

# Joining Hands

by Angela Hadjipateras

Harriet Akullu, Jacinta Owero, Maria de Fátima Dendo, Celestine Nyenga



## Integrating Gender and HIV/AIDS:

Report of an ACORD Project using Stepping Stones in  
Angola, Tanzania and Uganda

An ACORD, HASAP Publication. July, 2006

photo taken by Dr. Vete Willy Emmanuel at Stepping Stones training for Trainers in Lubango, 2005

## HIV/AIDS in ACORD

ACORD is an Africa-led international alliance working for social justice and equality. ACORD aims to prevent the further spread and mitigate the impact of HIV/AIDS through community-based research and advocacy and working in alliance and partnership with others.

HASAP – ACORD’s HIV and AIDS Support and Advocacy Programme –exists to support ACORD’s HIV/AIDS work in its programmes. In addition to training and technical support, it facilitates information-sharing and exchanges, both internally and externally, and provides strategic direction and coordination of ACORD’s HIV/AIDS-related research and advocacy work.

This publication is a HASAP initiative and is aimed at documenting and disseminating the lessons from research carried out by ACORD in Angola, Uganda and Tanzania to be shared with others, both within and outside ACORD.

*Written by Angela Hadjipateras, Harriet Akullu, Jacinta Owero, Maria de Fátima Dendo and Celestine Nyenga.*

## Acknowledgements

The research was designed and written up by the Project Coordinator, Angela Hadjipateras, the Research and Advocacy Officer for HASAP.

The research in each country was undertaken by the Country Research Coordinators: in Uganda, Harriet Akullu, followed by Jacinta Owero; in Angola, Maria de Fátima Dendo with the support of Týteta Avelina; and in Tanzania by Celestine Nyenga with the support of Pantaleon Shoki.

Impact studies were carried out by Dr. Vete Willy Emmanuel in Angola, Nicolaus Shilangila in Tanzania (baseline KAPB) and Chris, Otim, Lokrach and Dr. Odong Patrick Olwedo (in Uganda).

Members of the ACORD Stepping Stones Advisory Committee in the UK and overseas, also contributed to the design of the project and, in particular, the methodological aspects. They include Alice Welbourn, Gill Gordon, Danny Wright, Oonagh O’Brien, Fiona Pettitt, Linnea Renton, Heidrun Kippenburger, amongst others.

The two external project evaluators, Judy El-Bushra and Marilyn Thomson contributed very valuable insights and made a valuable contribution to the analysis of the findings and their policy implications.

From the HASAP team, Ellen Bajenja, the Technical Support Officer, participated in the mid-term Project evaluation and also took part in the final evaluation of the Uganda project.

Dennis Nduhura, HASAP Manager and the Managers of the 3 Area Programmes: Angola – Guilherme Santos; Tanzania – Donald Kasongi; and Uganda, George Omona, also supported the project in many ways.

The project was made possible by funding provided by Comic Relief and supplemented by other HASAP funders, particularly Oxfam Novib, SIDA and Cordaid.

Ken Bluestone, ACORD’s Northern Office Director gave valuable contributions, as did Marie Aziz, the London Office Manager.

Last, but not least, this project would not have been possible without the cooperation and support of all the communities in Angola, Tanzania and Uganda where the project was implemented.

## List of Acronyms

<b>ACORD</b>	Agency for Research and Cooperation in Development
<b>AIDS</b>	Acquired Immuno-Deficiency Syndrome
<b>AMTA</b>	Amuru Team on AIDS
<b>ARV/ART</b>	Anti-Retrovirals/Anti-Retroviral Therapy
<b>CARPP</b>	Community AIDS Resource Persons of Pabbo
<b>CBO</b>	Community Based Organisation
<b>CF</b>	Community Facilitator
<b>CSO</b>	Civil Society Organisation
<b>FAA</b>	Angolan Armed Forces
<b>FGD</b>	Focus Group Discussion
<b>GAV</b>	Group for the Assistance to the Vulnerable
<b>HASAP</b>	HIV/AIDS Support and Advocacy Programme
<b>HIV</b>	Human Immuno-Deficiency Virus
<b>IDP</b>	Internally Displaced People
<b>IEC</b>	Information, Education and Communication
<b>IGA</b>	Income Generating Activity
<b>KAPB</b>	Knowledge, Attitudes, Practices and Behaviour
<b>LARP</b>	Lamogi AIDS Resource Persons
<b>LRA</b>	Lords Resistance Army
<b>NGO</b>	Non-Governmental Organisation
<b>M&amp;E</b>	Monitoring and Evaluation
<b>PACT</b>	Pabbo AIDS Control Team
<b>PLHAs</b>	People Living with HIV or AIDS
<b>SS</b>	Stepping Stones
<b>STD</b>	Sexually Transmitted Disease
<b>STI</b>	Sexually Transmitted Infection
<b>TACAIDS</b>	Tanzania Commission for HIV/AIDS
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Childrens Fund
<b>VCT</b>	Voluntary Counselling and Testing
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organisation

## Executive Summary

As HIV/AIDS continues to attack an ever growing proportion of girls and women, particularly in sub-Saharan Africa, the worst affected continent, the need for everyone – men, women, parents, children, households and communities - to join hands in addressing the immediate needs of those already infected and in building the capacity to prevent the further spread of the virus is becoming more and more urgent.

'Joining Hands: Integrating Gender and HIV/AIDS' is the report of a project funded by Comic Relief and carried out by ACORD in collaboration with its partners in Africa that was ultimately aimed at reducing the HIV/AIDS vulnerability of young girls and women in Africa. The project, which was carried out over 2 years (2004-6) in 3 countries - Angola, Tanzania and Uganda – used Stepping Stones – a gender-focussed, participatory process that involves working closely with 'peer groups' – based on age and sex in communities over a period of several months. The process has been described as a 'journey' that uses a range of participatory methodologies aimed at helping people develop the skills and confidence to understand and challenge prevailing norms and customs that reinforce the effects of poverty and others factors in their environment that make them vulnerable to HIV and AIDS.

Alongside the overarching objective of addressing female vulnerability, specific project objectives included: assessing the effectiveness of the Stepping Stones process; building the capacity of local structures to respond; and promoting community-led responses through effective partnerships and advocacy actions. Another objective was to find out whether Stepping Stones can be effectively used in non-conventional contexts with a range of population groups, such as with the nomadic Mucubai tribe in Southern Angola, internally displaced people living in camps in Northern Uganda and with the army in the 21st battalion of the Angolan armed forces.

A common set of Core Project Indicators based on the desired outcomes were identified and the formed the basis of project monitoring and evaluation in the 3 countries. Key findings in relation to these core indicators include:

- Improvements in the level of *knowledge and understanding of HIV/AIDS* were found across the board in the 3 countries
- Increased *communication* around sexual issues was recorded in the 3 countries, as well as better communication generally between couples and within communities
- Some evidence of *stigma reduction*, but more patchy and in conflict with behaviour patterns, such as low take-up of VCT services
- Certain *risky cultural and sexual practices* were reduced, including reductions in alcohol abuse, but condom use still low in most of the countries
- The main impact on *gender relations* is increased

respect for women, including self-respect and reductions in gender violence. However, traditional patterns of female subordination in relation to decision-making and control over resources unchanged.

- Increased sense of *community responsibility* for HIV and AIDS is also apparent.

The data collection methods included a mix of quantitative and qualitative data sources. Each of these data-collection methods produced different findings, some of which were contradictory. On the whole, it was found that more in-depth, qualitative methods produce more accurate and reliable results, but these need to be complemented by additional sources of quantitative data.

In terms of sustainability, the project found that this is enhanced by the tendency of those who have been through the SS process to discuss and share what they have learned with family, friends and others in the community. The scaling-up potential of SS is also strong due to the multiplier effect whereby those trained, train others and they, in turn train others, and so on.

In terms of adaptability, it was found that SS can be adapted for use in a wide range of contexts. One of the most striking findings was the success of Stepping Stones in the army context where it has led to dramatic falls in alcoholism, unprotected sex with multiple sexual partners, violence against women and, conversely, resulted in increased condom use and more respectful behaviour towards women. As such, SS can be viewed as a very effective methodology in a post-conflict situation, helping people to overcome the brutalising effects of war and to sew together divided communities bridging the gulf between the military and the civilian community. However, SS proved less adaptable in the case of the Mucubai pastoralists and more thought is needed in developing effective strategies for overcoming some of the obstacles in this area.

The community mobilisation potential of Stepping Stones is strong and enhanced by the active involvement of the local leadership. Close collaboration between communities, local government and traditional leadership structures, NGOs and service providers is required for the effective coordination and harmonisation of policies and services and the establishment of a conducive external environment.

To enhance the impact of Stepping Stones, it must be adequately resourced and funding must extend beyond the implementation phase and cater for longer-term follow-up and support to communities. Funding is also required for further in-depth, qualitative research to gain a better understanding of the complex dynamics at work.



## Contents

<b>Acknowledgements</b> .....	3
<b>List of Acronyms</b> .....	4
<b>Executive Summary</b> .....	5
<b>Chapter 1:</b>	
Introduction and Rationale .....	7
<b>Chapter 2:</b>	
Project Design and Evaluation Methodology .....	10
<b>Chapter 3:</b>	
Angola .....	12
<b>Chapter 4:</b>	
Uganda .....	22
<b>Chapter 5:</b>	
Tanzania .....	34
<b>Chapter 6:</b>	
Conclusions and Policy Implications .....	45

## Chapter 1: Introduction

This report documents ACORD's experience of implementing **Stepping Stones** – a participatory, community-centred approach to addressing gender and HIV/AIDS – in 3 countries: Angola, Uganda and Tanzania. This 'project' as it is referred to in this report took place between April 2004 and June 2006. The main body of the report is devoted to describing the way in which it was implemented and the project outcomes in each of the three countries. In this introductory chapter, the rationale, aims and objectives of the project are explained.

### Rationale

In sub-Saharan Africa, 59% of adults living with HIV are women and women in this region constitute about 75 per cent of all HIV-positive women in the world today<sup>1</sup>. Young women, aged 15-24 years are three times more likely to be infected than young men<sup>2</sup>. The feminisation of HIV/AIDS is a global phenomenon: 20 years ago, women represented approximately one third of the world's population of people living with HIV; today, they constitute just under one half<sup>3</sup>.

It is increasingly widely recognised that gender inequalities are at the heart of HIV/AIDS vulnerability and that failure to make tangible progress towards greater gender equality will continue to undermine the international response to the global HIV/AIDS crisis. For example, the 'Declaration of Commitment to combating HIV/AIDS' signed by all UN heads of state at the June 2001 Special Session of the UN General Assembly affirmed that "*empowering women is essential for reducing vulnerability*" and called upon all signatory countries to urgently "*address the gender dimensions of the epidemic*"<sup>4</sup>. This call was reiterated at the 2005 World Summit where national governments and international donors were called upon to "increase funding to programmes to address gender inequalities that fuel the epidemic among women and girls." However, as pointed out by the Global Coalition on Women and AIDS, which was launched by UNAIDS in early 2004 to respond to the increasing feminisation of

the HIV epidemic, current AIDS responses still do not tackle the social, cultural and economic factors that put women at risk of HIV and that unduly burden them with the epidemic's consequences<sup>5</sup>. At the latest UN Summit in New York in June, the Coalition stressed the urgency for addressing the gender and sexual dynamics at the core of the epidemic's relentless advance and insisted that "*The time to act is now*"<sup>6</sup>.

### *The Stepping Stones journey: Men and Women 'Joining Hands' to address the HIV/AIDS challenge*

Stepping Stones, is the name given to a participatory process that involves bringing men and women in the community together to engage in a shared discussion and analysis of factors affecting their views and behaviours, both positively and negatively, and builds the capacities of people, as individuals and community members to conceive of and implement positive changes in their lives that contribute to reducing HIV/AIDS vulnerability.

It was developed by a British social scientist, Dr Alice Welbourn and was first tried out in 1994 in a village in Uganda called Buwenda. The basic premise upon which she developed the Stepping Stones process is the well known fact that simply feeding people information is not sufficient to bring about behaviour change. Changing habits of a lifetime is a process that needs to be developed over time and can not occur overnight.

Thus, the Stepping Stones training that involves working in sex and age-based peer groups over a period of three to four months, can be conceived of "*as a journey, building up confidence over time to enable people to learn how to negotiate and cope with HIV and AIDS, through self-realisation, learning, sharing and caring or those most affected. Behaviour change, because it is difficult, is best achieved through individual change, peer support and wider community changes, which include rethinking negative social and cultural norms together*"<sup>7</sup>.

<sup>1</sup>Speech by UNFPA Executive Director at UN Conference on HIV/AIDS in New York, June 2006

<sup>2</sup>UNAIDS/WHO Estimates 2004

<sup>3</sup>UNAIDS 2006 Report on the Global AIDS Epidemic, May 2006

<sup>4</sup>The Declaration of Commitment on HIV/AIDS Adopted by the General Assembly, June 2001

<sup>5</sup>Women and HIV/AIDS: Confronting the Crisis'. Joint Report by UNAIDS, UNFPA and UNIFEM, 2006. Originally developed in Uganda<sup>6</sup>, *Stepping Stones* is the first example of a community-based approach that aims to address HIV vulnerability by challenging gender norms and empowering men and women to increase control over their sexual and emotional relationships, taking account of their own specific socio-cultural, economic and political setting. Community involvement and ownership is at the heart of the Stepping Stones approach. Since 1995, the *Stepping Stones* training package has been distributed to over 103 countries worldwide. ACORD's own experience of using *Stepping Stones* in Mozambique, Tanzania and Uganda, as well as that of many other NGOs points to the potential of this approach to have a lasting impact, not only on people's sexual practices and relations, but also on other aspects of relations within households and communities.

