Guidelines for adapting Stepping Stones

2017 VERSION

Acknowledgements

Huge thanks to all the organisations, individuals and communities around the world who have worked with the *Stepping Stones* materials over the years, who have created innovative exercises and resources and who have helped to keep the programme an organic, ever-evolving process.

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Thanks also to members of the CUSP Working Group for insightful discussions during 2017.[1] These were about the nature of social norms change programming in general, including the importance of principled adaptations in relation to scale up - and the pitfalls and promises involved.

Whilst I have benefitted greatly from everyone's insights, all errors are my own.

Introduction

1

1.1 What is *Stepping Stones and Stepping Stones Plus*?

The original *Stepping Stones* training programme was a training package on gender, HIV, communication and relationship skills. It is also sometimes described as a social norms change training package, covering many aspects of our lives, including why we behave in the ways we do, how gender, generation and other issues influence this, and ways in which we can change our behaviour, if we want to.

Stepping Stones was developed between 1993 and 1995, mainly in Uganda, working with a rural community, comprising Muslims, Protestants, Catholics and others, all living together in the same village. The package was designed in response to the vulnerability of most women and young people in decision-making regarding sexual behaviour, through men's gendered patriarchal domination of women, and older people's generally repressive attitudes towards youth.

There is now a fully revised and updated version of the programme, called *Stepping Stones and Stepping Stones Plus*. This was published in June 2016 by Practical Action Publishing.

This updated programme continues to focus on communication and relationship skills in the context of HIV, across the genders and generations. Designed primarily to support young men and women of around 15 years upwards, and older men and women, to work through the programme separately and together, the issues addressed are as relevant and topical as ever.

Note: throughout these guidelines, we refer to *Stepping Stones* as a short-hand both for the original manual and the newly revised and updated version.

There have been immense advances in scientific understanding and in medication to keep people living with HIV and their families alive, well and productive. Yet the basic issues which relate to HIV, including relationships with intimate partners, family members, neighbours, faith communities, and with health workers, still need to be addressed, in order for those who need access to information, services and support to do so effectively.

These critical communication and relationship issues are addressed through a transformative, gendered, youth-friendly, mutually respectful, human rights lens through this programme.

> The full title of this revised and updated manual is: Welbourn, A. (2016) *Stepping Stones and Stepping Stones Plus: A training package on gender, generation, HIV, communication, and relationship skills,* Rugby, UK: Practical Action Publishing.

We have also developed a new sister programme, designed for use with orphans and other vulnerable children, aged 5-14, and their caregivers. This sister programme, lead author Gill Gordon, is entitled *Stepping Stones with Children*. It is also available from Practical Action. You can also read more about it on our websites.

1.2 Who is this guide for?

This guide is for anyone who is using *Stepping Stones and Stepping Stones Plus* and is thinking about making some changes and for people who have not yet used the manual and wish to adapt it to their local situation.

1.3 What do we mean by adaptation?

In the dictionary, the word 'adapt' means to fit, adjust, change or suit something to meet a particular need. People adapt *Stepping Stones* so that it best suits their culture and situation. Adaptation can refer to any type of change in the *Stepping Stones* process. You might want to translate the programme into your own language; change some of the activities or the

sequence of activities; add some new topics or take some out; use the sessions as free-standing modules or develop them for a particular group. Some experienced facilitators might have the confidence and skill to use the activities flexibly in sequences designed for a specific situation. All of these changes are adaptations.

If someone makes a lot of changes the outcome may no longer be something which we recognise as being *Stepping Stones*. Please contact us and discuss your plans with us, so that we can decide whether or not we are happy for you to call your adaptation *Stepping Stones*. We do not want the reputation of *Stepping Stones* to be damaged by adaptations which do not follow its principles but still bear its name.

Original	Portuguese	French	South Africa	Ki-Swahili

India	The Gambia	Cambodia	Pacific Islands	Latin America

Many different adaptations of the original *Stepping Stones* manual have been made around the world. Here are a few of them. Note how the Latin American version has adapted the journey idea from crossing a river to climbing a mountain.

Thinking about adaptation

2

2.1 *Stepping Stones* foundation stones: principles, structure, dosage and duration

Although you may choose to change various aspects of *Stepping Stones*, it is important that your adaptation is compatible with the underlying foundation stones of the programme. These are its principles, its structure, and the 'dosage'[2] and 'duration' of the programme.

2.1.1 Principles

There are some key core principles to *Stepping Stones*. **It is critical that they remain in the adapted version.**

● **Equal involvement of all stakeholders:** Working across genders and generations. The programme works across genders and generations through four peer groups, based on male/female and older/young groups. Most of the work and discussions take place in these gender- and age-based peer groups. The programme works on building understanding, empathy and strong relationships of mutual support and understanding to reduce the socially constructed power imbalances between these genders and generations. This is in a heterosexual context where it is the norm for younger women and older men to have sexual relationships with one another. If you decide not to conduct the programme with these four peer groups, you need to have a clear understanding of what may be missed and how you might address the gaps in other ways.

● **Holistic response to HIV and sexual and reproductive health and rights:**
  • Focus on rights-based sexual and reproductive health and gender issues – with multiple positive outcomes

  • All members of a workshop process can address their own most pressing issues
  • Ownership of the process by the community

● **Experiential learning structure:**
  • Interactive discussions, role plays, diagrams.
  • Fission and fusion approach. This means that while most of the sessions take place in the four peer groups, there are occasional full plenary workshops, where all peer group members meet together.
  • Around 50 hours contact time (see 2.1.3). This means about two hours per session.
  • Participants use their own experiences to find their own solutions and responses to issues they face.

● **Facilitators as guides not teacher:** Facilitators guide and support, provide information as it is needed and challenge ideas but do not tell people what they should do or judge them.

● **Confidentiality:** The process adheres as much as possible to confidentiality to enable free discussions of issues. Although confidentiality can never be guaranteed, an emphasis on this is critical, since the process would not be effective if participants felt that they were not in a safe space.

● **Positive:** By this we mean that the programme is assets-based and solution-focused, promoting a sense of shared collective responsibilities across the genders and generations. See more about this in Section 2.1.4.

> In India, the four peer groups are divided according to marital status: two groups of married men and married women; and two groups of unmarried men and unmarried women. This was deemed more relevant to the Indian cultural context than dividing into gendered age groups.[3]

2. The word 'dosage' seems curious in relation to this kind of psycho-social programme. It is used here because this is the technical language used in relation to taking medication; and also because it is the language used by UNESCO in relation to its *International Guidance on Comprehensive Sexuality Education 2017* (forthcoming).

3. For more information about adaptations in different countries, see the relevant country at www.steppingstonesfeedback.org

2.1.2 Structure

There is also a clear progressive sequential structure to *Stepping Stones* that must be followed. **These are also critical to the adapted programme.**

The structure follows five themes:

A. Group cooperation
B. HIV and safer sex
C. Why we behave in the ways that we do
D. Ways in which we can change
E. Moving forward together

This structure is carefully designed to lay some clear initial ground rules for the process, and to build knowledge, in preparation for the more challenging issues which are addressed later.

2.1.3 Fidelity to the programme: Dosage and duration

Many of the exercises appear deceptively simple, yet produce some powerful emotions. Like medicine, the programme can work if it is taken in the right 'dosage' for the right 'duration'. In this way you will be able to maintain 'fidelity' to the original programme. By contrast, just as with medicine, if you take shortcuts, you are at risk of causing more harm than good to those going through the programme. Changing attitudes and behaviour can take many years. The journey is not simple or linear. Just as with using car seat belts, stopping smoking or addressing ill health associated with obesity, change is a long-term process.

Most *Stepping Stones* adaptations to date have started by reducing the sessions, but have then added more sessions, making it longer rather than shorter.

While we have not heard of any formal evaluation of longer or shorter versions of this programme, lessons from other social norms change programmes indicate that this contact time is relatively short compared with others.

