



Salamander Trust
TRANSFORMING THE WAY WE THINK ABOUT HIV

THE SALAMANDER TRUST
Transforming the Way we Think about HIV

Telephone: +44 (0)7973 116741
Email address: alice@salamandertrust.net

www.salamandertrust.net

Registered Charity No. 1143381

Stepping Stones with Children Programme

About our planned programme

Title: Stepping Stones With Children aged 5-14 years

Summary:

PROBLEM: Communities are unsafe places for all with HIV because of stigma, violence and abuse. Guardians and parents may lack sufficient skills to disclose or communicate about HIV, sexuality and death with children with HIV or affected. Few children or guardians express grief and anxieties, few access HIV services. Treatment is thus limited. Children lack comprehensive sexuality and life-skills education. Poverty affects all aspects of life.

PROJECT: 'Stepping Stones' is a proven international package on communication, relationships skills and HIV for older and younger adults, used by PASADA with children. 'Stepping Stones Plus' supplement includes the visions and needs of young adults with HIV, their sexual and reproductive health and rights. There is expressed need for a version for use with children aged 5-14 years. Salamander Trust and PASADA will develop this version in Tanzania in a participatory process, with support from an international Community of Practice. We will pilot and finalise it in Dar in year 1, link to six African countries in year 2, and evaluate it in year 3.

RESULTS: A new package: "Stepping Stones With Children", specifically addressing bereavement, communication, age-appropriate education and disclosure, for young children and their guardians, for African and global use.

The project will last for three years, starting in February 2012

The project will work in Tanzania and hold Training Of Trainer (ToT) workshops in two African countries, to be selected.

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About our organisation

Organisational information

Name of UK-based organisation: Salamander Trust

Name of lead African partner organisation: PASADA

Role: PASADA has been supporting people living with HIV and others affected by HIV across Dar es Salaam for many years. As a part of its outreach programme, PASADA staff have, for several years used the ki-Swahili version of the original "Stepping Stones" manual in primary schools and with young adults, for example in slum areas of the city. PASADA staff are ideally placed therefore to work with Salamander Trust to adapt Stepping Stones for use with children from 5-14 years. Both organisations are working together to submit this application to Comic Relief.

History: PASADA started in 1992 as a small self-support group of HIV+ individuals with assistance from the Catholic Archdiocese. As it grew, the need for health services became clear and a small dispensary was established (1994) Since then, the organization has developed into a health and social services agency for People Living with HIV, offering a wide range of services along a comprehensive continuum of care. PASADA continues to work in and with local communities in offering quality services to the very poor and those most in need, empowering communities to take ownership of caring for and assisting people with HIV.

Name of other African partner organisations: To be identified in Southern Africa and Eastern Africa

Roles: These two separate organisations will host the Southern African ToT workshop in Year 2; and the overall review workshop, probably in Kenya, in Year 3

About how our application was developed

Problem situation: Tanzania's HIV adult prevalence rate is high at: 5.6% (2009). Policy and operation environment: Communities are unsafe places for children and families living with HIV because of stigma, violence and abuse. Some children with HIV suffer severe negligence and abuse. Grandmothers have lost their own children through AIDS and also lack support and understanding in their new unexpected roles as guardians and care-givers. Communication gaps between children and carers are exacerbated by the unequal status of children in society. Also, many adults do not know how to talk about HIV, sex and death amongst themselves, let alone with children. Carers fear to disclose to children with HIV, giving them false information, since sexual matters are taboo. This results in anxiety, anger and poor ARV adherence. Disclosure problems begin at around seven years; by age 12 many children have realised by themselves. Legally, in Tanzania, disclosure before age 14 must be conducted with the guardian present. This produces another major barrier to disclosure. Thus children experience unexpressed grief, sorrow and anger about the effect of HIV on their lives. Children living with HIV also present late

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at the health service, which makes treatment less effective. Moreover, health providers feel they lack the skills and training to disclose HIV status to children and support them as they grow up. Poverty at family and community level is another key issue. It impacts on education, sexual behaviour and violence in relationships, and ability to cope with HIV, access prevention and treatment services and take ARVs. Yet adults underestimate children's ability to understand HIV and take action in their own lives. This project seeks to redress the problems indicated above, through creating a safe and supportive training environment to enhance sharing, communication and support for carers and young children alike.

