

STEPPING STONES

Pilot Programme Evaluation

Zambezia 1999

ActionAid Mozambique

Save The Children UK

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Final Evaluation Report of the 'Stepping Stones' Pilot Project

Summary

'Stepping Stones' (SS) is a participatory training package for use in the community, comprising a manual and video. Conceived with HIV/AIDS prevention in mind it includes discussions on gender, communication and interpersonal relationships. In February 1999, the package was implemented by ActionAid in collaboration with the Mozambique Moçambique Red Cross, MONASO, Projecto Esperança, the Institution of Social Communication and Save the Children UK. The pilot project was carried out in Zambezia province in the districts of Maganja da Costa, Pebane and Morrumbala and in Quelimane city.

This report outlines each step that was taken to implement the project plus the evaluation of the whole process. The qualitative evaluation was made by the teams that implemented SS, supervised by the ActionAid project and an independent consultant. 22 group interviews were carried out with young people and adults of both sexes who did and did not participate in SS. 28 individual interviews were made with informal and formal community leaders, and with heads of the institutions that were involved in the process.

The main objective of this qualitative evaluation was to assess the impact of SS on the facilitators, communities and the various institutions involved.

Every institution said that SS was useful. They felt that it helped them to understand the present situation better and they appreciated that fact that SS encouraged everyone to participate, regardless of sex and age.

All the 21 facilitators said that they had experienced personal changes of some kind from participating in SS. Some of the changes mentioned were: higher self-esteem; more self-confidence; greater liberty of expression; greater tolerance; greater acceptance of other people's opinions; a reduction in the number of sexual partners; more frequent use of condoms; more solidarity and friendship with the community and a clearer vision of the future.

Every group in all of the communities said that they participated in SS out of curiosity, out of the desire to learn good things and in order to enjoy themselves. Those who did not participate said they would like to participate in the future, having heard that participants learned good things and enjoyed themselves. All the communities likened SS to an initiation rite because people 'learned good lessons such as respect in the home and community and how to relate to husbands and children.'

All the groups that were interviewed gave different personal opinions about the impact that SS had on the participants and the community.

It can be concluded that SS:

- helps to create links of friendship and solidarity in the community. This is particularly important in communities where the social fabric was destroyed by the war or by natural disasters (which is the case in many parts of Zambezia).
- helps people in a community to organise themselves much more quickly and efficiently. ActionAid workers who live in the districts and are involved in community development programmes were particularly struck by this change.
- helps to create closer links between the community and formal / informal leaders.
- creates space for reflection on community problems, their causes and possible solutions.
- is popular with adults and young people (particularly the latter) as it combines fun and entertainment with educational activities.
- helps the activists and others who work in a particular area to understand the actual situation before initiating any discussions.
- helps people to reflect on the problem of HIV/AIDS and its causes; how to prevent it and how to help those infected. It raises people's awareness of their attitudes and helps them to understand the context that created them. It also makes people aware of the possible consequences of these attitudes.
- helps people - especially young people - to create a vision of the future, helping them to reflect and choose priorities in their lives.
- is recommended only in areas that have some kind of STD/AIDS prevention project, or a development programme which plans to incorporate this component in the future. The programme should not be implemented in areas where there are no other development programmes as it may create expectations in the community which can not be fulfilled. This would lead to frustrations which may jeopardise future work.
- The Portuguese version of the manual should be adapted in the future. Two chapters should be included on domestic violence and gender, and STD/AIDS. It is also necessary to include the suggestions made by facilitators in the workshops. A new version in Portuguese should be produced with new graphics that are easier for the facilitators to use and follow.
- Visual materials and leaflets should be produced to help facilitate discussions. These could contain drawings, photographs and theatre and puppet show scripts which would help the facilitator to keep to the point when a particular issue is being discussed. These would be useful where it is not possible to use the video. In the longer term, it may be possible for the project to make a SS video specifically for

Mozambique. In the short term, the existing video could be translated into Portuguese.

- For the next SS implementations there should be a more access to a supervisor who could clarify the facilitators' doubts that arise during field work.
- Facilitators who have already been trained require additional training in: STDs/AIDS, gender and domestic violence and group facilitation skills.
- Funds should be allocated for refreshments for the participating community groups, and for the closing party.
- The following qualities should be looked for when participants are selected for SS training: maturity, open-mindedness, freedom from preconceptions and the ability to lead community discussions. There should be an interview at the pre-selection stage and the training should be selective.
- Training of facilitators should be extended from 2 to 3 weeks. This would ensure that issues related to STDs were covered more thoroughly and that the facilitators understand the structure and flexibility of the Stepping Stones programme.

Recommendations for Zambezia:

- With the assistance of FACT-Mutare, additional training could be provided for the best facilitators; some new facilitators could be selected and training for trainers could be reinforced.
- The least experienced facilitators could undergo a traineeship with the Pebane team. This team implemented SS effectively and is experienced in community work for programmes that are being developed.
- Other organisations should be involved in training, such as health personnel, social action agents, teachers, agents of the REFLECT programme and the Ministry of Culture and Youth.

1. Introduction

‘Stepping Stones’ (SS) is a participatory training package to be used in the community, comprising a manual and video. It focuses on the area of HIV/AIDS prevention and includes discussions on gender, communication and interpersonal relationships. This package, developed in Uganda, is presently being used in more than 90 countries. Although it was conceived for HIV, the package covers other themes such as the use of alcohol, domestic violence and early pregnancies. ‘Stepping Stones’ was designed to be used in STD/AIDS prevention programmes and development programmes in general which aim to include a STD/AIDS prevention component. The materials enable people to explore a range of subjects that affect their sexual health including gender, money, traditional practices, alcohol, personality and attitudes to sex and death. ‘Stepping Stones’ helps people to analyse barriers to communication, practise different ways of conducting their relationships and reduce their vulnerability to HIV/AIDS.