Duration of social norm change programmes

In the USA, the Resolve to Stop the Violence Project (RSVP), worked in San Francisco prisons with male inmates (average age 32) who were in prison for violent crime. The programme ran for a minimum of eight weeks, 12 hours a day, six days a week – i.e. 576 hours. It resulted in lower re-arrests for violent crime.[4]

In the UK, the DRIVE Project is conducting a three-year programme to address domestic violence, from April 2016. The men are average age 34, their partners are average 33 years. Their programme works with 100 perpetrators per year for three years.[5]

Tostan is a social norms change programme designed to end female genital cutting. It runs over three years, meeting with participants three times per week.[6]

SASA! is a social norms change programme designed to reduce gender-based violence. The whole programme takes three years to complete.[7]

In the Bahamas, research found that the effectiveness of a schools-based and evidence-based HIV intervention was directly affected by the implementation dose and fidelity. The researchers recommended that staff who were not delivering the programme effectively needed more prior support in various ways. The programme was designed for use over 46 activities with Grade 6 students.[8]

Positive Youth Development (PYD) is the name given to a range of successful programs designed to support young people. A recent systematic review of PYD progammes, when referring to the programmes in high-income countries, stated: "*PYD programs tend to be stable and relatively long-lasting. That is, they last an entire school year or longer so that youth have adequate time to build relationships and benefit from program activities.*"[9]

4. Gilligan J, Lee B. (2005) The Resolve to Stop the Violence Project: reducing violence in the community through a jail-based initiative. *Journal of Public Health.* 27(2):143-148.

5. http://driveproject.org.uk/about/frequently-asked-questions-about-drive/

6. https://www.tostan.org/programs/community-empowerment-program/program-structure/

7. Raising Voices (2017) Fidelity to the SASA! Activist Kit. Programming for Prevention Series, Brief No.2.

8. Wang, B., Stanton, B., Deveaux, L., Poitier, M., Lunn, S., and Koci, V. et al. (2015) Factors influencing implementation dose and fidelity thereof and related student outcomes of an evidence-based national HIV prevention program. *Implementation Science*, 10(1).

9. Alvarado, G., Skinner, M., Plaut, D., Moss, C., Kapungu, C., and Reavley, N. (2017) A Systematic Review of Positive Youth Development Programs in Low-and Middle-Income Countries. Washington, DC: YouthPower Learning, Making Cents International.

On the whole, therefore, **we strongly recommend that you do not shorten the minimum 50 hours contact time**, which we think is needed to build trust, to cover all the topics, and to support sustainable change. You could change how these contact hours are delivered, to fit your situation. For example, you could use the sessions intensively by covering 2-3 sessions in a full-day workshop once a week; or you could cover one session once a week over six months. But reducing the overall number of contact hours is very likely to reduce the impact of the workshop.

Please remember that while some organisations initially adapted *Stepping Stones* by reducing the number of sessions, they ended up adding more sessions! See more about this in Section 2.3.2.

2.1.4 Positive approach – our language

A positive approach also refers to:

- the language we use (known as 'terminology')
- the way we (therefore) think about the issues people face; and about people's inner resilience and potential to respond effectively to them
- the respectful use of language about people.

Terminology is about power. If we use discriminatory or negative language about people or their circumstances we often strengthen and reinforce the power inequities between the individual and the society in which they live. So we seek constantly to improve the language we use, in order to try to develop a more equitable balance between an individual and the institutions around them. Over the years, the way in which we talk about people living with HIV has changed radically. It has become more respectful towards people living with HIV. The language we use keeps changing, as we continue to become more aware of how it can be improved to become more equitable.

For example, instead of referring to someone who has HIV as a PLWHA, we spell this out and say it in full –'a person living with HIV'. This is in order to emphasise that we are talking about real people with real feelings and rights. Being turned into a bunch of letters can feel dehumanising and can mean that people, including those with HIV themselves, can lose sight of the individuals concerned behind the letters. We also put the word 'person' or 'people' at the start of the description, to emphasise the person first and the condition later. This means that 'person living with HIV' is preferred over 'HIV-positive person.'

Other examples include talking about 'sero-different partners', a neutral term, instead of 'sero-discordant partners', which implies an inherent challenge in the relationship.

Our mindful use of language also relates to how we talk about the transmission of HIV. So we do not talk about PMTCT (which stands for 'prevention of mother-to-child transmission'). Instead we talk about 'peri-natal transmission'. This puts the emphasis on the circumstances during which HIV can be acquired by an infant, instead of labelling a woman in the process. This is important when remembering that women often experience negative reactions from healthworkers, community, family and intimate partners when they are living with HIV and especially when pregnant.

Similarly, we do not use the word 'infect' or 'infected'. In an ordinary dictionary, this means 'corrupt, tainted, dirty', all of which carry negative connotations. Instead we use the words 'acquire' or 'transmit', which have much more neutral connotations in everyday language.

Our responsive use of language helps us all to recognise the power imbalances in a relationship, whether it be between two individuals, an individual and an institution, or a group of people and wider society. In so doing we can remind ourselves to place greater responsibility for improving an unequal relationship with those who have more power to do so.[10]

2.2 Benefits and pitfalls of adapting *Stepping Stones*

We encourage you to adapt *Stepping Stones* because this will make it more relevant and appropriate for your situation.

2.2.1 Benefits of a good adaptation

- The process of adapting *Stepping Stones* makes everyone involved think more deeply and critically about the aims of the package, the content and activities and the response of the community. This process of reflection and action forms a critical part of the adaptation.

- *Stepping Stones* was designed with a specific community in Uganda and the examples given in the manual, film clips and the factors affecting behaviour are all based on the culture and life ways of that community and country. The *Stepping Stones* process encourages inbuilt context-specific adaptation. It aims to help people to explore their own behaviour and issues they face and find their own solutions. This means, that although the underlying principles and the process are relevant in all the cultures, the topics covered in each different community and activities are likely to change.

10. To learn more about the language we use, see Dilmitis et al JIAS 2012, and the UNAIDS Terminology Guidelines, 2015; and this presentation on the power of positive language on the *Stepping Stones* website.

For example, people may identify different sexual and reproductive health priorities. The factors that influence sexual behaviour may be different. In **The Gambia**, older women prioritised 'wife beating' as an issue and alcohol was not a factor in sexual behaviour in this Muslim country. So *Stepping Stones* users there added a session openly addressing domestic violence and removed the session on alcohol.

● Changing *Stepping Stones* to fit your situation ensures that the peer groups focus their discussions and activities on their own visions and issues rather than comparing them or trying to make them fit those of Uganda. This increases the level of participation and ownership of the programme.

● You may believe that you cannot use *Stepping Stones* in your situation because you do not have access to a computer with a DVD player. This is not the case (see Section 2.7)

● In Ghana, some people label training packages developed outside the country as 'Not Made Here' and tend to lose interest in them. When people adapt *Stepping Stones* to meet their own priorities, they take ownership of it and are more likely to use it.

2.2.2 Potential pitfalls of adapting *Stepping Stones*

Stepping Stones was designed with a lot of thought by people with experience in both the subject area and highly interactive activities. The sessions are carefully structured in a sequence, like a staircase, for well thought-out reasons. If you have not experienced a process like *Stepping Stones* before and you are not very familiar with this way of working, there is a danger that you might decide to take out or change things without fully appreciating their importance or purpose.

For this reason, we consider it critical that you go through the process yourself as a participant before you begin to think about adaptations. You would not expect to be taught to drive a car or a motorbike by someone who has never learnt to drive one themselves. Think of this in the same way.

Then you will appreciate the process and impact of each session and activity and understand how the learning builds up through the process. You will then be in a good position to change anything in a helpful way.

There is no such thing as a perfect adaptation – only one that has a good fit in a specific situation. It is best to think of adaptation as 'work in progress' rather than aiming for the perfect and final adaptation.

We all continue to learn as we work and, as our experience and skills develop, we can continue to improve on what we do. An adaptation that works in one situation may not work in another, so the skills we gain in adaptation can also be put to good use in making adaptations for different situations.

2.3 Different types of adaptation

The wholly revised and updated 2016 edition of the manual is available in English through Practical Action Publishing. The original manual was translated into many different languages globally. Please contact us if you want to translate the revised and updated edition.

