

Stepping Stones with Children

Podcast no. 1

November 2020

Welcome to our *Stepping Stones* podcast series!

Fungai Murau and Angelina Namiba share with us their personal and professional experiences with the *Stepping Stones with Children* programme

Fungai is a researcher in the HIV field with special interest in mental health (quality of life for people living with HIV), migration and educating adolescent girls in making informed choices about their sexuality and wellbeing.

Angelina is a Co-Director of 4MNet CIC and an Associate Project Manager with Salamander Trust. She is also a Mentor, Trainer, Trustee and Community Representative on various HIV-related bodies/organizations; and a trained Facilitator of *Stepping Stones with Children*.



This podcast series was created by Fiona Hale, Salamander Trust Associate



Podcast no. 1
With Fungai Murau
and Angelina Namiba
UK

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Angelina: Hello, welcome to our *Stepping Stones* children's podcast. My name is Angelina Namiba, and I work with the 4M Net program. 4M stands for my health, my choice, my child my rights, and it is a program working with Mentor Mothers living with HIV across the UK and in Kenya and Uganda. I'm speaking today from London, England. And I'm delighted to welcome Fungai Murau. Fungai, please tell us what you're doing.

Fungai: Hello, Angelina, so good to be talking to you.

1:31 (please note all times are approximate)
So yeah, I live just in the South of England, so a little bit South from where Angelina is. What am I doing? I have the most wonderful job. My first, biggest job that I love is being a mother to two wonderful daughters. But when they're busy at school, I'm also quite busy, I work in the international development sector. And my interest, which comes

very nicely with *Stepping Stones* and the 4M Net program that Angelina mentioned, is improving the mental health of women and girls living with HIV. I also volunteer for a number of charities from the board to also doing other roles. And something that I've started doing since we had COVID this year when everything started going upside down, is trying to learn French. And to do this, I've challenged my dear friend to learn too so we can support each other. And I'm very excited to be part of this podcast today.

2:27

Angelina: Thank you so much, Fungai, lovely to be speaking with you. And listen, tell us a little bit about your experience of the *Stepping Stones with Children* program, and how you've been involved with it.

2:38

Fungai: So I think with the *Stepping Stones with Children*, I didn't know a lot

about it until a few years ago, when an invitation found its way into my inbox. And then I spoke to a lady called Kate Iorpenda, who then introduced me again to Alice Welbourn. And I found myself at an event in London, where the manual was launched. And I met the writer Gill Gordon, a wonderful person.

I'm not a facilitator, so I haven't been to a workshop or been directly involved with *Stepping Stones*. But what I have done with *Stepping Stones with Children* is use it within my family. As a single mother and a woman living with HIV there are some difficult conversations that I've had to have with my daughters. And I have this unique, unique household where my oldest daughter's nearly 17 and the little one is 7. So what I love about *Stepping Stones*, and what makes me always return to it, is that it caters for different age groups. So I know that most of part one, when I look in the training manual, I can almost relate that to conversations I can have with my youngest daughter, and the other I can relate to what I can speak to with my older one. So that's how I've been involved with *Stepping Stones*. And the one thing that I want to do more is to ensure that *Stepping Stones with Children* becomes almost a go-to for every grassroot community program that is dealing with children and caregivers.

4:18

Angelina: Okay, thank you so much Fungai. You mention that you kind of go to it to talk about different things with your older child and with your younger child. Can you tell us a little bit more about maybe some of the things you've talked about with your older child?

4:32

Fungai: Oh, with my older child, oh my goodness, this almost I think this becomes my go to, and I'm just looking at it, because we do so much. With my older child, she is disabled, so she uses a wheelchair. Sometimes she feels very, very left out. There is a good session on empathy, that I love. And also there is one about as they're getting older and choosing sexual relationships and things like that and being safe. So that's what I tend to use with my older child. And also, when I know that there's a gap in her

curriculum in school, especially around alcohol and drugs, and also talking about HIV - what is HIV? how is it transmitted? - and just the human side of her being now a young woman that is preparing to go into this world, what are her rights as a child, but now what are her rights as she becomes a young woman that is going to have sexual relationships, what are her sexual and reproductive health rights around that topic. I find it a good model almost like a big sister that I have that almost echoes what I am discussing with her. So that's what I tend to do. And we do like doing especially the mind map and, and roleplay activities, we almost tried to do that as well, so that she doesn't feel like I'm just preaching at her or I'm just telling her things, it's things that we can actually have a discussion.