‘Stepping Stones’ is not completely new to Mozambique. A Zimbabwean AIDS organisation, Family AIDS Caring Trust, trained facilitators in Sofala for Redd Barna (Save the Children Norway) and also provided the Portuguese version of the manual. ADPP have used the translated SS manual in their HIV/STD programme in Beira and also to train their activists. However, there is little documentation available about Mozambican SS experiences.

ActionAid has worked with SS internationally since the package was conceived. It has promoted SS through various programmes and provided support to the SSTAP (Stepping Stones Training and Adaptation Project) based in the London office. Save the Children has also been associated with SS since Redd Barna held their original workshop in Buwenda Village, Uganda. In 1998, UNICEF requested ActionAid Mozambique to implement a pilot project. The aim was to assess the value of adapting and promoting SS in Mozambique.

The pilot project was developed and implemented in Zambezia by ActionAid and Save the Children UK in collaboration with the Institute of Social Communication (ICS) and local NGOs: Moçambique Red Cross, MONASO and Projecto Esperança.

The main objectives of this pilot project were:

- to evaluate the use of the SS package in 4 locations in Zambezia province;
- to present the results to a large group of potential donors and users, with recommendations for adapting and implementing the package for use in Mozambique.

The package was implemented in 3 different kinds of location:

- an urban community: Bairro de Namuinho, 12km from Quelimane City;
- 2 rural communities: Cariua Locality in Maganja da Costa district and Nicadine in Pebane district;
- a district headquarters: Morrumbala.

The objectives of this pilot project were also:

- to develop a network of facilitators in the communities who are capable of implementing SS;
- to gain experience in implementing SS workshops;
- to encourage co-operation between different institutions;
- to use participatory methodologies to evaluate the impact and process of SS.

The first step in implementing this project was to identify two people who were experienced in reproductive health research and training and were fluent in English. These individuals (two ICS researchers) underwent a two-week SS training session in Harare and then travelled to Zambezia to train 21 people as facilitators. These facilitators were from the 5 different institutions that would be responsible for implementing the package in the districts (Moçambique Red Cross, Institute of Social Communication, MONASO, Projecto Esperança and ActionAid).

The second step, in February 1999, was to run a two-week SS training workshop for these 21 facilitators (programme in Annex). These facilitators were recruited from their own districts and would be responsible for implementing the package in each district. The districts covered were Quelimane, Morrumbala, Maganja da Costa and Pebane.

The third step was to implement the pilot project between March and September 1999.

Four teams of five people were formed comprising two women, two men and one supervisor. The trained facilitators were from the community itself, and a person from ICS supervised each team. A MONASO supervisor travelled between all the locations to monitor implementation.

The community had been previously informed about SS and had chosen the timetable and suitable days to meet and talk. The meetings were carried out in small groups of people of the same sex and age: one group of older women, one of young women, one of young men and another of older men. Each group had a maximum of 25 people. At the end of each day the team met to evaluate the last session and plan the following one. About 20 sessions were held, in one community on 20 consecutive days, in others once a week in another twice a week. Each session explored a particular theme through role play and/or participatory exercises that facilitated discussion.

The original SS video was designed to help initiate discussions and explore themes. As electricity was unavailable, role plays were introduced to substitute the video. The four groups in each community (young men, older men, young women and older women) met in parallel, discussing the same theme from different perspectives. After some sessions the groups met up to share experiences and information.

From the 7th to 15th October 99, an evaluation workshop was carried out with 18 of the facilitators in the Quelimane Provincial Health Directorate Training Centre (programme in Annex 2). This represented the fourth step, and the fifth of this pilot programme. The

workshop was directed by an ActionAid HIV/AIDS programme officer, Janet Duffield and by an independent consultant, Nelia Vera Taimo.

2. *Workshop Objectives*

The workshop objectives were to train facilitators and evaluate the process and impact of SS, as follows:

1. to assess SS implementation in each community;
2. to assess the impact of SS on the facilitators who worked in the 4 districts of Zambezia;
3. to train the facilitators in participatory group interview techniques;
4. to design evaluation instruments and organise SS evaluation in communities where the package was and was not implemented;
5. To reflect and make recommendations for future SS activities.

3. *Workshop Methodology*

The workshop was designed to be participatory, using small group discussions and participatory exercises that facilitators would later use in the field.

The facilitators' discussions about the impact, implementation and field organisation of SS lasted for three days. The field work lasted for two days and the discussion and analysis of results from the field lasted two days, making a total of seven days.

4. *Profile of Participants*

Five people dropped out of the original team after the initial training began. The reasons for leaving were different and included a change of work, change of province or lack of interest. 16 people remained out of the 21 who were initially trained. These were joined by two women: one from ActionAid in Pebane and the other from ICS, bringing the total number of workshop participants to 18.

Of the 18 participants 6 were from Quelimane, 5 from Pebane, 4 from Maganja da Costa and 3 from Morrumbala (list of participants in Annex 3). 55% of the participants were men and 45% women. The average age was 30: the youngest participant was 23 and the oldest 45. The average level of education was 8th class: the lowest level being 5th class and the highest 12th class. 55% of participants had some experience as activists in organisations such as Moçambique Red Cross Mozambique, Medecins Sans Frontieres, ActionAid, Mozambican Women's Organisation, PSI and the churches.

The facilitators represented different institutions (3 NGOs, 1 State institution, 1 religious organisation and 2 private individuals).

- ActionAid - 7 participants (leaders and activists from ActionAid nuclei);
- Institute of Social Communication, Zambezia Delegation - 4 participants (3 researchers and a journalist);
- Members of the business community - 2 participants
- Subsistence farmers - 2 participants
- MONASO - Projecto Esperança - 1 participant
- Moçambique Red Cross - 1 participant
- 7th Day Adventist Church - 1 participant

5. *Sample of Community Interviewees*

6 groups were interviewed in Quelimane and Morrumbala: 4 groups of people that had participated in SS and 2 groups which had not participated. In Pebane and Maganja, the team interviewed only 4 groups that had participated in SS, and leaders who had not participated because they lacked time. Interviews could not be made with 2 groups that had not participated in SS. The groups that had participated were divided as follows (it is important to note that individuals chose the group they wanted to join: they decided for themselves if they were young or adult):

- One group of young men;
- One group of older men;
- One group of young women;
- One group of older women.