2.3.1 Translation into another language

You may need to translate the entire manual into your own language before you can begin to adapt it. In this case, you need, ideally, to find a translator who understands the ideas and topics in the manual and is sensitive to the specific language used.[11]

Alternatively, if enough people understand English, you could begin with a workshop to familiarise participants with the content and activities, make your changes and then write the adaptation directly into your own language.

In **Uganda**, ACORD's facilitators translated the English language manual into the local language, Luo, as they went along. On the whole, the facilitators remained faithful to the manual, except with certain words, which might have caused offence. These were paraphrased, for example, 'vagina' was translated into Luo as the 'private parts of a woman'.

11. See, for example Dilmitis et al JIAS 2012; and a presentation on the power of positive language on the *Stepping Stones* website.

In **Sri Lanka**, a group wanted to adapt and translate the training manual. They first ran the course using the manual and made changes based on feedback from participants, trainers and observers. They then worked in pairs with local writers to write the adapted manual directly into Singhala. Every day, each pair read their section in English to the whole group for feedback and this ensured that the Singhala version captured the intention of the group. The involvement of popular writers made the style lively rather than the rather dull style that may happen with formal translation.

In **India,** the manual has been translated into eight Indian languages (Telugu, Hindi, Bengali, Kannada, Urya, Tamil, Marathi, Gujarati), with a braille English edition too.

2.3.2 Making a shorter version of *Stepping Stones*

There is a lot of interest in developing shorter versions of *Stepping Stones* because of the 50 hours of time that it requires. Its recommended length may result in poorer or busy people not benefiting at all from *Stepping Stones*, people only attending a proportion of the sessions or organisations only running *Stepping Stones* infrequently. Also, if people who have attended *Stepping Stones* want to run sessions with others, they might want a shorter version.

However, it has proved difficult to shorten *Stepping Stones*. In fact most adaptations to date have started by reducing the sessions, but have then added more sessions, making it longer rather than shorter. On the whole, therefore, we do not recommend shortening the 50 hours contact time.

In the randomised control trial of the South African adaptation of *Stepping Stones*, which lasted for 50 hours over 6-8 weeks, 324 (60.7%) men and 298 (59.1%) women attended 75% or more of the *Stepping Stones* sessions, and 147 (27.5%) men and 128 (25.4%) women attended the complete programme.[12]

If you are shortening *Stepping Stones*, remember that it is essential to keep in mind the foundation stones: these are the principles, the overall structure and purpose of the different sessions and activities and the recommended fidelity to the programme (its dosage and duration – see Section 2.1.3).

12. Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K., Puren, A., and Duvvury, N. (2008) Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *BMJ*, 337(aug07 1), a506-a506.

Although shortening the manual is not encouraged, if you are determined to shorten it a bit, you will need to decide on your priorities, to leave some things out and to streamline others. You may feel sorry to do this, but if it means that you are able to use *Stepping Stones* with more people or as a part of your everyday work, you might feel it is worth it. On the other hand, bringing about major changes in attitudes and behaviour is not going to happen without considerable time and effort by the community and the programme. It is not helpful to cut out so much that you do not give people time to participate and explore their own lives and feelings thoroughly. They also then need time to meet and discuss with the members of the other peer groups. This is what makes *Stepping Stones* work. It is why the full process takes so long.

Here are some ideas on how you might shorten the *Stepping Stones* process a bit, if you have to.

● **Prioritise issues and factors that influence them:** In the *Stepping Stones* process, the peer groups are asked to prioritise their issues into those they want to address now, soon and later. You could agree with the groups to address just the top one or two priorities. When people have identified the factors influencing sexual behaviour, you could address the most important factor only.

For example, in Cambodia, instead of having sessions on alcohol, money and traditions with all peer groups, the facilitators worked on lack of assertiveness in women and lack of responsibility towards sexual problems in men. They thought that these were the most important causes of sexual problems. However, this might result in different peer groups having less understanding of issues faced by others in their community. Further, the fusion of ideas across peer groups will be lacking if the different groups work on different issues. What do you think would work best in your community? See page 10 on selecting activities.

● **Streamline the process:** The structure consists of a number of progressive sessions and activities. You may be able to combine some of these and leave out others, so that the process is shorter.

An example of streamlining sessions

The 12 activities in Sessions J, K and L aim to develop assertiveness skills in different ways. This is for two reasons. Firstly, different people learn in different ways, so the activities offer a range of different learning methods. Secondly, it often helps to think through and 'rehearse for reality' new ideas several times, to help participants embed them in their minds and bodies.

If time or funds are short, these could be streamlined into one session with the following sequence of activities:

1. Yes/No game.
2. Aggressive, passive and assertive behaviour – what is it and do we do it?
3. In their full peer group, invite people to role-play real situations where they acted aggressively, passively and assertively. What was the outcome? Invite people to try re-playing the aggressive and passive scenes using assertive behaviour. Mention and demonstrate 'I' statements as one way of assertively asking someone to change their behaviour or stating what you would like.
4. Re-play the role-plays of why we behave as we do and analyse them for aggressive, passive and assertive behaviour. Select a role-play where the person wanted to say "No" but was not able to. Replay it using assertive behaviour. Try using different ways and discuss what worked well. What was the outcome? Select a role-play where the person wanted to ask her partner to use a condom but was not able to. Replay this using assertive behaviour.
5. Open a fist.

While much shorter, to what extent will participants be able to gain from just one session compared with several sessions? With several sessions, they have time between sessions to reflect on what they have learnt, to try them out for real and to share their experiences with other participants in the next session. Maybe you could try out different numbers of sessions on assertiveness with different groups of participants, to learn from them which approaches they find more effective.

● **Take out some sessions or activities**: When you are considering removing a session or activity to make the process shorter, you need to ask yourself these questions:

• What is the purpose of this session/activity?
• Is there another activity that covers the same purpose?
• What is the relative importance of this purpose in the process of *Stepping Stones* for our communities?
• What effect will removing this activity have on the process and impact of *Stepping Stones*?
• What are my reasons for taking out this activity?

Your answers to these questions will depend on your own assessment of community issues and priorities; your own interests and attitudes towards both the activity and the topic and, if you have used the activity before either in *Stepping Stones* or another programme, your experience with it.

For example: Games seem an obvious candidate for leaving out. If forced to prioritise because of time, many people say that it is better to keep the activities that directly result in more essential knowledge, understanding and skills. Games without an educational purpose could be replaced with short bursts of local song and dance. However most of the games have a deeper meaning embodied in them. It is also important to recognise the importance of the lighter games in helping people to laugh, relax, get closer to each other and cope with difficult topics. Games may also make the *Stepping Stones* process more enjoyable and memorable and so people are attracted to participate both initially and at all the sessions.

The programmers in **The Gambia** and **Cambodia** took out the session on will-writing, because they did not think that it is appropriate for their countries. Other organisations initially removed it, considering it too stressful for participants and then added it back in. They realised that we are all going to die sometime and recognised how important will-writing is to prepare us all for what is inevitable and to promote and uphold a widow's property and inheritance rights.

Some adaptations removed an activity simply because it was linked to a DVD clip and they did not wish to use the DVD. If you do not wish to use the DVD, it is important to think carefully about the purpose of the activity. If it is a key purpose, then you will either need to design another activity to replace the discussion of the DVD clip or ensure that it is covered in another activity. (Annex 3 of the manual provides a synopsis of DVD clips and suggests how the programme can be adapted for use without the DVD).

In **Cambodia**, the hopes and fears for the future of all the peer groups were added to a new activity – a trend line looking at changes in sexual and reproductive behaviour over several generations.

In **Zambia**, the discussion of the tableaux of the good and more challenging futures included hopes and fears for the future for all the peer groups. In the full workshop meeting, these hopes and fears were shared, in order to increase empathy between young and old.

● **Select activities according to the priorities of specific peer groups:** You could decide that each peer group does not have to do every activity. They could do only those activities that responded to their specific needs.

For example: In the Cambodia adaptation, men do an activity on taking responsibility for their sexual behaviour, whilst women do an activity on self-esteem and assertiveness.

