



**Salamander Trust**  
TRANSFORMING THE WAY WE THINK ABOUT HIV

## **Monitoring & Evaluating Stepping Stones Using the Outcome Mapping tool**

January 2012

**Mission report by Amandine Bollinger, Coordinator of the Stepping Stones Community of Practice, Salamander Trust, further to her involvement in the elaboration of a regional tool for monitoring and evaluating Stepping Stones (*Paso a Paso* in Spanish) in Central America and in Ecuador between August 2010 and November 2010.**

**This work was conducted thanks to the financial support of Plan International and Ayuda en Acción Honduras.**



## Introduction:

Outcome Mapping is a Monitoring and Evaluation (M&E) tool, which was developed in Canada by the International Development Research Centre (<http://outcomemapping.ca/>). Information on it is available in French, Spanish and English, amongst other languages.

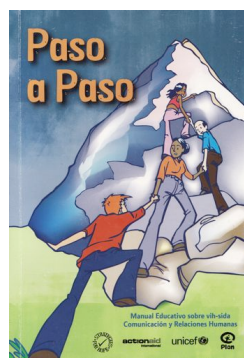
Paso a Paso is the Spanish translation and adaption of Stepping Stones that was initially developed in Ecuador and then scaled up to several countries in Central America.

This report summarises the work that took place in Central America between August 2009 and December 2010 as a first attempt at setting up a monitoring and evaluation system in this region. The other regional work that had been going in terms of Stepping Stones M&E is in the Pacific.

The purpose of initiating a monitoring and evaluation strategy for Paso a Paso (Stepping Stones in Spanish) was twofold:

1. To create a space for analysis and interpretation of information gathered for organizational learning and improved practice
2. To document the changes generated in individuals and communities with regards to their perception of sexuality and gender in order to validate the work of the organisations involved; and build an evidence base to encourage more financial support.

The work was conducted by a team made up of an experienced consultant on Outcome Mapping; staff from Ayuda en Acción (ActionAid) and Plan International working on sexual and reproductive health (SRH) and HIV issues at regional and country levels; and the Stepping Stones international coordinator from Salamander Trust.





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**With special thanks to**

- Melanie Swan, Plan Americas (Panama), Regional Head of Strategy
- Dr. Rosie Isabel Garza, Ayuda en Acción and Plan International
- Javier Pacheco Arriera, Outcome Mapping
- Carlina Velez, Plan International
- Dr. Marjolein Jacobs, Plan International Panama, now UNAIDS

*Thank you to all the warm welcomes and extremely efficient teams of Plan International El Salvador, Nicaragua, Guatemala and Ecuador; and Ayuda en Acción Honduras, El Salvador, Nicaragua.*



## Stepping Stones in Central America

Plan International and Ayuda en Acción wanted to monitor and evaluate their Stepping Stones programme at a regional level. Stepping Stones is a training package used in communities by communities themselves to address issues around gender, HIV & AIDS, communication and relationship skills. It is a fun and creative programme, based on participatory approaches with a strong emphasis on the involvement of men. Written by Alice Welbourn in Uganda in 1995 further to her HIV diagnosis as a way to reach out to other people – especially women – who were facing similar difficulties, Stepping Stones is now the longest running programme of its kind.

It is a unique programme because it deals with both gender and intergenerational issues to ensure that both young people and women are able to express themselves, especially in “traditional” contexts. Used by thousands of organisations from very small community-based initiatives to large international organisations such as Plan International, CAFOD, ActionAid, the International AIDS Alliance, UNFPA, WHO and UNICEF, Stepping Stones has been translated into more than 25 languages and applied in various contexts around the world (85 countries across Africa, Asia, the Pacific, Eastern and Central Europe, Central America and the Caribbean). Settings in which the programme has been used and adapted include village communities, sex workers, Men having Sex with Men, young people, people in prison, people with disabilities.

Stepping Stones was recently recognised by USAID as a "gender transformative HIV prevention intervention" in the context of gender violence, and has also been promoted by WHO as a key tool to fight violence against women in the context of HIV & AIDS.

Evaluations around the world show that the programme leads to:

- improved communication amongst families and community members,
- reduction of gender-based violence
- improved assertiveness and self confidence
- reduction of alcohol consumption
- reduction of gender inequalities

Stepping Stones was first brought to the region in 2004 by ActionAid UK through Linnea Renton. Plan and Ayuda translated, adapted and implemented it across the region (Honduras, Guatemala, El Salvador, Nicaragua, Ecuador). In the process, two additional modules were developed by Soledad Guayasamin (who at the time was working for Plan International in Ecuador and is now Senior HIV Adviser for UNFPA in Ecuador), which were added to the original manual: one focusing on identity and sexual diversity (“My new identity” and “A Romantic Encounter”); and the other one on migration. A DVD was also created to accompany the adapted manual. The DVD was localised for the Latin American cultural context and brings up issues around



household communication, being young and at risk of HIV transmission, and young people staying at home while their parents have migrated to the US. All the films on the DVD were scripted and filmed by young people from Ecuador.

One of the main challenges in the setting up of a systematic process of monitoring and evaluating the programme at a regional level is that organisations that implement *Paso a Paso* are different in nature and size – from local community-based organisations (religious and otherwise), through to state and governmental organisations, through to international development agencies. And the issues they address can vary: most organisations work specifically on issues that affect young people – sexual and reproductive health and rights (especially to prevent teenage pregnancies); STI and HIV prevention; sexual abuse and violence; social inclusion; improvement of self-esteem; empowerment. However, the organisations operational in the field also address many wider development issues such as poverty, nutrition, community and gender violence, alcohol use, ...

The communities in which *Paso a Paso* is implemented vary considerably. While some are urban, most are rural and are predominantly ‘mestizo’, indigenous or African-mixed communities where poverty and lack of education are endemic.