<sup>6</sup>Women and HIV/AIDS, 2006, op.cit

<sup>7</sup>Evaluating Stepping Stones: A review of existing evaluations and ideas for future M&E work', Tina Wallace for Actionaid International, June 2006

Thus, Stepping Stones is the first complete 'package' that directly addresses the core element of HIV/AIDS vulnerability – namely, the inequalities that govern gender and other social relations within most societies the world over. Since it was first introduced over 12 years ago, Stepping Stones has been adapted and used in over 100 countries globally. The response of communities across the globe has been overwhelmingly positive and the results extremely encouraging. Reductions in gender violence, increased self-esteem and confidence among women and girls, improved sex lives between married couples, radical reconfiguration of gender relations and the gender division of labour in the household, relinquishing of harmful cultural practices, such as wife sharing and widow inheritance, and so on, are but a few examples of the reported impact.

#### **The ACORD Stepping Stones Project: Aims and Objectives**

ACORD has been working with communities to address HIV/AIDS for over a decade and is strongly committed to finding effective strategies and methodologies for integrating gender awareness in its own responses to HIV and AIDS. In the mid to late nineties, two ACORD country programmes – Uganda and Mozambique – adopted the Stepping Stones methodology, also with very positive results. It was on the back of these positive experiences that ACORD decided to develop a project aimed at finding out more about the approach, both in order to inform ACORD's own policy and programming strategies, but also to share the lessons and insights gained with other international NGOs and/or others

#### **Aims of the Project**

##### **Overall aim**

In developing the project, ACORD was interested, first and foremost, in addressing HIV/AIDS vulnerability, particularly among young girls and women. Based on our own and other's experience of this methodology, ACORD set out with the conviction that Stepping Stones has the potential to transform gender relations and challenge existing gender inequalities leading to profound

and sustainable transformation in gender relations.

##### **Specific objectives**

Alongside this over-arching goal, the project was designed with the following specific objectives in mind:

##### **a) Deepening understanding of the links between gender inequalities and HIV/AIDS vulnerability**

The aim was to use the Stepping Stones process itself, as well as additional research in the form of gender-focussed KAPBs to promote better understanding of these links to influence change at the level of individuals and communities, but also to guide ACORD programming and local level policies and decision-making.

##### **b) Assessing the effectiveness of the Stepping Stones process in transforming gender relations, thereby reducing HIV/AIDS vulnerability**

Despite the wealth of anecdotal evidence pointing to the effectiveness of Stepping Stones, with the exception of a few recent examples<sup>8</sup>, there have been few systematic attempts to document and evaluate the impact of Stepping Stones at the level of individuals and communities. As a result, Stepping Stones has been exposed to challenges, leading in some recent cases<sup>9</sup>, to the withdrawal of funding for programmes involving the use of Stepping Stones. Thus, another aim of the project was to develop and implement a monitoring and evaluation methodology suitable for NGOs that would provide credible evidence of the impact of Stepping Stones.

##### **c) Enhancing the capacity of local partners and community structures to develop effective, gender-sensitive responses to HIV and AIDS**

ACORD recognised that long-lasting change could not be achieved through Stepping Stones in isolation, however effective it proved to be. On the basis of ACORD's own documented lessons and experience in Tanzania<sup>10</sup> and elsewhere, ACORD recognised that the key to success lies in developing complementary partnerships with others to create an AIDS-competent society at all levels – from the individual and the household, through to the leadership structures and community as a whole.

<sup>8</sup>The most recent example is a cluster randomised controlled trial, which looked at the effectiveness of Stepping Stones in preventing HIV infections and promoting safer sexual behaviour amongst youth in the rural Eastern Cape, South Africa, carried out by Rachel Jewkes and other MRC Researchers in Pretoria, which was completed in 2006. Another example is an evaluation of a Save the Children Stepping Stones programme in Harar, Ethiopia that was carried out in 2005 by P. Bhattacharjee and A. Costigan for SCF UK.

<sup>9</sup>For example, an evaluation carried out for the Department for International Development (DFID) of the International Partnership Against AIDS in Africa (SIPAA) programme implemented by Actionaid International using Stepping Stones, claimed that there is no 'hard evidence' to show that SS works and recommended that DFID suspend funding for all SS work until such evidence could be produced.

<sup>10</sup>Mainstreaming HIV/AIDS using a community-led rights-based approach: A Case Study of ACORD Tanzania, August 2003

Thus, one of the specific aims of the project was to develop and strengthen local capacities in order to reinforce the effectiveness and sustainability of the Stepping Stones approach.

##### **d) Testing and developing the capacity of the Stepping Stones process to be adapted for use in a wide variety of contexts**

Thirdly, Stepping Stones has occasionally been challenged on the grounds that it was originally developed for use in a rural Ugandan setting and that it can not easily be adapted to different social, political, economic and cultural contexts. The need to work with the same groups of a long period of time is also claimed to restrict the suitability of this training package for populations on the move, such as nomadic pastoralist, truck drivers, seasonal workers, etc. ACORD works with various population groups in many different settings. Thus, we wanted to test whether Stepping Stones can be used with groups, like the Mucubai pastoralists in Angola and/or in unsettled populations, such as in the camps for the internally displaced in Northern Uganda and the army barracks in Angola, and to find out what adaptations are needed to make it work.

##### **e) Supporting and promoting community-led action and advocacy processes aimed at enhancing the integration of gender awareness into government policies and service-delivery**

The conceptualisation of Stepping Stones is based on the understanding that the Stepping Stones process itself should be viewed as a springboard for change – the beginning, rather than the end of a process. To bring about sustainable change, the process must be complemented and followed up by other forms of services and support within the context of a conducive policy environment. Thus, the project sought to emphasise the community mobilisation and advocacy potential built into the Stepping Stones package in order to enhance the sustainability of the outcomes.

##### **f) Influencing policy and practice at the international level**

The findings and conclusions of the project in relation to all of the above areas of enquiry documented in this report will be widely disseminated to an international audience in order to inform programming and policies in relation to HIV/AIDS more widely.

Lastly, by implementing the project in 3 countries and in a wide range of settings – including urban and rural, conflict and post-conflict, stable and mobile populations, and so on, the project also provides scope for rich cross-country comparisons to be

made. Opportunities for sharing and exchanging ideas and findings were built in to the project design to enrich the final outcomes.

##### **Outline of the report**

The next chapter describes the overall design of the project and the evaluation methodology used.

Chapters 3 to 5, describe the project implementation process and findings in Angola, Uganda and Tanzania, respectively. In each country chapter, lessons learnt relating to the specific project objectives are highlighted. The final chapter of the book draws together and summarises the key conclusions and some of the policy and programming implications of the project findings.



## Chapter 2: Project Design and Evaluation

In this chapter, we describe how the project was set up and implemented over the 2-year period and the evaluation methodology used.

### Project Design

The project concept was developed by HASAP, ACORD's HIV and AIDS Support and Advocacy Programme, and this was circulated to all ACORD's Area programmes throughout Sub-Saharan Africa and they were invited to express their interest. Three countries were selected on the basis of the following criteria:

- Their willingness and interest in implementing Stepping Stones and being part of the project
- The existence of potential project partners to take an active part in the project
- Confirmation of community readiness to participate
- The absence of any major constraints in the external environment

In each of the countries, a leading Research Coordinator was appointed to oversee the research, ensure the timely production of reports, participate in dissemination meetings, and so on. In addition, HASAP's London-based Research and Advocacy Officer, acted as Project Coordinator, facilitating communication sharing between the three countries, providing advice and guidance to the Country Researchers and ensuring that reports were produced and sent to Comic Relief, the project funder in a timely manner. HASAP's Finance Officer managed the financial reporting aspects in collaboration with members of ACORD's Partnership Development Unit within the Secretariat offices in Nairobi.

### The Project Cycle

The main project activities over the 2-year project period, included:

- The collection of baseline data on gender relations and other specific indicators against which to compare subsequent changes
- The establishment of project advisory committees in each of the project countries and also in London
- The implementation of Stepping Stones in selected sites

- Quarterly advocacy meetings to discuss the implications and dissemination of project findings and activities
- Support, through project partners, for Stepping Stones follow-up activities (to be determined by partners and communities in each country)
- An impact evaluation study in the Stepping Stones and control sites
- The production of a project report to be launched at an international conference and presented by ACORD and partner representatives from each country.

### Project Monitoring and Evaluation

Ongoing monitoring was undertaken through production and circulation of regular project updates. In addition, half way through the project, a mid-term review took place involving the project manager, the country research coordinators, the Finance Officer, a representative of one of the partner organisations<sup>1</sup> and another HASAP team member. The review provided a valuable opportunity for the 3 countries to share the key project successes and challenges to date and to jointly plan and discuss the advocacy and follow-up actions for year 2 of the project. It also provided an opportunity for the 3 countries to discuss and together agree the **Core Project Indicators** that formed the basis of the Project Impact Assessment surveys carried out in the last quarter of the project.

### Evaluation of impact of SS: the key challenges

As previously noted, an important aim of the project was to provide evidence in relation to the impact of the Stepping Stones process on individuals and communities.

In order to do this, two key questions had to be addressed:

1. *What* are we trying to evaluate?
2. *How?*

### What? The Core Project Indicators

The underlying hypothesis that ACORD sought to test is that the Stepping Stones process triggers sustainable transformations in gender relations thereby reducing HIV/AIDS vulnerability, particularly among young girls and women. In the process of project implementation, other linked aspects also emerged as important areas where Stepping

Stones was expected to have an impact. In all, six **Core Change** Indicators were identified and used as the basis of project monitoring and evaluation:

- *Increased knowledge and understanding of HIV/AIDS:* access to accurate information about modes of transmission and other important HIV/AIDS issues.
- *Reduction of Stigma:* respect, understanding, acceptance and care for PLHAs
- *Reduction in risky sexual and other cultural practices:* changes resulting from increased awareness of risks and community-driven desire for change
- *Improved communication between the genders and the generations;* in particular around sex and sexuality, but also in all aspects of relationships
- *Increased gender equity:* sharing of decision-making power and resources; mutual respect; awareness and recognition of equal rights
- *Community-based responses:* both increased willingness to take responsibility for HIV/AIDS in the community and increased capacity to respond effectively

For the purposes of monitoring and evaluation, each country programme developed its own 'country-specific' indicators corresponding to each of the above Core Indicators. In this way, the cultural diversity of each country was recognised while maintaining a uniform framework within which to assess and compare the impact of Stepping Stones across the three countries.

### How? The evaluation methodology

In each of the 3 countries where the project was implemented, the methodology applied for the purposes of impact evaluation had 4 main steps:-

- An initial baseline survey was carried out prior to SS implementation with a particular focus on the 6 core indicators (improved HIV/AIDS knowledge and awareness; improved gender relations, improved communication between the sexes and generations; safer sex; reduced stigma; and increased community involvement.
- 6-12 months later, a repeat survey was carried out in order to compare the findings and see if they were any significant changes in relation to the 6 Core Indicators previously noted.
- In addition, focus group discussions were held with various stakeholder groups both before and after the process to provide

further evidence of change.

- Finally, some additional information was also collected during the course of the final project evaluation that was carried out in each project during the final stages of project implementation (May 2006).

In practice, there were many unforeseen challenges faced in attempting to implement this evaluation blueprint and, in the process, many salutary lessons were learnt, both about the limitations of certain data collection methods and about the limitations of over-stretched and resource-constrained NGOs. The key lessons are identified in the chapters that follow. While many of the constraints apply to all three countries, in order to avoid being too repetitive, the Tanzania case study is used to illustrate the key problems with the different data collection methods.

<sup>1</sup>A member of TAWOLIHA, the Tanzanian Women's PLHA Association

## Chapter 3: Angola

### Angola background

Angola has been at war almost continuously since gaining independence from the Portuguese in 1975 until the signing of the latest peace accord in April 2002. The war has been brutal and led to massive displacement of populations, as well as tragic loss of life and resources. Since 1975, it has been under the one-party rule of the MPLA (Movimento para a Libertacao de Angola). The country is currently preparing for national elections, only the second since independence.

### HIV/AIDS Prevalence

The national HIV prevalence rate in Angola is estimated to be around 2.8%. Prevalence varies widely from 4.5% in the capital city of Luanda, 3.2% in Benguela province to 12.9% in Cunene province on the Namibian border – by far the highest prevalence rate in the country. So far, owing to the war and associated isolation of the country, Angola has managed to avoid the high prevalence rates of most other countries in the Southern Africa region. However, the welcome end of the war in 2002, has also opened the doors to the potential spread of the virus and there are fears that, without a concerted response at all levels of society, HIV prevalence levels may escalate rapidly and reach the levels seen in neighbouring countries. Thus, the need to avoid complacency and to learn from the example of other countries, such as Senegal, which have successfully avoided allowing the epidemic to reach crisis levels, is increasingly strongly felt in many quarters of the country.