This strategy has two disadvantages. Firstly, participants in a review in Uganda said that one of the strengths of the process was that women and men, young and old all did the same activities. They thought that this resulted in greater understanding between these groups and easier joint solving of issues arising between them. Also, people worried less about learning about sensitive topics, such as condom use, since they knew that their partners or teenage children were learning the same thing in other groups. Secondly, many times people in other groups contribute to or could help to solve, an issue identified by a

The Gambia adaptation initially removed the 'Hopes and Fears of young men and women' session, because this was tied to the DVD clips. When they re-considered the purpose of the activity – to help older people to have more understanding of the issues of young people as well helping young people to explore what they wanted – they designed a new activity. This was a role play where older people gave advice to younger ones. (However, see Section 3.1.4.)

specific group. They also need to cover this topic so that they can also change their own attitudes or behaviour around it, or support the other group to do so.

For example, assertiveness training may be a more obvious need for women, who are often socialised to behave in a passive way. However, men may also need to learn assertiveness skills to resist peer pressure, and to express their feelings more and reduce their aggressive behaviour, which is how they are often socialised. All participants can be supported to appreciate the benefits of assertive behaviour for everyone, so that they are able to respond to it positively, when they see others behaving assertively.

● **Shorten and simplify activities:** You could shorten and simplify an activity so that it does not take so long.

> In **Uganda**, the 'Facts and feelings about HIV' activity took some groups three whole sessions to complete. Some of the information in this session is rather technical, some of the questions may not be of interest to the group and some could fit into the session on condoms. You could decide what is the essential information and cover this. You could then invite questions so that people share only that information that they want and need.

● **Take less time on each activity:** You could do this by inviting only two or three individuals, pairs or small groups to share their role plays etc with the whole group, rather than everyone. In this case, please ensure that over the session everyone has a turn at presenting to the group.

● **Create shorter modules from *Stepping Stones* sessions:** Please note! If you use sessions from *Stepping Stones* without going through the whole *Stepping Stones* process please do not refer to it as '*Stepping Stones*' – you can refer to the source or say that your approach is 'inspired by *Stepping Stones*', but please do not call it *Stepping Stones*.

If you want to create a short additional module, which you don't think is sufficiently covered in the main manual, you could take an issue that the community has prioritised, such as the one below, and design a shorter module/session out of it, based on the active, participatory ways in which the *Stepping Stones* activities are designed. You could then fit these modules into your routine work.

An example of creating an additional module
You could design a module on teenage pregnancy lasting for two sessions over one day or two weekends. The module could include the following:

Session 1
1. Local song and dance.
2. Spider diagram or role-plays to show the causes of teenage pregnancy.
3. Impact diagram to show the positive and negative effects of teenage pregnancy.
4. Margolis wheel[13] with each 'client' seeking solutions to one of the causes of teenage pregnancy.
5. Role-play typical situations by which teenagers become pregnant. Re-play the role play and invite people to clap, stop the action and step forward to replay the scene so that the girl avoids pregnancy.
6. When everyone has run out of ideas, agree on the most effective strategies and sum up the solutions identified.
7. Draw a map to show all the sources of contraceptives and condoms in the community. Make a preference matrix to explore the positive and challenging points about each source.

Session 2
1. Role play a scene where the girl now has an unplanned pregnancy. Include the boy or man who made the girl pregnant in the scene. Divide into small groups and ask people to discuss her options; and his options.
2. Return to the role play and ask people to advise the girl and then the boy/man on what she and what he should do. They can ask her and him any questions to find out her and his feelings about the situation. They should share with her and him what they think are the good points about this choice.
3. Support participants to move towards a solution which is equitable, where both individuals are acting responsibly. Especially invite participants to reflect on the responsibility of the wider community to support young women and younger/older men to avoid all such unplanned pregnancies.

13. http://www.doclist.me/2009/02/15/the-margolis-wheel/

2.3.3 Simpler language

The *Stepping Stones* manual has a lot of writing in it. The language is clear for a person who has studied English at secondary school and uses English for work regularly or daily. It is more difficult for people who have studied at primary school level and do not regularly use English. Therefore, you might want to simplify the *Stepping Stones* manual for facilitators, depending on their level of literacy.

If you have trained facilitators to use *Stepping Stones*, they may find a simple guide with just the basic steps in each activity easier to use than the *Stepping Stones* manual with all its detail.

Some tips on simplifying language:

- Use short sentences of no more than 14 words.
- Use simple words and use the same word each time for the same idea. For example, say "Show your drama to all the peer groups" rather than "Make your presentation to the assembly".
- Always use active rather than passive verbs. For example, "Invite participants to sit…" instead of "Participants can be invited to be seated…"
- Try to break up long paragraphs of text with bullet points or shorter paragraphs.

Example of simplifying language from the Zambia adaptation

Session 'Men and women – the ideal and the reality'

Aim: To look at our pictures of ideal men or women; to see how these pictures are different from our real lives and how they affect us.

What to do:

1. Share any songs, stories or proverbs that describe the ideal person of our age and sex.
2. Break into groups of three or four and talk about ideal pictures of people like us.
   - How are people of our age and sex expected to behave?
   - What should we say and not say, do and not do?
3. Come together in the big group to share these images.
4. In small groups again, discuss:
   - How easy it is to live up to what society expects of us?
   - In real life, how do people like us behave?
   - What are the good and bad effects of society's expectations on our lives?
5. In the big group, share what we have learnt.

2.4 Adapting *Stepping Stones* to fit your organisation's approach and systems

You may need to adapt *Stepping Stones* so that it fits in with your goals and objectives, your work patterns and your relationship with communities.

Perhaps you work with specific groups of people in situations and with issues that require some adaptation of *Stepping Stones*. For example, adolescents in or out of school, men in the workplace, soldiers, or displaced people living in camps.

First you need to work out your goals and objectives. Whenever possible, begin by doing a visioning exercise with the groups with whom you want to work, to learn more about their own priorities and visions. Then you can develop your own goals and objectives based on their priorities.

Then you need to adapt the content and process of *Stepping Stones* to meet the priorities of your client group.

2.4.1 Your goals and objectives

If you are a teacher, you may need to make *Stepping Stones* fit into your national curriculum and your educational objectives for Family Life or Sex Education so that you can do it in the school day, perhaps over two terms.[14] Or you might have more flexibility through introducing it in the religious studies class. Alternatively you might decide that it would allow you more freedom if you held sessions on weekends outside school. Ideally, you would also run *Stepping Stones* with teachers, non-teaching staff, and parents or caregivers, but if this is not feasible, you can still make a valuable adaptation for young people.

14. See the forthcoming UNESCO Technical Guidance on Comprehensive Sexuality Education.

If your objectives allow, you might also want to spend more time on issues such as money and use *Stepping Stones* as an entry point for the formation of more permanent development groups. You would then increase the amount of time spent on establishing these groups and developing leadership and income generating skills (See also information about *Stepping Stones Creating Futures*, a new programme developed in South Africa, which is available as a supplement to the original programme. This supports participants to develop their skills around income generation).

A sexual and reproductive health organisation would want to add more on family planning, infertility, abortion and sexuality. Some more activities on gender would be important for a women's development group. In a school setting, as above, you might want to add topics such as puberty that are important for young people. There are many relevant sessions in our sister programme, *Stepping Stones with Children*, that you could use.

2.4.2 Your work environment and client groups

Stepping Stones was designed in a rural village with a reasonably homogenous culture, where most people had a strong sense of belonging to a community. There it was easy to have four peer groups meeting each week and presenting their ideas to the whole community.

In 2017, research showed that, "*Evidence in the current review suggests that programs that target activities to males and females to address unequal gender norms were the most effective in reducing gender inequality.*"[15]

In 2015, research stated: "*Addressing gender and power should be considered a key characteristic of effective sexuality and HIV education programs.*"[16]

In both of these research studies, *Stepping Stones* was cited as a key example.

You may work in an area, perhaps urban, with a more mixed population where people are occupied with their own lives at different times and do not feel a sense of belonging. In this case, you may need some activities to identify groups/neighbourhoods that do have a sense of togetherness and/or to do some activities initially to help people to think about what they have in common.

The **Cambodia** group begin with a session aimed at helping people to appreciate their common ground and differences and get a sense of shared experience. In the first session all the peer groups work together on mapping, trend lines and other activities designed to acknowledge a common history and place.

