



Celebrating 21 years of *Stepping Stones*

1995-2016

***Stepping Stones* in the Democratic Republic of Congo**



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Country Democratic Republic of Congo



When did you first come across *Stepping Stones*?

I discovered *Stepping Stones* in August 2011 when Eddie Ndungi was hired as a consultant to the UNDP in the work against the spread of HIV in Walungu. HIV is a cross-cutting theme in the fight against poverty, to the extent that members of the community were using up all their money looking for the best medication to care for themselves against the pandemic. That's why communities were becoming more and more impoverished. The stigmatisation and discrimination of people living with HIV had also reached worrying levels to the point where they could no longer attend medical facilities, markets and other public spaces at the risk of being lynched or stoned.



How did you use it and where and when?

Stepping Stones was first used in DRC in Walungu, South Kivu. A cosmopolitan hub, frequented by staff from national and international organisations, a mining transit centre, and first point of defence for the army, it is also a university centre with many secondary schools. In short, in this area there is a predisposition for sexual relations and HIV. Customs and traditions coexist in conflict with the law, each seeking predominance over the other. *Stepping Stones* was used in this area between August 2011 and February 2012. *Stepping Stones* was implemented between August 2011 and February 2012 over 18 weeks, with some down-time most of December 2011 until mid January 2012.



Can you tell us about the implementation of *Stepping Stones*?

UNDP has developed projects concerning the work against poverty in several areas. Walungu was eligible for *Stepping Stones* in so far as it fulfilled several criteria. These were notably: to develop activities relating to Voluntary Counselling and Testing and ensure the support of people living with HIV; to have a hospital centre; to be a cosmopolitan centre with all the related attributes etc... *Stepping Stones* has constituted a principle activity with members of the community.

At the beginning, we organised a short Knowledge, Attitudes and Practice survey to understand the community's level of knowledge about HIV and about what constitutes good practice.



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The selection of facilitators was made with the community members from amongst themselves after their first *Stepping Stones* workshop. This has contributed to the establishment of basic criteria and identification of future facilitators. Having adequate understanding of the problematic of HIV, being from the region and mastering the language and linguistic subtleties of the area are just a few of the basic requirements. In this way the community has identified the best facilitators, who are often drawn from civil society, teaching and healthcare. The work which needs to be done and difficulties they might face are explained to the volunteers. Those who are in agreement with the conditions of work are accepted as facilitators.

These future facilitators then go on to complete a test, which indicates their understanding not only of HIV but also their abilities to master *Stepping Stones*. The purpose of the test is to ensure training has been completed.

The facilitators retained after the test undertake 5 days of training. (The facilitators don't find that 5 days is enough and wish that the training was 7 days. Often to counter the problem imposed by limited funding, additional sessions to strengthen skills of facilitators are regularly required during the follow up sessions and the preparation for sessions. The methodology of how to facilitate *Stepping Stones* is a continuous learning process, even though facilitators have obtained the rudiments to work with the peers.)

The first training session for facilitators begins with the topic of communication and the last is about planning activities adapted for the 18 sessions, which is often interspersed with plenaries. The facilitators are split into 2 groups: men and women. Then for each male age group, there is also a female group of the same age (see below for more).

At the end of their training, the facilitators move onto an exercise which consists of the first open community meeting and a presentation of the approach to the community. At the end of this first open community meeting, each facilitator and their peer group agree on a time and place to run their sessions. The facilitators often choose two to three evaluators for a session, according to availability of participants who have come to that session. The evaluators change each session. In one team there might be a representative of the community, one trained in health and one state technical agent. The sponsor or their representative is also connected to the evaluation. The beneficiaries take part as subject/object of the evaluation.

At the final open community meeting, which is a plenary to which all members of the community are welcomed, the peer groups demonstrate their newly acquired knowledge and skills through their role plays. During this plenary, the community is invited to ask questions. The peer groups, facilitators, and other participants provide answers. The questions for which no one has a satisfactory answer are recorded for further clarification. During future plenaries, the answers for these questions will be addressed.

Six months after the end of the project, an evaluation is organised to ensure changes are observed in the practice, behaviours and attitudes of the community.



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Stepping Stones is not a closed approach. We are thinking of adapting it to our cultural context and responding to the needs of the community. When we implemented the methodology for the first time, the parents and members of community, expressed their wish to see us integrate young people aged 14-17, as these groups are sexually active. There are young girls aged 12-13 who are capable of reproducing and already have children. So we have included this category. In this way instead of having 4 groups, we have 5. They are split by into age group in symmetric manner. For each group of young girls, there is also a group of young boys of the same age.