Background Research on children and disclosure has been conducted as doctoral research by PhD Social Anthropology Candidate Fabienne Hejoaka, herself also an HIV positive mother, in Burkina Faso. Further information has been gathered by Alice Welbourn, Stepping Stones author, also living with HIV, amongst other women with HIV globally. Stepping Stones Research Officer, Amandine Bollinger, has ascertained that in many parts of the world, even participants using the original "Stepping Stones" manual have reported how the programme has helped them to communicate more effectively with their children. Many mothers around the world are asking 'What can we tell our children to protect them from HIV?' For mothers living with HIV, there is an additional question 'How can we tell our children that they too have HIV?' This information closely echoes the Burkina findings: the issues faced by carers are global. The International HIV/AIDS Alliance has conducted research and produced publications to support the needs of young people with HIV. PASADA has used the original "Stepping Stones" manual in the senior levels of primary schools, but parents are asking for the same programme with younger children. Evaluations of "Stepping Stones" to August 2011: recognition of effects of programme in reducing gender violence; increased communication between genders and generations; greater respect and support for people with HIV; increased gender equity in decision-making, expenditure and task-sharing; increased support for young women against adult sexual abuse; increased HIV testing among participants and their peers. Consultation, September 2010-2011: Key members of the Stepping Stones "Community of Practice" (CoP) from around the world have been identified and invited to take part as an international advisory group, to support the project. All have agreed. December 2010: Key European project members met in London to discuss and develop plans to date. June 2011: Gill Gordon and Alice Welbourn - research meetings, one week, with PASADA staff and partners, Dar es Salaam, to see work in progress and meet community members. Discussions regarding policy environment, problems arising and scope for collaborative development of new "Stepping Stones With Children" package. August 2011: PASADA evaluation of existing CR funded work, through CAFOD. Shared with Salamander. August 2011: Proposal development, Salamander with PASADA. We seek to learn from and build on all the above to develop a new training package which will respond clearly to the many shared lived experiences of PASADA partners and others around the world facing these immense challenges.

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Consultation with people with HIV: Salamander Trust's founder and director is a mother living openly with HIV. She also wrote and co-authored "Stepping Stones" and "Stepping Stones Plus". This proposal for "Stepping Stones With Children" forms a sequel. Alice liaises regularly and closely with women living with HIV globally. (see www.salamandertrust.net and links for examples). The key background research has been conducted by Fabienne Hejoaka, also a woman and mother with HIV. PASADA has staff and many community partners living openly with HIV, who were consulted during our joint research meetings in June 2011. "Stepping Stones" is identified by WHO, USAID and UNAIDS as a key community-based tool for preventing gender-based violence, now recognised as a cause (and consequence) of HIV. This next manual will, similarly, seek to work both for prevention and to promote respect and support. Despite much controversy over "what to tell children", Christian Aid's report "Dying to Learn" highlights the risks of "abstinence-only" programmes and recommends instead that children and young people should have comprehensive, non-judgmental information and services. UNESCO now recommends comprehensive (age appropriate) sexuality education from age 5, to create a safer HIV-free world for children, based on multi-country research. We seek to realise UNESCO's comprehensive research and guidelines in practice.

Selecting vulnerable target groups: Four of our chosen target groups are all more vulnerable/marginalised (Children aged 5 -14 years living with HIV; Children aged 5-14 years affected by HIV; Guardians of children aged 5-14 living with HIV; Family members of children living with HIV). Within these four groups, different gender issues influence their experience of HIV to some extent. Eg school absence, drop-out, vulnerability to sexual abuse, house servant and orphan caring roles disproportionately affect girls and women. Meanwhile more boys run away and become street children. Our fifth target group, "Service providers, especially health staff;" has a large, more vulnerable/marginalised group within it, namely younger, female, lower-paid and lower-trained frontline workers. Many of this cadre also have HIV but are unable to share their status with their colleagues or bosses, have children with HIV and other relatives at home whom they have to care for, as well as their own health problems.