The groups that did not participate in SS were divided as follows:

- One group of young and adult men;
- One group of young and adult women.

In total **22 groups** were interviewed (16 groups of members of the community that participated in SS and 6 groups of non-participants). **28 individual interviews** were made: 22 with traditional healers, nurses, condom sellers and community leaders and 6 with leaders of institutions that were involved in the process: Mozambique Moçambique Red Cross, ICS, Monaso, Projecto Esperança, ActionAid and Save the Children UK.

Table 1 - Groups interviewed in the communities

Groups interviewed	Maganja	Morrumbala	Namuinho	Pebane	Total
Men and older men who participated in SS	X	X	X	X	4
Young men who participated in SS	X	X	X	X	4
Women and older women who participated in SS	X	X	X	X	4
Young women who participated in SS	X	X	X	X	4
Adult/young men who did not participate in SS		X	X		2
Adult/young women who did not participate in SS		X	X		2
Leaders who did not participate in SS	X				1
Leaders who participated in SS	X				1
Total	6	6	6	4	22

Table 2 - Individual Interviews made in the Community

Groups interviewed	Maganja	Morrumbala	Namuinho	Pebane	Total
District Education Director		1			1
Student hostel Director		1			1
Director of Samora Machel School		1			1
Traditional Healers		2		1	3
Market Condom Sellers	2	6	2		10
Community Tribunal Judge		1			1
President of the Locality				1	1
Muene				1	1
Lay leader of catholic church				1	1
Chief of Zone	1				1
Health Post nurse			1		1
Total	3	12	3	4	22

6. *Package Implementation Evaluation Results*

The SS manual is divided into 15 sections. During the workshop these were discussed section by section to analyse the positive points, difficulties and results of each one. The conclusions reached about each section are summarised below.

Before starting to use the manual, the facilitators carried out 4 exercises to get to know the communities that they would be working with for 3 weeks. The facilitators drew up a social map of the community; a seasonal calendar; a short-term calendar (or daily routine) and relationship patterns. The facilitators felt that these exercises were very useful in quickly familiarising them with the communities. They found these exercises simple, with the exception of the daily routine which was a little difficult to implement in the field since changes do not happen in rural zones in a short space of time.

Section A - Let's Communicate - The facilitators said that this section was a very valuable way of initiating work, promoting integration between members of the group and facilitating communication throughout the whole process. Suggestions were made for modifying the 'adjectives' exercise, as some groups found it difficult to rhyme their own names with an adjective, principally in local languages. It was suggested that people should say their name with a quality that they had or something they did well. For example, they could say 'I am João and I dance very well' or 'I am Maria and I sew very well' etc.

Section B - Our Perceptions - The facilitators said that the groups of young women in particular were embarrassed to participate in this session as it was the first session in which sex was discussed. This problem was overcome in time with the help of the facilitators. Some difficulties were encountered during the problem prioritising exercise, as the facilitators forgot to link it to the previous exercise related to sex. They allowed the discussion to wander from the aim of prioritising problems related to sex, and the groups prioritised different subjects. The Pebane team said that this section revealed that talking about sex was quite normal for the community. The young people study the subject in their Biology lessons at school and participate in initiation rites which are very common in the area.

Section C - What is Love? - The facilitators found this section very difficult. They said it was not easy to discuss such an abstract subject as love and analyse the various types of love in different human relationships. One suggestion was to remove point one, where each participant is asked to give a word or expression which signifies love for them. It was felt that this exercise confused rather than helped people. A consensus was reached that it was better to ask the group for three qualities they would like to see in a person they love, and three qualities that they would show to a person they love. In this way, the facilitators could explore the qualities of each relationship such as the 3 qualities they would like to see in a brother, father, mother etc. and three qualities that they should show to these people. Facilitators would explore these issues until 3 desirable qualities were found for a girl/boyfriend, friend, lover etc.

Section D - Our Presumptions - This section was considered to be very productive and straightforward to implement.

Section E - Exploring Knowledge about HIV - This was also found to be productive and easy to implement. The facilitators said the section was useful because it revealed people's preconceptions and lack of information about HIV. For example, people thought that the government should isolate HIV carriers as they used to do with lepers. The women of Maganja thought that HIV could be caught from a type of local fish.

Section F - Condoms - This was considered to be productive and simple to implement, although the older women were not keen on discussing the subject.

Section G - Our Options - This section was also found to be productive and straightforward.

The First General Meeting of the Seminar - The meeting was useful for sharing the ideas that had been discussed in small groups. Ideas were presented via short dramatised sketches.

Section H - Let's go Further I - A very fruitful section that presented no difficulties. One problem arose when facilitators used the example cases in the manual for the groups to dramatise. It would have been better if the groups had been asked to dramatise issues from their own lives. A suggestion was made that the manual should explain much more clearly that the cases are only examples. This exercise showed that the facilitators did not fully understand that SS was to be used to analyse particular communities.

Section I - Let's go Further II - No problems in this section.

Supplementary section on domestic violence - This was one of the 'hottest' subjects according to the facilitators, highlighting many problems that lead to divorce. The facilitators said it was difficult for them to deal with this theme. They said that the issue of violence arose (a great deal of violence is caused by alcoholism and adultery) and that they felt unprepared to deal with all the subjects that were discussed. It was clear from the dramatisations that the groups had difficulties in distinguishing violence in general from violence in the home. It also became clear that it is not only women who suffer from this violence but also men, children and elderly people living in the same house. The facilitators asked for specific training on domestic violence and gender to help them facilitate this section more effectively in the future.