### The Government Response to HIV/AIDS in Angola

In the last couple of years, there is a growing recognition at government level of the threat posed by HIV/AIDS and the need to respond. At the beginning of the year, the government declared 2006 to be the Year of Accelerated Action in the Battle against HIV/AIDS. However, there is a mismatch between the government rhetoric and the reality on the ground. For example, according to the government's own figures, in 2004, only 7 out of 18 provinces, had a VCT centre; a total of just 842 people countrywide have received specialised HIV/AIDS training, with a disproportionate concentration in the capital (318 people). Similarly, on the ARV front, while there is a policy of providing free ARVs to all, in reality only the wealthy minority are able access ARVs and even those who can afford them, often have to travel outside the country to gain access to treatment.

In terms of government structures and policies, there is a National Commission for AIDS Control, which

falls under the Ministry of Health. At the provincial level, there are Provincial AIDS Control Committees that are expected to work in partnership with other government institutions, NGOs, civil society and political parties as part of a multi-sectoral approach. In 2004, the National AIDS Control Institute was established in order to help develop strategies within a clear policy framework and guidelines. A national Strategic Plan for STDs and HIV/AIDS 2003-8 is aimed at: strengthening national capacity; working to reduce prevalence levels through intensification of prevention efforts; and mitigation of the socio-economic impact of HIV and AIDS.

At the level of civil society, there is a national network of NGOs working on HIV/AIDS, called ANASO, that meets regularly to exchange information and discuss strategies. ACORD is a part of this network. The Network's impact on government policies is, however, quite limited.

### Huila Province

Huila province, one of the Stepping Stones project sites and also headquarters of ACORD's programme in Southern Angola, has a population of approximately 2.4 million and HIV prevalence is estimated to be 2.8%. Between 1991 when the first case of HIV was recorded, and June 2005, a total of 1,813 people in the province have been officially diagnosed as HIV positive, of who 120 have died to date. Women are disproportionately represented in this number – 1067 women (59%) as against 746 men (41%).

Huila province has one VCT centre that opened towards the end of 2005 based in Lubango Central Hospital. According to government figures (Ministry of Health, 2005), there are 4 people in the province who have received training in the management of ARV treatment.

ACORD is one of several NGOs, including MSF, ASPAL-SIDA, an Association of PLHAs and PRAZEDOR, a group working with youth through theatre, and others, who helped to established a provincial Network of NGOs working on HIV/AIDS with a view to promoting information-sharing, coordination and improved coverage, particularly in the more remote and inaccessible parts of the province.

### Namibe Province

Namibe Province, where another of the SS project sites was located, is comparatively sparsely populated and there are proportionately fewer recorded cases of HIV in the province. However, in recent months, the number of HIV positive cases has been rising at a steady pace with a total of 72

cases recorded between the last quarter of 2004 and the second quarter of 2005, giving an overall prevalence rate of close to 2%. As in Huila, women are disproportionately affected – 54 women (75%) as against 18 men (25%). The main ethnic group in the province are the Mucubai, most of who practice transhumant pastoralism and during the dry season move to other provinces in search of water for their herds. They are often absent for months at a time. Many of the traditional practices of the Mucubai, such as wife sharing, traditional initiation rites, male circumcision using the same knife, and so on, put them at high risk of contracting the virus, as also their social exclusion from the mainstream and limited access to information and services.

### Cunene Province

Cunene, the SS project site, is the province with the highest HIV/AIDS prevalence rate in the country. This is due to its location near the Namibian border giving rise to a constant traffic of traders to and fro between Angola and Namibia. Sex work, particularly among young girls is very prevalent, including young girls aged 14-16 years, who come from Matala in Huila province and often end up undertaking heavy labour under virtual slave conditions.

Cunene has one VCT centre in Capacunde, the provincial capital. The Stepping Stones project was carried out in Santa Clara, a town right on the border, about 10 kms from the provincial capital. Although ARVs are available in the provincial hospital, owing to the distance to the hospital, most people prefer to cross the border and pay for ARVs in Namibia. This is also linked to the impact of HIV/AIDS-related stigma and discrimination, which is still prevalent throughout Angola.

### The Project Partners

#### ACORD

ACORD began working on HIV/AIDS in 1999 and has been focussing primarily on prevention. It has promoted and supported the creation and development of groups of HIV/AIDS activists in Luanda, Huila, Namibe and Cunene provinces, as well as the training and capacity-building of partners in the area of HIV/AIDS. By 2001, most of ACORD's partners had integrated HIV/AIDS work into their activities. ACORD's support for the creation of the Regional Nucleus against AIDS within the Angolan Armed Forces is considered to be its greatest achievement in the region. In addition, ACORD supported the creation of a Group of Activists within the National Police force in Huila province and the creation of activist groups in several municipalities of Cunene, where civil society is very weak. ACORD's work with the Church and with women's groups,

such as the Association of Police Women (AMPA), are also significant achievements. Very recently, ACORD joined forces with a number of member organisations of the Regional AIDS Network of Huila Province, like PRAZEDOR, MSF-Switzerland, the Red Cross of Angola and ASPALSIDA, in the organisation of a very successful Regional AIDS Conference.

### The HIV/AIDS Nucleus of the Southern Region of the Armed Forces of Angola (FAA)

The army barracks of the Southern Region are based in the town of Matala, a busy commercial centre strategically located with a railway station connecting it to Lubango, the provincial capital and a road connection to Ondjiva, the capital of Cunene. The HIV/AIDS Nucleus was established in 2001 to undertake HIV/AIDS awareness-raising and prevention activities within the armed forces. It is situated within the 21st Brigade, one of the largest and most active army units in the country, currently totalling around 5000 soldiers.

The work of the Nucleus is aimed at containing the spread of the virus within the armed forces and it has a policy of working closely with the civilian community.

Over the years, in collaboration with the Ministries of Health and Education, UN agencies (UNAIDS, UNICEF and UNDP), ACORD and other NGOs, it has carried out a number of initiatives, including: training of activists in Huila, as well as Namibe and Cunene provinces in 2003-4; in 2005, the Nucleus carried out a KAPB study covering the cities of Lubango and Matala; and in 2004-6, the Stepping Stones project in collaboration with ACORD. Ongoing activities include: counselling; condom distribution; awareness-raising talks and seminars; film showings; and distribution of IEC materials.

ACORD has been supporting the work of the Nucleus since it was established in 2001.

**GAV:** An NGO based in Namibe province, has been an ACORD partner since 2000. GAV carried out HIV/AIDS training and capacity-building and has a group of around 12 volunteers who work on prevention in schools and markets. It also has an HIV/AIDS Information Centre and works very closely with the local health services.

**ETANGO:** ETANGO, which means 'rising sun' is a local NGO that works with youth and adolescents and uses advocacy as a tool for sustainable development. It provides training and capacity-building for various youth associations working on HIV/AIDS and other NGOs and Churches within the province of Cunene.



## Project Implementation

### Site selection

Four sites were selected in three different provinces: Kapingombe in Namibe province, a pastoral area; Santa Clara in Cunene Province; and 2 sites in Matala (Huila Province): one in the army barracks and the other in the nearby civilian community (Kanjanguite). The selection of the Stepping Stones sites was based on the following criteria.

- Existence of partners in the area and willingness to implement Stepping Stones with client groups
- Interest to try out Stepping Stones in the Army
- Interest in testing whether SS can be successfully used with pastoralist communities.

### SS training

- *Training of Trainers:* Following the completion of the baseline KAPB study (see para 4.1 below), the first step in the project implementation process was the organisation of Stepping Stones Training. This took place over 10 days in September 2004 and was carried out by a trainer from a Mozambican NGO called ESTAMOS. In all 18 people were trained including members of ACORD and partner staff, one member of the Municipal Administration of Namacunde (Cunene Province) and a member of the Institute of Higher Education Sciences.
- *Training of community activists:* 30 community activists were trained – 10 in each of the three provinces, evenly split between men and women (except the army who were all men). They included community members (literate), health staff, local leaders, rural development staff and teachers.

### Implementation of Stepping Stones

Stepping Stones was implemented in the 4 sites between November 2004 and May 2005. The Manual has been translated into Portuguese and includes a total of 19 sessions, which comprise some additional sessions on domestic violence and sexually transmitted diseases. In all, a total of 133 people - 67 men/boys and 66 women/girls – completed the process.

Attendance levels in the three sites varied. In Kapingombe, attendance was good on the whole

except during the market days when people needed to be at the market. In the army, after some people dropped out, attendance among those remaining was consistent. In Kanjanguite, there were only 2, as opposed to four peer groups – the older men and women. The younger people were too busy selling in the market. And in Cunene, after starting off fairly well, the groups were eventually disbanded and Stepping Stones was not completed. Several explanations have been suggested: one was that there was another better funded project offering 'handouts' that people were more attracted to; another was to do with the lack of adequate support and supervision for the supervisors (Cunene is over 400 kms from ACORD's headquarters, so ACORD was not able to visit as regularly as planned); and a third explanation relates to population mobility: the village is very close to the border and people are continuously moving backwards and forwards across the border, so it is difficult to work with the same people over a long period. Another factor that may have affected attendance levels, relates to the need for 'incentives'. The community facilitators each received a small stipend (\$10 a month) in return for their work as facilitators. However, some of the participants felt that they, too, should be rewarded on the grounds that they were giving their time and gaining knowledge and skills valuable to the rest of the community.

#### LESSONS LEARNT

- **When agreeing the timing with participants, it is important to ensure that sessions do not clash with other commitments.**
- **There is a need for 'hands-on' support for community facilitators to provide guidance and supervision as well as motivation**
- **It is more difficult to ensure consistent attendance in areas where the population is not constant**
- **The reasons for paying facilitators and not participants need to be fully explained**

### Advocacy strategy and issues emerging

#### Establishment of Advocacy Committees

In order to enhance the impact of Stepping Stones, the project design envisaged the establishment of Advisory or Advocacy Committees comprising representatives of the partners, communities and local structures in accordance with the criteria established by each ACORD country programme.

In Angola, owing to the distance between the three provinces, three Committees were established, one in each province. The Committees met about three times each during the course of the project and there was one joint meeting between the Cunene and Namibe Committees to provide an opportunity for them to share experiences. Some of Committee members were very actively involved in the whole process from beginning to end. For example, in Kapingombe (Namibe Province) the traditional chief not only sat on the Advocacy Committee, but also consistently participated in the Stepping training itself. This active involvement increased his awareness of community problems, such as domestic violence and strengthened his capacity to influence change. There also appeared to be a positive association between the level of community participation in Stepping Stones and the involvement of local leaders: in Cunene, where the local leadership was not involved, the Stepping Stones programme collapsed whereas in the sites where local involvement was strong, community participation was correspondingly strong.

#### LESSON LEARNT

- **The involvement of local leaders in the implementation of a Stepping Stones programme is important for enhancing leadership awareness of and capacity to respond to community needs.**
- **It also encourages the active participation of community members in the training process**

### Community special requests

In each community, special events were organised to present the Special Requests made by each of the Peer Groups involved in the Stepping Stones process. For example, 200 people attended the presentations in the army and in Kapingombe, the pastoralists performed traditional songs and dances and the event was attended by a large audience, including the municipal Governor. Examples of special requests presented by peer group members include:

- Older women to stop drinking in public places
- Young girls to stop going with older men
- Older men to stop chasing and treat their wives better
- Older women to be helped to become literate by bringing electricity to the village

so they can study by night

- To address the problem of adolescent pregnancy

These requests generated lively debate and provided an opportunity for all, not just those who have been through the SS process to be involved in discussing how to address these problems.

### Advocacy Meetings

In addition to the special request presentations, two rounds of advocacy meetings involving a wide range of stakeholders at local and/or provincial level were organised during the course of the project. These meetings provided significant opportunities for advocacy, in some cases resulting in commitments being made by the local authorities in response to the needs highlighted. For example, at the final Advocacy workshop in Kapingombe Municipality, which was attended by the Municipal Administrator and the Administrator at the level of the Commune and the municipal Health representative, a commitment was made to continue supporting the SS activists to enable them to play their part in this year of Accelerated Action Against HIV/AIDS. At the Provincial level workshop in Namibe, the provincial AIDS Coordinator promised to support the SS activists and to improve the distribution of information and condoms to Bibala municipality and from there to the Commune of Kapingombe.

### Finding out about the Impact of Stepping Stones

#### Baseline KAPB Study

In order to be able to assess the impact of Stepping Stones and compare the situation 'before' and 'after', a baseline KAPB study was undertaken prior to the implementation of Stepping Stones in all 3 provinces. The sampling method used was purposive random sampling. The total sample was 300, comprising 100 in each of the 3 provinces: 50 from the planned SS site and 50 from a control site in this same province. The sample was evenly split between men and women, except in the case of Huila province, where men were disproportionately represented on account of the predominance of men in the army. The KAPB was carried out using a pre-tested, semi-structured questionnaire. The questionnaire collected information on issues linked to the Core Project Indicators. The following were the key findings:

- **Knowledge of HIV/AIDS:**
  - 83% of the respondents have heard of HIV and/or AIDS. However, their knowledge is quite sketchy:



- Only 40% of respondents know that HIV can be sexually transmitted
- Only 30% know that HIV can not be cured

- And only 5% know that it can be transmitted through shared use of sharp instruments like needles, razors, and so on.