### ***Paso a Paso* and Outcome Mapping in Central America**

Ayuda en Acción and Plan International organised a first meeting in El Salvador in August 2009, bringing together facilitators and coordinators from the countries using Stepping Stones, in order to understand the Outcome Mapping approach and see how it could be used with *Paso a Paso*. Local partners of the two main organisations were also invited, including the Youth Church Association of Honduras. This retreat analysed how Stepping Stones was used across countries and looked at how the Outcome Mapping approach could be applied to the programme. Javier Pacheco Arriera was the Outcome Mapping facilitator invited from Colombia to coordinate the retreat.



A second regional retreat was organised in November 2009 in Nicaragua to follow up on the first one. Participants agreed on the vision, the mission, and the desired outcomes for *Paso a Paso* in the region. Against this, they looked at what progress stages were needed in order to reach these outcomes. Outcome Mapping was confirmed as a suitable tool to monitor the programme because it emphasises the different stages that happen in behavioural change (as opposed to simply focusing on the final state) – and because it is a participatory monitoring tool, in line with the participatory approach of Stepping Stones.



*A window full of 'Post-Its' at one of the workshop sessions, Ecuador*

## Preparing the Outcome Mapping approach for Stepping Stones

### 1. The Intentional Design

The Intentional Design looks at the vision of the programme and identifies its main actors and partners:

#### a) The vision of *Paso a Paso*:

Below is the summary statement from the Outcome Mapping Team that participated in the first two Outcome Mapping workshops (in Ecuador and Nicaragua)



*We see communities formed by people who promote good treatment, equitable and respectful relationships between genders and generations, where discrimination / stigmatisation has no place for reasons of: living with HIV, gender, age, culture, ethnicity, sexual orientation, health status, religion or ideology; and where assertive communication and exercise of citizenship are used as effective ways to find solutions to disagreements, problems, shortcomings and conflicts; and encouraging the participation of everyone in discussions before taking decisions affecting the life of the community so as to value the contribution of human diversity.*

*In these communities there is effective communication between couples, families and different community structures. Adolescents, young people and adults make decisions about their sexuality in an autonomous, informed and responsible way. The rights of children, young people, men and women are respected, gender inequalities and violence have disappeared, pregnancies are desired and maternity and paternity are exercised responsibly.*

*These communities rely on quality health services, including friendly and comprehensive sexual and reproductive health for adolescents; are respectful of human rights, offering quality education services where sexual education is provided based on scientific evidence within a gender and rights frameworks; they have study possibilities, sources of dignified work opportunities, healthy recreational spaces, and all are living harmoniously with their environment.*

## **b) The actors of the programme**

The actors are those who engage in the common effort and take responsibility to contribute to this vision. They are divided into three groups:

- Direct actors,
- Strategic partners on the ground such as local CBOs, and
- Administrative/Technical teams of the NGOs that run the programme.

Outcome Mapping focuses on the director actors – i.e. people and organizations that are in the field of direct influence of the initiative. In this case, the direct actors were identified as being:

1. Adolescents and young people of both sexes between 14 and 24 years of age who are members of urban or rural families and agree on the desirability of working on sexual and reproductive health and rights, and HIV prevention.
2. Mothers and fathers, whose children may or may not be involved in the process
3. Teachers at community schools
4. Health staff: doctors, nurses, health centre staff and community health promoters



## 2. Desired outcomes and steps taken to achieve them

### a) Progress signals

For each of the groups of direct actors identified above – young people, parents, teachers and health workers – the Outcome Mapping Team came up with a list of progress signals matched to the three following levels of outcome achievement:

“It is hoped that” – e.g. people attend the sessions  
“It would be positive if” – e.g. people develop assertiveness skills  
“It would be ideal if” – e.g. awareness activities being rolled out in the community

An extensive list of signals was compiled for each group and each level and was prioritised – please see [Annex 1](#).

### b) Strategies of the sponsoring organisations to achieve these outcomes:

- Financial and logistical: provision of spaces, training, materials, and financing – see table in [Annex 2](#)
- Support and feedback on the partner organisations’ change process
- Training and Organizational Strengthening: organizational capacity building, participation, leadership and advocacy through:
  - training of leaders, planning, citizenship, governance
  - baseline studies (design, validation, training of interviewers, data interpretation, report writing and publishing)
  - support in community advocacy and work planning
  - communication: training of partners in fun and creative methods of communication for awareness raising on specific topics
- Establishment of agreements between service providers and State agencies, and networking with civil society organisations to develop synergies in advocacy activities

### c) Practices of the sponsoring organisations to implement *Paso a Paso*

The sponsoring organisations support their local partners through:

- Building human capacity:
  - Training of *Paso a Paso* trainers and facilitators: management of the techniques of each session, ability to build up a trusting environment within peer groups and in plenary session, techniques for containment and conflict management, assertive questioning in relation to gender, rights and generational issues
  - Development of educational guide for facilitators
  - Sensitisation of all staff to gender, rights and HIV perspectives
- Sustainability:
  - Agreements with Ministries of Education and Health



- Linking with local and national organizations working on SRHR
- Empowering partner organisations so that they can ultimately manage their own budget for *Paso a Paso* programmes
  
- Communication and coordination within and between institutions:
  - Quarterly meetings of heads of Regional Development Areas and “Programme Units” (Plan International) with officials of the country offices (“National Offices”) to share progress and analyse obstacles. Presence of regional leaders on a semi-annual basis
  
- Identification of key individuals at the community level:
  - People who share the institutional principles of gender equity, rights, empowerment and the active participation of children, adolescents and young people
  
- Process systematisation and dissemination of good practice:
  - Follow up and systematisation of Outcome Mapping
  - Sharing results with participating communities
  - Disseminating results to SRHR networks and through the websites of Ayuda en Acción, Plan, Salamander Trust and Stepping Stones ([www.steppingstonesfeedback.org](http://www.steppingstonesfeedback.org))
  - Presentation of results at seminars, conferences, congresses and meetings



**d) Joint Mission Statement of the organisations involved in the Stepping Stones programme in Central America**

The process of preparing the Outcome Mapping approach for *Paso a Paso* Central America & Ecuador informed the following Mission Statement:

*We are a group of organisations with credibility, experience, expertise and a long track record working in rural and marginalised urban areas of Latin America and the Caribbean. Our programmes of Sexual and Reproductive Health and Rights (SRHR) and HIV prevention address gender equality; respect for cultural diversity; ethnic, social and sexual violence; SRHR for adolescents, young people, and adults; and promoting the rights of people living with HIV.*

*Our starting point is based on research into local sexual attitudes and practices, the study of perceptions on a comprehensive sexual education, the mapping of the availability of sexual and reproductive health services and understanding of the most relevant characteristics of relationships between the genders and generations.*

*We are part of the international network that promotes the methodology Paso a Paso (Stepping Stones) as a central method to facilitate communication between key actors (adolescents, young people, parents, community leaders, teachers, health workers, people living with HIV) in the context of the specific health and reproductive needs of adolescents and young adults of both sexes; to analyze the social and cultural factors which influence sexual risk behaviour, and strengthen the knowledge, skills and desire for a responsible exercise of one's sexuality. To achieve sustained improvements we prioritize the training of key actors in the community, support their awareness, and encourage partnerships to influence the policy of public services locally and nationally to create conditions for the exercise of sexual and reproductive rights.*

*In order to monitor our work, review our practice, evaluate results and share learning we build Outcome Mapping into our process, as it helps us clarify responsibilities of those involved, allows a systematic reproduction of the process and monitors the performance of key aspects such as: the quality of training facilitators in the Paso a Paso approach to address the issues that pertain to the methodology; the management of one's own budget for a comprehensive implementation of the resources that should support the work; the maintenance of internal and external communication to disseminate appropriate lessons learned and improvements that are reached in a participatory way; the promotion of community development in relation to childhood and the articulation of joint actions with Rights duty bearers at various levels.*



### **Pilot testing the Outcome Mapping approach for *Paso a Paso***

A third set of sessions was organised in Ecuador in August 2010 to field test the Outcome Mapping tool developed in the previous workshops. (Ecuador was the country that initiated the programme back in 2004. *Paso a Paso* is very strong there and is part of the Ministry of Education and Ministry of Health's national plans.)

The pilot sessions' objectives were:

- to test the monitoring forms that had been created from the two previous workshops
- to verify the relevance of the monitoring tools
- to improve and develop the list of outcome priorities.

The sessions brought together:

- key facilitators of *Paso a Paso* in Ecuador, working with the Regional Office of Plan International and the Centre for Rural Promotion of Ayuda en Acción
- operational local staff and managers of Plan Ecuador, under key coordinator Carlina Velez
- Dr. Rosi Garza – SRHR Regional Manager, Ayuda en Acción, Honduras
- Amandine Bollinger - Stepping Stones coordinator, Salamander Trust, UK
- Javier Pacheco Arriera, Outcome Mapping facilitator from Colombia.

Plan International Ecuador ran the pilot session to verify the field relevance of the monitoring tools and the intentional design created in the two previous workshops, particularly in relation to the signs of progress.

One-day was set aside for an induction to the Outcome Mapping for those new to the methodology, with an emphasis on its basic aspects and its application to *Paso a Paso*. As a result of this, the monitoring forms were adjusted. Further to that, a workshop was organised in each of the provinces to explain the best way to fill in the monitoring forms. In these local workshops, issues identified as priorities in the previous workshops were reviewed with field technicians and facilitators.

The monitoring forms were tested in two communities - one in Manabí and another in Santa Elena – amongst parents, adolescents of both sexes and health workers over a two-day observation period.

The pilot workshop led to the production of finalised key forms, which were to form the basis of a Facilitator's outcome diary:

- The base line register
- Session monitoring (see table below)
- Change monitoring
- Analysis monitoring
- Closure register

(You can see the actual forms in [Annex 3](#)):



While seven signs of progress had been identified originally, in the pilot study only the first four were used because there was a special interest in understanding behaviour change as perceived by the facilitators:

<b>Behaviour Change Indicators – list of priorities</b>
1. Gender Equality (fathers, mothers, adolescents, young people, teachers, health workers)
2. Changes in prejudices and myths related to sexuality (fathers, mothers, teenagers, young people)
3. Decrease in risky sexual behaviour (fathers, mothers, young people, teenagers)
4. Assertive communication in relation to sexuality (fathers, mothers, young people, teenagers)
5. Sex education in schools (teachers)
6. Providing friendly SRHR services to adolescents and young people (health staff)
7. Impact on Local Public Policies (fathers, mothers, adolescents, youth, teachers, health workers)

See monitoring details of each of the above issue in **Annex 5**

This informed the following table which was adopted to monitor each session of *Paso a Paso*:

Facilitator (name) – Session monitored: / Date / Organisation Community / “Target” / Number of participants / Country /	
<p><b>1. Equality of gender:</b></p> <ul style="list-style-type: none"> <li>- What discussion occurred on this theme? (Inequality men/women)</li> <li>- What change of behaviour occurred (language, thinking...)</li> <li>- Comments from participants with regards to SRHR (contraceptives...)</li> <li>- Did your participants talk about male dominance?</li> </ul>	<p><b>2. Prejudice and myths on sexuality:</b></p> <ul style="list-style-type: none"> <li>- Discussion that occurred on this theme?</li> <li>- What change of behaviour, language, thinking occurred regarding sexual myths and prejudice?</li> <li>- Comments from participants with regards to gender identities and sexual orientations?</li> </ul>
<p><b>3. Reduction of risky behaviours</b></p> <ul style="list-style-type: none"> <li>- Discussion that occurred on this theme?</li> <li>- What change of behaviour, language, thinking occurred regarding risky behaviours?</li> <li>- Comments from participants with regards to protection against infections or in relation to teenage pregnancy?</li> </ul>	<p><b>4. Improved communication:</b></p> <ul style="list-style-type: none"> <li>- Discussion that occurred on this theme?</li> <li>- What change of behaviour, language, thinking observed?</li> <li>- Comments from participants about interpersonal communication (pressure, manipulations, negotiating safe relationship)?</li> </ul>



This table is important because it organises the monitoring report under the four key areas identified as being where *Paso a Paso* should be most effective

Two communities in Santa Elena:



Stepping Stones in school, Plan International – The girls

(*Paso a Paso* is part of the Ministry of Education curriculum in Ecuador: on this particular day the children had just completed their homework with the exercise a “Romantic Encounter”; some of the romances described included gay couples. The session ended on discussions around love and sexuality, especially in relation to transgender, gay and bisexual issues). A very inspiring session!