6:13

Angelina: Thank you so much. Now, you mentioned something about talking about HIV. And is this something that you're able to use the manual to talk to her about in terms of when you decided to share your status or her status with her.

6:29

Fungai: I'm more comfortable talking about me sharing my status with her. I've always said my daughter should tell her own story when it comes to telling her story. But yes, *Stepping Stones* did help us bridge that conversation about sharing. I was very, very afraid of telling my daughter that I not only was living with HIV, but she was living with HIV too. She didn't know until she was almost 10, because I didn't quite have the words. We nicknamed the virus, which lasted only a few years. But then I as I was starting to gain a lot more confidence talking about my HIV with my peers, with you Angie, things like that, it became easier for me to understand what HIV is - because I grew up in a time where people were dying and HIV was not something that was comfortable.

And I think I dragged that with me into my life and almost wanted to drag it into my daughter's life as well. Until I read a little story in the manual, about love, unconditional love, about the fish and the father. So I looked at that. And I remember just saying to her, I need to tell you that

the virus that we named, its name is actually HIV. And she looked around and said, Mum, between *Stepping Stones*, you just leave it around and between, you know, taking medication and everything, talking to your friends, I know. And it's almost opened or deepened our bond, that I was safe sharing my status with her and she's safe sharing hers, almost resharing with me when she comes across something that she doesn't quite understand. We actually looked at when I told her about this podcast, we looked at *Stepping Stones*, and we looked at relationships, and even her own body organs and things. And she said, this is never explained to us in school properly. I'm now more equipped than my friends. To actually go out in the world and know that because I'm taking my ARVs, the book says I can lead a very happy, healthy, normal life. And the one thing that she said that always resonates with me, and I think I wanted to put this here is that she said, Mum, never ever think that I hate you for giving me HIV, I love that we can talk about it. And I just want to point out to say that it's really powerful if you tell your children the truth, because then it opens a conversation. And if you use words that are not, you know, words like 'Mother to Child Transmission', those are not words that are very kind. And my daughter gets to know that and my daughter looks forward to when she's a mum as well. And she says she'll take *Stepping Stones* with her to have these discussions with her children when the time comes.

9:56

Angelina: Oh, thank you so much Fungai. You know, what I didn't mention at the beginning of the podcast is that I'm also a trained facilitator of *Stepping Stones with Children*. And it's absolutely wonderful to hear how you bring it to life, because that is part of how we intend the manual to be used. And for me to hear you say how you use it with your child and with your children is really, really heartening, you know, so thank you so much for actually bringing that to life in the way that we intended it to do.

That's really great. Thank you. So you mentioned you've talked to the older child about it and is there any, maybe give us an example of how you use it with your younger child and how old she is?

10:35

Fungai: My younger child is a cracking seven year old. I think some people actually call her the lion because when she roars she literally roars..

With her and I, we use it in again in talking about HIV. As soon as she could understand the word, I told her that mummy's got HIV. And you need to understand that mummy's not dying. This is something that means I just have to take medication. So that was the first thing that I did with her. How we use *Stepping Stones* together, is we look at the tree, there's a beautiful illustration of the tree of life and the roots and everything. And if she's going through something that is a little bit difficult, like when she had a fall out within a little friendship group, we talked about that and put in all her attributes, all the things that she was good at and everything and, and then we did a little bit of roleplay to say, Did you think that you were a bit mean to them? Is that why they did this, this and that? And then she said, Oh, can I look at *Stepping Stones*, and we look at it together. And the one thing that she is very, very fascinated about, she's always been fascinated about the human body. And I didn't want to name a body part names that they're not, I always thought she needed to be equipped right from the get-go about what that is. So she loves looking at the illustrations and naming them. For a seven year old, I think it's really, really powerful. Because then I can then say, nobody should ever ask you to show them this part of your body, really when you're out and about. So we use I think I use it to equip her as she becomes more of a woman, as she's growing up, and we use it around, she looked at one picture where there's a little girl saying to

her father, I think you need to use some of the money from the harvest to send me to school and things like that. And she said, Why would she even ask? Why is she not going to school? And it starts a conversation that I can say in parts of the world some children don't go to school, so they have to negotiate. So it teaches me how to teach her negotiation skills. Even now, sometimes I think *Stepping Stones* is so good. Now she negotiates how to get extra sweets.