- **Attitudes to PLHAs**

- 50% of respondents said that people who have HIV are people who have slept around
- 65% express the view that PLHAs should not be allowed to teach in schools
- 57% express the view that PLHAS should not be allowed to sell in the market
- 46% said they should not be allowed to work in the army or other workplaces

- **Risky sexual and cultural practices**

The questionnaire focussed primarily on questions relating to condom awareness and condom use:

- Overall, 66% of respondents had heard of condoms. In most of the survey sites, men were more likely than women to have heard of condoms
- Only 29% of respondents said that they use condoms, as against 36% who said they did not (the rest did not reply)
- Only 20% said they would use a condom if their partner was positive.

- **Gender Relations**

- The vast majority – 73% of respondents said important decisions are taken by the male head of household. Even where important decisions are taken by women, this is usually because of the absence of the husband/father.
- 49% of respondents said that household tasks are divided on the basis of gender.
- 66% of respondents said that disputes between couples are resolved through dialogue and negotiation.

- **Communication about sex**

- 28% of respondents said they regularly

discuss sex with their partner

- 18% of respondents said they regularly discuss sexual issues with their children

#### **Repeat KAPB Impact study**

In the final year of the project, an impact study was carried out in the project and control sites in two provinces to see if there were any significant differences in relation to the findings of the first KAPB study. The study took place in early 2006, that is approximately 18 months after the original KAPB study and between 7 to 12 months after the completion of the SS process in the project sites<sup>1</sup>. Cunene Province was not included in this study due to the fact that the Stepping Stones training was not completed in this province for the reasons previously discussed.

In all, there were 200 respondents, of whom 75 were in the SS sites and 125 in the control sites. However, it should be noted that it was decided NOT to include SS participants in the sample on the grounds that any evidence of change between the first and the second survey would have even greater weight if it were based on people in the same community who had not experienced the training themselves. In addition, 6 focus group discussions took place - two in each site - one with men and one with women. An interview guide was used and the aim was to get some in-depth insights into the perceptions of family and other community members about the changes in behaviour and attitudes of those who have been through the SS process. The impact study was based on the same questionnaire as that used for the first with a few minor modifications.

In addition to these two sources of data on impact, further information was collected during the course of the Final Project Evaluation, which took place during the second week of May 2006 when the London-based Project Coordinator visited the project sites in all three provinces<sup>2</sup>. Discussions using various participatory methodologies were carried out with SS participants and community facilitators, as well as other local actors involved in the Stepping Stones Project.

#### **Impact Study findings**

- **Knowledge of HIV/AIDS**

The findings show some improvement in the level of knowledge and understanding of HIV/AIDS in the SS sites as compared with the situation prior to SS

and also in comparison to the control groups:

- 100% of respondents in SS sites had heard of HIV/AIDS compared with 74% in the control sites and 83% in the baseline study
- 53% of respondents in SS sites had a detailed knowledge of HIV/AIDS compared with 36% in the baseline study.

- **Attitudes towards PLHAs**

The findings on this indicator are inconclusive and there is a contradiction between the findings of the impact survey and those based on informal discussions with participants during the final evaluation:

- 68% of the survey respondents in the SS sites said that PLHAs should be allowed to stay in the community compared with only 29% of those in the control sites.
- By contrast, informal discussions with SS participants in Kapangombe, revealed that stigma is still prevalent and would act as a deterrent to those seeking services, such as VCT.

- **Risky sexual and other cultural practices**

- **Condom awareness and use:** Compared with the baseline study, there was a significant increase in condom awareness from 66% at the baseline to 89% in the impact study. However, surprisingly, there is a reduction in the percentage of reported condom use between the two studies from 45% at the baseline to 42% of the impact study respondents. There is however a slight difference between the SS groups and the control: 47% versus 32%. None the less, only 12% of the SS sample (i.e. 9 people), said they had started using condoms as a result of the Stepping Stones training.

There are also differences between the baseline and impact study in the reasons given for non-use of condoms. At the baseline, the most common reason cited was 'religion'. However, in the impact study, the most common reason was non-availability (48%), followed by desire to remain faithful to partner (21%). The group with easiest access to condoms are the soldiers, the majority of whom (87%) said they are able to access condoms from their unit. These rather disappointing

survey findings contradict the reports of participants themselves. For example, during the final project evaluation in Kapangombe and the army, it was reported that demand for condoms and the number of condoms distributed had increased substantially in both sites following the SS training. These discrepancies were discussed with ACORD staff and members of the Advisory Committee in Kapangombe. It was noted that ACORD had asked the local health post to keep records of condoms distributed and a sex breakdown. This was not done, but it was agreed that such records would be kept in future to provide measurable data on trends in condom use.

#### **LESSON LEARNT**

**Where possible, data should be collected from as many sources as possible to provide a clearer picture of actual tendencies, particularly where there are discrepancies between questionnaire responses and behaviour reported in focus group discussions**

**Alcohol abuse:** The issue of alcoholism was not touched upon in the baseline and impact studies. However, in the SS sessions themselves and in the evaluation discussions with communities, this emerged as a major issue and an area in which Stepping Stones has had a very important impact. Alcoholism is particularly prevalent in the army where it was reported that, prior to the SS training, it was common by about midday to find a large number of soldiers already roaming around the barracks in a drunken stupor. During the discussion with SS participants as part of the final evaluation, the soldiers and officers reported that the level of drunkenness has fallen noticeably, as illustrated by one of many testimonies we heard:

**"For me, the most important thing I gained from SS was that it helped me control my alcohol problem. I used to get drunk all the time and when I was drunk, I would not be able to control my thoughts or actions and I would sleep around with every woman in sight and get violent as well. I realised that this behaviour was not only putting me, but also others at risk and I have now stopped drinking the way I used to."** (soldier, aged 28 years)

<sup>1</sup>The final community meeting in Namibe province was in May 2005 and in Matala it was in September 2005

<sup>2</sup>Although the SS training was not completed in Cunene Province, the final evaluation team went to the site to speak to the facilitators and explore what had gone wrong there and what lessons could be learnt

While more extreme in the army, alcohol abuse was raised as an issue in all the project communities. In Kapangombe, the special request of the older men to the older women was that they should stop getting drunk at night. When asked by the evaluation team, they said that there had been some improvement and women were drinking less since the Stepping Stones training. The problem of alcoholism was also raised by the members of the Kanjanguite, community who said that the reduction in alcoholism was one of the major benefits brought to their community by Stepping Stones.

• **Risky cultural practices**

The Mucubai pastoralist communities practice circumcision on young boys. It has long been part of the tradition to use the 'ancestral' knife for this ceremony. Through SS, they learnt that this is risky and now this practice has been abandoned and each family brings their own razor.

• **Communication**

- Communication about sex  
The evidence suggests that SS has had helped to break down some of the taboos linked to talking about sex:
- Twice as many Stepping Stones trainees said they 'sometimes' discuss sex with their partners compared to those in the control sites (36% compared with 17%)

None the less, even after SS, the majority of both the SS groups (51%) and the control group (67%) said they 'never' discuss sex with their partner or children.

Besides the issue of talking about sex, discussions with SS participants and facilitators highlighted the impact of SS on other aspects of communication and this was seen by many to be one of the major benefits of Stepping Stones:-

***"SS has completely changed me as a person. I am no longer the person I was. I used to be shy and I didn't know how to interact with other people. After the SS training, I overcame my fear of people and I have learnt how to talk and share with others and to be able to help my peers in the way that I have been helped. , I feel there is no problem I can not discuss or share with others".*** (Soldier, 21st brigade, age 24 years)

***"The training I received in SS, has transformed the way I relate to my family and neighbours. I did not used to feel the need to communicate much, but now I share my problems and I lend a sympathetic ear to theirs."*** (SS facilitator, Santa Clara, Cunene)

• **Gender relations**

There is no difference between the baseline findings and between the SS groups and control groups in terms of decision-making patterns in the home. In all groups, it is the male head of household who takes the major decisions. Nor are there any significant differences in terms of control over resources, which are primarily controlled by the man. However, the discussions with participants suggest that SS has had a marked impact on other aspects of gender relations not picked up by the survey questionnaire:

***"For me, the greatest thing I gained from SS was that my relationship with my wife and family has been transformed. I used to behave completely irresponsibly and spend all my money on women and drink. Now, I bring my salary home and the money is shared to buy food and provide for the needs of all the family. I have stopped sleeping around and I am faithful to my wife as I do not want to put either of us at risk of catching and spreading the virus."*** (soldier, 21st military brigade, age 26 years)

**LESSON LEARNT:**

- **Survey questionnaires are only useful in providing answers to pre-determined questions.**
- **Survey data need to be supplemented by other sources: these may include other quantitative data, such as information about number of condoms distributed through specific outlets or qualitative data based on semi-structured discussions. The latter allow people to articulate their own priority concerns, as opposed to those imagined by the researchers**

• **Community responses**

One of the expected outcomes of Stepping Stones is to generate a sense of shared responsibility for addressing HIV/AIDS and looking after those infected and affected. As noted above, there was some improvement in terms of people's attitudes towards people living with the virus. The discussions with SS participants and facilitators also showed that SS has helped to bind communities together:

***"One of the things I liked about the training is that it always uses the word 'we' and it helped to bring home to me the fact that HIV/AIDS is not just a problem of a minority, we are all affected in one way or another."*** (SS facilitator, Santa Clara)

In communities, like Kanjanguite, where people of many different ethnic groups and political affiliations were thrown together during the war, Stepping Stones has played a very positive role in helping to bridge the ideological and cultural divide between people:

***"Before SS, the atmosphere after dark was one of alienation: people wondering around aimlessly, drunk and listless. Stepping Stones has given us a sense of purpose and something to work towards in order to improve life for everyone."***

The use of soldiers as facilitators of the SS process in the community has also played a strong symbolic role in building peace in this country ravaged by more than two decades of brutal civil war.

**Mobilisation Potential of SS**

Despite these very positive impacts, the experience in Angola suggest that there are limits to the extent to which Stepping Stones is capable of mobilising communities to demand their rights, as hoped for at the outset of the project. As illustrated in the Case Study below, these limits are linked to the specific social, political, cultural and historical context in which the Stepping Stones is implemented.

**Case Study: Limits of SS Mobilisation Capacity**

The special request put forward by the older women in Kanjanguite village was for electricity to enable them to attend literacy classes. They want to learn to read and write so they can access more information about HIV/AIDS and be less dependent on their husbands, thereby reducing their vulnerability in the long term. Although this request was voiced at an open meeting attended by local administration representatives, there has been no response on the part of the local authorities and the issue has not been pursued by the community. In discussion with ACORD staff, the following explanatory factors were mentioned:

- The Angolan political structure is highly centralised and the potential to influence through grass-roots activism is quite limited.
- Years of 'handouts' by the World Food Programme has given rise to a dependency mentality and suppressed most forms of militancy based on the concept of 'rights'.
- With elections coming up soon (the first since 1992), the Government is focussing on big, visible infrastructure projects (roads, schools, health centres) and 'soft' issues, such as education and social improvements, are low priority.

**LESSONS LEARNT:**

- **SS capacity to bring about policy changes at local level is determined by cultural and political factors that influence the ability of local communities to make demands and/or the capacity of local authorities to respond to such demands.**

**Adaptability of Stepping Stones**

**Working with Pastoralist communities**

Because SS requires working with communities over a period of several months, it is usually assumed that it can not be used with mobile communities, like pastoralists because they would not be in the same place for long enough. However, in 2004, GAV, the local partner, carried out a study and identified a large number of cultural practices that place the Mucubai community of Namibe province at great risk. It was on these grounds that they decided to implement SS in this area. But the population of the project site is a mix between those who practice a nomadic lifestyle and those who have abandoned the traditional lifestyle and whose main means of livelihood is linked to agricultural production. It was the latter groups who put themselves forward both as trainers and participants in the SS process.

**LESSONS LEARNT:**

- **Need to develop Training of Trainers for non-literate people: most Mucubais are non-literate and a condition for the trainers was that they should be literate. Consequently, they were not selected.**
- **Outreach efforts are needed to encourage participation of pastoralist groups like the Mucubai, because they are a socially excluded group and tend not to mix easily with others.**
- **Although they did not come forward initially, the Mucubai were keen to learn about SS and they participated in the final community session.**
- **The Mucubai pastoralists are receptive to change: circumcision rites involving the re-use of knives have been abandoned and condom use is increasing among this group.**



### Working with the military and in a post-conflict situation

The experience of using Stepping Stones in this milieu has provided some valuable lessons, both in terms of working with this target group and also about working in a post-conflict situation.

