 3,400 women and 3,400 men completed training in 202 villages. The drop-out rate was 15%, and this was highest among older men. KHPT expected that the trainees would not only benefit personally but would, as a group, take the ideas forward in their villages.

KHPT has 15 Stepping Stones trainers and tens of link workers who are implementing the programme at grassroots level. KHPT focuses more on the implementation and macro-level aspect of the programme.

KHPT has developed the project in Bagalkot as a learning site for comprehensive HIV prevention and care at the district level.

The key learning has been to understand how Bagalkot is being efficient at district level in its prevention and care & support activities. Methodologies such as audio visuals, exhibits, live sharing, group discussion, power points, role plays,

case studies, community visits etc, which give the learner a “live-through” experience have been designed.

KHPT Prevention Care programs:

- Integrated system of HIV testing, treatment, care and support across the district.
- Intervention with orphans and vulnerable children
- Strengthening villages structures
- A broad-based rural outreach program for HIV prevention and linking rural population to HIV-related services through link workers
- Targeted interventions for female sex workers and men who have sex with men in urban and rural locales
- A cross border intervention to reach migrant sex workers at source and destination

Meeting with Stepping Stones trainers in Bagalkot



I was then taken to a community where Stepping Stones had been conducted once a week for 6 months finishing in summer 2010.

I was straight away overwhelmed by a welcoming group of children and villagers, all curious to see who had been coming from so far away a place.

Interview of the men’s group

20 men took part in the programme, divided according to their marital status - married and unmarried.

Meetings took place on Friday, Saturdays, but mostly on Sundays.



Men's group – Bagalkot – KHPT

“Since the workshop, nobody drinks any alcohol or chews betel anymore in the village”.

“‘Fixed Position’ is my favourite, especially when we were asked ‘what do you feel when you look at this person?’”

- Male participants

Women's group:

8 women were interviewed out of a total of 30 who attended the workshop.

The women were noticeably shyer than the men and were harder to engage.

They said they enjoyed the sessions, especially the ones on ‘what is love’, ‘who looks up/down to us’, ‘fixed positions’ and ‘ideal relationships’ because they learnt how to deal with difficulties within their relationships.

The women found that they now benefited from greater cooperation. Previously the attitude amongst the women had been much more competitive.

They took me around their village and were very proud to invite me into their homes.



Women's group – Bagalkot - KHPT

In this village, the impact of Stepping Stones was reported as being:

- Many of the participants were practising dowry payment before taking part in the sessions and stopped afterwards
- Many families were also dedicating female children to the gods. Participants convinced many families not to dedicate their daughters anymore as this effectively led them to under-age sex work
- Children were being married well before 18 years of age; they now wait until the person is 18, even if that means waiting as little as 6 months
- Under-age mass (“child”) marriages were stopped
- Improved knowledge and awareness – “we are now acting on what we’ve learnt”
- Improved capacity to communicate with others and to share learning
- They have put in place a Rs 5,000 fine for people who use and sell alcohol and betel
- Greater awareness of how HIV is transmitted
- They now have a condom depot at the VIC (Village Information Centre)
- Less anger and violence towards children: “instead we try now to listen more and communicate in ways that are encouraging.”

Meeting with facilitators

(17 men and 11 women): Team of link workers from all 6 taluks (a division of an administrative district) + the KHPT supervisor



Stepping Stones facilitators

The link workers work at grassroots level (in the villages) in male and female pairs. They are monitored by the supervisor who has a cluster of 4 to 5 pairs of link workers.

All link workers were trained in Bagalkot in a 10-day training of trainers session followed by a day refresher after 2 or 3 years of experience.

Four main objectives are identified for a Stepping Stones workshop:

1. Improved communication
2. Improved knowledge
3. Independent understanding/perception
4. Behaviour change

KHPT work both with the general population and with key populations. Most of the participants come from nearby villages. Each of the link workers attending the meeting has trained an average of 400 people – equivalent to 4 to 5 villages each.

Most popular sessions: Family with love / families without love; Life river

Most challenging session: Body mapping; sexual pains & happiness; sexual encounter



Stepping Stones link workers

In an initial community meeting, participants had to hold hands and walk together. One of the unmarried women was holding the hand of a stranger, and her father saw it. A community meeting was called, during which meeting the girl herself explained why she accepted and what she had learned out of the training session – Stepping Stones facilitator



Stepping Stones link workers

“In one workshop, there was a serodiscordant couple: when the wife found out that her husband was HIV-positive she threw him out but then accepted him after a Stepping Stones training and they now live happily together. The wife is still HIV-negative.” - Stepping Stones facilitator



Stepping Stones link workers

In one village, there was a man who was never listening to others, was not attending the sessions and he was at high-risk. His wife was a Stepping Stones participant but didn't tell him because he was very anti-. He went home and noticed his wife was not there, so he got really angry and picked up an axe and went to the SS sessions. He started to yell at his wife because the link workers are associated with HIV & AIDS and he thought they were teaching bad things. They counselled the husband who didn't join the SS training but in the end let his wife attend. - Stepping Stones facilitator