The programme has also been adapted for use in many different contexts with different groups. These include its use with people in prison, with healthworkers, with school children and teachers, with university students, with pastoralists, with people who use drugs and many more.

15. Alvarado, G., Skinner, M., Plaut, D., Moss, C., Kapungu, C., and Reavley, N. (2017) A Systematic Review of Positive Youth Development Programs in Low-and Middle-Income Countries. Washington, DC: YouthPower Learning, Making Cents International.

16. Haberland, N. (2015) The Case for Addressing Gender and Power in Sexuality and HIV Education: a Comprehensive Review of Evaluation Studies. *IPSRH*, 41(01), 031-042.
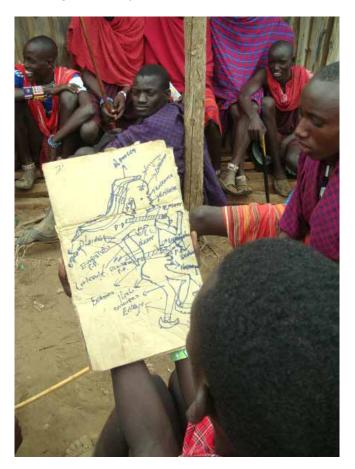
The ideal is to think about how to ensure that your peer groups enable anyone to join, so that all significant relationships which affect individuals' personal and sexual relationships (both official and unofficial) can be included, without any of these relationships being explicitly singled out. These may include an individual's relationship with her/his own peers of the same gender and similar age, with her/his parents or children; a sexual partner who is older or younger; a sexual partner of similar age and/or gender. If only one member of a significant family relationship (e.g. parent/child or sibling) or of a sexual relationship is included, then the programme will only partly work. The maximum benefit is most likely when both members of a relationship can go through the programme. (Note: we also recognise that, in cases of incest, the family relationship can overlap with the sexual relationship.)

Here are a few of the many examples:

Stepping Stones was adapted by Karnataka Health Promotion Trust (KHPT) for use with sex workers: they found that they could easily adapt *Stepping Stones*, by adding some extra sessions into it. Parinita Bhattacharjee, KHPT, explained how this was done. They had wanted to get the sex workers' clients involved but this proved difficult, so the division into peer groups became based on factors such as age, marital and/or parental status, and location of sex work that the women perceived themselves as identifying with. They were invited to split into different peer groups, according to these factors. Those who completed *Stepping Stones* were then offered a voluntary project role in the community. The programme encouraged people to discuss dowry, issues of discrimination, alcohol, and to think of local solutions to take action on. This example shows how the programme can be adapted and effectively scaled up in a different context from the one where it was originally developed.[17,18,19]

In **Malawi**, the Coalition of Women living with HIV (COWLHA), adapted the programme for use with women living with HIV and their husbands. The women were experiencing high levels of intimate partner violence before the programme. The workshops were implemented in 144 sites across 12 districts of Malawi. The post-workshop evaluation showed significant reduction in intimate partner violence afterwards.[20]

Poornima, *Stepping Stones* trainer for ActionAid, specialised in working with people with disabilities through the Narandra Foundation explains that: "*People with disabilities rarely get married in India and are not talked to about sex. The use of Stepping Stones in these setting have (sic) helped improve communication skills and open up on taboo subjects such as sex and self-stigmatisation. After the workshop, four people got married. Thirty Training of Trainers [workshops] of organisations working in this field have been organised. In the case of HIV-positive people who also live with a disability, Stepping Stones has helped communicating around different issues such as love or sex in the case of widows and to lead to advocacy campaigns to obtain medicine, microbicides, etc.*"[16]

In **Angola**, ACORD adapted the programme for use with soldiers. "*They responded very positively to Stepping Stones. Many of the soldiers were recruited very young and have been separated from their families for years. Some have no family left. All have witnessed death and dying in horrific forms. So, to be able to laugh and play and express their feelings in small groups and talk about things that really matter has an enormous impact. The use of soldiers to facilitate the Stepping Stones process in the civilian community has helped to build bridges between the army and the civilian population, thereby contributing to the post-war peace reconstruction process.*"[21] Young women with whom the young soldiers were connected were also included in the programme.

Stepping Stones was also adapted by Christian Aid and partners in the Caribbean with lesbian, gay and bisexual communities. According to the late Robert Carr, this adaptation worked well to support the communities. Unfortunately, no report can now be found of this process.[22]

2.4.3 Your work patterns and resources

Your access to transport, a DVD player and colleagues who can facilitate will affect how you adapt *Stepping Stones*. It is perfectly possible to adapt *Stepping*

17. Bollinger A., (2012) Stepping Stones in India. Salamander Trust.

18. KHPT (2008) Operational Guidelines for Implementing Stepping Stones with women in Sex Work.

19. Salamander Trust (2008) Stepping Stones in India – KHPT: Interview with Parinita Bhattacharjee.

20. See relevant reports on the *Stepping Stones* website and also the film 'Seeking Safety: Stepping Stones in Malawi '.

21. Hadjipateras A., et al (2006) Joining Hands: Integrating Gender and HIV/AIDS: Report of an ACORD Project using Stepping Stones in Angola, Tanzania and Uganda. ACORD.

22. Robert Carr, pers. comm.

Stones for use without the DVD and we encourage you to do this if you do not have access to a DVD player (or you feel that it is inappropriate). See Section 2.7. Maybe you are a male extension worker who has sole responsibility for a number of communities, so you do not have a female colleague to facilitate with you. What can you do? Here are some examples of how people have solved this problem:

> In **Uganda**, a team of four facilitators from different places gathered together in a community to run *Stepping Stones* workshops intensively for 21 days (rather than spread out over 9-12 weeks). The disadvantages of this were that many people were not able to attend all the sessions, facilitators were exhausted and there was no time for sharing and reflecting on what was learnt between sessions. However, some people liked the intensity and covering everything "before you forget what happened yesterday".

> In **Zambia**, a male worker visited the adjacent catchment area where his female colleague was running *Stepping Stones* once a week, to run two male groups.

2.4.4 Your organisation's relationship with the community

Some programmes have an intensive ongoing relationship with certain communities that is planned to continue for five or ten years. It is in their work plan to visit the community at least once a week. Others may cover a large number of villages with extension services but visit them only monthly or when a problem arises. You may need to adapt *Stepping Stones* to fit in with these different types of working relationships.

2.5 Working with your community

2.5.1 Adapting *Stepping Stones* for your particular culture and context

Stepping Stones was designed and filmed in Uganda with a particular ethnic group – the Baganda – in a rural village. The methods were tested in this setting and the content of the package and DVD was relevant to this setting. For example, the identification of alcohol, traditions and money, as major factors in sexual behaviour, was made here. The package may need adapting for other cultures and contexts in terms of:

- the activities
- drawings in the manual
- the content
- the order of activities.

Activities

Are there any activities that are not appropriate for your peer groups?

The aim of the activities is to help people feel comfortable to express themselves as fully as they wish, to increase understanding and insight and help all members of the group to participate. If you find that some of the activities do not achieve this, change them until they do. If you have experience of working in highly interactive ways, you may anyway know better activities for achieving the purpose of the exercise in your communities.

Ask yourself: What methods are the facilitators and the peer group members comfortable with, in what ways can they best express themselves?

> In **Uganda**, the older women did not like the 'Language of sex' activity. It was suggested that they would be happier if the words were introduced gradually and naturally through relevant activities rather than having an activity that required people to face both words and organs and activities all in one go.

People may prefer role-plays and stories to drawing and some may like to just talk about things. People are often reluctant and shy to begin an unfamiliar activity. However, when they do, they feel pleased and gain a lot. The same may be true for facilitators; if they have not had enough opportunities to become comfortable with the content of *Stepping Stones*, they may also lack the confidence to try risky activities. Then there is a danger that the process will be reduced to providing information in top-down didactic ways without the powerful interactive exercises which bring about real change. So use your own best judgement in adapting *Stepping Stones* – be aware of your reasons for making any changes, try things out for yourself first and try always to keep in mind the underlying purpose of the activity.