#### LESSONS LEARNT

- **Soldiers respond 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.**

### Sustainability of Stepping Stones

#### At the level of the individual

Most of those who have undergone the training, express the view that its benefits are long-lasting:

**“The training is like cultivating a field. You look after it well and it will always be there for future generations to draw benefit from.”** (Army officer, age 32 years)

**“Stepping Stones has taught me many things and changed my way of thinking and acting. But, above all, what is most valuable about this training is that it triggers a process of self-learning and change that does not end after the training is finished. It continues till the day you die.”** (Nurse, coordinator of SS facilitators, Santa Clara)

#### At the level of the community

The sustainability of the Stepping Stones process has also been enhanced by the facilitators and other local actors involved in the process.

- For example, in Kapangombe (Namibe), the facilitators still meet as a group and they give talks in the town and try to also visit other communities
- In Kanjanguite (Matala), the members of the Advocacy Committee formed a group and they

continue doing a lot of awareness-raising in churches and schools based on the different SS sessions.

#### Impact on non-participants

The participatory evaluation process also included questions aimed at ascertaining the extent to which the benefits of Stepping Stones are confined to the members of the peer groups who participate directly in the sessions or whether other members of the household and/or community also benefit. The answers given showed clearly that, in the Angolan communities where SS was carried out, the lessons learnt from SS have been widely shared with spouses, other family members and, also in the wider community. For example -

- One woman spoke about the fact that she would tell her husband about what was discussed in the sessions, so he also learnt all about it
- Another woman said she would tell her friend who could not attend the sessions because she had to look after her young children and the friend also learned all about it from her
- A Catholic priest who did the training in Cunene is now using it every week in the teacher training course at the Teacher Training Institute in Cunene and also talks about it in Church
- One of the people who trained as a trainer of trainers has succeeded in getting Stepping Stones integrated into the national Boy Scouts curriculum (boys aged 6-24 years)
- The two people from Nambie who did the training of trainers (one GAV and one ACORD) are using SS in their church groups

There were similar reports from the soldiers, who also gave examples of how they have shared their experiences and insights with others:

- One soldier gave an example of how he used what he'd learnt in SS to try to help a friend in the army to change his attitude and behaviour towards his wife and to start appreciating her and stop beating her

Moreover, when introducing themselves, the majority of the soldiers described themselves as HIV activists and/or HIV 'guerrilheiros' with a duty to help others to protect themselves against HIV and in other ways.

**“I have benefited from the dedication of the facilitators who trained us and, like them, I want to do my bit and contribute to others as well. I use every opportunity to share with others. I am active in the church and I often talk about HIV/AIDS and other related issues to the congregation.”**

For some, this is regarded as almost a duty towards their fellows even when the listener is not receptive:

**“I talk to others about what HIV/AIDS and about the dangers of alcoholism. Some of them listen. Others don't.”**

#### LESSONS LEARNT

**The benefits of Stepping Stones are not confined to those who participate directly in the process, as participants usually share the new ideas and information received, both on a one-to-one basis with those in their immediate household, and, in some cases, with the wider community as well through talks, public events and in other ways.**

#### Scaling up Potential

In light of the positive outcomes achieved in the project communities, ACORD is planning to extend its use of Stepping Stones in other existing and/or planned projects in other provinces. For example:

- SS will be integrated into ACORD's work with ex-UNITA fighters as part of a Government-funded programme aimed at promoting the economic and social re-integration of demobilised soldiers, following the recent peace agreements.
- ACORD is also planning to use SS as the main methodology to be applied as part of its strategy in a World Bank funded project to deal with HIV/AIDS, malaria and TB in selected target provinces. The ACORD project will be implemented in Cunene province and will involve working with the Stepping Stones facilitators trained as part of this project, thereby simultaneously reviving and reinforcing the resources already invested in these trainers.
- ACORD has trained Oxfam staff and Oxfam partners in another four provinces.
- ACORD has been invited to present its experience of Stepping Stones to the national HIV/AIDS NGO Network, ANASO. With ANASO backing, Stepping Stones could be adopted as part of the national HIV/AIDS strategy country-wide.

#### LESSONS LEARNT

- **The beneficial and very visible impact of Stepping Stones fuels the demand for further Stepping Stones training and also drives those who have been through the training to share and pass on what they have learnt. Thus,**

**Stepping Stones can be very rapidly scaled up at relatively low cost.**

- **However, there is a danger that the essence of Stepping Stones can be lost or distorted, thus, monitoring and supervision of the process to ensure it remains true to its original aims, is very critical.**



*Soldiers during impact survey, 21st Battalion, Matala, Angola*



*Open community meeting in Kapangombe, Namibe province*



*Stepping Stones session in Kanjanguite, Angola*



## Chapter 4: Uganda

### Background

#### *The war and poverty*

Uganda gained its independence in 1962 and, like Angola, this was followed by several decades of brutal and protracted civil war. Peace and stability was restored to most of the country with the take-over of the National Resistance Movement (NRM) in 1986. However, in some parts of the country, particularly the North, the conflict has continued to this day resulting in mass displacement and impoverishment. While poverty levels have been declining in the country as a whole in recent years, the North is falling steadily behind: since 1977, the absolute poverty level in the North remains at around 66%, while in the country as a whole, poverty levels have declined from 56% in 1992 to 34% in 2000.

It is in the North of Uganda, specifically the displaced camps in Gulu district, where the Stepping Stones project was implemented.

#### *The displaced camps*

There are 53 displaced camps in Gulu district alone with a total population of 460,226 people. The camps are extremely over-crowded and housing, health, sanitation and hygiene conditions are abysmal. On top of that, people live in constant fear of abduction and/or rape by the Lords Resistance Army (LRA) rebels. Income-generation opportunities are extremely limited due to the constant threat of attacks, so most of the population is dependent on food handouts from the World Food Programme. A number of national and international NGOs provide HIV-related services in these camps, including World Vision and CARITAS that both train counsellors, UNICEF that has a sexual violence project and the Straight Talk Foundation that provides VCT and peer education.

#### *HIV Prevalence*

HIV prevalence in Uganda overall has been falling in the last decade and currently stands at around 7%. However, the war-torn North of the country has an average prevalence rate of 10%. Gulu town, home to most of the displaced camps for the internally displaced (IDPs) in the region, has an above average prevalence rate estimated at 11.9% and recent estimates reveal an average 37% prevalence rate in the camps themselves, which house close to half a million displaced people.

#### *Vulnerability of PLHAs, especially women and girls*

A number of services, such as VCT, ARVs and food relief are in principle available to PLHAs, but

in practice, they are too inaccessible to benefit the majority of PLHAs within the camps. For example, WFP and World Vision distribute food for households affected by HIV affected households, but it can take the residents of some of the more remote camps up to 2 days to reach the nearest distribution point, so they are simply unable to access this support. Similarly with ARVs, they can only be accessed from one of the two main hospitals – the Lacor or Gulu Hospital. Extremes of poverty in the camps mean that most people are malnourished thus, many of those that are able to access ARVs are endangering their lives because, without adequate nutrition, their bodies are unable to withstand the toxic effects of the drugs.

Women, as the main providers for the family are particularly vulnerable and frequently resort to commercial sex work as the only means of feeding themselves and their children. Others resort to brewing and selling beer, which also exposes them to unsafe sex with inebriated customers, mostly soldiers or rich merchants. Women and girls are also exposed to HIV as they are often raped by the military, for example, when they are forced to leave the camps in search of water or firewood for cooking. In addition, the general overcrowding of the camps forcing girls and boys to be thrown together in the same huts, contrary to tradition, promotes premature sexual activity and exposure to HIV risk.

Children are among the worst affected by the conflict. Many were abducted and, even those who have been returned, are still experiencing trauma. Some have lost both parents to AIDS and are heads of household with limited sources of income. Others are living with one or other infected parent and fulfilling important care and support roles in the household.

#### *Government HIV/AIDS response*

Uganda was one of the first countries in Africa to recognize HIV/AIDS in 1982 and in 1986 the AIDS control program was set up by the Ministry of Health. The AIDS Commission was established in 1992 to co-ordinate the government's 'multi-sectoral' approach aimed at promoting the involvement of all sectors in the AIDS control programme. Overall, the government's approach has been characterised by openness, strong political commitment, stakeholder involvement and participation and the decentralised implementation of HIV/AIDS work.

As regards services available to the camp populations. ARVs are available, but only in the main hospitals: Gulu main hospital, Gulu independent hospital, Lacor hospital and Anaka hospital. The

services are available free of charge and priority goes to children and mothers and to those whose CD4 count is at the right level. The CD4 count test has to be paid for. VCT services are available in these hospitals, as well as in some health centres in the sub-counties. On the whole, the camp population prefer the hospitals. Free condoms are available from the Ministry of Health and some NGOs and CBOs but there is a shortage of supply.

#### *ACORD's HIV/AIDS interventions in Northern Uganda*

ACORD began working in Uganda in 1979 with a focus on addressing poverty and basic needs – income, health, water and sanitation – of people in the North. Understanding conflict, addressing HIV/AIDS and promoting gender equality have constituted important cross-cutting themes in ACORD's work over the years and remain central to ACORD's interventions. In relation to HIV/AIDS, ACORD's interventions have been focussed on:

- Awareness-raising and Prevention: through drama, video, songs, debate and the use of IEC materials and condom distribution
- Capacity-building of local NGOs (in skills training, mentoring, M&E, fundraising, and so on)
- Care and Support for PLHAs: home-based care, • counselling, referrals and training on Positive Living
- Mitigation activities: Start-up funds and support for IGAs
- Research and advocacy
- Internal HIV/AIDS mainstreaming (within the workplace)

As in all areas of its work, ACORD's HIV/AIDS work is carried out in partnership with other organisations and sub-county and district government departments.

#### *Project Implementation*

##### *The Project Partner: CARPP*

CARPP, Community AIDS Resource Persons of Pabbo was established in 2002 by 20 residents of Pabbo camp, who received training in Stepping Stones and were so enthusiastic about it that they decided to set themselves up as a group in order to provide Stepping Stones training for others in the camps. ACORD provided them with a few basic materials to get them started. CARPP currently has 22 members and they have been given a small

office space by the camp leaders from where they operate a drop-in service providing advice and counselling. In addition, CARPP is providing some support, in the form of home-based care kits and saucepans, to the most needy. CARPP also refers people to other organisations providing services to the camp population. Further activities include drama and debating activities on HIV/AIDS, community discussions with youth and mobilization of the community for better health services. ACORD's support to CARPP is primarily in the area of capacity-building, such as proposal writing, financial management, and so on. Their key activities include; Home visiting of clients, counseling and referrals of clients,

#### *Identification of Stepping Stones sites*

Four camps, all in Kilak County, Gulu District, were selected for implementation of Stepping Stones. One of the reasons for selecting these camps is that they are among the biggest camps in the district: Pabbo, has a population of 40,870 (roughly 10% of the entire camp population); Amuru 30,238, Atiak 17,315 and Lamogi 13,228. Pabbo, which is situated 24 miles west of Gulu town, has 12 primary schools, two secondary schools and two health units. Just under one tenth of the population of Pabbo (3,459 people) is classified as 'extremely vulnerable' on account of poverty. Other reasons for selecting Pabbo, include the high HIV risk factors (close to a military base, high levels of prostitution, etc) and the fact that CARPP has its headquarters in Pabbo. Finally, another reasons for selecting the IDP camps in Gulu, was the interest in finding out to what extent it is possible to implement Stepping Stones in an environment characterised by conflict and displacement.

#### *Selection and training of facilitators*

Stepping Stones training of trainers took place in Gulu over 2 weeks from the end of July 2004 and was attended by 18 participants: 12 from CARPP, 3 from ACORD and 3 interns. The training was carried out by members of NESSA – The Network of Stepping Stones Trainers in East Africa.

These trainers then trained the community facilitators who were identified by the project partner, CARPP. 20 men and women in each of the 4 sub-counties, except Atiak where a total of 24 were trained. The training of the community facilitators was conducted in all the camps simultaneously, one session per week. As regards the training itself, the facilitators felt that a 2-week training period is too short a time for them to be able to absorb and understand the content of all the sessions in the Manuel.



**LESSON LEARNT:**

**The training for facilitators should either be longer or else implemented in stages to allow community facilitators more time to absorb all the information. Those already trained should get regular refresher courses.**

The main selection criterion applied was ability to read and write. Although HIV status was not applied as a criterion, some HIV positive people were selected as trainers. Some people commented that having positive people to facilitate the process contributed to the reduction of stigma in the community.

**LESSON LEARNT:**

**HIV positive people should be recruited and trained as facilitators as an effective means for reducing HIV/AIDS stigma**

**Stepping Stones Implementation**

The training was carried out in 4 camps (Pabbo, Atiak, Awer and Amuru). In each camp, 80 participants were recruited (20 per peer group), so a total of 320 people were trained during the first implementation period. The sessions were held on days when the community did not have other commitments, mostly Fridays or weekday afternoons. On the whole, attendance was best among the older groups and worse among young girls, many of whom dropped out for various reasons<sup>2</sup>.

**Translation and /or adaptation of the manual.**

- The facilitators were given English language manuals and they translated each Session into the local language, Luo, as they went along.
- On the whole, the facilitators remained faithful to the manual, except certain words, which might have caused offence were paraphrased, for example, 'vagina' was translated in Luo as the "private parts of a woman".
- However, owing to time constraints, the facilitators did not manage to complete all the sessions and some had to be left out.
- The video was not used because of the lack of facilities in the camps.

