

# *Report of National Consultation on Adaptation of Stepping Stones for Groups with special needs.*

*17<sup>th</sup> April-19<sup>th</sup> April 2008, Bangalore, India.*

By Medha Shriram

## INTRODUCTION

We are implementing Stepping Stones (SS) in India since 1998. Lot of trainings and community level workshops raised the need to adopt SS for special groups. In respect of demands from socially, mentally and physically challenged groups we have organised National Level Consultation on Adaptation of Stepping Stones for groups with special needs. We have invited representatives from all 12 regions of India, specially SS practioners and facilitators to contribute in adaptation of SS for groups with special needs. Fifteen participants have actively contributed during the national level SS adaptation meet at Bangalore.

## PROCESS

National Level coordinator welcomed all the participants and requested thematic leader to open the discussion by giving a background of HIV & AIDS work in India. Thematic leader spoke about expansion of HIV & AIDS work in India since 2005. She has expressed the great respect towards regional partners who are actively working towards PLHIV's rights by following SS methodology. She has expressed her concerned about region not taking active part in reaching out to community; though we have thousands and thousands of facilitators trained in SS. To reach out to community it is important to involve marginalised groups with special needs to use SS methodology to assert their rights. The aim of this consultation was to develop a framework to adopt SS methodology to suit the needs of marginalised communities.

National coordinator thanked her and reasserted the need to reach out to groups with special needs. Following these representatives from Abhaya & Milana Project of Karnataka, Karnataka partners, U.P., Tamil Nadu, North East and Gujarat partners introduced themselves along with the AAI staff.

Following this NC has invited KHPT representatives from Karnataka to talk about their efforts in implementing SS in the community especially for sex workers. They talked about adaptation of SS manual for sex workers where they have added lot of games and exercises specially to cater the care & support needs of sex workers.

Taking from their national coordinator thanked them and appreciated their efforts. Moving ahead she gave a presentation on guideline for adaptation of SS. During her presentation she talked about objectives and non-negotiable in SS adaptation to set the frame work for

three days consultation on adaptation of SS for special groups. She highlighted on the major objectives of the program which were- improving ownership of the package, increasing flexibility, providing space for critical reflection and ensuring peer groups participation. Besides she has emphasised on some of the non-negotiable like peer group process, learning from participants experiences and importance of four themes in SS adaptation. She has concluded by providing a flexible framework for adaptation process.

### **GROUP WORK**

Moving from their as per the group consensus National Coordinator divided the participants in a smaller peer groups to have focused discussion on special groups issues. Four peer groups were PLHIV, PWDs, TGs & IDU users. These groups continued working together for next two days with an interval of smaller plenary session of mix group for sharing each group's suggestions on adaptations. Suggestions came by each peer group are as follows:

#### **A.PWDs (PEOPLE WITH DISABILITY):**

Develop guideline to conduct SS with PWDs sub- groups such as visually impaired, speech disability, mental disability.

SS Facilitators conducting training for PWDs has to be oriented with PWDs issues.

As a follow up of SS workshop, SS circles should be form to mobilise people with disability in village.

Making Peer group is a difficult process when we don't have substantial no of participants from PWDs subgroups like visually impaired, mentally challenged etc.

SS Facilitators should be trained in sign language before facilitating any training for PWDs.

Developing Trust and confidentiality is a big challenged with this group. Their past experience is usually full of distrust. Most of the time they are cheated. Hence they find it difficult to internalise value of trust and confidentiality. They are quite resistant to share any thing about themselves with the peer groups. Especially on issues of love, sex and sexuality; they are very quite. During the sessions on 'loving and non loving relationships', 'images of sex', no one wanted to speak. PWDs are forced to feel that it is not their right to feel for love or sex. They are been taught to suppress their sexuality but bare the sexual violence in various ways. They have no hopes like any other community member to satisfy their sexual urge through accepted legal relations like marriage. Young girls are under tremendous pressure to control their sexual feelings. Modify existing exercises in SS on trust and confidentiality and on sex and sexuality to cater PWDs special needs.

PWDs specially mentally retarded and mentally ill children and women are vulnerable to physical and sexual violence within the family and community. PWDs inside the home are tide up to pole when parents go for work. Hence we need to help them to talk about these issues through existing exercises like taking risk, loving and non loving relationships etc.

Wheel chairs should be arranged during the SS training with physically challenged group.

Since some of the energisers and exercises like Knotty problem, straight line, listening pairs, muddling messages, spider web involve lot of physical activities ;they should be modified or drop while conducting SS for PWDs.

Touch and feel models should be used with PWDs(specially with visually impaired) while conducting various exercises like body mapping, fix position, pass the picture, Facts & feelings about HIV etc. Each specialised group under PWDs will require different kind of models and exercises. More use of video's/slideshows will be helpful in talking about HIV virus with hearing impaired.

Make arrangements for simultaneous translation in sign language if SS facilitator is not aware of sign language or he/she is working with mix group of PWDs. Pay attention to lip movement while using sign language.