Group of older women, Ayuda en Acción (Rosi Garza is standing up in the white shirt)

The women’s groups tended to be very shy. Gender violence was unfortunately a recurring theme in the discussions.

An additional advice sheet to Facilitators was drafted to help Facilitators to stay focused on the key issues (such as gender equality) – see [Annex 4](#).



### Outcome Mapping and Stepping Stones: the way forward

A concluding meeting bringing together Rosa Isabel Garza, Carlina Velez, Amandine Bollinger, Nalda Bustamante (UNFPA, former Plan Ecuador staff) and Javier Pacheco took place to organise the way forward.

The M&E toolkit developed in the Pacific, which was shared with the group by Amandine Bollinger, was used for benchmarking. It was decided that the work done in the Pacific should be included where possible so that a global M&E perspective could be developed. The facilitator's diary created in the Pacific was particularly valued: the team decided to develop a similar Central American facilitator's diary. It was agreed that the GEMScale Model<sup>1</sup> would be used for baseline surveys ahead of any future implementations of the programme and that Most Significant Change<sup>2</sup> stories would be integrated into the evaluation system (both techniques are also used in the Pacific). Rosi Garza offered to support Javier Pacheco Arrieta, the Outcome Mapping facilitator, in integrating the gender-based framework KAP (Knowledge, Attitudes and Practices)<sup>3</sup> approaches in the general monitoring work so that gender issues remained key to the whole process.

Subsequent online meetings were organised to follow up on how Plan Ecuador would build on the pilot session.

Three months later, 23 *Paso a Paso* Facilitators in the region of Rocafuerte and Portoviejo in Ecuador started to use the monitoring tools. The Facilitators, who used *Paso a Paso* in 15 communities, found that "the forms helped them to record the experiences, comments and changes in a straightforward way". Plan Ecuador (under the supervision of Rosi Garza) then scaled up the use of the monitoring forms and developed a set of questions to baseline the communities for future implementations of *Paso a Paso*.

An effort was made to generate some quantitative data from the underlying behavioural change data. The table in [Annex 6](#) is based on the further work of Rosi Garza in creating a format for aggregating and quantifying the data:

In an online discussion in November 2011 that included all of the Facilitators across the region who had taken part in the two initial workshops, the schedule for scaling up at regional level was shared. This monitoring programme was to run until April 2013 at which point a final reckoning of all the evaluations would be conducted by an external consultant (see the 2010 – 2013 monitoring plan in [Annex 7](#)).

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<sup>1</sup> See <http://www.popcouncil.org/Horizons/ORToolkit/toolkit/gem1.htm>

<sup>2</sup> See <http://www.kstoolkit.org/Most+Significant+Change>

<sup>3</sup> See [http://files.dnr.state.mn.us/assistance/grants/community/6kap\\_summary.pdf](http://files.dnr.state.mn.us/assistance/grants/community/6kap_summary.pdf)



In Guatemala, Delia Mercedes Sam started using the forms with indigenous communities as early as November 2010.

All team members involved in the Outcome Mapping M&E process regionally since the beginning were enthusiastic about the process, and agreed that it helped them to ensure that the key elements of the programmes were maintained while getting more feedback on what was happening in the field.

While a way forward for scaling up at regional level was commonly agreed, funding and staff continuity have presented obstacles to the smooth progress of the project. In addition, centralising the information is time consuming and would require additional staff if it is not to overburden the sponsoring organisations.

It is hoped that Plan Ecuador will be in a position to continue its proactive work in using the monitoring method developed and that the scaling up process at regional level will eventually take place.

## **Conclusion**

In conclusion, the application of monitoring *Paso a Paso* through Outcome Mapping required an extensive and thorough process, which was very useful in any case for defining the motivation, the structure and the expected results of the development projects that it aims to analyse. It resulted in the first ever recognised joint statement on the vision and mission of Stepping Stones at regional level and across a number of organisations using the programme in Central and Latin America.

Four key areas have been identified as being key to the work of Stepping Stones there and are worth emphasising in relation to the monitoring of the programme. These are: *Paso a Paso*

1. addresses gender equality
2. challenges prejudice and myths on sexuality
3. reduces risky sexual behaviours
4. improves communication

This categorisation could in fact be applied to most places where Stepping Stones is being used as the majority of the evaluations we receive report achieving at least one of these aspects if not more or all of them (see the 2006 review of all evaluations on Stepping Stones by Tina Wallace).

The monitoring work that was developed in Central America using Outcome Mapping was later shared by A. Bollinger in November 2010 with the Stepping Stones team in the Pacific, who expressed much interest in this categorisation into four aspects above. This transfer of knowledge is consistent with Salamander's Trust



commitment to facilitate the sharing of experience and practice among the global community of Stepping Stones users.

There was general agreement among all the facilitators, coordinators and managers involved that Stepping Stones is primarily a gender equality and rights-based approach, and there is benefit in further monitoring it in order to be able to systematically measure and communicate the progress made in the field.

It is also worth adding that Stepping Stones is not always used primarily to effect behavioural change: in a number of situations, it is used to understand issues in a community. For example, in Senegal, Stepping Stones is used predominantly to assess the needs of a community as it is viewed as an effective communication approach to enable all members of a community to express themselves. This then allows for better planning of further interventions such as genital awareness and sexually transmitted infections.