Sections J, K and L - Let's help each other - The objective of this session is to help participants change their behaviour and acquire communication skills. The facilitators had some problems with the discussion about power relationships as it was generally limited to economic factors. The facilitators felt that future training sessions should include more diverse power relationships such as those between fathers and sons, teachers and students, wealthy older men and young girls etc.

In session L there were doubts about the concept of manipulation, as it meant different things to different participants. The facilitators felt that influencing and trying to convince others had the same meaning as manipulation. It is necessary to make this concept clearer in future training sessions, including discussions of the various forms of manipulation. To simplify the issue, it was suggested that people should work on finding better ways of expressing what they really want to say.

It was suggested that the repetitive Yes and No exercise should be removed, and that more work should be done on body language which is commonly used in rural areas. The facilitators had good ideas for this section. For the exercises needing a rope, capulanas could be used for the women and sticks for the men.

Sections M and N - Let's Work Together and Let's Prepare for the Future - The facilitators felt that the sessions discussing death and the future were very positive as the participants spoke very openly.

Final Open Meeting - the meeting of the whole community (everyone who did and did not participate in SS). This was considered to be very positive. It brought people together and was an opportunity for all the non-participants to hear about ideas that were discussed during SS. In Morrumbala, some people didn't feel comfortable about participating in the party because it was held in the Save the Children house.

The facilitators asked to be provided with videos or some type of printed, illustrated material which would help them in the sections of the manual that use video. In some districts, the team substituted the video with dramatised sketches. In some cases the dramatisations were relevant to the issue in question but in other cases they were not. Other teams did not substitute the video. The exercises showed that some facilitators had a good grasp of the SS package's general objectives while others were unable to establish clear links between the objectives of the exercise, the section and SS. It would be useful if the manual included only the essential exercises, illustrations or scripts for short dramatisations. This would help the facilitators to remember the objectives of the session and of SS as a whole.

7. *Facilitators' suggestions for future SS implementations*

- Provide transport and materials for implementing the exercises;
- In the long term, translate some of the existing videos into Portuguese and local languages, and in the short term produce a video to accompany all the SS sessions;
- Involve personnel from health and social action sectors, MINED, the Reflect programme and MCJD in future training sessions;
- Provide refreshments for the participants - during weeks of long discussions it would be good to provide at least cold drinks;
- The process and work should be evaluated immediately after SS has been implemented (the evaluation workshop was held 6 months after implementation);
- There should be permanent, close supervision during the field work, so that facilitators' doubts can be clarified while work is still being done;
- Promotional SS materials could be provided such as T-shirts, caps, badges, pens and capulanas;
- First Aid kits should be available;
- Leaders should be better sensitised to SS, and the process of introducing SS to the community should be improved so that more people participate.

8. *Opinions of the collaborating institutions*

All the institutions involved in the implementation process (ICS, MONASO, Projecto Esperança, Save the Children UK and Moçambique Red Cross) felt that SS was extremely useful for their institution. It improved their knowledge of the community, and enabled them to reach a number of people that no institution would be able to reach on

their own. They also recognised that SS benefited the institutions by training people in community participation techniques.

They considered that their relationship and collaboration with ActionAid was good, but that in future they would like to see greater joint planning between ActionAid and the institutions to avoid problems related to daily payments. Leaders had to put pressure on some people to participate. One of the institutions said it was a pity that the Provincial Health Directorate did not participate, and suggested that it should be involved in the future.

9. *Trainers' Opinions*

The two trainers who participated in the SS training in Harare and trained the 21 facilitators in Quelimane thought that SS was very useful. They felt that the pilot programme proved that the process was worth repeating countrywide. They considered the participatory nature of the package to be very useful as it encourages everyone to participate irrespective of age and sex. It helped people to share experiences and information and it can easily be adapted to other types of work such as research.

They felt they had undergone a great deal of personal growth and had learned to cope with social issues that are normally difficult to discuss, such as death and married life. They had learned to resolve problems without resorting to aggression of any kind, and felt they were better able to relate to people after improving their communication skills.

10. *The impact of SS on the facilitators*

All of the facilitators felt that participation in SS had some kind of impact on their lives.

The changes mentioned by the male facilitators were as follows:

- Fewer sexual partners;
- Better relationships at home; sharing social and financial problems with wives and contributing more to domestic affairs;
- Better relationships with members of the community and a stronger sense of unity and solidarity. Greater facility and speed in organising activities with the community;
- Greater tolerance and willingness to accept others' opinions;
- More regular condom use.

The female facilitators said that they had changed in the following ways:

- Improved self-esteem among those who felt they were ugly and did not like themselves. After participating in SS, they gained confidence, began to value themselves and had fewer complexes concerning perceived physical inadequacy.
- Greater tolerance: they realised that they always complained to their children and husbands and had no patience or communication skills. Greater tolerance for the family and better ways of discussing problems.
- Greater confidence and freedom of expression, less shyness and embarrassment. Before they were unable to speak in public or express their opinions and ideas, but after SS they felt more confident in speaking openly and less afraid of being ridiculed.
- They came to accept that HIV/AIDS actually exists and is not an invention of the west.
- Better professional performance and improved quality of work with the community.
- Greater solidarity with other women who also carry the double burden of professional and domestic work.
- Greater desire to plan their children's future: to discuss making a will with their husbands to avoid problems if both parents were to die.

11. Impact on the communities

The reasons for deciding to participate in SS were the same in all the locations that were evaluated:

- curiosity;
- to learn good things;
- to find solutions for community problems;
- to create greater unity in the community;
- to have fun (particularly the young people);
- to earn money (particularly the young people).