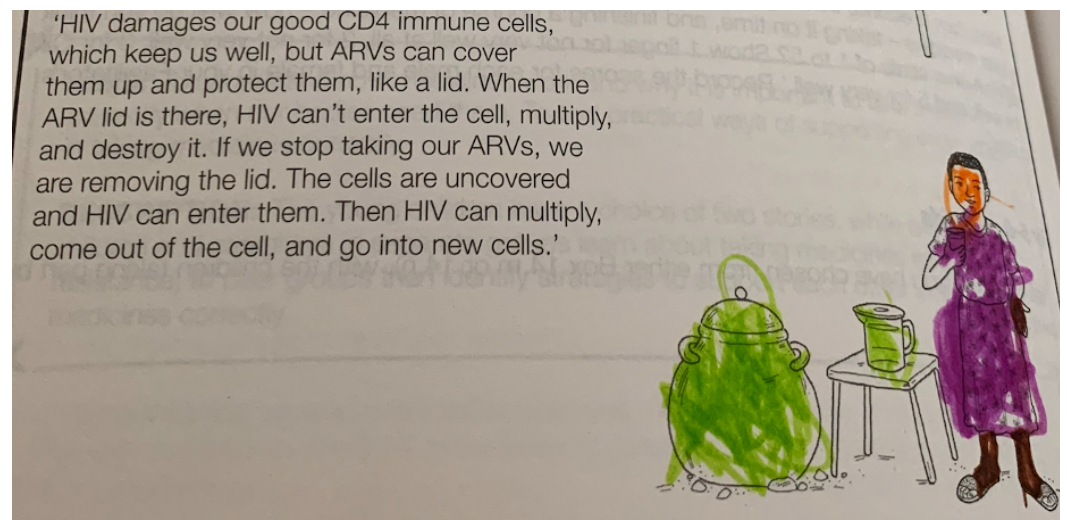
12:50

Angelina: Brilliant, thank you so much. Honestly, it's really good to just see how it comes to life in everyday situations and using everyday examples. Thank you so much for that. Now, just moving it along. Some people say that children need their own space, and that it's best to just work on such programs with children on their own, and not involve adults as well. What are your thoughts about this?

13:13

Fungai: I think that when I was thinking about this, it really made me sad, because where there's a child there's a caregiver. It would be sad if there wasn't a caregiver, because then that child would be alone. Children evolve, children will never stay just children, we all evolve.

So it gives a safe space. It's so unique, I don't think I'd ever come across a manual that brings together a child and the caregiver in a safe environment where they can have discussions that sometimes are so difficult to have just one on one, like in the household, it puts the child and the caregiver within a group of peers that are probably going through what they go through. And how wonderful is it to make sure that the child doesn't feel alone, the caregiver now has a network, like our beautiful 4M network and network where they can dip in and say this is what I'm going through with my child or vice versa. So I think there are spaces for children, absolutely, when they're playing with their little friends, yes, but a space where a child and the caregiver can come together to discuss relationships, sex, drugs, these complex things that are skipped over in the classroom, I think is a fundamental, it should be the foundation of every community to just have that space. So yes, I would say for a person that says that these spaces should be separated out, say, try doing one exercise, and then I promise, you'll change your mind, you will be advocating for it to be a space for both child and caregiver.



An extract from Fungai's version of *Stepping Stones with Children* © Fungai Murau 2020

14:52

Angelina: Brilliant, thank you so much. Now, just moving on from that, some people say that, you know, five to nine year old children are too young for such you know, such a program, and you've just really very well illustrated that you can work with younger children from that, because some of those people say that you should only work with children from age 10, right. And what would you say to someone who says to you that I think you know, you should only work with some of the older children, what would you say to them? And what are your views on that?

15:20

Fungai: I would say that I mean, like I said children grow up and children grow up at very different rates. A five year old, depending on the community, depending on the circumstances, may have the mind of a 29 year old. Or a nine year old may not be as understanding as they should at nine. But I think it's fundamental, as soon as a child can understand words, which is about age five, proper words, that they be involved in these discussions. There's a good bit in here that I think every child, even below the age of five, but five is a great place to start, on children's rights. What are their rights as a child? At what point do we sort of say these rights only can start at 10, because we are only going to work with children from 10? I would say to anybody that thinks that working with children below 10 is not right, I would say they need to look into their own inner person. And think back to when they were when they were a child of that age, if they can remember, that decisions were made for them, without a discussion. Some decisions need to be made for you without discussion. But I think children should be equipped with knowing who they are from an early stage, but not only knowing who they are, knowing what their caregiver's going through. If a caregiver has got HIV and some days can't get out of bed, this poor child won't know what's going on. But thank you to this manual, this program, they'll know that, okay, you know what, today, my caregiver's not feeling very well. Maybe they haven't taken their medicine, should I encourage them? Should I push them? But also when