In **The Gambia**, one chief forbade the activity on condom application and pictures of the body because he felt that it was anti-Islamic. It is possible that peer groups would have been happy to do these activities if their chief had not been informed initially. It was agreed instead that participants would be advised where they could go for more advice on condom use if they wanted this.

Later on, Mohamed Conteh discussed the pros and cons of condoms with reference to the Quran with imams. It became clear how condoms can support men to maintain their fertility (through avoiding STIs). He received their permission to film their discussions, then showed these films back in communities, with the imams there to answer queries. After this, chiefs accepted both discussions about condoms and condom distribution in the communities.

Many groups adapt activities to make them more effective or enjoyable after trying them out with facilitators or peer groups.

For example, the 'Knotty Problem' was not appreciated by older people in **The Gambia**. The facilitator instead used an activity called the 'Bundle of Sticks'. Here every participant is given a stick. They are asked to break their stick into pieces and easily do so. Then they are given another stick and all the sticks are tied up in a bundle. Everyone tries to break the stick now but they are not able to do so. This activity demonstrates that unity is strength.

Also in The Gambia, people found it difficult to understand the notion of a tableau. The facilitators found that if they asked people to act a story and then asked them to freeze at a key moment, the tableau was much more natural and useful.

Sometimes facilitators find that an activity does not teach people what is intended in the manual but they learn something different and useful from it. They then change the activity to reflect this new purpose.

For example, in **The Gambia**, the 'Spider's Web' was changed to illustrate how HIV can spread through a population even if people only have two partners. They then break some of the threads to show how, if people can practise safer sex, the spread will be greatly reduced.

In **Uganda**, some young men understood 'Who's labelling Whom' to mean that if you behave badly people will label you even if you don't think they are. This idea resulted in the young men being much more careful about how they behaved.

Example of an unexpected negative outcome

Sometimes an activity has an unexpected negative outcome and needs to be adapted.

For example, 'Supporting Ourselves to Regain Control' in Zambia resulted in women taking responsibility (and blaming themselves) for problems over which they have very little power or control. For this reason a question was added to help people think about who else had some responsibility for a problem and how they might need to change. This promoted the idea of joint responsibility at individual, family and community level for problems. This point was made even more strongly in a new activity in the Cambodian version called the 'Wheel of Responsibility'.

Note: the idea throughout *Stepping Stones* is not to blame any marginalised group or individual for actions, but rather to recognise power imbalances and develop a sense of collective responsibility to address challenging issues.

Drawings in the manual
The drawings in the manual are also likely to need adaptation, to make the faces, hair styles, body language and clothing look right to the facilitators using the manual in your community. Please make sure that they are adapted correctly. In the role plays, men are requested to pretend to be women and vice versa. This is why some drawings show a man dressed as a woman or girl, or a woman dressed as a boy or man, beside exercises with role plays. This is not a mistake – please do not change this!

Content
Throughout this document we discuss and provide examples of changes in the content of *Stepping Stones* to fit your culture and context. The main changes you need to consider will relate to the following questions:

● What are the priority issues in our communities?
● What are the major underlying causes of issues?
● What are community members' own views on the best solutions, which are equitable to all?

The order of activities
As explained in Section 2.1, please do not change the sequence of the sessions, since this is one of the foundation stones of the whole manual.

We do understand that you might want to make internal rearrangements or add some activities to the manual. For instance, you may want to move more sensitive issues until later in the process; you may wish to integrate new material; or you may wish to streamline the process and shorten it because you have found that it works better that way.

For example, in **Cambodia,** facilitators shifted the activity on the good and challenging things about sex to later in the workshop process because they thought that people would need more time to trust each other and feel confident together. They added some early activities on changes in, and influences on, sexual behaviour at a societal rather than personal level to introduce people to these topics gently.

You might want to increase the frequency of joint meetings between all the peer groups because you think that more frequent sharing will be more effective in changing gendered and generational attitudes or will help people to communicate better with each other.

For example, in **Uganda**, some women suggested bringing the peer groups together more frequently because they learn so much from each other.

2.5.2 New modules to address locally important topics

Many people think that it is important to respond fully to the priority issues identified in 'Images of Sex' or known to them through their community work.

Stepping Stones users have written modules on sexual and reproductive rights, teenage pregnancy, STIs, contraception, infertility, abortion, puberty and menopause, sexual problems and gender violence.

If you are creating new modules, it is important to continue to use highly interactive approaches in the new modules so that they are compatible with the

Stepping Stones approach. Consider where and how the new module best fits into the overall *Stepping Stones* process so that it flows in a logical way. Also think about whether you can streamline the new module and original material so that the process does not become too long.

In the South African adaptation, the activity 'Exploring Why' was integrated into a new module on teenage pregnancy.

Many organisations want to add in a session specifically on violence against women. This may be because they don't think it is addressed in the manual already, or because they want to put particular emphasis on it.

The manual actually has issues addressing violence against women and related gender power imbalances woven all the way through it and the programme has reduced violence against women in many communities around the world.

On purpose, the original manual did not have a specific session to address this, so as not to alienate those who might feel threatened by this issue. So, if you want to add in a specific session on this, please do note that the topic is there already; and please bear in mind that adding a specific session needs to be done thoughtfully and sensitively, so as to avoid alienating some community members, before they even try the programme.

As mentioned on page 13, in 2015, *Stepping Stones* was included as one of few effective programmes, in a systematic review of sexuality education programs. The review concluded: "*Addressing gender and power should be considered a key characteristic of effective sexuality and HIV education programs.*"[15]

2.5.3 First steps in working with the community

If you are committed to responding to the felt priorities of the community, you probably begin work by carrying out a participatory visioning assessment. In the *Stepping Stones* process, participants identify their visions and priorities in relation to sexual and reproductive health. In the manual, the main priority is that of HIV. You may want to adapt *Stepping Stones* to fit in with your approach to working with communities.

For example, some organisations only use *Stepping Stones* with communities that have prioritised HIV and AIDS as a problem in the participatory visioning assessment. They plan to work with communities in general development over a ten-year period.

In **Cambodia**, the adapters used the first *Stepping Stones* session to explore how the development issues which participants identified in their pre-workshop issues review also make them vulnerable to HIV.

In **The Gambia**, they initially found that people prioritised STIs in a health problems ranking activity that was done before starting *Stepping Stones*. They responded to this by designing a module on STIs.

In **Zambia**, work begins with a participatory learning approaches (PLA) process with peer groups including the 'Images of Sex' activity (Session B) and prioritising issues. The groups create cause and effect diagrams for the priority issues and the programme staff then develop sessions to respond to those issues, using *Stepping Stones* as appropriate.

2.6 Changes to increase the flexibility and highly interactive style of the programme

You may think that the *Stepping Stones* process needs to be more flexible and responsive to the particular priorities and culture of participants, and to build more on people's own communication skills and ways of coping.

For example, you might address the issues prioritised in 'Images of Sex' and the main factors influencing sex as identified by participants in 'Exploring Why' rather than cover alcohol, traditions and money. This was discussed in 'shortening the *Stepping Stones* process'.

In the sessions on assertiveness and communication, you may want to give more room for people to express their own ways of saying "No" and being assertive in order to get what they want. You could do this before or instead of, or as well as using the role models provided in the DVD and activities (such as 'Saying "No"' and '"I" Statements').

In the Zambia adaptation, participants role played their own ways of saying "No" in different sexual situations and of asking for what they wanted. Participants gave feedback on the different approaches and re-played them until the group was satisfied that they were clear and effective. It was found that women have very sophisticated ways of negotiating for control and power that leave their relationship with the other person intact. Also, this allowed each peer group to identify the sexual situations that they encountered themselves, rather than focus only on a stranger in a car, as depicted in the DVD. The "I" statement was demonstrated, but only as one possible way of expressing our wishes.

2.7 Adapting *Stepping Stones* for use without the DVD

It is perfectly okay to adapt *Stepping Stones* to use without the DVD. Most of the DVD clips can be replaced by role-plays or stories created by the participants themselves. This has the advantage that they are addressing their own issues and contexts. It also avoids the issue of people potentially rejecting the content of the clips because they were not filmed in a community the same as theirs. Also, if people divide into smaller groups, they produce several role-plays, which gives more material for discussion. When the clips give information, the facilitators can demonstrate, role-play or explain points.