About the people our application will directly benefit

Our "target" groups:

Children aged 5 -14 years living with HIV

Boys and girls who mainly acquired HIV by vertical transmission, sexually or through injection drug use. Many are orphans, being cared for by grandparents, older siblings or other relatives, or on the street. They face challenges in disclosure of their HIV status, stigma and support in growing up with HIV.

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Children aged 5-14 years affected by HIV

Boys and girls who have lost one or both parents through AIDS-related illness, are now living with other relatives, children, non-related adults or homeless. Boys and girls living in households where a family member(s) has HIV or has died from AIDS-related illness. Family members include siblings, parents, guardians or peers.

Guardians of children aged 5-14 living with HIV

Guardians may be parents, grandparents, older siblings, other relatives, unrelated adults or children. They take responsibility for the care of children aged 5-14 years with HIV and face many challenges, including poverty, disclosure of HIV status, stigma, grief, health care and education on SRHR. Many may also have HIV.

Family members of children living with HIV

Siblings and other family members aged 0-5 years or 15 years and above who are part of the affected family - ie sharing accommodation. Male and female. (18% of the total population are under 5. 42% are age 0-14. 58% are 15 years and over.). Some may have HIV also.

Service providers, especially health staff

Policy makers and service providers: health staff, social workers, police, journalists, NGO staff, parliamentarians, magistrates, teachers, community workers and leaders. After "Stepping Stones", demand for more and/or better quality services increases. So several organisations use "Stepping Stones" to train and support these providers, many of whom have (undisclosed) HIV also.

The change the application aims to make

The Project seeks changes in individuals, peer groups, families, communities, services and policy. Individuals: increased knowledge, self-esteem, life-skills, virtues (e.g. caring, sharing and justice) related to HIV, SRH, rights, communication, relationship skills and critical understanding of their lives. Groups: changes in social norms and structural determinants of health, including stigma, poverty, policy and practice. Since cultural norms can change diachronically anywhere, when groups share new ideas and practices, we anticipate community level changes. Service providers and teachers: more skilled and empathetic teachers and staff, improved services. Improved quality of life: increased number of carers and children with HIV living without fear, knowledgeable about HIV/SRH, rights and their situation, able to communicate respectfully about their feelings, HIV, sexuality and death and belonging to mutually supportive peer groups with similar experiences Improved livelihoods: reduced economic impact of HIV on beneficiaries through increased access to livelihood organisations; more equitable sharing of household resources and increased knowledge of inheritance rights and use of legal structures. More enabling policy environment and practice: improved service providers' and teachers' skills to improve communication with children and carers on sensitive issues, producing a more child-friendly environment. Increased access to high

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quality services, and more children tested for HIV, disclosed to and counselled, put on ARVs as needed and referred. We seek to influence restrictive national policies regarding disclosure to children and age-appropriate sexuality education. Increased physical, psychological and sexual safety and support: increased respect, care, trust and sharing across genders and generations and towards people with HIV. This includes more support sources and fewer neglected and abused children with HIV. Improved relationships and realization of rights between genders and generations: increased communication, respect, caring and sharing between genders and generations; leading to changed norms related to violence and a decrease in physical and gender-based violence in children and adults. Achieving these changes depends on the quality of the package and its use: this is challenging. Therefore the critical people are those involved in developing the new material, in testing it, in training others and in facilitating its roll-out, use and feedback. The collective experiences of PASADA staff, communities with whom they work, Salamander Trust staff and our global Stepping Stones COP and international advisory board are all crucial. The committed engagement of communities, families, their children and inter-sectoral services (health, education, social services, livelihoods, legal agencies) will also be critical in addressing the social and structural determinants of health.