Eg

Girls	Boys
13-15	13-15
16-17	16-17
18-22	18-22
23-30	23-30

Girls are supervised by female facilitators and boys by male facilitators, although they are a little older. There are 10 facilitators: 5 female and 5 male. For us the facilitators must be close in age to those in peer groups. For example, a facilitator aged 40 can easily supervise those aged 30-60 because it is acceptable in that age group, there is no taboo.



Can you give us an example of something that you liked about it or that had a positive effect on you or the community where you used it?

The integration of gender. This is manifested in the assumption [throughout the workshop] that men and women are equal. There is an equal number of pairs, and an equal number of female and male facilitators. This encourages women to express themselves freely, in a community where traditionally they don't have the right to speak in the presence of men. Through *Stepping Stones*, women's behaviour changes. They speak freely of their romantic and sexual experiences and during plenaries speak out in front of the community. Some have developed to the extent of replacing men in positions of leadership. For example, Kokere Judith was elected as president of civil society, and Luyumme Odette is now president of the PCP (Parti Congolais pour le Progres) a political party in the territory of Walungu. In terms of culture (women can't refuse sexual relations to their husband), women can now say no to sex with their husbands when they return from long trips to the mining zones. They insist upon voluntary



Sex workers are invited to train in additional income generation projects, if they would like to.



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testing or provide condoms before sex. This emancipation of women is a strong point which I admire in *Stepping Stones*.



Do you have a positive message you would like to share with the *Stepping Stones* Community of Practice?

Stepping Stones is a school of life. *Stepping Stones* does not end once all 18 topics have been covered in the manual. Once training has finished, implementation of *Stepping Stones* continues under different forms. Some facilitators go on to create their own NGO and share their knowledge with others, or organise themselves into 'mutuelles de solidarités' (MUSO: A system of community savings, in an area where there is no bank or institution providing micro finance. The members, normally numbering around 15 people, put aside a fixed amount each week and provide credit between themselves). Or they form cultural groups (to act in plays). In short, *Stepping Stones* provides opportunities to develop other activities in the community.



Is there anything else you would like to tell us about yourself or about *Stepping Stones*?

I can assure you that I've implemented *Stepping Stones* in 7 sites and the results of the final evaluations are always excellent. *Stepping Stones* has been used in different cultural zones: with pastoralists, and those who live by the riverside, lakeside, in the savannah and forest zones. With cultural differences, men and women have discovered weaknesses in their own cultures such as the tradition of the dowry and other taboos, which often put women at a disadvantage. For example, it is customary that a woman who has had sexual relations with a chief cannot marry another man, as she remains the sole wife of the chief. During the dowry the future husband must offer his father-in-law a hoe and calabash. The hoe symbolises that the woman must work the earth, and the calabash signifies that the woman must collect water. These two symbols of the dowry are criticised by women who call for them to be abolished because they are signs of dependence on the mother.

The discussions about habits and customs are very interesting, but when the training has finished everyone wants to know more, especially because habits and customs remain the privilege of people surrounding the chief. Only those at court take advantage of habits and customs, because they are regarded as the expert upholders of traditions. They ensure the application of habits and customs and they interpret them as they see fit, often favouring themselves.

Through ignorance and male ego, women pay the price. It would be better if the traditions which are no longer relevant today were eliminated from oral codes in the communities who still follow them.



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You will understand that in the DRC for each micro-culture, there are localised corresponding micro habits and customs. There are several variants on these at the heart of each geographic area and community.

In 1982 I graduated from Bukavu Institut Supérieur Pédagogique with a degree in applied education, with history as an elective. I'm married, a father of nine, and I have worked in secondary education for ten years. Since 1994 I've done humanitarian work at the heart of the Caritas district of Bukavu and with Save the Children. Then I threw myself into the work against poverty with the UNDP, preparing for this with *Stepping Stones*. Today, I consult with Fonds Social du Kivu and ADMR (Aide à domicile en milieu rural) in continuing the training and implementation of *Stepping Stones* in other areas.



Kasigondo in the back row wearing glasses after the training of facilitators in Bitale

Stepping Stones is not restricted to the 18 sessions outlined in the manual. During the self-examination of the community, other issues arise and are discussed. In this way *Stepping Stones* allows the following themes to be broached: reproductive and sexual health, human rights, the management of mutuelle solidarité, responsible sexuality, psychosocial support for people living with HIV, the work against stigmatisation and discrimination, the Voluntary Counselling and Testing programme, condoms, adherence to treatment, follow-up home care, and the law protecting people living with and affected by HIV.

In conclusion, I am a product of Eddie Ndungi.

www.salamandertrust.net
www.steppingstonesfeedback.org



Salamander Trust
TRANSFORMING THE WAY WE THINK ABOUT HIV