Attendance at the sessions

The vast majority of group participants attended nearly all the sessions. The reasons given for not attending some of the sessions were the same in all the locations:

- illness (of a participant or family member)
- lack of information (not knowing or fully understanding the objectives of SS)
- family problems
- death
- rain
- Easter
- lack of time (because of harvesting or other activities)

Aspects which helped or hindered SS

The groups that were interviewed mentioned the following aspects that contributed to the success of SS:

- good understanding between participants and facilitators
- use of the local language
- facilitators' skill and responsible attitude
- curiosity - people were eager to find out what would be discussed and done the following day
- keeping to the timetable
- the fact that husbands were understanding
- pressure from the school director (in Morrumbala)

Aspects which the communities felt hampered the process were:

- lack of incentives and refreshments
- the ridicule of non-participants who continually teased participants, saying, 'You go there and don't get anything. They don't even give you snacks and you still keep going back.'

Impact on the lives of participants

In every location, the communities spoke of aspects of their lives which had changed after participation in SS.

- Improved relationships at home: greater tolerance, confidence and respect.

In Pebane, for example, a married man said that when he went away from home he no longer took his possessions (such as his radio and bicycle) to his parents' house, which is the normal practice in the region. After participating in SS he had more confidence in his wife and left his things with her.

Another married man in Maganja da Costa said that before SS, his wife didn't know how much he earned nor how he spent the money. After SS, he began sharing his salary with his wife and planning expenditure with her.

In Quelimane, a couple that had been separated for some months were reunited during the First General Meeting (both were participating in SS), and were still together when the team returned for the evaluation.

- Better relationships and greater unity in the community: fewer conflicts, arguments and insults.

The women of Pebane said that after SS there were fewer arguments at the well (a focus for conflicts between women). The women began to have more respect for others and to wait their turn in the queue. One older woman said that she didn't react aggressively when another woman broke her container. Her grand-daughter, who had witnessed the event, later asked why her grandmother hadn't reacted. The woman replied that she had

learned at SS that reacting aggressively never helps anyone, and that she had understood and forgiven the other woman. Later, the girl came to say that a child had hit her, but she had followed her grandmother's example by forgiving the child and not reacting aggressively.

The young people of Quelimane said that since SS there were fewer arguments on the football field.

One adult man in Pebane said that one of his neighbours had lit a fire which spread and burned one of his cashew trees. He went to speak calmly with his neighbour about the damage that had been caused, adding that he wasn't harbouring any anger. He said that before SS he would have gone to his neighbour yelling for compensation.

- Reduction in the number of partners

A young person in Morrumbala, some young people in Quelimane and some men in Maganja said that they'd had a lot of partners before SS, but that they had reduced the number out of concern about HIV/AIDS.

However, interviews with all the groups revealed very contradictory attitudes on this issue. Young people and women said that the number of partners was increasing while the men and older people said that the number of partners in the community as a whole was diminishing.

- Greater use of individual razor blades and sterilised instruments

This aspect was only mentioned in the rural zones of Maganja and Pebane. The groups said that when they go to the traditional healer they now take their own razor blade. They didn't do this before because they were unaware of the dangers. There is no health post in one of the zones, but a private nurse (an ex-soldier) administers injections. The community said that they had started to demand that he boiled his needles before giving injections. In Pebane, the people reported that the midwives had started to boil their instruments. Traditional healers said they had begun to ask people to bring their own razor blades.

- Greater use of condoms

The groups said that after SS, some people who had not used condoms (mainly the young) had started to use them because they had become aware of the risks they were running. Interviews made with condom sellers in Morrumbala showed that demand for condoms was higher from adults (before, they had mainly been bought by children as balloons). However, in Quelimane, interviews showed that sales were still very low. One Saturday, for example, one stall had only sold three condoms and another hadn't sold any.

- Greater respect for people with HIV

Another aspect that was stressed by the groups was that SS had altered their preconceptions about HIV. They became aware that anyone could carry HIV and that these people had the right to live in society and be well-treated by the community. In Pebane a supervisor and a person living with HIV had visited the community (although the community did not know that the person had HIV). The community said to the pair that people with HIV should be isolated, should never touch anyone, etc. Afterwards, the person revealed that she had HIV and explained what it signified, how she contracted the disease and what she did when he found out, etc. The community was extremely surprised and ashamed, and became aware of their preconceptions. They asked the person to forgive them and said that they would never think badly of a person with HIV again.

- Less alcoholism

Many young people said that they started to drink less after SS as they had become more concerned about their health. They understood that alcohol could cause serious problems related to violence, low self-esteem and lack of respect for the community.

- Clearer vision of the future

This point was only mentioned by the young people that were interviewed. They said that after SS they began to think more carefully about their future and to take some decisions about it. One of the young people in Quelimane said that after SS he had begun to think seriously about organising his life. He reduced the number of girlfriends he had, drank less and started thinking about marriage. Motivated by the enthusiasm generated by SS, he had begun his own small business selling coconuts, which was going well. The older people didn't show any hopes for the future, saying that they didn't have to do any more for the community as they had already reached the end of their lives.

The negative impact of SS

None of the groups said that SS had brought any negative influences into the community. They only complained about the lack of refreshments during the activities. The older women of Pebane didn't like a drawing in an AIDS prevention book they had received which showed a woman in childbirth. They were offended by the illustration and thought that it wasn't suitable for young people to see.

Participants made the following suggestions to improve the impact of SS:

- SS should have its own premises (in some areas SS was carried out in the open air);
- Refreshments, material incentives and money should be given to participants to attract more people;
- Promotional materials should be provided (T-shirts, caps, capulanas);
- A video, STD manual and other printed material should be provided;

- There should be a nurse on the team to answer participants' queries.

The groups were asked to describe the good and bad things about SS. The good things were as follows:

- Total openness and liberty to discuss issues;
- The opportunity to learn about condom use;
- The opportunity to share ideas with other members of the community;
- The opportunity to discuss what actually happens in the home;
- The opportunity to learn more about STDs;
- The opportunity to speak with district leaders and directors;
- The closing party.

The bad things were as follows:

- The difference between the refreshments provided for the young and older ones participants on the closing day;
- The embarrassment felt during in the general meeting when issues that had previously only been discussed privately in small groups were discussed in front of young people, men and mothers-in-law;
- The ridicule of non-participants.