How this programme will bring about the expected changes

We will produce an adapted package entitled 'Stepping Stones with Children'. This will include a trainer's manual, a guide for service providers and stories for children. Stepping Stones evaluations have shown that the process has a powerful impact on individuals, peer groups, communities, services and policy. Stepping Stones workshops facilitate a sequence of sessions using non-formal learning through discussions and creative activities, based on participants' own experiences. No literacy is required. Participants discuss, act out and analyse their experiences; consider alternative outcomes, develop strategies and skills for achieving them, and rehearse them together in supportive gender- and age-disaggregated groups. These groups periodically unite to share their thinking in a structured way. This process develops critical literacy powers, resulting in multi-level changes. In SSWC, peer groups of boys and girls of different ages and their male and female carers and family members will undertake this process. We are confident that this will support children and carers to talk about their feelings, reduce stigma and improve the quality of life of families affected by/living with HIV. Stepping Stones and similar programmes have demonstrated that life skills development, a strong sense of community spirit and initiative enable people to obtain effective support from livelihood organisations to increase their earning capacity and reduce the risks of poverty. Stepping Stones creates demand for good services. Using SSWC, including the 'Guide for Service Providers' with health and social welfare staff and teachers will support them to improve the quality of their services and create an enabling environment. Stepping Stones increases communication across generations and genders and reduces the incidence of gender-based violence. Salamander Trust UK and PASADA staff and community members and children will develop the new package

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using creative workshops. PASADA staff and community members will then test the package, feeding their findings into a review and revision workshop. Salamander Trust will finalise and design the package in English for translation into Ki-Swahili. Salamander Trust and PASADA will facilitate ToT workshops for established Stepping Stones trainers who will share and promote the new package in six countries in East and Southern Africa. We will organize an anglophone Africa-wide meeting for 60 Stepping Stones trainers in Kenya to review use of the materials. For information on M&E and learning see Learning section.

Our project builds on the Stepping Stones programme, acknowledged by WHO, USAID, and major NGOs as being a key tool to reduce gender-based violence, which is recognized as both a cause and a consequence of HIV for many women; and to address SRHR of young people, stigma and discrimination in the context of HIV and gender equality. CHILDREN All states included in this application are UN CRC signatories and therefore this forms part of their National Policy. However UNICEF reports that many states struggle with its implementation. Issues relating to child disclosure, treatment access and violence are of on-going concern. Stepping Stones With Children will act in 'the best interest of the child' as stated in the CRC, addressing all the rights claimed in the Convention, including rights to life, family or cultural grouping, protection from abuse and exploitation, and to privacy. This application seeks to address these challenges, to develop an inclusive, holistic, gender-sensitive and age-appropriate "disclosure partnership", of mutual lasting benefit to all (Hejoaka 2009, 2010, 2011; JLICA 2009). GENDER NACPs are increasingly aware of the need for gender equality policies as critical for improving outcomes for women ("Framework for Women, Girls and Gender Equality in National Strategic Plans on HIV and AIDS" (ATHENA/HEARD 2010). A recent article, led by African scientists, ("Asking the right questions: developing evidence-based strategies for treating HIV in women and children", Karim et al, BMC 2011), "makes a special appeal for a more gender-sensitive approach to HIV research at all stages, from conception to design and implementation. It particularly emphasizes research to enhance the understanding of sex-based differences and paediatric needs in treatment uptake and response. In addition to clinical issues, [this] statement focuses on programmatic research that facilitates access and adherence to antiretroviral regimens." The gender equality of the Stepping Stones programme results in better outcomes for girls who tend to be lowest in social standing within communities; it also provides better support for mothers, grandmothers and other child carers who are predominantly women. SAFETY Most NACPs also seek to "safeguard the rights of people living with HIV so as to improve the quality of their lives and minimise stigma"; yet once again policy and practice rarely match. The community-based approach of Stepping Stones is ideal for reducing stigma within communities by increasing communication and reducing ignorance. Lastly, our project aligns with and links MDGs 1-6, to which all states have subscribed.

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Outcomes with SMART definitions and indicators

See our separate document on outcomes and indicators.

The activities the application would support to bring about change

Please see our separate document on activities.