In discussions held with the partner during the Final Evaluation, they remarked that the inadequate resources for books, materials, transport and other training-related costs had undermined the benefits of the Stepping Stones work in the camps. For example, there weren't enough Manuals for all the facilitators and there were only 6 bicycles that had to be shared between 18 facilitators. As a result, it was not possible to cover all the sessions in the Manual, so participants did not receive the full training and may have missed out on some important parts of the process.

**LESSON LEARNT**

**It is important to include enough money in the budget to cover the costs of manuals for all the trainers, as well as other training-related costs, such as transport to the different sites. Savings in this area are false savings as they limit the potential of the training to achieve the desired outcomes.**

**Support and supervision of facilitators and challenges faced**

The main support provided to the community facilitators was in the form of transport allowance to the different camps, subsistence allowances and their lunch was provided during field work. Supervision was provided by CARPP, initially on a weekly basis, but later, on a monthly basis owing to funding constraints. The large distances between the camps and the towns also made travel difficult. For example, Pabbo is 24 miles west of Gulu town and Atiak is 43 miles west. Inadequate support for the community facilitators was viewed by the project partner and by members of the Advisory Committee (see below) as a critical weakness in the project implementation because it undermined partner capacity to monitor and support the work of the community facilitators.

**LESSON LEARNT:**

**Community-based facilitators require regular monitoring and supervision to ensure they remain on track and help them deal with difficulties as they arise.**

It was also noted that some facilitators lacked motivation because their efforts were not recognised. Often, they had to address a large crowd on an empty stomach and shabbily dressed.

<sup>1</sup>Subsequently, some of the trainees set themselves up as trainers and introduced the training to other camps. Thus, by the end of the project period, a far larger number had been exposed to the Stepping Stones process.

<sup>2</sup>Marriage was the most commonly cited reason

They did not even have a T-shirt to help distinguish them from the participants.

**LESSON LEARNT:**

**The commitment and time of community facilitators should be recognised by providing them with a stipend and/or a T-shirt**

Other challenges faced include: the climate of insecurity, lack of facilities (video player, electricity, etc), the daily curfew; inadequate funding and a lack of coordination and co-operation between some facilitators.

**Advocacy strategy and issues emerging****Stepping Stones Advisory committee**

The project design envisaged the establishment of Advisory or Advocacy Committees in each country whose functions included:-

- advising on the implementation of the project
- identify the policy implications of the KAPB study findings; and
- the advocacy issues emerging from the Stepping Stones process itself; and
- developing appropriate dissemination strategies.

Contrary to this plan, the Gulu Stepping Stones Advisory Committee was not set up until the second year of the project and only met once during the lifetime of the project<sup>3</sup>. During the final evaluation, the Committee members lamented this fact on the grounds that they could have played a more active role in promoting and supporting the Stepping Stones process had they been convened sooner and had they been able to meet more often. They also felt that they, too should have been trained in Stepping Stones to enhance their capacity to understand the process and, in turn, become more effective advocates through lobbying and fundraising to respond to IDP demands.

**Special requests**

The special requests are an important opportunity built into the Stepping Stones process for formulating and voicing community demands relating, either directly or indirectly, to HIV/AIDS vulnerability. These are requests made by each of the four peer groups and presented to the community at large in an open community meeting attended by other community

members. Some of the special requests made by the peer groups in the camps include:

- Address the problem of Congolese women who are stealing our husbands and helping to spread the virus.
- Prohibit wearing short skirts in the camps that provoke unsafe sex
- Deal with business men who seduce young girls into unsafe sex with their money
- Take action to prevent rape and defilement of young girls
- Promote schooling for young girls who are currently kept at home to do the cooking and look after the young ones.
- Undertake research on wife beating, stigma, the impact of blue movies on young girls and boys and why women are less informed about AIDS than the men
- Extend VCT services to the camps.
- End the practice of inheriting widows

These requests generated much debate within the camp populations, and, as documented below, also led to changes in behaviour and/or the introduction of rules and regulations restricting some 'risky' practices within the camp.

**Advocacy issues raised by the advisory committee and local leaders**

The Stepping Stones process also gave rise to other advocacy issues identified by members of the Advisory Committee and the local leadership of the camps. These included:

- Improved access to services, such as food distribution, VCT and ARV for PLHAs and others living in the camps
- Increased support targeted at women infected and affected as they are in need of greatest support, yet they tend to be neglected by the development agencies
- More vocational opportunities for youth to occupy their time more productively and keep them away from drink and discos
- Integration of Stepping Stones into other development interventions, such as those aimed at supporting livelihoods (see case study below).

<sup>3</sup>This was chiefly due to the lack of an ACORD coordinator during maternity leave and the reduced travelling capacity of the coordinator in the later stages of her pregnancy

- Provision of Stepping Stones training in more camps

**Follow-up support**

After the implementation of Stepping Stones, the project aimed to provide support to communities and partners to take up and follow through with some of the concerns raised during the process. In a number of camps, the peer groups expressed their eagerness to carry on meeting and to continue working in the camps on awareness-raising and providing Stepping Stones training for others. But, there were no resources available to support such initiatives. Furthermore, a number wanted to set themselves up as formal groups, but they did not have the money to pay the formal registration fee required.

Another, even more serious issue, relates to the expectations of PLHAs and other community members to have their needs met, such as for access to food relief, VCT, ARVs and so on. While some of these expectations, such as access to VCT, were partially met, others were not.

**“SS has given me much knowledge on how to prevent HIV/AIDS and others, too, are coming openly now to test their blood. However, the support is still not enough. There is more demand for counselling centres and provision of medicine.”** (29-year old man)

As revealed by the testimony below, there is often a need for additional counselling and support in order to consolidate the benefits resulting from Stepping Stones.

**“After learning about HIV through Stepping Stones, I decided with my husband to go for an HIV test. We both tested positive and, at first, we feared death. But CARPP members kept on talking to us on how to live positively and we stayed on up to now. I have the message of how to live positively, which will keep me alive for a longer time. SS was a good idea and is helping many people in the camp.”** (mother of two)

**LESSON LEARNT:**

- Funds should be included in the budget for supporting Peer Groups who wish to continue meeting after the end of the SS process and to support community activists who want to continue providing SS training

- **The issue of ‘raising expectations’ need to be considered prior to implementation of Stepping Stones so as to know how to respond to community demands and expectations raised by the process itself. If resources can not be provided to meet those demands, at the very least, community mobilisation efforts aimed at putting pressure on local authorities to respond, should be supported.**

**Stepping Stones ‘plus’**

In order to address these constraints, CARPP requested a grinding mill to be paid for out of the project budget<sup>4</sup>. As illustrated in the Case Study below, this initiative involving the integration of Stepping Stones with income-generation provides a useful example of how supplementary services can further enhance the impact of Stepping Stones, or what has sometimes been referred to as “Stepping Stones plus”.

**Case Study: Integration of Stepping Stones and Livelihoods – ‘Stepping Stones plus’**

The project budget included a small amount of support for the partners to enable them to undertake some follow-up activities in the communities where SS was implemented. CARPP, the partner, requested a grinding mill. This has been used to generate income to support the most needy PLHAs in the camp, particularly the orphans and their carers. In this way, CARPP has been enabled to go some way towards meeting the some of the more immediate material needs of the AIDS affected households in the camp. This, in turn, has had an impact on the way CARPP is perceived by the camp population. As one person put it: “We have seen that they are not just ‘talk’, but ‘action’ too!”

**Development of Advocacy networks**

The strategy proposed by CARPP and ACORD in order to take Stepping Stones forward is to strengthen existing networks, such as the NGO forum and to build new networks to carry out joint lobbying as part of a coordinated and comprehensive response to HIV/AIDS in the area. Thus, for example, while ACORD may continue to focus on Stepping Stones, other NGOs can work on

<sup>4</sup>The budget included a small amount to support partner ‘follow-up’ activities following the implementation of Stepping Stones

micro-credit and other income-generating projects. They also recognise the need to strengthen the role of PLHA associations in this work.

**Assessing the Impact of Stepping Stones**

**KAPB Baseline Survey**

Prior to the implementation of Stepping Stones, a KAPB survey was carried out in the planned project sites in order to provide baseline information about the core project indicators against which future changes could be measured. The survey was carried out by members of CARPP with training and support from ACORD. In all, 1021 people – (410 men and 611 women) were surveyed using a structured questionnaire translated into Luo. The questionnaire was administered by a total of 16 interviewers (8 men and 8 women). In addition, focus group discussions were held with a group of young people, people living with HIV/AIDS (PLHAs) and local leaders and service providers - 64 men and 62 women in all. SPSS was used for data entry.

The key findings in relation to the Core Project Indicators are summarised below:

• **Knowledge of HIV/AIDS:**

- There is high level of awareness on HIV/AIDS among the people in the camps about 96% have heard about HIV/AIDS.
- However, people’s knowledge about contracting or avoiding HIV was more sketchy: The majority knew that HIV/AIDS is sexually transmitted and that it cannot be spread through sharing of food and contact with hands. However, less than 3 in 10 women knew that AIDS can be transmitted from mother to child. Only 12% of men and women were aware that HIV can be transmitted through infected blood.

• **Attitudes and behaviour towards people PLHAs:**

- There were some differences in the 4 camps, but on the whole, stigma appears widespread.
- Around three out of four respondents said they thought that HIV is the result of a ‘bad lifestyle’ (this refers to sexual promiscuity).
- A majority of respondents, both men and women, agreed with the statement that ‘HIV positive women are prostitutes’ (60% and 55%, respectively).

- In all groups, the majority disagreed with the view that PLHAs can still have a long and useful life. However, the large majority of respondents said that PLHAs should be involved in community life.

- In the focus group discussion, PLHAs gave examples of discrimination they had experienced. For example, some told how they could not sell their market stalls were boycotted and others how their crops destroyed out of vengeance

• **Risky sexual/ cultural practices:**

*Condom awareness:*

- There is a high level of awareness of condoms, however, women are far less likely than men to have seen a condom (49% compared with 80% of men).
- Young people aged 16-24yrs are more likely than any other age group to have seen a condom.

- While condom awareness is high, acceptance is low. Fewer than half the respondents (both male and female) were of the view that a married woman should ask her husband to use a condom.

*Condom use:*

- Condom use is even lower. Only 16% of women have ever used a condom. Even men said they are afraid to ask for condoms in a public place, like a health centre.

*‘Risky’ cultural practices:*

- There are many ‘risky’ cultural practices, such as wedding parties and funeral rites that encourage guests to have sex; sexual initiation rites involving pre-marital sex.
- In the camps, all night parties and discos are also high risk in terms of HIV transmission

• **Gender relations**

- These followed the traditional patriarchal pattern: most big decisions are made by the men.
- Most men shout at their women and both the men and women believed that it is acceptable for a man to beat his wife if she does not obey. About 87% said that the final word on decision affecting use of resources rests with the man.



- **Communication within the family**

- About 60% of parents do not discuss sex with their children.
- While the majority of respondents said that couples should discuss sex amongst themselves, over one third reported that they find it difficult to discuss this subject.

**Project findings in relation to the impact of Stepping Stones**

There were two sources of data on impact, the first - a questionnaire-based survey, yielded mostly quantitative data, while the second - open-ended discussions with key stakeholders using participatory techniques – yielded mostly qualitative data.

- **Impact assessment survey**

In the second year of the project, approximately 12-18 months after the implementation of Stepping Stones in the four sites, a repeat –KAPB study was carried out using almost the same questionnaire in all four sites where SS was implemented. A consultant was hired to carry out the survey with the help of three research assistants. In all, 137 people were included in the survey (82 men and 54 women). Some of those who had done the SS training were included in the sample, but many of them had left the camps and/or could not be found. In addition to these 4 camps, the sample also included a fifth, control site where SS was not implemented (Parabongo camp).

- **Final project evaluation**

In addition to the formal survey, informal discussions were held during the final project evaluation carried out in May 2006. This evaluation involved participatory discussions with all the key stakeholders: the advisory committee, local partners, trainers, SS facilitators and ACORD staff. The meetings were facilitated by an external consultant and two ACORD staff members over a period of over 4 days. They also included visits to two of the camps to talk to community members and more community facilitators. The findings from both these sources are summarised and discussed below.

- **Knowledge of HIV/AIDS:**

The baseline survey revealed almost universal awareness of HIV/AIDS, but patchy levels of understanding of all the modes of transmission. After SS, knowledge had increased compared to the baseline and SS participants also compared favourably with the control group.

- **Attitudes and behaviour towards people PLHAs**

The survey findings provide a mixed picture in terms of the impact of SS on attitudes towards PLHAs. In some areas, there is no change. For example, there was no significant difference between the first and second survey in the proportion of respondents who agreed with the statement that HIV is the result of a 'bad lifestyle'. In other cases, the findings seem to suggest that negative attitudes have become even more entrenched. For example, in one camp (Amuru), 89% of respondents said that, in their community, women with HIV are looked upon as prostitutes, compared with 60% in the first survey and 68% said that people living with HIV have to hide away compared with 40% in the first survey. But, on the other hand, in the SS camps, Atiak, Awar and Pabbo, 65%, 84% and 89% said that PLHAs should be involved in community life, compared with only 45% in the control group.