Changes that the community hoped to see in 6 months

During SS, the community were asked to prioritise their own problems, and as part of this exercise, each group were asked to note down the changes that the community hoped to see in 6 months. All of the groups in every location remembered what these changes were. They were as follows:

- Change in the treatment of widows: when the husband dies his family takes the widow's goods if she is childless or if she refuses to marry one of her brothers-in-law;
- Greater faithfulness and a reduction in the number of partners;
- Better understanding between men and women;
- More frequent use of condoms;
- The ability to say no firmly;
- Reduction in the consumption of alcohol;
- Better service in the hospital (in Morrumbala);
- Less aggression from husbands;
- More support for the elderly;
- The provision of a counselling centre for young people (Morrumbala);
- Reduction in early pregnancies;
- Less divorce;
- Less child prostitution;
- Greater unity between parents and children;
- Less corruption in schools.

Each group were asked to describe the positive changes that they had noticed since SS. These were as follows:

- Better relationships between boys and girls. The boys said that the girls were no longer embarrassed or afraid to greet or talk with them;
- Use of individual razor blades and sterilised instruments and needles (mentioned above);
- Reduction in the number of partners (mentioned above);
- Greater tolerance and respect in the home, better relationships with children and more equitable distribution of tasks in the home between boys and girls;
- Fewer cases of STDs;
- Better understanding in the community: more friendship, harmony and solidarity;
- Lower alcohol consumption and consequently less aggressiveness in the home and community;
- Better communication between parents and children and between the young and old;
- Greater acceptance among men of women's participation in community decisions.

The groups were also asked to list the problems that still exist in the community. They mentioned the following:

- Poverty / lack of employment;
- Drug use;
- Alcohol consumption;
- Violence / poor relationships between neighbours
- Abortions;
- Non-use of condoms;
- Early pregnancies.

The causes given for these problems were: ignorance, lack of information, bad influences from the city/travellers and unemployment/lack of money.

The groups were also asked if they had noted any differences in the relationships between men and women after SS. All of the groups said that they had noted some changes, and cited the following:

- More confidence and respect;
- Couples share expenses;
- Greater closeness (girls are less embarrassed in front of boys).

With the exception of Maganja, all of the communities said that widows continue to be treated badly by their in-laws. In Maganja da Costa, it seems that the influence of Catholicism has reduced these practices over many years. In Quelimane, the women explained that the treatment of widows depended on the attitude of individual families. If the families were good-hearted, they would allow the widow to keep her goods and live her life as she saw fit. Hard-hearted families, however, would take all the widow's goods including her crop fields. In Morrumbala and Pebane, the community and its leaders felt that the situation for widows was very bad.

12. Opinions of members of the community who did not participate in SS

Half of the non-participants had heard people talking about SS and half had not. Those who had heard people talking (normally daughters and sons, nieces and nephews, uncles and aunts who had been present) had heard that: goats would be supplied, a school and health centre would be built, that maps of the area were made and that relationships with husbands, parents and children were discussed. They also heard that participant talked about love and respect, communication skills, breaking taboos between the sexes and STDs/AIDS.

People's reasons for not participating were as follows:

- lack of information;
- they received an invitation but decided not to attend because they didn't know the objectives of SS;
- information was provided at the last minute;
- illness
- no space was available when they arrived.

The men of Quelimane complained that teams are always appearing and making promises that they never fulfilled. They took the opportunity to ask for employment, crop fields, schools, roads, telephones, electricity and wells.

The women heard that people enjoyed learning good lessons and that participants had enjoyed themselves and laughed a lot. All of the interviewed groups showed interest in participating in future SS sessions as they would like to enjoy themselves and learn some good lessons. They said that there is no respect in their communities because initiation rites no longer exist. SS could be considered as a kind of initiation rite as participants were taught to treat their children and husband well and show respect.

Those who did not participate in SS said that they noticed more respect in the community after SS, and that they had seen more unity and solidarity among participants.

13. Conclusions and Recommendations

The following conclusions and recommendations were drawn up after interviews with facilitators, members of the community (who did and did not participate in SS), community leaders and the four institutions involved.

It can be concluded that SS:

- helps to create links of friendship and solidarity in the community. This is particularly important in communities where the social fabric was destroyed by the war or by natural disasters (which is the case in many parts of Zambezia).
- helps people in a community to organise themselves much more quickly and efficiently. ActionAid workers who live in the districts and are involved in community development programmes were particularly struck by this change.
- helps to create closer links between the community and formal / informal leaders.
- creates space for reflection on community problems, their causes and possible solutions.
- is popular with adults and young people (particularly the latter) as it combines fun and entertainment with educational activities.
- helps the activists and others who work in a particular area to understand the actual situation before initiating any discussions.
- helps people to reflect on the problem of HIV/AIDS and its causes; how to prevent it and how to help those infected. It raises people's awareness of their attitudes and helps them to understand the context that created them. It also makes people aware of the possible consequences of these attitudes.
- helps people - especially young people - to create a vision of the future, helping them to reflect and choose priorities in their lives.
- is recommended only in areas that have some kind of STD/AIDS prevention project, or a development programme which plans to incorporate this component in the future. The programme should not be implemented in areas where there are no other development programmes as it may create expectations in the community which can not be fulfilled. This would lead to frustrations which may jeopardise future work.
- The Portuguese version of the manual should be adapted in the future. Two chapters should be included on domestic violence and gender, and STD/AIDS. It is also necessary to include the suggestions made by facilitators in the workshops. A new

version in Portuguese should be produced with new graphics that are easier for the facilitators to use and follow.