they're going out and playing with their friends, when they hear misinformation about your children or children - children can be cruel if a child says "you have AIDS" and they can say "No, you know what, I was at the group, it's HIV", we can start telling them the right terminology, get them young, get them young with the right information.

17:20

Angelina: Absolutely. No, you're right. I mean, I'm, I mean, I'm a mother living with HIV, myself. And I told my daughter about my status when she was about nine years old. And it's about being like with children information about, it's very age specific. And like you said, You know, sometimes we don't give our children enough credit. But you know, some children at five, six or seven, can understand a lot more information than an older child. I think as long as we make it age specific and we trust the children, and we work with them, and we are open with them, that's what's really important because you're better off telling them the information they need, and being there to answer questions and being truthful, than not knowing anything and them finding out elsewhere.

Fungai: I agree, because once they find out on the streets, it's very difficult for you to change that narrative. But if you if you give them the right information, and give them a chance to, you know, to breathe to process, but know that you're there to then answer the difficult questions, then then I couldn't agree more. Yes, we need to give our children as much information as we possibly can.

18:28

Angelina: Absolutely. And so, um, you've told us you've worked with your children, they're both girls, right? And some people say that, you know, we should only be working with girls aged 10 to 14 on these issues, and not boys. I mean, what do you think?

18:45

Fungai: I wish we had a world that girls lived by themselves and boys lived by

themselves. But that's not the truth. Boys and girls have to coexist in one wonderful world. And if we are going to sit here, you and me and talk about sexual reproductive health and rights, and we just think the girl, the girl, the girl, if we exclude the boy, then we're almost saying that we only need to protect the girls. But then we're not telling the boys how to protect the girls. So if the boys don't understand that by touching a girl in a way that she doesn't want to be touched is wrong, because nobody has told them anything different, than we are actually undoing all the work we're doing with the girls. As long as boys and girls coexist, then a program needs to be inclusive. We are then raising young boys to become good, respectful, young men that know that a woman needs to be treated that way. And then they also know their rights as a child, as a boy child, because sometimes we take it for granted that boy children should almost be strong from the moment they're born. They should be strong they shouldn't cry, they shouldn't have feelings, they should you know, they should aspire to greatness, they should do this.

Then we forget that boys get HIV too, boys access things that are harmful and drugs and alcohol, they access all that too. And boys are not very good talkers, in general, so if there isn't a program where they can come and know that they feel safe, they feel secure that it is confidential, there is a counsellor if they get upset, then we're actually doing our girls an injustice by not teaching the boys, if that makes sense. So I absolutely believe that this program is doing great work in including both girls and boys, so that they learn how to coexist and coexist well.

Angelina: Yeah, totally, totally. And that's I mean that you've just rounded up that really nicely. Now just moving on, there are some people who feel that this program should be working with only with children who are not living with HIV, and not children who are living with HIV. And if you think this program can work with both

21:02

Fungai: I am the perfect example. I think my household, it should be on the on the cover. Because I've got a child who's living

with HIV, I've got a child who's not living with HIV, and I am using this program for both my children. It does help both a child who is living with HIV and a child who is not living with HIV, I don't see why we should discriminate between the two because HIV affects us all. In one way or the other. It affects us all. Especially if there is a caregiver or somebody living with HIV within the household, the homestead, then all children that are not living with HIV need to understand what that's like, Yes, I agree. But if there is a child living with HIV, and they are excluded from this program, then we are further discriminating against them, we are further encouraging stigma within that community, that you are living with HIV, you no longer need to have access to information, which is not right. If anything they need as equal information as possible. And this book doesn't just focus on HIV, it focuses on fundamentals of life. It talks about menstruation. So it's not limited to only children activities that happen to a child that is not living with HIV, it is for all children.