When you are adapting *Stepping Stones*, look at each DVD clip and the activities that go with it. Ask yourself: What is the purpose of this clip? How can I achieve the same purpose when I replace it?

The clips have several purposes:

- **To challenge people's attitudes and perspectives.** For example, the 'What is Love' clip is designed to challenge men's (in particular) views on their role in the family and their relationships with their wives. You would need to find another way of challenging the men.

  In the Zambia adaptation, all the peer groups made role plays of their idea of a good sexual relationship and a bad sexual relationship. The peer groups presented these role plays at the first full peer group meeting and the qualities of good relationships were discussed. In this way, the men were challenged either by their fellow men or by the women.

  A possible difficulty with this is that either the facilitator or the peer groups may not feel confident or committed enough to challenge deeply held views without the 'outside' support of the DVD. In Zambia, the young women wanted the Community-Based Development agents to present their 'challenge' to the other peer groups.

- **To provide positive role models.** For example, the 'Long Journey' clip shows a brave woman and her dying husband who prepare for the future in spite of a very distressing situation. This clip touches people on an emotional level and helps people to feel stronger about their own situation. The facilitator could ask participants to tell stories about people they know who have prepared well for death and the problems they have had when there was no preparation. Or the facilitator could tell the story of Mr Lumumba.

- **To provide a springboard to stimulate discussion on a key issue.** For example, the clip on 'Alcohol' gives participants something real to discuss. Here, participants' own role-plays are likely to provide even better material to trigger discussion because they are about the local situation.

- **To encourage participants to take part in *Stepping Stones* by showing them another community going through the workshop.** For example, the '*Stepping Stones*' clip and the 'Condom' clip. The *Stepping Stones* clip could be replaced by some role-plays from the facilitators or an activity to explain *Stepping Stones*. The facilitator could demonstrate how to use a condom instead of showing the clip.

> For example, **The Gambia** team designed a game showing the structure of *Stepping Stones* and talked people through the process as they walked over the stones.
>
> The **Cambodia** facilitators acted role plays based on the pictures in *Stepping Stones* under 'Why?' in 'Before you Begin', showing the barriers to acting on AIDS information. They also used the diagrams produced in the pre-workshop review to explain how people's issues made them vulnerable to HIV.

The DVD also attracts people to attend the workshop and keep attending. The clips are attractive because they show the real issues faced by the different groups. If you are not using the DVD, you can attract people with the drama, and local ways of attracting people – for example, songs and dance.

2.8 More emphasis on monitoring the *Stepping Stones* process and its effects

The *Stepping Stones* process has a scoring activity at the end of each session to monitor how participants feel about the content, presentation and timing of activities and sessions.

If activities get low scores, people are invited to explain why this is. The facilitators meet after each session to discuss what went well and not so well, their adaptations and plans for the next session. In the last session, participants review the whole process and look at whether their hopes have been met and their fears reduced or gone. They identify and record changes that they hope to see in six months' time.

Users are increasingly realising the importance of recording feedback and learning from the participants and facilitators involved in the *Stepping Stones* sessions in detail. Regular meetings between facilitators and supervisors/organisations to explore and share this material are also important. This learning forms the basis for developing the *Stepping Stones* process locally so that it addresses the issues faced by participants as well as possible.

Some adaptations encourage participants to think about and record the actions they wish to take after each session. This will make it easier for them to discuss their hopes, plans and decisions at the end of the *Stepping Stones* workshop and continue with the process.

For example, the Cambodia group designed an action matrix to be used from the third session onwards.

Who?	Action to be taken?	By when?
Individuals		
Peer group		
Community		
Others (List)		

Participants can record their ideas through pictures if they cannot read and write.

In the Pacific, the organisers designed the Facilitators' Journal, which can also enable systematic documentation of actions proposed. Do contact us if you would like a Word version of this for your own adaptation.

See also the Monitoring and Evaluation toolkit produced by the Pacific organisers.

Your own adaptation of *Stepping Stones*

3

3.1 How will you plan to adapt *Stepping Stones*?

People have gone about adapting *Stepping Stones* in different ways, but most have taken the following steps:

1. People planning to adapt the process attend a workshop where they experience the *Stepping Stones* process for themselves as participants

This is very important because it is difficult, if not impossible, to understand how *Stepping Stones* works, the impact the activities have on participants and how learning and change build up over the sessions without experiencing it for yourself.

In **The Gambia**, participants experienced each activity and then discussed whether they thought that it was appropriate for their communities and how it could be adapted. At the final evaluation, they indicated whether they thought an activity was very helpful, not helpful or definitely should not be used in the community. Discussions on ways to adapt it continued in the evenings.

In Oxford, a group of experienced trainers from around the world took part in the activities as participants and then, like the Gambian group above, also discussed them as potential trainers immediately afterwards. However, even though they were all already experienced trainers, they reflected afterwards that they found this change of role from personal to professional for each session was quite confusing. They suggested instead that it would be best to first immerse oneself in *Stepping Stones* as a participant for the whole programme: and then to reflect on the experience and consider adaptations afterwards. This has the added advantage of understanding the whole programme first before potential inappropriate adaptation of any part.

We agree with the Oxford group above and recommend what they recommended. See also Section 4.1 on staff training.

2. The adapters work together to develop a draft version

The adaptation is based on the adapters' experience of participating in *Stepping Stones*; their knowledge of their communities' needs and culture; their experience in similar work and training activities; logistical considerations and the skills and comfort level of available facilitators. In the process of adaptation, people need to ask themselves:

- What is the purpose of this session, activity or sequence?
- Why do I want to change it?
- What impact will this change have on the participants, facilitator and the rest of the *Stepping Stones* process?
- Why do I want to add or take out this activity?

It is important to remember that this professional group doing *Stepping Stones* is normally made up of very different people in a very different situation from that of the community where *Stepping Stones* will be implemented. They are making assumptions about how the community will respond to an activity, which may reflect their own attitudes and experiences rather than those of the community. Also, attending this type of workshop with colleagues is different from attending it as a member of a community peer group. People may be less willing to share sensitive thoughts and feelings or adopt more radical positions with colleagues for fear of repercussions or gossip in the workplace. It is important to be aware of whether you are talking about your own discomfort in an activity or your anxieties about the community.

For these reasons, there are some advantages to testing *Stepping Stones* first in the community with only those changes that are clearly necessary to make it basically acceptable. The feedback from the community will then give you a picture of what needs changing. We have often seen how community members are far more ready to talk about sex

in the safety of their peer groups than we are as professionals with one another.

> In **Cambodia**, people collected *Stepping Stones* and other participatory training materials together. They used the *Stepping Stones* process as a starting point and basic framework: and then used both *Stepping Stones* and added in some other materials to develop a process specific for the Cambodian situation.

3. The adapted draft is then tested

It is essential to try out the draft either with a community or with a group of staff who are going to facilitate it. You need to keep full records of participant and facilitator feedback (quantitative data: scoring on content, presentation and timing; as well as qualitative data: narrative on what people liked and did not like, what they learnt and want to share with others, suggestions for improvement). It is useful to have an observer in these sessions because s/he can have an overview and be more aware of the group dynamic and how people are feeling and behaving. This step is likely to give you a wealth of information on what could be changed in the activities, the sequence, the content and the logistics.

> For example, in **Cambodia**, the women felt very depressed after the 'Images of Sex' exercise because they had so few joys, whilst the men felt pleased with their long list of joys and did not see many of the issues faced by women. For this reason, the facilitators designed different following exercises for women and men. Women looked at what made them feel good as women and men looked at male responsibility for sexual health problems. However, this can have its disadvantages. See Section 2.3.2.

4. Revise and improve the draft adaptation

Having tested your draft you can then improve it, perhaps in a workshop for facilitators, trainers and a community member from each peer group.

> For example, in **The Gambia**, the DVD clips of the 'Hopes and Fears of young men and women' were replaced by a role-play on giving advice to a young woman and then a young man. The facilitators then asked the peer groups what the young person might feel, was it like this in their days, did they ever do this and how are things different for youth today? However, this activity failed to engender personal identification and empathy for young people by older people. So this group decided to look for a new activity to test.