Whenever possible make separate peer groups of PWDs with different types of disability like Hearing impaired, visually impaired, locomotive, mentally challenged etc.

Mentally challenged group is more vulnerable to sexual exploitation; hence give more time and attention to this group during 'taking risk' and 'river of life' exercises. Exercise like 'when men get violent' can be modified for this group.

We need to drop lot of exercises which involves more of physical activity, but to achieve the objectives behind these exercises we need to adopt existing tools from PWDs training material.

Facilitators trained in using Braille should under go SS training. So they can effectively train others.

With all these addition it is difficult to finish SS in 10 days, hence we need to extend the duration of the SS training. Conducting community level workshop will be more effective with PWDs.

Facilitators need to learn few tips to train PWDs in SS- like:

With visually impaired tone is important while with hearing impaired facial expression and sign language is important.

While doing exercise "About assertiveness" using familiar role play with visually impaired will help them to understand assertive statement.

While explaining the River of life use Braille script with visually impaired. Besides provide them sand and leaves to draw river of their life.

Additional information on following topics should be added as endnotes:

Rights of PWDs

Laws about disability

Self esteem

Counselling

Communication

Social entertainment

Special education

Coping with disability

Violence against PWDs

Information on disability: services & schemes available

Livelihood training

### **Action Plan by PWD group:**

Karnataka Region:

1. Orientation to PWD trainers

Facilitators: Manjula, poornima, Kevin, Rajan, Raghav

2. Community level workshop for PWD

Participants: 30 members

Place: Narendra foundation Powgad

Time Frame: June

Duration-Once in a week

2. Community level workshop with SHGs

Participants-30 members (Dalits)

Place: Narendra foundation

Duration-6 months

Time Frame: Begin in August

Facilitators: Manjula, Jaysudan, Nagana, sudhindra, jaysudha

## TG (TRANCE GENDER COMMUNITY)

TG group had lot of questions about body mapping 'but once they were explained about the exercise they became more comfortable about using it with TG groups. The groups' suggestions were:

Peer group should be formed on the basis of Nirvana criteria.

Peer groups among MSMs can be divided as female, male & koti.

MSM&TGs are comfortable following SS sequence .However facilitators need to give proper instruction by understanding the peer group composition, because most of the SS process refers to only male & female participants.

Use lot of TGs songs and games while conducting SS for TGs.

Facilitators should have good understanding of TGs and their sexuality. Make a special note for facilitators to conduct a sessions with TGs on sexuality.

Make conscious use of TG community language to facilitate SS sessions.

Resource list of TG trainers to be added as an annexure with new guideline.

TG faces lot of sexual Violence in paid and unpaid sexual activity. Facilitator should be able to help them discuss about these issues through various exercises like 'loving & nonliving relationships', 'violence' etc.

During facts and feeling about HIV facilitators should encourage group to discuss about window period, use of lubricants, various ways of putting condom etc

To conduct various exercises like Hidden danger, taking risk, facilitator need to have greater understanding of the TG community.

While suggesting situations for role plays facilitator should give examples from TG community.

Session on 'Sexual encounters', 'why we behave the way we do' should be facilitated carefully to help TG participants to understand various risks and get prepared to protect themselves from sexual violence.

Under 'ideal image' help participants to talk about various occupations forced on TGs by society such as begging and commercial sex etc.

Existing Endnotes on teenage pregnancy, ANC-PNC care and most of the topics related to heterosexual behaviour can be dropped from TGs manual.

TGs are busy in earning their livelihood, hence sessions should be organised as per their convenience.

**Additional information needed along with TG guideline:**

Rights of TGs&MSMs-UN declarations

Health & health needs of TGs

Sustainable livelihood opportunities for TGs

Sexual orientation

Information on anatomy of TG

Information on hormonal therapy

Advocacy and networking

Community Base Care and support for TG PLHIV

### **Action plan by TG group:**

1. CHENNAI will conduct community level workshops

Organisation: IDA and ICWARI

Duration: Twice a week

Participants: 20 members

Facilitators-Priya, Jeeva, Shakti

2. Gujarat will conduct four community level workshops for TGs, FSWs, MSMs and PLHIV

Facilitators: SS Mishra, Ankur Oatel

Participants: 30 TGs in each training

Venue: DIC office

Duration-6month

Training will start in: May 2008

3. Gujarat will also conduct SS Practitioners meet in May 2008.

4. Gujarat will also conduct the training for TGs in Surat.

### **PLHIV(PEOPLE LIVING WITH HIV &AIDS)**

PLHIV facilitators are very happy with the SS process. They have suggested few additions and few changes in existing structure and sequence of SS process.

Session on 'Ideal Images' is rated low by PLHIV facilitators, because of its name and outcome of these exercise. PLHIV found it very painful to recollect & reflect on societies expectations from PLHIV and their reality. Facilitators need better orientation to handle this session.