- Visual materials and leaflets should be produced to help facilitate discussions. These could contain drawings, photographs and theatre and puppet show scripts which would help the facilitator to keep to the point when a particular issue is being discussed. These would be useful where it is not possible to use the video. In the longer term, it may be possible for the project to make a SS video specifically for Mozambique. In the short term, the existing video could be translated into Portuguese.
- For the next SS implementations there should be a more access to a supervisor who could clarify the facilitators' doubts that arise during field work.
- Facilitators who have already been trained require additional training in: STDs/AIDS, gender and domestic violence and group facilitation skills.
- Funds should be allocated for refreshments for the participating community groups, and for the closing party.
- The following qualities should be looked for when participants are selected for SS training: maturity, open-mindedness, freedom from preconceptions and the ability to lead community discussions. There should be an interview at the pre-selection stage and the training should be selective.
- Training of facilitators should be extended from 2 to 3 weeks. This would ensure that issues related to STDs were covered more thoroughly and that the facilitators understand the structure and flexibility of the Stepping Stones programme.

Recommendations for Zambezia:

- With the assistance of FACT-Mutare, additional training could be provided for the best facilitators; some new facilitators could be selected and training for trainers could be reinforced.
- The least experienced facilitators could undergo a traineeship with the Pebane team. This team implemented SS effectively and is experienced in community work for programmes that are being developed.
- New SS workshops should be run, but not all at the same time.
- Other organisations should be involved in training, such as health personnel, social action agents, teachers, agents of the REFLECT programme and the Ministry of Culture and Youth.

Annex 1 Work programme for Stepping Stones evaluation workshop

07/10	08/10	09/10	10/10
<p>Morning</p> <p>Presentation of workshop objectives</p> <p>Evaluation of sessions A, B and C: Let's Communicate (small groups)</p> <p>Plenary session - creation of results tree</p> <p>Break</p> <p>Evaluation of sessions D, E, F and G: Our Perceptions (small groups)</p> <p>Plenary session - creation of results tree</p> <p>Afternoon</p> <p>Evaluation of 1st meeting, sessions H and I and domestic violence session (small groups)</p> <p>Plenary session - creation of results tree</p> <p>Break</p> <p>Close</p>	<p>Morning</p> <p>Evaluation of sessions J, K and L (small groups)</p> <p>Plenary session - creation of problems tree with results</p> <p>Break</p> <p>Evaluation of 2nd community meeting and the special request, evaluation of sessions M and N and of the 1st general meeting (small groups)</p> <p>Plenary session - creation of results tree</p> <p>Afternoon</p> <p>Revision of general SS process and information to be found, and preparation of guidelines</p> <p>How to organise a focus group</p> <p>Break</p> <p>Focus group continuation</p> <p>Close</p>	<p>Morning</p> <p>Exercises to be used in the field: the Flow of the River, Wheelbarrow, Punctuation and Orange</p> <p>Break</p> <p>Continuation</p> <p>Afternoon</p> <p>Translating interviews into local languages</p> <p>Fieldwork logistics</p> <p>Close</p>	<p>T R A V E L</p>

continued over

11/10	12/10	13/10	14/10	15/10
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<p>Morning</p> <p>Interviews with young women who participated in SS</p> <p>Interviews with young men who participated in SS</p> <p>Afternoon</p> <p>Interviews with older men who participated in SS</p> <p>Interviews with older women who participated in SS</p> <p>Night: Organisation and analysis of data</p>	<p>Morning</p> <p>Interviews with young and older men who did not participate in SS</p> <p>Interviews with young and older women who did not participate in SS</p> <p>Afternoon</p> <p>Organisation and analysis of data</p>	<p>T R A V E L</p>	<p>Morning</p> <p>Organisation and analysis of data from the suburb and districts (in small groups)</p> <p>Afternoon</p> <p>Discussion of the data organised in a plenary session</p>	<p>Morning</p> <p>Analysis of the data collected (plenary session)</p> <p>Evaluation of the evaluation process: suggestions for the future</p> <p>Afternoon Close</p>
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Annex 2 List of SS evaluation workshop participants

Name	Age	Education (year)	Profession	Place of Work	District	Mother tongue
Alberto A. Hubre	28	<i>8th year</i>	Agricultural specialist		Morrumbala	Sena
Ally A. Machona	32	8	BusinessMan		Maganja	Chuabo
Antoinetta Julio	23	2	Accountant	MONASO Projecto Esperança	Quelimane	Chuabo
Cristovão D.B. Camões	37	5	Technical librarian	Maganja farmers	Maganja	Chuabo
Estevão M. Bimo	23	20	Student/1st Aid provider	Moçambique Red Cross	Quelimane	Chuabo
Felizardo Elias	27	8	Businessman	Morrumbala	Morrumbala	Sena
Guida Marcos	29	12	Researcher	ICS	Quelimane	Chuabo
Helena Assane	45	6	Domestic		Pebane	Lomwe
Isabel Fernando	30	6	Domestic		Maganja	Chuabo
Isabel Salvador	42	6	Teacher /assistant to AIDS prog.	ActionAid	Pebane	Chuabo
Leão Maruassa	26	12	Researcher	ICS	Quelimane	Lomwe
Maria Madalena Victor	26	11	Nurse	ActionAid	Pebane	Lomwe
Matilde Zenda	23	6	Domestic		Morrumbala	Sena
Mauricio Joaquim	42	10	Teacher	ActionAid	Pebane	Chuabo
Miguel Patia	27	12	Journalist	ICS	Quelimane	Lomwe
Mimi Mendonça	31	8	Domestic		Maganja	Chuabo
Norbeto A.J.Manuel	32	9	Teacher	ActionAid	Pebane	Lomwe
Pita Luis João Janota	31	11	Researcher	ICS	Quelimane	Sena

Annex 3

Questions asked to members of the community who participated in SS (young/older women and young/older men)

Questions about the process

1. Why did you decide to participate in SS?
2. What proportion of the meetings did you participate in? (Pie Chart)
3. Why did you miss some of the sessions? What would have helped you to participate in all the sessions?
4. What made SS go well? What made it difficult? (Rocks and Cards)
5. Did any of the SS activities have an impact on your life? If yes, what was the impact?
6. Which of the activities didn't you like? Why?
7. If you had to do SS again, which suggestions would you make to improve it?
8. What are the good and bad things that you noticed in the 'men only' meeting (or the 'women only' meeting)?
9. What did you like most about the final community meeting? What didn't you like? What suggestions do you have to improve it?
10. Did you do any group activities after SS? What were the activities?
11. What were the factors that helped you to implement these activities, and what were the factors that hampered you?