Sometimes the findings of the Stepping Stones workshops can promote much wider action: in El Salvador, Plan International led a nationwide campaign against child sexual abuse as a result of conducting Stepping Stones workshops in rural areas where whole families often share a single room. In Kenya, after learning through Stepping Stones workshops of the problems girls were having with school attendance during their periods, and with being accused by their mothers of having started sexual activity<sup>4</sup>, ActionAid mounted a campaign to promote awareness of puberty amongst communities; and to call for the availability of sanitary towels at school for girls, to reduce their absence during their monthly periods. This campaign was subsequently adopted by the Ministry of Education across Kenya,

While the work on Outcome Mapping in Central America laid much emphasis on the monitoring aspect of the programme, the evaluation of all the data (which are to be quite numerous) was not so clearly tackled. It was agreed that this evaluation work would need to be carried out by an external consultant for impartiality and should be conducted on a regular basis throughout the period of three years with a final evaluation at term.

Finally, the pilot session did not take into account the last three of the prioritised outcomes signals. It would be very interesting to see how *Paso a Paso* could also help with those three areas:

- sex education in the school curriculum
- the extent to which health staff are providing youth-friendly SRHR services to young people

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<sup>4</sup> To hear more about this, listen to the interview with Florence Kilonzo at [http://www.salamandertrust.net/index.php/Resources/Video\\_Resources\\_2\\_-\\_Stepping\\_Stones\\_in\\_Kenya/](http://www.salamandertrust.net/index.php/Resources/Video_Resources_2_-_Stepping_Stones_in_Kenya/)



- the impact of local public policies on fathers, mothers, adolescents, youth, teachers, health workers etc.

The work developed in Central America is highly inspirational because it allowed a large number of people involved at different levels and different countries for different organisations to come together and agree on a definition of the programme and how it should be monitored. The achievements are important and have the support of two major worldwide NGOs working in the areas of gender equality, youth and community development – Action Aid and Plan International. This exceptional work deserves to be supported, promoted and scaled up.

### Recommendations

There is, at international level, a strong desire to develop suitable methods for monitoring the Stepping Stones programme.

- The Facilitator’s Outcome Diaries, as described above, would be an effective means of systematising the different regional experiences for comparison. These Facilitator Diaries could be integrated into the Stepping Stones approach and published and distributed alongside the Stepping Stones manual.
- The collection of data could be organised through the various large organisations implementing the manual in the different countries and then centralised by a key Stepping Stones coordinator working on behalf of Salamander Trust. This would require further research, planning, and logistical work and would require additional funding.

Monitoring this kind of behaviour change is challenging many organisations globally. Scaling up a global monitoring tool for this programme would be a process that might well benefit not just users of this programme but also users of many other programmes that seek to effect long-term improved quality of sexual and reproductive rights of adolescents.



First Outcome Mapping workshop in El Salvador – regional team working on Paso a Paso

For more information: please contact [info@steppingstonesfeedback.org](mailto:info@steppingstonesfeedback.org)



## Annex 1: Signs of Progress for each key group

### **I. Alcance Deseado y Señales de Progreso para Jóvenes y Adolescentes.**

Adolescentes y jóvenes de ambos sexos que participan en el proceso Paso a Paso adquieren información, conocimientos y destrezas para cuidar su salud sexual, exigir el respeto a sus derechos, resistir presiones que los incitan a involucrarse en actividades sexuales no deseadas o de riesgo. Se comunican de manera asertiva, toman decisiones informadas sobre el ejercicio de su sexualidad y cuando inician su vida sexual, toman medidas para evitar infecciones de transmisión sexual y embarazos no deseados o no planeados. Tienen una buena comunicación con sus padres. Por todo esto aumentan su autoestima y fortalecen su autonomía, reflexionan sobre nuevos modelos de masculinidad que promueven relaciones de igualdad entre hombres y mujeres. Juntos promueven el respeto a los derechos sexuales y reproductivos y emprenden actividades para difundirlos en la comunidad. Reconocen como violación de los derechos humanos las discriminaciones por: género, vivir con VIH, orientación sexual, etnia y condición de salud. Se organizan para actuar en torno a sus derechos sexuales y reproductivos, demandan a las autoridades locales servicios básicos de salud, hacen abogacía e inciden en políticas públicas orientadas a mejorar su situación de salud, educación y trabajo, se vinculan con organizaciones juveniles en el nivel local, nacional y regional, y establecen alianzas para posicionar la agenda política de la juventud.

#### ***Esperamos que jóvenes y adolescentes de ambos sexos:***

- Asistan con constancia y puntualidad a las sesiones Paso a Paso.
- Sepan que el preservativo usado de manera constante y correcta es una práctica segura que previene embarazos no deseados o no planeados e infecciones de transmisión sexual.
- Participen desde su experiencia en las discusiones sobre los temas de sexualidad, poder, género, violencia, comunicación y derechos.
- Identifiquen y promuevan el cambio de las normas sociales y culturales que no permiten relaciones equitativas entre las personas
- Practiquen durante los ejercicios destrezas para manejar con asertividad situaciones de manipulación y/o acoso.

#### ***Queremos que jóvenes y adolescentes de ambos sexos:***

- Desarrollen habilidades de comunicación asertiva
- Compartan aprendizajes y experiencias relacionadas con su sexualidad y en las que han enfrentado situaciones de manipulación o acoso
- Discutan sobre los efectos potenciales del consumo de alcohol y/o drogas en las prácticas sexuales y la salud sexual y reproductiva
- Manifiesten sus dudas y dificultades y compartan lecciones aprendidas
- Demuestran destrezas sobre el uso correcto del condón frente a sus pares.
- Compartan sus opiniones y experiencias con confianza y respeto en la sesiones



- mixtas, exponiendo sus puntos y escuchando a todas las personas que participan.
- Compartan información sobre los temas tratados en las sesiones con su grupo familiar, sus amistades y otras personas interesadas.
  - Hablen abiertamente sobre sexo seguro con sus pares en otros espacios para propiciar mejores prácticas de salud sexual y reproductiva y construyan una cultura de confianza y respeto en el tratamiento de los temas relacionados con la sexualidad
  - Soliciten disponibilidad de preservativos en sus localidades y el acceso a éstos.