5. An ongoing process

This using, reflecting and adapting process can continue indefinitely as facilitators and supervisors go on learning and fine-tuning the process and working creatively to add new ideas. Inviting feedback and good recording with regular meetings of facilitators and supervisor/trainers will facilitate this learning process. We are all on a learning path together. There is no such thing as the perfect adaptation!

6. After the six month review

The *Stepping Stones* process includes a six-month review of progress in the community towards indicators of progress identified by the peer groups. The learning from this review can also feed into further adaptations of *Stepping Stones*.

For example, reviews with *Stepping Stones* participants in Uganda revealed there was very little sharing by participants of what they had learned with others who had not attended. It was decided to add an activity to the Closing Circle in which participants identified one thing they would share with someone outside the group, reporting back at the next session.

7. Practical issues to consider

How can you make your adaptation as useful as possible for other users in your country or region?

You can make your adaptation useful in the following ways:

- Explain why and how you adapted it and the reasons for changes.
- Have it available in a language that is widely spoken as well as more local languages.
- Make it available electronically in local languages so that others can adapt it further to meet their own needs.
- Put contact addresses on it so that people can get in touch with you.
- Please, please share with people (**and us!**) – both your adaptation and your experiences of using it, so that we can all learn from your efforts.

8. How will you decide what finally goes into your adaptation?

From the sequence of steps shown above, you can think of the adaptation of *Stepping Stones* as an ongoing process with no 'final' version. However, you will probably want to produce a printed version, so that everyone is using the same adaptation, even if they then make small changes to it. We suggest you identify a date a year or two ahead to revise your adaptation and produce version two. You need to think about who will be involved in these decisions, because people will have different (and perhaps strong) views on what changes are made and what stays in or gets cut if you are trying to make *Stepping Stones* shorter.

Stepping Stones is designed to be a participatory process, so it is important that the views of the facilitators and participants are given a lot of weight in the decision as well as the organisations concerned. The difficulty is how to reach a compromise on differences and how to make a best judgement so that the process is educationally sound and helpful to as many people as possible, particularly the most vulnerable.

The following principles may be helpful:

● Keep to the principles of *Stepping Stones*. (See Section 2.1).
● Make sure that the five foundation stones remain, (Group co-operation, HIV and safer sex, Why we behave in the ways that we do, Ways in which we can change, Moving forward together).
● Listen to the peer groups.
● Listen to the facilitators.
● Explain clearly to each other your reasons for deciding that a particular change is final.

3.2 How will you produce your adaptation?

Please contact us to access the original text of the programme, so that you can make your changes easily, add new topics and keep the layout.

If you produce a draft version and photocopy, you can continue to update it over time. If you reach a version that you are happy with, you could get it printed locally.

If you are not planning to change much in *Stepping Stones*, you could put loose-leaf pages in the original manual showing the changes. Or you could do this anyway until you have tested the manual in the community and you are more certain how you want it to be.

3.3 How will you share it with others?

Adapting *Stepping Stones* takes time, skill and resources, so you will want to share the fruits of your work with others. You could achieve this by:

● holding a dissemination workshop in which you introduce an overview of the adapted manual to interested agencies. This might last for two days. You could also train others to use the manual or identify an agency that could provide training
● producing copies of the adapted manual for sale at cost price or having them distributed by a local publisher or bookshop or ministry
● sharing your adaptation on the internet. **Please check with us first so that we can seek permissions from the publisher**
● sending us a copy!

Training and further support

4.1 Staff training

Staff training is absolutely key to the success of the programme, whether the programme is being adapted or not. If staff are not adequately trained the programme will fail. Staff training should be viewed as an essential investment. There are no short cuts.

"… the role of the facilitator … is to … act as a stimulus for the development of new ways of thinking. … In order for facilitators to be able to do this, they need themselves to have undergone a similar form of transformation".

We have explained already how facilitators need to go through the programme for themselves as participants first, so that they can internalise the many and complex issues that arise through the programme and address them in their own lives first.

We recommend they attend a core five-week training as follows:

- An intensive two-week residential workshop as participants in the programme. Make sure you train enough so that you end up with enough successful graduates and cover for sickness and/or other absences.
- 3-4 weeks back in their ordinary work, to put what they have learnt into practice in their own lives.
- A second intensive two-week residential workshop to learn how to facilitate the main programme (18 sessions).
- A further two weeks break.
- One final week to be trained as facilitators of the five additional sessions; plus progress review; and sign up to on-going in-service training processes.

Trainee facilitators should be assessed – not all may be ready to become facilitators:

- Facilitators who make the grade should then run a workshop in a community for themselves, with on-going support from their trainers (up to half-day per week).

- On-going M&E: After completion of the first workshop, all facilitators should meet together again for one more residential week to review their progress and discuss challenges and opportunities moving forward. Further such M&E sessions should be held, at least on an annual basis.

Note: **From assistant to lead facilitators:** Ideally newly trained facilitators should work alongside a more experienced facilitator for three full workshops before becoming a lead facilitator. Then: **from lead facilitators to trainers**: Refresher two-week review and training of trainers course to become full *Stepping Stones* trainer of other facilitators

4.2 Programme implementation

ACORD produced an invaluable guide, called *Implementing Stepping Stones* in 2007. We warmly recommend use of that report, alongside this one.[23] We also warmly recommend the CUSP policy brief, highlighted in the Acknowledgements

4.3 Staff retention

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

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

23. http://steppingstonesfeedback.org/wp-content/uploads/2013/01/Implementing_Stepping_Stones_Report_English_Version_final.pdf

In addition to the challenges described above, a further issue now facing programmes around the world in relation to *Stepping Stones* is the lack of staff retention owing to the current funding climate and the short-termism of projects. This means that many staff are hired anew for each grant, do not receive sufficient training initially and, once the project has finished, their contracts are finished and the team experiences that have been developed are then dismantled.

This trend is of deep concern. It is unfair and can also be harmful, both for individual facilitators and also for the communities whom they are supposed to train. It can result in the adaptation of *Stepping Stones* in unacceptable ways that do not reflect the original intentions of the programme and which can often just reinforce existing gender and power imbalances. This is why we put so much emphasis on investment in staff training, in retention and in sensitive programme adaptation and implementation.

In The Gambia, Mohamed Conteh and colleagues tried to develop sustainability by creating a national network of *Stepping Stones* trainers.

In Kenya, Martin Opondo Obwar, Maureen Kemunto and colleagues have registered the National Network of *Stepping Stones* trainers, so that skills and contacts can be maintained across the country.

The development of national networks of trainers and facilitators, as described in the examples above, is also highly recommended. This will enable key trained facilitators and trainers to stay in touch with each other and retain their collective knowledge, skills and experiences, beyond project lifespans.

Such initiatives should be supported and funded, to promote sustainability of training investments and breadth and depth of knowledge, skills and experiences.

4.4 Further support

Lastly, we are here to help you! The *Stepping Stones* support team at Salamander Trust can:

- provide you with the original text of the programme
- feed in information from other organisations' adaptations, for example, a new session on a specific issue
- offer you advice and feedback regarding your own adaptation plans.

We really encourage you to share your adaptations with us at Salamander Trust, so that we can all learn from you, as we hope you have learnt something from us. Others will also then be able to benefit from your knowledge and experiences.

We also invite you to comment on or suggested additions to these guidelines: no guidelines are perfect either!

Be part of the learning and sharing community! Good luck in all your work!

Where can I get more information?

- From our **websites:** www.salamandertrust.net and www.steppingstonesfeedback.org
- Join our **international community of practice** with a one-time free sign-up to access materials
- **Facebook:** www.facebook.com/groups/SalamanderTrust/
- **Twitter:** @SalamanderTrust and @StStFeedback
- **Vimeo:** http://tinyurl.com/SteppingStonesDocumentaries
- *Stepping Stones* **publisher:** Practical Action Publishing, Rugby, UK. http://developmentbookshop.com/catalogsearch/result/?q=Stepping+Stones

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