Along with alcohol add one more exercise and information on other addictions and expand the scope of 'why do we behave the way we'.

Widow PLHIVs find it difficult to talk about loving and non loving relationship. They feel now their sexual life is over so why should they discuss about sexuality. But later group gets more comfortable and even able to discuss with men about body mapping and images of sex. Facilitators facilitation skill will play a crucial role in this process. We need to provide additional endnote on various practices attached to widowhood and violence against widows.

PLHIV found Long journey as a very painful process. Some of the PLHIV also requested not to conduct this exercise. However facilitators strongly feel that we should continue with the exercise since it provides an opportunity to plan for the future. Other suggestion was to remove the painful experience from the whole process and convert it to planning exercise. However majority of the facilitators feel the whole process of going through the exercises is crucial to bring attention to the serious planning for the death.

After each session linking up with community level issue faced by PLHIV is crucial.

Facilitators should have basic counselling skills.

Facilitators should help participants to go through the condom demonstration by conducting positive discussions on condom use.

#### Topics to be added

Life skill education

Nutritional care

Home based care

Positive living

Counselling,-psycho-social and suicidal counselling

Self esteem, advocating for oneself

Social response

Violence against PLHIVs- especially women and children

More information on positive women's rights, especially positive widows' rights

Peer counselling

ART treatment

Rights of PLHIV

Leadership

Yoga training

Advocacy

## **Action Plan by PLHIV group**

### **Karnataka Region**

1. Milana+Abhaya will organise training for PLHIV

No. of participants: 40(20male and 20female)

Place: office DIC

Duration: to be finalised

Time- July

Facilitators- Manjula, William, Hedge, Charlet

2. Abhaya will plan a community level workshop in SS

Participants: Sex worker/PLHIV/MSM

No. of participants: 15 in one group

Place: site wise

Duration: Once a week

Time: Begin in July

Facilitators- Hegde and Charlet

3. Karnataka also planned to conduct Practitioners meet

### **UP Region**

1. UP will conduct 2TOF in May and October for PLHIV

### **Gujarat Region**

Gujarat is planning to conduct training for PLHIV at Rajkot & Baroda

### **Chennai Region**

Chennai is planning to conduct training for PLHIV

Time Frame: 4-19<sup>th</sup> August 2008

Participants: 12men+12women

Facilitators M. Anandraj and Elizabeth Mrs. Sarah

Duration: Twice a week

## **IDUs (INJECTING DRUG USERS)**



Facilitators of IDU's tried to conduct SS with them. However they came up with lot of difficulties such as:

Participants Priorities are different so they don't have interest in training

Low self esteem

Low knowledge of risky injecting sites and drugs

Most of the drug users are male so it is difficult to have peer groups

**Some of the suggestions given by facilitators for developing guideline for IDU users are-**

Add on instruction in the process of Body mapping exercise for identifying & expressing feeling toward injecting sites and its consequences.

Add special session on treatment issues of IDU users

Emphasise more on self esteem exercise such as Adjectival names,

Develop new exercises like 'Building strengths'-strength of drug users. Emphasize on how drug user can use his strength to overcome his addiction.

Remove exercise on 'ideal image and personal destroyer'. It may have negative impact.

Add Session on drug administration & harm reduction

Along with language of sex add one new exercise as 'language of drug users'. Besides 'images of sex' and 'joys & sorrows of sex' can also be modified in to 'Images of drug user' and 'joy and sorrows of drug users'

Add session on drug users' violent behaviour as well as violence against drug users

Develop spider web exercise for identifying different services & common facility available for detoxification

Add one exercise to explore how one got in to drugs addiction

Under 'taking Risk' exercises add on special instruction in the process to explore participants' entry in to drug addiction

Add one exercise as 'lets come together to support each other'

**Develop an endnote for facilitators on drug addiction which should cover:**

What are injectable drugs?

Different forms of drug abuse

Alcohol and other forms of drug use

*Anti depressant & drug abuse*

*All the services available for drug addicts*

*Family and community support services for drug addicts*

*IDU users need more information on following topics:*

*Legal provision under Indian penal code -narcotic act*

*Functioning and consequences' of different drugs*

*Training on counselling*

*Harm reduction*

*Communication skills*

*Human rights*

*Leadership*

### **Action plan by IDUs Group**

*1. Organising residential /community level workshop in SS*

*Link with de-addiction program (UNODC, DFID, MSTC, NLF)*

*Duration-10days*

*Participants-15-20 IDUs*

*Age group-20-30yrs*

*Timeline:sept-oct*

*Follow up plan: Formation of SS club, link to STAR circle*

*Meeting Plan: once a month*

*Reviews/evaluation: quarterly review by trainers*

*Facilitators-James, Anthony, HUKAi*

*North East would like to conduct SS training for PLHIVs*

*NE is also planning to conduct practioners meet in 2008.*

*Thus SS consultation was concluded with concrete suggestions for adapting SS for four groups with special needs and regional action plan to test these suggestions and develop guidelines for these groups.*