In contrast to the confusing picture created by the survey findings, the discussions with different stakeholder groups gave the strong impression that stigma has reduced noticeably in the camps.

***The community previously feared HIV; now they are better informed and there is less stigma.*** (CARPP member)

These opinions are also supported by the finding that more people are declaring their sero-status and there has been a rise in the take-up of services, such as VCT. For example, in Amuru camp where SS was implemented, VCT take-up was very high compared to other camps and those that came forward first, were people who had done the SS training.

**LESSON LEARNT**

**The discrepancies between the survey findings and the messages conveyed by people in open-ended focus group discussions, and the inconsistencies between some of the answers given by survey respondents highlights the unreliability of the survey data and the critical importance of supplementing survey-based quantitative data with qualitative data collected using participatory methods. Where possible, this data should also be supplemented by additional data, such as the level of VCT take-up, levels of STI incidence, and so on. It is only by triangulating all the data that one can begin to understand the complex dynamics affecting individual and community attitudes and behaviour**

**Sexual/ cultural practices**

- condom use: as shown in table 1 below, the survey findings show a marked rise in the proportion of people reporting that they have used a condom compared to the first survey. However, even in the control camp, the use of condoms is higher than it was in the first survey, suggesting that other factors may have also influenced condom use and/or that Stepping Stones has an influence beyond the immediate location where it is implemented.

Table 1: Have you ever used a condom

	Amuru %		Atiak %		Awer %		Pabbo %		CONTROL (Parabongo)
	Before	After	Before	After	Before	After	Before	After	n/a
Yes	36	74	24	40	23	68	25	74	57
No	43	16	60	55	67	26	69	21	24
Don't know n/a	4	11	3	5	2	5	2	5	19

Table 2: Is it ok for a married man to use a condom with his wife?

	Amuru		Atiak		Awer		Pabbo		CONTROL (Parabongo)
	Before	After	Before	After	Before	After	Before	After	
Yes	32	68	36	60	51	79	40	71	68
No	59	32	44	35	39	5	5	29	32
Don't know n/a	4	-	9	5	4	16		5	-

Similarly, as seen in Table 2, there was a marked rise in the proportion approving of condom use within marriage. However, here too, the results for the control group are similar, suggesting that other factors may be contributing to the shift in attitudes around condom use. This uncertainty about how to interpret the findings is yet another illustration of the limitations of survey data and points to the need for more in-depth qualitative research to really understand shifting patterns in attitudes and behaviour and determining to what extent they can be attributed to the influence of Stepping Stones.

However, as seen in Table 3, the findings suggest that Stepping Stones may have helped to enhance young people's ability to discuss condom use, since there is a difference between what people said before and after and there is also a significant difference between the responses of the SS respondents and the control.

Table 3: Do young boys and girls freely discuss condom use?

	Amuru		Atiak		Awer		Pabbo		CONTROL (Parabongo)
	Before	After	Before	After	Before	After	Before	After	
Yes	53	79	43	90	61	74	61	63	50
No	19	21	21	10	39	21	17	34	45
Don't know n/a	4	-	25	5	13	5	16	3	3

This finding is also consistent with the picture presented by members of groups that took part in the final project evaluation.

***"Following SS training, girls are more assertive because they know the danger of having unsafe sexual relations. They ask their boyfriends if they have condoms because they know that they protect them from infection."*** (young girl)

In the repeat KAPB survey, two additional questions were included. Here, there is a marked difference between the answers given by the SS respondents and the control group. As seen in Table 4 below, the majority of the SS groups, especially in Pabbo, agree that condoms should be made available, whilst only one in four respondents in the control group held this view.

Table 4: Should condoms be available to everyone who has sex in the community?

	Amuru	Atiak	Awer	Pabbo	CONTROL (Parabongo)
Yes	74	70	58	87	26
No	16	25	42	8	67
Don't know n/a	11				7

Table 5: Most people fear to buy or go to health units to obtain condoms

	Amuru	Atiak	Awer	Pabbo	CONTROL (Parabongo)
Yes	84	45	53	53	83
No	16	45	42	47	10
Don't know n/a		5	5		

Table 5 shows that, with the exception of Amuru camp, stigma or shame attached to buying condoms has decreased significantly in the SS camps, while it is still high in the control camp. This is likely to be attributable to SS. But there is a need to explain why stigma persists in the case of Amuru.

• **'Risky' cultural/sexual practices**

The impact of Stepping Stones on various 'risky' sexual and cultural practices also emerged strongly through the discussions with stakeholder groups. For example, young girls reported that they have stopped sharing men as they used to. The young men reported that sexual initiation with different sexual partners before marriage has ceased. They also said that sexual relations between young men have ceased. Older men reported that, in the case of the death of a husband, the widow is no longer automatically inherited by the brother-in-law, but has to first be tested for HIV.

On the other hand, according to the older women involved in the evaluation discussions, the conflict situation has further entrenched some traditional customs, such as wife inheritance, particularly when a young bride loses her husband in a rebel attack. In such situations, the family will try to find her another husband, but the couple will be advised to take an HIV test. As noted below, this shift may help to protect some women from the risk of HIV, but at the same time constitutes an infringement of people's basic human right to privacy and may ultimately lead to aggravating women's vulnerability.

.....  
**Wife Inheritance versus forced testing: which is worse for women?** With increased awareness of HIV, the practice of wife inheritance is in decline. Correspondingly, pre-marital HIV testing is on the rise, not only in cases where a woman has been widowed prior to her being married to her brother-in-law, but also more generally among all couples planning to get married. In principle, this may sound like a positive development. But, in practice, the implications are quite worrying. Presumably, a woman who is found positive, will not be allowed to marry. In that case, she is likely to be ostracised by her family and community, with few prospects of ever being able to marry again. This example highlights the need for in-depth research and analysis in order to understand the many and complex dynamics of addressing HIV/AIDS and to avoid over-simplistic interpretations of attitude and/or behaviour change.  
 .....

**Gender relations**

The survey findings do not show evidence of any significant change following Stepping Stones. For example, in both surveys, respondents indicated that final decisions on important issues are usually

taken by the male head of household. However, the findings are not clear cut. For example, as shown in Table 6 below, it would appear that, except in the case of Atiak where there has been a sharp drop, wife beating is still widespread, though a little less so than before. On the other hand, this finding seems to be contradicted by the answers given by respondents regarding their views on the acceptability of wife-beating (this question was included in the second, but not the first survey). In all four camps and also in the control camp, a clear majority are opposed to wife-beating.

Table 6: Wife beating is common in this camp

	Amuru %		Atiak %		Awer %		Pabbo %		CONTROL (Parabongo)
	Before	After	Before	After	Before	After	Before	After	n/a
Yes	70	68	68	35	61	42	66	45	71
No	24	32	29	65	25	58	31	55	29
Don't know n/a	2	11	1	5	1	5	1	5	-

Table 7: Is it ok for a husband to beat his wife?

	Amuru	Atiak	Awer	Pabbo	CONTROL (Parabongo)
Yes	21	40	21	39	31
No	79	60	79	61	69
Don't know n/a		-	-		

This finding is consistent with the evidence emerging from the focus group discussions during the final project evaluation, some examples of which are cited below.

***"Before I was to be feared – you couldn't play around with me. Stepping Stones has taught me to be respectful at home."***

***"Before I was trained, I forced my wife into sex. Now I ask her when I want to and, if she has a problem, I wait."*** (older man in Pabbo camp)

These findings appear to suggest that while Stepping Stones has not fundamentally altered the ultimately patriarchal nature of power relations between men and women, it has had an impact on promoting greater respect for women and awareness of their rights.

• **Communication within the family**

This one of the areas in which Stepping Stones has had the most marked impact. For example, before, only 27% of women and 30% of men said that parents should talk about sex with their children, after SS 85% of the respondents said that they think parents should talk to their children about sex. There was also a marked difference between the SS sites and the control group. In answer to the question about whether sex had been discussed between the couple in the last 3 months, the vast majority replied yes (Amuru 89%, Atiak 75%, Awer 84%, Pabbo 89%) as compared with only 40% of the control group respondents.

Besides talking about sex, the focus group discussions revealed other ways in which relationships and communication patterns have improved as a result of Stepping Stones:

***"Stepping Stones has made me know good communication skills towards my partner, which is symbolised by listening with all the senses, like facial expressions, nodding, asking questions and understanding things with the concept, which has ensured effective communication in our relationship."***

This applies also to relations between parents and children:

***"Before getting the training, when a child did something wrong, I hit them. Now, I have the skills to talk to them."***



Children too, have learnt how to communicate better with their parents. For example, a young man said that his father was putting pressure on him to get married, but he felt he was too young. He said that through SS, he has developed the skills to tell his father that he is not ready to get married yet.

**• Impact on non-participants**

This issue was not explicitly addressed in the KAPB survey. However, during the focus group discussions held as part of the final project evaluation, many people talked about how they share the Stepping Stones lessons with others. Young girls said that they talk to other young people, couples, community and family members. And an older man remarked:

***“I have learnt how to advise my friends on how to be with their wives – if they have conflicts, I help them.”***

**Using Stepping Stones in a Conflict Situation**

There are many ways in which the conflict and other aspects of the external environment have affected the implementation of Stepping Stones in Gulu, both positively and negatively.

*Aspects conducive to effectiveness of SS*

- Mobility restrictions in the camps provide a ‘captive audience’ for Stepping Stones and generally enhance attendance levels during the process
- On the whole, Stepping Stones was strongly welcomed by camp residents because few other NGOs work in the camps offering such services
- The fact that most of the people in the camps speak the same language- Luo -makes it easier for facilitators to run the sessions.

*Constraining factors*

- During periods of greater insecurity, cars travelling on the roads leading to the camps have to wait for army authorisation and, in some cases, have to be accompanied by an army convoy. This frequently causes delays and can also give rise to extra costs.
- The protracted war situation has taken away from people their main means of livelihood (livestock) and enforced a state of dependency on the population. Over the years, people have come to expect others to fend for them. This has to some extent undermined the community spirit and, in the case of Stepping Stones, they are less ready to contribute their labour without some personal recompense or at least some tangible benefit in return.

- Loss of livelihoods and reliance on handouts forces many women to fall back on their traditional roles as mothers by, for example, getting pregnant in order to gain entitlement to food aid.

**Sustainability and Scaling up challenges**

One of the key lessons from Gulu is that in order to have a lasting impact, Stepping Stones can not be implemented in isolation. It must be accompanied by other related services, such as VCT. However, one organisation alone can not address all the needs. Thus, the best strategy is to work with other NGOs and with the local authorities. In addition, some camp leaders expressed the view that Stepping Stones needs to scaled up considerably in order for the impact to be sustainable. This process appears to be occurring spontaneously. For example, following SS training, some community members, together with PLHA groups have formed groups to continue the work of Stepping Stones and provide other services in the camps. These are: the Lamogi AIDS Resource Persons (LARP): Pabbo AIDS Control Team (PACT), Amuru Team on AIDS (AMTA) and Atiak Community Attempt on AIDS Control. However, many of the people running these groups have not undergone the full training and, as pointed out below, this poses a dilemma in choosing between quantity versus the quality of Stepping Stones on offer.

**Scaling up dilemma: quality versus quantity of Stepping Stones.**

New groups have sprung up in the camps and they are implementing Stepping Stones. But, in the absence of supervision and support, there is no way of monitoring the quality of the SS work. In particular, the concern is that they could be using Stepping Stones as a vehicle for transmitting particular messages that may not reflect the spirit and intention of Stepping Stones. This poses a dilemma: should the emphasis be on spreading Stepping Stones as widely as possible - or is the issue of quality are a higher priority?

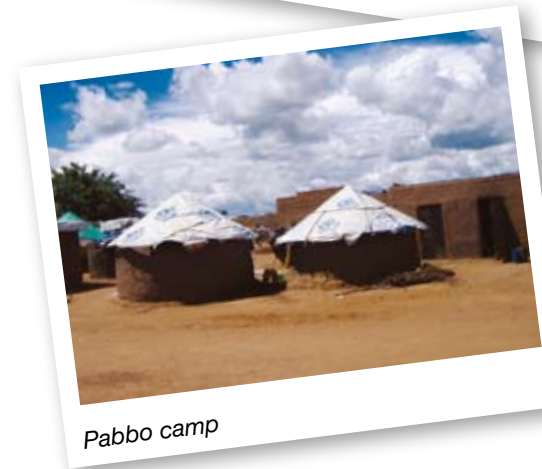
Finally, it is important to remember that Stepping Stones deals with deep-seated attitudes and behaviours in people. While some changes can be observed in the short term, this is a long-term process, thus, for it to be sustainable, Stepping Stones and the initiatives stemming from it, must be sustained over a long period of time.



CARPP office



Focus group Pabbo



Pabbo camp

Photographs by kind permission of Marilyn Thomson

## Chapter 5: Tanzania

### Background

In contrast to the turbulent and unsettled context of Angola and Uganda, the Tanzania context is one of political and social stability. Currently in transition from the 3<sup>rd</sup> to 4<sup>th</sup> phase of leadership under the current political regime and emerging from the latest parliamentary elections, which were held in December 2005, the mood in Tanzania is one of optimism and hope among the electorate. In particular, people have been inspired by the government's emphasis on accountability and transparency and on addressing the social and economic issues facing marginalised communities.