***Sería ideal que jóvenes y adolescentes de ambos sexos:***

- Organicen actividades de sensibilización dirigidas a la comunidad utilizando teatro, música, radio, ferias, foros de intercambio, etc.
- Constituyan grupos juveniles con prácticas democráticas que permitan dialogar, disentir, llegar a consensos en torno sus intereses y proponer desde su contexto específico acciones de incidencia política local en demanda de las condiciones necesarias para el ejercicio de sus derechos sexuales y reproductivos.
- Establezcan relaciones de respeto y equidad entre los géneros dentro y fuera de su organización
- Respeten la diversidad, incluyendo la sexual y no excluyan a sus pares por razones de orientación sexual, vivir con VIH, o alguna otra.
- Se vinculen con organizaciones juveniles a nivel municipal, departamental y nacional para hacer parte de la gobernanza y participar activamente en el diseño de servicios y otras gestiones.
- Participen en eventos regionales relacionados con la salud sexual y reproductiva.
- Se capaciten como facilitadores/as de Paso a Paso, si lo desean y tienen el perfil adecuado, para llegar a otros jóvenes y para apoyar nuevos procesos de capacitación en sus propios grupos.
- Organicen encuentros entre jóvenes y adultos/as (padres, madres, docentes, personal de salud, etc.) que hayan participado en el proceso Paso a Paso para compartir experiencias sobre cambios personales catalizados o facilitados por Paso a Paso y analizar los retos que enfrentan, en el marco de la exigibilidad de los derechos de todas y todos.
- Utilicen de manera constante y correcta el preservativo si tienen relaciones sexuales.
- Se realicen la prueba voluntaria de VIH cuando sea pertinente.
- Asistan por su propia iniciativa a los servicios de salud en busca de información, consejería, o atención cada vez que lo estimen necesario.
- Incrementen el uso del condón y de otros métodos modernos de planificación familiar.
- Disminución los embarazos de adolescentes, los embarazos no deseados y los embarazos no planeados.
- Encuentren formas funcionales en sus propios contextos para hacer alianzas para denunciar casos de violencia sexual y proponer acciones preventivas.

**Alcance Deseado y Señales de Progreso para Padres y Madres.**

Madres y padres de familias que participan en Paso a Paso adquieren información, conocimientos y destrezas básicas sobre sexualidad, género y prevención de VIH, analizan y cuestionan prejuicios relacionados con su propia sexualidad, con sus hijos e hijas de acuerdo a la edad, con la orientación sexual y la condición de vivir con el VIH; adquieren confianza en si mismos para tratar temas de sexualidad con su



pareja y con sus hijos e hijas y mejorar la comunicación intrafamiliar; reconocen como factores de riesgo para el ejercicio de sus derechos sexuales y reproductivos, el número de parejas, el hacinamiento, la violencia, el machismo, el alcohol, el consumo de drogas; la falta de comunicación con sus hijos y la falta de acceso a servicios de salud sexual reproductiva. En su vida personal toman decisiones informadas sobre el ejercicio de su sexualidad y toman medidas para evitar embarazos no deseados y no planeados e infecciones de transmisión sexual incluido el VIH. Se responsabilizan del apoyo de las iniciativas de sus hijos e hijas en la promoción y demanda de sus derechos sexuales y reproductivos. Se organizan y se movilizan para demandar ante las instancias competentes, el ejercicio de los derechos sexuales y reproductivos con énfasis en evitar violencia de género, intrafamiliar y sexual, embarazo de adolescentes, Infecciones de Transmisión sexual y VIH.

### **Esperamos que Padres y Madres**

Asistan con constancia a las sesiones de Paso a Paso  
Conozcan que el preservativo usado de manera constante y correcta es una práctica de doble protección contra el embarazo no deseado, las ITS y el VIH  
Participen desde su experiencia en las discusiones con sus pares sobre los temas de sexualidad, poder, género, violencia, discriminación, comunicación, derechos sexuales y reproductivos y VIH  
Reconozcan y practiquen durante los ejercicios destrezas para manejar con asertividad situaciones de manipulación y / o acoso.  
Identifiquen la necesidad de mejorar la comunicación sobre sexualidad y reproducción con su pareja y sus hijos e hijas  
Reconozcan la influencia negativa de modelos y normas sociales /culturales de inequidades de género e intergeneracionales que influyen en sus decisiones y en sus comportamientos sexuales y reproductivos

### **Queremos que Padres y Madres**

Reconozcan el derecho de todas las personas y de las mujeres en particular a una vida sexual placentera y saludable, libre de violencia, coerción, de embarazos no deseados y embarazos no planeados.  
Hablen con su pareja y sus hijos/as con énfasis en la maternidad y paternidad responsable.  
Informen a su pareja, pares, hijos e hijas que el preservativo usado de manera constante y correcta es una práctica de doble protección contra el embarazo no deseado, las ITS y el VIH  
Practiquen destrezas para manejar con asertividad situaciones de manipulación y / o acoso.  
Apliquen y promueven en su hogar normas sociales y culturales que respetan los derechos sexuales y reproductivos de sus hijos e hijas, considerando la edad y la madurez.  
Orienten a sus hijas e hijos en la maternidad y paternidad responsables  
Reconozcan la importancia y pertinencia de la prueba del VIH  
Reconozcan riesgos que afectan el ejercicio de sus derechos sexuales y



reproductivos, de sus pares, hijos e hijas.

### **Sería Ideal que Madres y Padres**

Reconocieran el derecho de las mujeres a ser autónomas en su decisiones sexuales y reproductivas .