Stepping Stones link workers

Brother/Sisters and role-plays on sexuality and HIV: there were discussions in community meetings about sexuality and HIV but one woman whose brother was present was very embarrassed to talk about it in front of her brother as well as the elders and family members so she stopped attending the sessions



It is challenging to mobilise the unmarried female group. They generally get very shy in the body mapping session and their attendance fell from that point onwards as they considered it a shameful thing to teach but then they started to share their most hidden secrets, especially in the session “risk taking”

Stepping Stones
Facilitator

Examples of change that have been noticed include:

- Identification of “high-risk groups”: people from key populations, who are considered at “high risk” of contracting HIV are generally not respected in the villages. After a Stepping Stones workshop they become much more aware of HIV and STIs, tend to use condoms more regularly go regularly to the ICTC, actively promote the HIV test and they also see an increase in **respect** towards them – *in a workshop, 3 people realised they have HIV.*
- Original negative attitude towards female sex workers and people with HIV: *“they are bad people who deserve what happens to them”* changed. After the session on decision making and ‘fixed position’, participants tend to look at people from different angles and to be more inclusive.
- The exercise ‘Life is a river’ helped stop child marriage and making decisions in relation to pregnancy and time gaps between children
- Games are particularly enjoyed - such as “sit on knees” (a trust game), the “lying” game (revealing the disconnect between what we say and what we do) and “blindfolding the eyes” (a trust game).
- Many trainers talked about how things adopted from Stepping Stones can be applied in their lives e.g. one man talked about being a better person in his family and community – he said that he used to be very arrogant and

aggressive, and that Stepping Stones had helped him to grow into a very mature man

- A female trainer stopped a child marriage that was about to happen (her sister's daughter to her brother's son). *Now the girl is doing a diploma in education.*
- All of the facilitators except one think that Stepping Stones has helped them in their marriage and family relationships, particularly with improved communication skills and assertiveness

I used to talk less and because of family problems I was only crying and didn't know how to convince others. From the Stepping Stones training, I learnt how to speak and be assertive. My husband objected at first but he eventually accepted – now I know how to sort out my family problems instead of just crying. Now my husband is supportive of my work. Female link worker

Difficulties faced:

Every week, it was difficult to mobilise only the high-risk individuals. Others (who were not high risk) were asking why only one specific group was being engaged and why they were not also taking part. We explained that only a few people had been selected, and they would be able to take part later as well.

- Body Mapping is generally a difficult session as it puts participants in embarrassing situations, especially when siblings are part of the same workshop.
- Stepping Stones can quickly be identified as talking only about sex and sexuality – the link workers insisted that there were more sessions to come on choices and love...
- Challenging to mobilise only “high-risk” individuals and unmarried women because their families do not allow them to leave the house
- Drop-Outs: most widely observed among unmarried females (very shy) and married men (attitude problems, busy at work and tired in the evenings)
- Unmarried women would get married during the Stepping Stones sessions and would then have to switch groups or would drop out
- Different ages, levels of education and attitudes can make it difficult to run Stepping Stones workshops in a village.
- Difficulty in organising groups because participants differed in caste and regions.
- All the female trainers faced issues with coming home late from training and personal security.

- Sexual pains and happiness – a female link worker explained how male group participants harassed her after she had run the women’s session and asked that she came to do the same session with them.

Future of Stepping Stones in Bagalkot:

In November 2007, KHPT undertook a cross sectional evaluation of Stepping Stones in Bagalkot District to measure whether the program had any lasting effects 2-3 years after its implementation. Please see <http://www.biomedcentral.com/1471-2458/11/496>

It was sad to learn that the Samastha project of KHPT, which was sponsored by USAID and which includes the work on Stepping Stones in Bagalkot, has reached the end of its funding cycle. USAID has decided to focus its HIV work on different parts of India where KHPT is not present.

This means that the tens of facilitators who received a financial consideration for their work will have to find alternative employment. All the great work of KHPT in the region will be taken over by the government and Stepping Stones is not likely to be included as it requires specific knowledge and is not a means of working that the government is familiar with.

This was probably the last opportunity to meet the great trainers, facilitators and coordinators of Stepping Stones who have worked on the project. There was much sadness that the project was coming to an end.

A warm thank you to Tejswini Hiremath and to Mahesh Doddamane for all their help and explanations during the community visits.



3. Anjali Borhade, Disha Foundation

Finally, there was the chance to have a brief meeting with Anjali Borhade (Founder of the Disha Foundation) in Delhi. See our website to read about the tremendous work that Anjali did with people in prisons using Stepping Stones (<http://www.steppingstonesfeedback.org/index.php/page/Resources/gb?resourceid=23>). Anjali was also able to bring us up-to-date with her work with migrants, and explained how she managed to get some land for 200 migrant families to stay at a time.