About the different roles people will undertake

Role of Salamander Trust, as a UK-registered charity, undertakes to be the link organisation with Comic Relief and to fulfil all the organisational, planning and management, and financial and narrative reporting obligations required over the programme duration. Salamander will play the lead technical role in the project in the development and production of the package, designing the M and E system, training of trainers, documentation and sharing learning through the Stepping Stones community of practice. We will recruit consultants, in consultation with PASADA, with expertise in Stepping Stones, training, monitoring and evaluation, psychology, gender, participatory processes, developing learning materials for children, and media. Although Salamander Trust will play the lead technical role it will rely strongly on the experience and skills of PASADA staff, in a partnership with mutual learning of equal benefit to both organisations. PASADA will increasingly take up the technical role in year 2, with training and implementing SSWC, documenting, monitoring and reviewing progress and using lessons learned for local advocacy. Salamander Trust will oversee the documentation of learning and sharing internationally in years 2 and 3 as well as promoting the roll-out of the package in all regions, in line with the spread of the original Stepping Stones.

Role of PASADA is responsible for organising and implementing project activities locally; disbursing and accounting for Comic Relief funds; producing reports; and managing local staff and consultants. PASADA's experience in providing clinic and community services, including Stepping Stones and the trust of all their clients, including those with HIV, enables them to organise the project activities, facilitate creative processes, add valuable insights, experiences, suggestions and opportunities to the development of the materials, train trainers and facilitators and ensure the quality of community Stepping Stones sessions. PASADA will take responsibility for collecting, storing and analysing data for the baseline survey and one year review; for monitoring and documenting the project activities and outcomes and sharing this with Salamander. Their supervision and mentoring of those implementing SSWC will be crucial to ensure quality. PASADA will increasingly take the technical lead in year 2, implementing the package in more communities with more robust M&E and documentation. Trainers will contribute to training of trainers in 6 countries in East and Southern Africa. PASADA will promote the package more widely in Tanzania and across the region. Two other African NGOs, yet to be identified, will host the Southern African ToT; and the all-African end-of-programme workshops.

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We can only do this work with the involvement of the organisations listed above, since we all have our mutually exclusive complementary strengths. PASADA has huge clinical and community training and outreach experience but only works in Dar es Salaam; Salamander UK has the UK charity status and the background in development and international roll-out of Stepping Stones. The other two NGOs to be identified will have their own specific track records in successfully hosting workshops. PASADA, which has a long track record of running successful large-scale programmes in Dar, has shared with us a "project manual" from a previous partnership, which was planned at its inception. This manual supported all partners involved to have a full and clear understanding of all the programme vision, objectives, activities, roles, timelines, M&E processes, budget and financial accountability and reporting obligations. We plan to develop together a similar manual for this programme. We will include monthly Skype calls to ensure that all parties stay on the same page throughout and can make any necessary adjustments together.

About how we will learn from the work we plan to undertake

The processes and approaches we will use to monitor and evaluate progress towards the planned outcomes and learn from the work.

Salamander Trust and PASADA will work with a **local M&E and gender specialist** to design the M&E system and guide during the first six months of the project and train data collectors in its use. We aim to dove-tail the M&E system with PASADA's existing system and build capacity to use innovative PLA tools. The **monitoring system** will collect the minimum data needed to assess the efficiency of implementation, quality and coverage. A variety of qualitative and quantitative tools will be designed, used with different sources and triangulated to ensure that findings are rich and valid. They will include observation checklists and facilitator formats for key information and peer feedback after each session.

Evaluating outcomes: A baseline survey will be conducted before the implementation of the package begins. This will include interviews with a minimum number of key questions to measure changes numerically and carefully selected participatory tools to capture qualitative changes. We will identify proxy indicators for social change and use indicators from the Tanzania national AIDS strategy where possible. The project will design and use **participatory learning and action tools** with children and adults to facilitate an active learning cycle. The M&E system will reflect an **appreciative enquiry** approach where strengths and positive changes are highlighted and the experience increases self-esteem, learning and hope. **Ethical** considerations will include safety, confidentiality, informed consent, participation in the process and ensuring that respondents benefit immediately and through follow-up and programming. PASADA will incorporate the data collection for the project into its M&E system.