Participaran en movimientos comunitarios posicionando los derechos sexuales y reproductivos

Aplicaran, promovieran y demandaran normas sociales y culturales que respeten los derechos sexuales y reproductivos de las personas en su comunidad

Se realizaran la prueba voluntaria del VIH y animen a sus familiares a que se la realicen.

Apoyaran a sus hijos e hijas en las iniciativas de exigibilidad de sus derechos sexuales y reproductivos.

Tomaran acciones individuales y colectivas frente a situaciones de riesgo que atentan contra sus derechos, de sus pares, de sus hijos e hijos considerando la cadena *denuncia - protección - atención - restitución*

Establecieran relaciones de género mas equitativas.

Practicaran la paternidad y maternidad responsables, utilicen preservativos de manera constante y correcta en todas las relaciones sexuales no encaminadas a la procreación.

Se capacitaran como facilitadores de Paso a Paso, si lo desean y tienen el perfil adecuado para ser promotores-defensores de derechos sexuales y reproductivos Asumieran funciones como puntos focales comunitarios para distribución de preservativos y anticonceptivos.

Hicieran uso de los servicios relacionados con su salud sexual y reproductiva incluyendo planificación familiar, detección oportuna de cáncer cervico-uterino, mamario y prostático.

Promovieran entre sus hijos e hijas el uso de servicios amigables integrales de salud incluyendo la atención a la salud sexual y reproductiva para adolescentes.

### **Alcance Deseado y Señales de Progreso para las y los Docentes:**

Los y las docentes que participan en Paso a Paso adquieren información, conocimientos y destrezas básicas para impartir educación sexual con perspectiva de género y derechos; analizan prejuicios relacionados con la sexualidad de los y las adolescentes, jóvenes y adultos, las orientaciones sexuales y vivir con VIH.

Adquieren confianza para tratar temas de sexualidad, género y VIH con sus estudiantes, padres y madres de familia y mejoran su comunicación con ellos; exigen el respeto a los derechos sexuales y reproductivos de alumnos y alumnas y emprenden actividades para difundirlos entre madres, padres, familias y entre la comunidad educativa, identifican y denuncian la violencia sexual intraescolar; hostigamientos, demandan de las autoridades educativas capacitaciones específicas y la incorporación de la educación sexual integral obligatoria, científica y con enfoque de género y de derechos tanto en la currícula de la educación formal preescolar, básica, media y superior, como en el currículo de los estudiantes del magisterio. Apoyan iniciativas de los adolescentes y jóvenes para actuar en torno a su derecho a la educación sexual. En su vida personal toman decisiones responsables sobre el ejercicio de su sexualidad y toman medidas para evitar



infecciones de transmisión sexual y embarazos no deseados y/o no planeados. Mejoran la comunicación con su pareja, hijos e hijas; aumentan su autoestima, reconocen como violación de los derechos humanos la discriminación por género, estado serológico, orientación sexual, etnia y condición social. Las docentes fortalecen su autonomía en torno al ejercicio de su sexualidad y juntos reflexionan sobre nuevos modelos de masculinidad y feminidad

### **Esperamos que las y los docentes**

Asistan con constancia a las sesiones Paso a Paso

Comprendan que el preservativo usado de manera constante y correcta es una práctica segura que previene embarazos no deseados y/o no planeados e infecciones de transmisión sexual y la importancia de que sus alumnos tengan este conocimiento.

Participen desde su experiencia en las discusiones sobre los temas de sexualidad, poder, género, violencia, discriminación, comunicación y derechos

Practiquen durante los ejercicios destrezas para manejar con asertividad situaciones de manipulación y/o acoso.

Propicien espacios de encuentro con madres y padres para enterarles de los contenidos que se tratan con los y las estudiantes en los temas de Educación Sexual integral.

### **Queremos que los docentes y las docentes:**

Desarrollen habilidades de comunicación asertiva

Compartan experiencias en las que han enfrentado situaciones de manipulación o acoso

Discutan sobre los efectos del consumo de alcohol y/o drogas en las prácticas sexuales y la salud sexual y reproductiva

Discutan sobre el acoso sexual en las escuelas

Hagan demostraciones formativas del uso correcto del condón.

Compartan sus opiniones y experiencias con confianza y respeto en las sesiones mixtas, escuchando y siendo escuchados y escuchadas

Compartan información sobre los temas tratados en las sesiones con su grupo familiar, sus amistades y otras personas interesadas.

Hablen abiertamente sobre sexo seguro con sus pares, alumnos y alumnas, parejas, hijos e hijas para propiciar mejores prácticas de salud sexual y reproductiva y construir una cultura de confianza y respeto en el tratamiento de los temas relacionados con la sexualidad.

Creen espacios de comunicación con padres y madres para explorar inquietudes, hacer aclaraciones e incorporar consideraciones.

### **Sería ideal que los y las docentes:**

Organizaran actividades de sensibilización dirigidas a los padres y madres de familia y líderes religiosos utilizando métodos participativos.

Se capacitaran como facilitadores y facilitadoras de Paso a Paso, si lo desean y adquieren el perfil adecuado, para trabajar con otros docentes y con padres y madres de familia.

Utilizaran de manera constante y correcta el preservativo en las relaciones sexuales



de riesgo.

Se realizaran la prueba voluntaria de VIH y animen a sus parejas a que se la realicen. Hicieran uso de los servicios relacionados con la salud sexual y reproductiva para planificación familiar, detección oportuna de cáncer cérvico - uterino, mamario y prostático.

Buscaran información y oportunidades de formación en sexualidad y género.

Participaran en organizaciones magisteriales u otras que incidan sobre las políticas públicas de educación sexual.

Encontraran formas en sus contextos para hacer alianzas para denunciar casos de violencia sexual y proponer acciones preventivas.

Tuvieran disponibilidad de preservativos en la escuela y den acceso a éstos.

Identificaran, cuestionaran y promovieran el cambio de normas sociales y culturales que no respeten los derechos de las personas.

Apoyaran el desarrollo de espacios de intercambio entre padres e hijos donde se traten los temas de salud sexual y reproductiva .