And I absolutely continue to say it needs to involve both. And I think it's a powerful space where you bring together a child that's not living with HIV and a child that's living with HIV, for them to have a discussion. I think that's where you see power. That's where you start planting the seeds of empathy, of love, of friendship, of saying you're no different. Just because I take a tablet doesn't mean that you and I cannot be friends or cannot share our sandwich today. So yes, it needs to include all children, I get very, very happy and emotional and everything when I think about that, because I just look at my household. And I have to say, it works for both my children.

23:16

Angelina: Great. And would you one day be interested in becoming a facilitator of this program?

23:21

Fungai: Oh, my goodness, I thought you'd never ask. I would be honoured to become a facilitator. I think the things that drew me to this this program is, like I said, it's community focused. I think you mentioned in your in your introduction about the 4M network that is in Uganda and Kenya. And I bet if we were to run this program, the way that it's stipulated in the manual, it's a very different landscape than we would run it in a church community hall in London, because we have to adapt it to that community, which is what I love about it, it's flexible. And it encourages us to adapt it within that community to understand the local language to understand the local culture, the local norms, which I'm, I'm very, I find very, very fascinating. And for me, as a woman who grew up in Zimbabwe without having the safe space to discuss little things like my rights as a child, relationships, I think I now have the responsibility to create as many safe spaces as I can to support children to live full happy, healthy lives, and also to encourage caregivers, to say "look at me, let's keep going for our children, both living with HIV and both without HIV". So yes, sign me up.

24:35

Angelina: Fantastic. So you know, overall, you mentioned, the 4M Net program, and the mentor mothers and we know that there are of course, a lot of us women living with HIV across the globe. So if someone was thinking of using this program, you know, what would you say to them, say a mother or mothers were thinking of using this program? What would you advise them?

24:57

Fungai: I would say, I think they need to get just to go for it. If they want to use it within their own household as I do, we never went to a training place, but if they want to use it, they should use it, but they should start with things that they know are not going to be too upsetting. Don't dive too deep. Start at the beginning because it gives you the course of what you need to do. It's very tempting to jump to the end and see what happens next. But start gently. Be kind to yourself. Find and use the network, especially if you're part of the 4M to get somebody you trust

to look after you if you get upset. But I think my take home is here is you need to go for it, you need to know that this is a manual that has been written by people that are very experienced, that have done a lot of extensive research, not only research from their computers, they went in country, they researched this, the facilitators that wrote co-authored this program are people that understand what, what it is to go through some of the topics that we discussed, so please go for it. But be mindful of some upsetting topics. And if you started, then I think you have to commit, because it'll be very confusing for a child if you start if you start something and then suddenly pull away. So if you're going to do it, try to commit. I wouldn't even say you know, you won't commit - once you start, you won't want to stop it. Honestly, it just becomes a no brainer. Like what why would you want to stop it? It's got stories, it's got things to do. It's got things to colour in. So I would say find a way of including it in your day to day life and go for it. It honestly will change your life. It's changed mine.

26:55

Angelina: Oh, brilliant. That's brilliant. Thank you so much. Fungai. You know, just talking a bit more about some of the practical things you did mention before earlier that you talked about treatment with your child, for yourself and hers. And I just wondered, I'd really love to know whether the program actually helped you or your child in terms of carrying on with taking your ARVs or whether you feel if theirs or your general health may have improved as a process of going through the program.

27:17

Fungai: I think because my daughter doesn't know any different other than taking ARVs, she started when she was a babe in arms, she doesn't know any different. So in that case, we've never really used the program for ARVs. I've used it for my general well-being, especially when it says the world that we're in. And I've spoken very honestly about my mental health that sometimes I don't feel like getting out of bed, but there's a really good discussion and activity, where they say go for a walk and take in everything that you can see

and then come back and draw it. And on some days, especially these days of COVID, I think I was actually having a very challenging day that day. And I opened and I was flicking through and I got to that page. And I did I went for a walk and I came back. I'm a rubbish artist. But I came back. And I found that that was a very practical thing that I could do without needing equipment or anything fancy, I could literally just go out and do that. And another thing that's actually helped and we're talking about just last night with my girls was alcohol. I've never hidden from my children, if I want a glass of wine, I will have a glass of wine. It's not anything like that. And my youngest was very much like, Why do adults drink alcohol? And then I actually pulled it out. And I said, we drink out, you know, for these reasons. And these are the bad reasons. And she's actually told me, Mommy, I think you should stop your glass of wine because you can save money, because she learned it from the book. So yeah, I think that that's what I would say that there are a lot of things that I can draw from it, that have helped me in my general well-being. I think maybe because as well, my because my daughter has got a little network of her peers. So they tend to support each other in taking their ARVs but I think I might recommend them to start looking at *Stepping Stones* as well.