Questions about the Impact of SS

1. Do you remember the changes that were hoped for after 6 months? What were they? (drawings and symbols)
2. What were your special requests?
3. What was the reply to your special request?
4. What other positive changes have you seen since SS? (Flow diagram)
5. Which of the positive changes has been the most positive? (ranking exercise)
6. Have you noticed any changes in your family or in the community?
7. Which negative changes have you noticed?
8. How do you think SS could be changed to avoid these negative consequences?
9. Which problems still exist (including negative changes) (Symbols)
10. What are the causes of the problems that still exist? (Flow diagram)
11. Have you noticed any changes in the service provided by health personnel?
12. Have you noticed any changes in the relationships between women and men in the community? If so, what are the changes?
13. Does the group continue to meet? Has the group organised anything together? If so, what?
14. Have you noticed any differences in the number of partners that men and women have?

Questions for those who did not attend SS

1. Did you hear people talking about SS? If so, what did you hear?
2. Do you know anyone who participated? If so, who? (Your relationship with them).
3. Why did you decide not to participate?
4. What did people tell you about SS?
5. What did you think about what they told you?
6. Did you notice any differences in your family or community after SS? If so, what were the differences?
7. Did you notice any difference in the service provided by health personnel? If so, what were the differences?
8. If there was another SS, would you like to participate?
9. Do you participate in any activities related to HIV/AIDS?

Questions for leaders

1. Did you hear people talking about SS? If so, what did you hear?
2. What do you think about what you heard being said about SS? What were the good things about SS? What were the problems?
3. Did you notice any positive changes in the community during or after SS? If so, what were the changes?
4. Did you notice any negative changes?
5. Did you notice any difference in the service provided by health personnel? If so, what were the differences?
6. Did you notice any differences in the relationships between women and men? If so, what were the differences?
7. Who is responsible for the finances in your house?
8. Have you noticed any differences in the way widows are treated when their husbands die? If so, what were the differences?
9. How do you think participants in SS could share the benefits with other members of the community?

Questions for traditional healers

1. Since June, have you noticed any difference in the number of people who come for STD treatment?
2. Do people bring their own razor blades?

Question for nurses and condom sellers

1. Have you noticed any difference in the number of condoms that adults have bought since June? If so, what is the difference?

Annex 4 Observation guidelines for groupwork in the districts

1. Name of district _____
2. Group observed _____
 Number of people in the group _____
3. Facilitator's name _____
4. Time that work began _____
 Time that work ended _____
5. Language used for the interview _____
 Was a translation made? Yes () No ()
6. Did the facilitator act as an equal in the group? Yes () No ()
7. Did the facilitator explain the objectives of the activity to the group?
 Yes () No ()
8. Did the facilitator encourage everyone to participate? Yes () No ()
9. Did one or two participants monopolise the session? Yes () No ()
10. Did the participants participate enthusiastically in the discussions?
 Yes () No ()
 Explain _____
11. Did the participants seem to be bored? Yes () No ()
 Explain _____
12. Did the facilitator talk so much that he impeded other members of the group?
 Yes () No ()
13. Did the facilitator accept the group's ideas or did s/he tend to reject them?
 Accept () Reject ()
 Explain _____
14. Was the facilitator able to understand and synthesise the group's ideas?
 Yes () No ()

Annex 5* **Group interview activity guidelines*

Pie Chart

This activity helps people to estimate and draw a certain proportion of a whole. The participants are asked to think of an orange or some kind of pie-shaped food and are asked to imagine that it represents the 21 days of the workshop. Then they have to imagine that they are cutting some segments that represent the proportion of time they participated in SS. They are then asked to draw the whole orange and the cut segment.

Rocks and Carts

The object of this activity is to help participants explore the factors that hamper and facilitate a process. Participants draw a person pushing a cart or somehow represent a cart. Some distance away they draw a symbol representing the objective of the SS workshop. They identify stones - things which prevent the process from running well - and put them in front of the cart. The bigger the stone, the more significant the obstacle. Symbols words or objects which represent all the things that could help the process to run well are placed in the cart.

Flow Chart

A flow chart is drawn to show causes, effects and relationships between variables. This is intended to help people analyse the causes of problems and their consequences, and the impact of change. When the flow chart is being created, it is important that facilitators ask probing questions to encourage people to explore the roots of problems and the impact of change in more depth.

Prioritising problems (ranking exercise)

Scores are used to compare the relative importance of a problem, and to rank problems in order of priority. Each participant receives 15 stones, and is asked to divide them among various images of problems to indicate their importance. The total of stones is counted for each problem. To rank the problems, each one is compared with another until every pair has been compared. The total number of times that each problem is considered more important is calculated, and the most important is put in first place.

Annex 6 Budget summary

Description	Meticais	US \$
Trainer training in Harare		3,284
Facilitator training (21 people for 14 days)	115,054,000	900
SS workshop (20 days in 3 locations)	44,860,000	
Evaluation training (18 people for 3 days)	28,783,000	
Fieldwork (4 days in 3 locations)	10,572,000	
Results analysis and suggested recommendations	28,783,000	
Support for evaluating and presenting results		5,756
Administrative materials	3,600,000	
TOTALS	231,652,000	10,840

Using the United Nations exchange rate, the total value = US\$ 30,265.75

This total was donated by UNICEF and DfID. It does not include the costs of administration and logistics supplied by ActionAid or the fieldwork costs for Morrumbala supplied by Save the Children UK.

Theatre

(Photos of workshops not scanned in)

Games

Discussions

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