### **Alcance Deseado y Señales de Progreso para Personal de Salud**

El personal de salud que participa en Paso a Paso analiza los prejuicios relacionados con la sexualidad humana en todas las etapas de la vida, actualiza sus conocimientos sobre orientaciones sexuales, formas de transmisión del VIH, medidas de bioseguridad, tratamientos profilácticos post exposición, y la situación del VIH y las ITS en su país y en su zona de trabajo.

Analiza los efectos que tiene sobre la salud de los hombres y las mujeres la manera en que se construyen la masculinidad y feminidad en el sistema patriarcal. Reconoce como violación de los derechos humanos la discriminación por género, estado serológico, orientación sexual, etnia y condición social. Respeta y exige respeto a los derechos sexuales y reproductivos de los y las adolescentes, jóvenes y personas adultas en los centros de salud, así como el respeto por los derechos humanos de las personas con VIH y de las minorías sexuales. En su vida personal toma decisiones responsables sobre el ejercicio de su sexualidad y toma medidas para evitar infecciones de transmisión sexual, embarazos no deseados y/o no planeados. Mejora la comunicación con su pareja, hijos e hijas; aumenta su autoestima; las mujeres fortalecen su autonomía en torno al ejercicio de su sexualidad y conjuntamente con los hombres reflexionan sobre nuevos modelos de masculinidad y feminidad

### **Esperamos que el personal de salud:**

Asista con constancia a las sesiones Paso a Paso.

Participe desde su experiencia en las discusiones sobre los temas de sexualidad, poder, género, violencia, comunicación, discriminación y derechos.

Practique durante los ejercicios destrezas para manejar con asertividad situaciones de manipulación y/o acoso.

Promueva el uso apropiado y constante del preservativo.

Ayude a organizar a los padres de familia y a los grupos juveniles en torno al autocuidado para la salud sexual y reproductiva.

Comparta información sobre los temas tratados en las sesiones con su grupo familiar, sus amistades y otras personas interesadas.

Organice y preste servicio de atención amigable e integral para adolescentes y jóvenes.



**Queremos que el personal de salud (Seria positivo).**

Desarrolle habilidades de comunicación asertiva.

Discuta sobre los efectos potenciales del consumo de alcohol y/o drogas y sobre formas de prevención del embarazo en adolescentes.

Repase los pasos para el uso correcto del condón.

Hable abiertamente sobre sexo seguro, sexualidad humana y género en toda oportunidad para propiciar mejores prácticas de salud sexual y reproductiva.

Garantice en sus centros de salud la disponibilidad de preservativos y métodos anticonceptivos y el acceso de la población a éstos, incluyendo a los y las adolescentes.

Comparta experiencias en las que han enfrentado situaciones de manipulación, acoso o discriminación

Apoye a las víctimas de violencia , que llegan hasta sus sitios de trabajo y las refiera adecuadamente.

Reconozca en sus pacientes los casos producto de abuso sexual como acoso, incesto y otros.

**Sería ideal que el personal de salud.**

Organizaran actividades de sensibilización dirigidas a sus pares y autoridades.

Se capacitaran como facilitadores y facilitadoras de Paso a Paso, si lo desean y tienen el perfil adecuado, para trabajar con adolescentes, jóvenes y adultos.

Utilizaran de manera constante y correcta el preservativo en las relaciones sexuales de riesgo.

Realizaran la prueba voluntaria de VIH y anime a sus parejas, sus compañeros y compañeras de trabajo y a sus pacientes a que se la realicen, subrayando las ventajas de un diagnóstico oportuno.

Buscaran información y oportunidades de obtener y dar formación en sexualidad y género.

Participaran en movimientos que incidan sobre las políticas públicas de atención a la salud sexual y reproductiva.

Denunciaran los casos de violencia de género y de violencia sexual que atiendan y proporcionaran tratamiento profiláctico post exposición al VIH, Proceso de Atención de Enfermería en los casos de violación y remitieran a las víctimas a grupos de autoapoyo y de asesoría jurídica locales.



## Annex 2: Strategic financial and logistic actions

STRATEGIC FINANCIAL AND LOGISTIC ACTIONS
<p>1. Finding appropriate locations for local sessions of Paso a Paso to ensure privacy and comfort</p> <p>Cover the costs of:</p>
<p>2. Baseline studies and evaluations</p> <ul style="list-style-type: none"><li>▪ Knowledge, attitudes and practices in sexuality, gender and citizenship (initial and final)</li><li>▪ Perceptions of sex education in schools (initial and final)</li><li>▪ Quality of SRH care for adolescents in health centres (initial and final)</li></ul>
<p>3. Printing of the Paso a Paso manual, planning of the Outcome Mapping sessions and of the use of other materials. Publication of baseline results (initial and final)</p>
<p>4. Training of facilitators of the school Paso a Paso: Transport, food, accommodation for</p> <ul style="list-style-type: none"><li>▪ 3 modules of 2 days each</li><li>▪ 1 week workshop</li><li>▪ 1 Outcome Mapping module</li></ul>
<p>5. Paso a Paso Meetings</p>
<p>6. Organizational Support for advocacy strengthening and capacity building:</p> <ul style="list-style-type: none"><li>▪ Operational planning workshop of local partners included advocacy activities</li><li>▪ Training workshop for advocacy</li><li>▪ Workshop on agenda building and POA incidence</li></ul>
<p>7. Awareness activities: exhibitions, banners, brochures, posters, films, radio spots, etc..</p>
<p>8. Joint activities: Transportation, accommodation, food to support:</p> <ul style="list-style-type: none"><li>▪ Participation in networking events</li><li>▪ Activities of incidence</li></ul>
<p>9. Monitoring and evaluation Computer with printer Technical staff (1 person responsible for the database) Quarterly Team Meetings Transport, accommodation, food</p>
<p>10. Working materials for the sessions Flipcharts, markers, masking tape, cardboard, scissors, yarn, rope, cards, condoms, dildos, etc.. Snacks</p>