29:18

Angelina: Thank you very much. Now, why do you think that other women living with HIV or who are affected who are the carers around the world who have children in their care be interested in becoming participants in the program?

29:31

Fungai: Why? Because it gives you a sense of community. It erases this little thing that runs in your mind that says you're all alone. You're the only person in the world that is either living with HIV and that has a child with HIV. So firstly, it gives you that sense of community. It gives you the right information. You have a place where you can get the right information. It opens a relationship deeper than a normal relationship between caregiver and child, because you now have almost icebreaker tools to start a conversation, especially where sometimes the topic

is not normally an easy one to talk about - like sex, if it's not an easy thing to talk about in the household. But if you can then refer to say, Hey, remember when we went to the training? They talked about this, that's an icebreaker. So if there is a *Stepping Stones*, I would encourage people to, you know, to enrol and do it and not just do it for the for the duration, but do it for everyday life.

30:50

Angelina: Thank you so much. And you know, at the moment it is just two of us talking and we're both women, we're mothers. Yeah. But we also know that caregivers can also be men, in many families. I mean, do you think it's important? How important do you think it is that we also involve men within the program?

31:07

Fungai: I think it is very important, because if the caregiver is a man, or if there is a man involved within the household, it is also essential for them to know what's been discussed. And if they now also have the first hand information, they can, like I said, I think that we talked about it that men and boys are not very good at sharing - sharing what they're thinking what they're feeling, or, or even giving each other advice on, Oh my child did this today. Yeah. But I think if one man can stand up and say, hey, my child did this, and I learned how to, you know how to help them through that little thing by going to the *Stepping Stones* program, then it will encourage a lot more households where there's a man involved to do that. So absolutely, we should target men just as much as we target women caregivers, to be involved in the program.

31:56

Angelina: And just bringing us back to the current situation, we have seen that there's been an increase in terms of violence, both against partners as well as against women and children. Now, can you tell me a little bit more about that, and also how you feel that the *Stepping Stones with Children* program fit into that and how it could address those issues?

32:18

Fungai: It's this one is a difficult one for

me to talk about. But it's one that I always like to be asked, because this is a conversation that we don't normally have, I was raised in a family where discipline was physical. So it was either for my caregiver, it was the belt, the stick, their hand, whatever they got hold of, and sometimes I didn't even know what I did wrong, because there was no discussion, there was no, there was nothing and even after that hiding, as they call it, after that hiding, nobody sat me down to explain to me why. And I grew up thinking that it's almost okay to get beaten up whenever that caregiver either felt they needed to or wanted to. And it's something that I think was one of the reasons that I had told myself that I'm not going to become a parent. Because I didn't think I wanted to beat up my children. and I thought that was almost something that you needed to do to be a parent.

But through counselling, and other interventions, I realized that it wasn't my fault. And that it wasn't right, really. And I can honestly say that I have managed to break the cycle because I've never laid a finger on my children. And it was something that I was always and still am afraid of. I find it difficult when other parents or caregivers choose to use that form of discipline on their children because I almost feel I'm not empowered. It takes me back to a place that I don't want to think about. So I think *Stepping Stones* almost creates, again, this, this openness about talking. Had I been exposed to a program where I can ask my caregiver, what did I do wrong, and not fear being beaten again, then I think I wouldn't have hesitated not for a moment to become a mum. And I see it within the community that I volunteer in, through our community of women living with HIV. A lot of women who experienced gender based violence are almost repeating the pattern - that they will date somebody that is bound to not treat them very well. And there needs to be the space that *Stepping Stones* creates to say it's not your fault. And it comes back again, to words like 'mother to child transmission' of HIV. It's not your fault. It's not your fault.

35:43

Angelina: Thank you very much Fungai for that really, really open and honest

answer. Thank you.

Fungai: You're welcome. So now, Angelina, I have a question for you. Because I'm not trained, I have not been trained as a facilitator of this wonderful program, can you share with me what your experiences were when you went through the training to become a facilitator?