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The M&E officer will **collect qualitative data** from the project communities and collate and analyse relevant numerical data being collected routinely. The data will be stored in PASADA's computer storage system and shared with Salamander Trust. Feedback from colleagues, trainees and community participants, including children, will be routinely collected in all project activities. **The 'Stepping Stones with Children' sessions** will facilitate participants to express their hopes and fears at the start and reflect on them at the end; to make their requests for change to the community; and to record the changes they would like to see at the end of the training and make suggestions on how they could measure them. At each session, participants will give feedback on the session, share what they plan to do with their learning before the next session and then share their experiences there.

We will work with the M and E, gender and participation specialist from Africa in the first six months of the project to design tools and approaches to **measure changing levels of stigma and discrimination and gender relations**. We are aware of existing tools such as the stigma index and the GEM scale but would want to adapt and design tools that are relevant to the younger age groups we are working with and give attention to the impact of the questions on respondents. This is in line with our preference for appreciative enquiry approaches which have a positive impact on respondents, whilst acknowledging the challenging issues in their lives. Examples of tools are 'Most Significant Change Stories', role plays, drawings and various 'Well-Being Tools' for vulnerable children. We will seek proxy indicators with beneficiaries to measure changes, for example, in membership of groups, friendships, attendance of events outside the home; ability to talk with family and friends about HIV and experience of school and health services. We will also measure changes in health providers, teachers and other sector workers in their level of respect and comfort with the beneficiaries and how this has affected their services. In terms of gender, we will use qualitative and quantitative methods to measure changes in attitudes and behaviour between boys and girls of different ages, and carers.

Sharing lessons learnt: Salamander Trust and PASADA will together document learning from the process of development of the package, both on participatory processes (creative activities, testing and revision) and the learning fed into package. Lessons learned from the training of trainers and facilitators, and implementation of the package in communities will be documented. The lessons will be shared with local organisations, policy makers, service providers, communities and beneficiaries through suitable media, including presentations, short reports, visual and performing arts, photos and film. The results of the baseline survey will be documented and shared. The lessons will be shared internationally through the Stepping Stones CoP and other electronic and face to face channels. The Stepping Stones With Children package in English and Kiswahili will be made available initially electronically and later in hard copy. This will include the 'Documentation and M and E Guide' and additional implementation guides as needed. The details of the distribution of hard copies will be firmed up in the first half of year one and further funding sought. The package will be promoted in Africa and internationally through the Stepping Stones website and other channels to be decided.

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We will document scale up of the package including methods, enablers and barriers in years 2 and 3 and share them locally and internationally, through the CoP, the Stepping Stones ning platform and other websites, conferences and webinars. We plan to hold a Stepping Stones workshop for practitioners across Africa on-line through the CoP and at a meeting in Africa in year 3. This aims to share lessons learned and build capacity to carry out M and E and document lessons learned. We will produce materials to share lessons learned from the CoP and meeting. At the end of the project, the whole programme and results of the final evaluation will be documented for various audiences and shared locally and internationally

Learning will be applied as the project goes on and after it ends. Monitoring data will be used at regular meetings with facilitators, providers and supervisors in order to understand what is going well and what is not and agree on changes needed. These might include, for example, on the spot training, investigation into how to make the sessions more convenient for everyone, or difficulties with a quality reporting format. A flaw in our assumptions or design may become evident with experience and this will require adjusting the programme with the stakeholders, including the beneficiaries. We will use lessons learned at any stage of the programme to influence the policies and programmes of others when appropriate. For example, if we have baseline data that provide evidence that a current policy on HIV and children is harmful, we will package and use them promptly to influence that policy. If the Stepping Stones sessions reveal that an institution is not following government policy, we support the community and seek to influence that institution to change. PASADA will continue its work with children to influence policy, programmes, funding and the community through performing arts showing lessons learned in the programme. Communities will be supported to share lessons with neighbouring communities and support them to demand similar programmes. We expect that lessons learned by participants will result in increasing demand for high quality HIV services and other services for children and carers. At each stage of the project, we will use the Stepping Stones CoP to share lessons learned in order to motivate and build the capacity of organisations in Africa and other regions to work with children living with or affected by HIV and to overcome challenges in this work and ensure its quality. The sharing of experience with scaling up the use of the package, including enablers and barriers will be very helpful to others trying to achieve this. All partners will aim to attend meetings and webinars to share lessons learned and influence policy.

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