36:10

Angelina: As I mentioned earlier, I'm actually based in London, but I was very, very lucky to have the opportunity to attend the *Stepping Stones with Children* training program in Tanzania. The good thing about that was that the other trainees or participants of the training, were also from Kenya, from Tanzania, from Uganda, from East Africa, and we did the training both in English and in Swahili, which was great, great for me to be able to go back to my mother country's language. But what the training did apart from me coming into contact with other trainers from other countries, and who are also caregivers, it just made me appreciate how important it is to deliver the program within those settings. Because it made me appreciate the different economic situations, the cultural norms that it's delivered within. And so you have parents who are working with children in slightly different conditions to where I'm from, and where I live. However, *Stepping Stones* is ideal in that it bridges that gap, it works well within the different settings. For me, it was really, really good because I am a trainer by profession, but being trained was really, really good, because it meant that I could put myself into the shoes of a different carer, and to understand how I can then be able to translate that training into action. And it was good as I mentioned earlier, the fact that you have to bring it to life. When we were doing the training, we also took on the roles of the different age groups.

38:00

Fungai: Wow, wow.

38:00

Angelina: It took you back to being five, to being nine being teenagers as well, because it is important to be able to put ourselves in the shoes of the young children and to see how we would work

with them. So it was really, it was a really enriching program for me both personally and professionally. And I mean, apart from that the setting that we did the training, it was closed, it was safe. What you had to do was focus on the two weeks that we did the training, you focus on the training. It was hard work, because it is a manual that you have to go through different programs, you have to be really committed, but at the end of it, it's a great learning. I mean, I can't really put it into words, but I really appreciated it and I would absolutely recommend it to anybody who was thinking about being a facilitator to actually take part in the program.

38:32

Fungai: Thank you very much, I think you will get a lot more facilitators yet.

Angelina: Now just moving one looking at looking out wider. And you've spoken absolutely wonderfully about it and the reason why it is so important for this program. So why do you think donors should fund this program?

39:50

Fungai: Because it's an amazing program. Donors should fund this program because it is very, very unique. It is a wonderful program. It is unique in that it touches a lot of things that are now being segmented into different little parts of programming that are siloed, that they don't come together you lose that whole person-centered approach if you are not funding a program that has got all the ingredients in one bowl, it's like making a cake without two or three of the ingredients. *Stepping Stones* needs to be funded because it is the whole cake for a child and the caregiver. It is the entire cake. It looks at day to day living. It looks at discussing the hard things, it looks at going to school, it looks at all the elements that makes a human being from a child. Nothing is siloed - they come to *Stepping Stones* program and you learn pretty much everything you need to learn. Then if you need more, you now have the terminology - a child will now know that they have their rights as a child. They will now know things that they will never know if they're going to a specific program that is siloed, if donors keep just funding, say

treatment, and if you silo you exclude other people, whereas this program includes everyone. So I think that's why donors should fund it. And if there's a donor listening, please reach out, your contribution will go a long way. And it just doesn't stop by the day that you closed the classroom or the training facility, it will go on, because of the way that the program is, is created.

Angelina: Thank you so much Fungai. Thank you so much. And for funders listening, please, please, please heed Fungai's call. Now bringing it back to the children. Why do you think it's so important that this program is called *Stepping Stones with Children* rather than *Stepping Stones for Children*?

41:43

Fungai: I love those words, for, with. Because I think the word 'with', it means that it's a co-production. We're doing it together. It's not *Stepping Stones for Children* where we're going to say, okay, your next step is here, whether you like it or not, it's almost like we're prescribing, rather than like what you and I are doing - we're having a discussion, we're having a conversation, it's two way, it's not you saying to me, Fungai do this. I mean, you didn't send me a script that I have to read - I'm having a conversation with you in flow. It has to be with so that it is also about taking ownership. If a child knows that they have to be attentive, be present, physically, mentally, emotionally, they will appreciate it more, they will take a lot more ownership, they will be a lot more interested. And there'll be a lot more engaged. And they won't feel like a caregiver is talking at them. It's that they're talking with them. So I absolutely love it, I don't know how long it took, I hope it was a no brainer when the topic was being discussed that it needs to be **with** children, not **for** children.

Angelina: Okay, thank you so much, Fungai. It's been an absolute delight speaking to you. Before we wind down the session, is there anything else you'd like to add?

Fungai: No, I think we've pretty much covered. covered it all really. It's been a fantastic conversation.



Angelina: Thank you so much Fungai.
It's been a delight speaking to you and
hopefully we'll talk again in another time
in the future.

Fungai: That sounds amazing. Thank you
Angelina.

Angelina: Thank you

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