### HIV/AIDS prevalence

According to the latest WHO/UNAIDS figures<sup>1</sup>, adult HIV prevalence in Tanzania (15-49 years) ranges from 6.4% to 11.9% and between 1.2 and 2.3 million people in the age group 0-49 years were estimated to be living with HIV/AIDS<sup>2</sup>. HIV infection is unevenly distributed across geographic area, gender, age, groups and social economic classes in the country. It tends to be lower in rural communities and higher in roadside, urban communities. The percentage of the population infected by HIV ranges from less than three percent across most of the country to more than 44.4 percent in certain sub populations<sup>3</sup>. Prevalence levels among women are higher overall - 12.3% for women compared with 9.1% for men. Mwanza is among the regions in the Lake zone with the highest HIV prevalence. According to the Tanzania HIV Indicator Survey (THIS-2003/04), the Mwanza Region has an average HIV prevalence of 6-6.9%. HIV incidence in the region continues to rise: according to the Tanzania AIDS Commission, cumulative AIDS cases in Mwanza region rose from 8,338 in 2000 to 9,676 in 2003.

### Government response

The government is strongly committed to the fight against HIV/AIDS and that commitment continues to expand. Since 1983, when the first 3 AIDS cases in Tanzania were reported, Tanzania has undertaken many different approaches in attempting to slow the spread of HIV infection. Over these years, the response has developed in phases of programme activities led by the National AIDS Control Programme since 1985. Currently, the Tanzania Commission for HIV/AIDS (TACAIDS), created in 2000, leads the national response to HIV/AIDS, which is based on a multi-sectoral approach.

Overall, the Tanzanian government's response to HIV/AIDS and the health sector capacity is rated as high compared with other countries in Africa with similar level of development. <sup>4</sup>However, major human resource shortages and poor public health sector infrastructure seriously hamper the national response capacity and fulfilment of the aims of the Tanzania Strategic Plan rely heavily on external funding and on close collaboration with the civil society sector. Recently, as part of the decentralisation process, government structures are attempting to institutionalise HIV/AIDS responses at all levels down to the village level and this has created a very favourable climate for ACORD and others to work in.

### Socio-economic characteristics of the project area

Mwanza City, within the Mwanza region where Stepping Stones was implemented, lies on the southern shores of Lake Victoria in North-Western Tanzania. It is the second largest and among the fastest growing cities in Tanzania. Rich in natural resources, including minerals, forests and lakes stocked with fish, it serves as a business centre for East Africa and Central Africa. The city also houses small to large manufacturing and processing industries, including edible oil, fish processing, textiles and beverages. In addition, a wide variety of crops, vegetables and fruits are grown, mainly for domestic use (maize, rice and sweet potatoes), but also for export (cotton and coffee). There is also livestock production and fishing in the region. However, few people are employed in the more lucrative fish processing, beverage and textile industries. Most of the population earn a meagre income from subsistence agriculture and petty livestock activities and livelihoods in the region are threatened, both by drought and by urban encroachment onto farming land. The villages where Stepping Stones was implemented are especially vulnerable to the spread of HIV and AIDS, mainly on account of their geographical location close to busy thoroughfares – the airport and Mwanza-Nairobi road. Trading links also bring them into regular contact with Mwanza City. Furthermore, men often leave their families for long periods of time while they go to the lake shores and islands for fishing activities. Women and young girls also go to the lake shore in search of a living, either as fishmongers or food vendors and, very often earn cash through informal sex work.

<sup>1</sup>WHO/UNADS Epidemiological Fact Sheets 2005

<sup>2</sup>WHO/UNAIDS 2003

<sup>3</sup>TACAIDS, Tanzania AIDS Commission, 2006

<sup>4</sup>Summary Country profile for HIV/AIDS Treatment Scale-up, WHO 2005 For example, there are an estimated 260 VCT sites nationwide of which the gover

### ACORD HIV/AIDS interventions

ACORD began working in Tanzania over 18 years ago within the area of community development. In the last decade, addressing HIV/AIDS has become an increasingly important part of this work. Over this period, ACORD's HIV/AIDS strategy has evolved and broadened from one focussed primarily on promoting and supporting community-based interventions to an increasing emphasis on enhancing HIV/AIDS competence through mainstreaming HIV/AIDS at all levels from local governance structures, through to ACORD's own organisational structure. Since about 2000, ACORD has been providing methodological support to local governance in mainstreaming HIV/AIDS and has been involved in the capacity-building of the City HIV/AIDS Multi-Sectoral Committee and civil society organisations (CSOs). The emphasis on HIV/AIDS mainstreaming has gone hand in hand with ACORD's focus on gender mainstreaming, involving the promotion of gender equality and the integration of gender awareness in all its interventions. ACORD Tanzania was one of the first ACORD programmes to adopt the Stepping Stones methodology back in 2002/3 and the favourable outcomes of this experience were documented in a Case Study published by ACORD's HIV and AIDS Support and Advocacy Programme (HASAP) called "Mainstreaming HIV/AIDS using a community-led, rights-based approach."<sup>5</sup>

### Project Implementation

#### Site selection

The project took place in 2 wards near Mwanza City and in 2 villages in each of these wards: Nyamadoke and Buswelu in Ilemela Ward, and Lukobe and Magaka in Buswelu Ward. Lukobe is the only village where ACORD has previously carried out activities. The main means of livelihood in these villages are agriculture and horticulture, with the two villages located close to Lake Victoria (Lukobe and Kahama) also depending on fishing. Kahama is the most distant from town and the most isolated, has seen very little of NGO interventions, and its material standard of living is relatively low. Nyamadoke and Lukobe are nearer to town and have some access to urban jobs and commerce. Buswelu is a relatively large centre, being the headquarters of Buswelu Ward; taking advantage of opportunities for petty trade in addition to more rural pursuits, it is probably the most prosperous and urbanised of the four villages.

### Project Partners

The project partners were carefully selected on the basis of (a) existing relationship with ACORD and (b) areas of expertise (such as research methods) that could be drawn on to improve project design and implementation; and (c) the services they provide that could be seen to complement the Stepping Stones process and the likely demand for services arising from the process itself.

- AIDS Outreach Nyakato: provides community-based care and support
- TANESA (Tanzania-Netherlands Support on HIV/AIDS): does research and advocacy on gender equality and in the area of quality control of interventions
- AMREF: provides VCT and works on the promotion of sexual, reproductive health services
- Kivulini Women's Rights Organisation: provides awareness on women's legal rights
- CARE Mwanza: has experience of mainstreaming HIV/AIDS within its micro-credit schemes
- Mwanza City Council HIV/AIDS Coordination office: provides support on policy and the coordination of HIV/AIDS activities at the level of Mwanza city.

### Training and selection of facilitators

Since the ACORD Tanzania programme had already implemented SS previously, they did not require the full training of trainers, just a short, refresher training. 13 people (7 men and 6 women) participated in the refresher training, ACORD staff, partners and community leaders. Subsequently, community meetings were held to agree the criteria for the selection of the Community Facilitators (CFs). In October 2004, community meetings were held in the four villages to set up criteria for selection of CFs. The criteria set by communities for qualities of a Community Facilitator included:

- A role model (e.g. respected, does not have multiple sexual partners, social interaction with community members)
- Literate (at least attended basic education)

<sup>5</sup>Compiled by Susan Amoaten, August 2003



- Resident of the village for at least 4 years and not expected to shift in the near future.
- Spirit of voluntarism
- Ability to advocate or communicate (fluently in Kiswahili and Sukuma language)

The first of these criteria has been challenged by commentators on the grounds that it implies a moral judgement of people, which in some ways goes against the grain of the Stepping Stones approach, based on everyday reality rather than unattainable ideals. Moreover, there is a danger of blocking honesty among participants if sessions are facilitated by those with the most impeccable moral standing in the community! In all, twenty Community Facilitators were identified i.e. five from each sub village based on age and sex and they underwent a 5-day training in November 2004. A Kiswahili version of the Stepping Stones Manual developed by Actionaid was used for the training. During the final evaluation, the Facilitators said they would have liked more extensive training and training on another related areas as well.

#### LESSON LEARNT

**Training for facilitators should not be crammed into a few days before initiation of the process. It should be sustained during the implementation period and should include broader topics, like gender training, social exclusion analysis, and so on.**

#### Adaptation of SS manual

The staff and facilitators who had been involved in the prior implementation of Stepping Stones, reviewed the previous experience and what changes, if any, were needed to the Manual. Some additional topics, not included in the original manual, such as VCT, family planning and STIs, were added. Other adaptations included removal of some of the exercises that rely on ability to write or draw.

#### SS implementation

For practical reasons, the Stepping Stones training was implemented in 2 stages: in the first year, SST was conducted in Lukobe and Nyamadoke and in the second year, it was conducted in Buswelu and Kahama. In each village, 80 people (20 per peer group) were trained and these were evenly split between men and women. CFs were given 4 bicycles – one per site – to facilitate the implementation process. 15 sessions took between

6 and 8 months to complete. At the end of the process, a combined 'special request' meeting was held for all four villages together. Local dignitaries, including the District Commissioner, were invited to hear the special requests, which included requests to provide more accessible water and health facilities so the villagers do not have to walk so far to reach them.

#### Use of local performance groups

ACORD worked with local dance groups and an acapella choir in order to attract participants to the meetings. Familiar tunes and dances were adapted to deliver HIV/AIDS-specific messages and to reinforce some of the Stepping Stones lessons. For example, the vibrant dances portray sexuality as natural and beautiful, to be celebrated and enjoyed, but not violated and abused.

#### LESSON LEARNT

**Stepping Stones can be complemented by existing forms of traditional cultural expression to captivate people's imagination and enhance their ability to relate to and grasp the messages**

#### Support and Supervision for facilitators

During the first year, ACORD staff met on a weekly basis with the community facilitators to discuss and prepare each session. In addition, they organised monthly peer review meetings where all the facilitators met to share and discuss key lessons learned and challenges faced in the process.

In line with general ACORD policy, the community facilitators were not paid anything for their work. However, other organisations working in the same zones operate different policies and many of them do pay community volunteers a stipend.

#### LESSON LEARNT

**Community facilitators earn the respect of the community when they contribute their labour without being paid. On the other hand, when other organisations pay their community workers, this creates expectations and may result in resentment on the part of facilitators whose expectations have not been met.**

As already noted, the CFs also felt they needed more training and support, especially in specialised areas, such as family planning, prevention and management of STIs.

#### LESSON LEARNT

**Experts in specific areas (STI management, family planning, etc) should be brought in to support SS facilitators in the sessions dealing with these subjects as it is unreasonable to expect them to respond to all the questions arising from participants.**

#### Community attendance at SS sessions

In 2 of the villages, attendance at the sessions was consistently high. However, in Kahama and Buswelu, attendance fluctuated. According to the CFs, this was because they did not get enough support from local leaders to mobilise people to attend the sessions.

#### LESSON LEARNT

**The involvement of village chairmen emerged as a key determinant in the successful outcome of the Stepping Stones process in the villages. In the villages where the chairman was most active and supportive, attendance was particularly high, CFs were more highly respected and community special requests were taken more seriously.**

#### Special requests

In all the sites, ACORD held preparatory sessions with the Community Facilitators to assist in the planning and preparation of the Special Requests. A large number of issues were raised and the facilitators assisted peer group members to identify the key priorities for the community. T-shirts were produced with the message: "Let's work together to fight HIV/AIDS" The district Commissioner, who is responsible for the coordination and management of all development activities in Ilemela district, was invited as a guest of honour to the presentation.

#### Assessing the impact of Stepping Stones

Over the lifetime of the project, data on impact was collected from a variety of sources using a wide range of data-collection methods. These include a structured questionnaire-based survey in the first months aimed at providing baseline information on the key project indicators. This was supplemented by focus group discussions (FGDs) with key stakeholder groups. A repeat KAPB study involving a structured questionnaire and FGDs was carried out in the last quarter of the project and a final project evaluation involving meetings with all the key stakeholder groups took place in the last month and yielded yet more valuable information. Other sources of data include: clinical records of STI incidence and VCT take-up; monitoring forms

completed by the CFs during the SS process; the minutes of advocacy and advisory committee meetings; and staff observations of changes over time.

This section reviews the findings of these various sources of information and, in the process, raises a number of issues relating to the strengths and weaknesses of the different data-collection methods for the purposes of assessing the impact of Stepping Stones.

#### KAPB Baseline

At the outset of the project, prior to implementation of Stepping Stones, a KAPB study was carried out to provide baseline data, focussing in particular on the Core Project Indicators (see Chapter 1). The KAPB study was based on a semi-structured questionnaire administered to a random sample of 208 respondents (112 men and 96 women). Female respondents were interviewed by women and male respondents by men. In addition, 6 focus group discussions with community leaders (Village Chairpersons, village and development committee members, cell leaders), youth (both male and female) and health care providers, were held. Highlights of the study findings include:

#### • Knowledge of HIV/AIDS

Overall, around two thirds of respondents were aware of HIV/AIDS and had a good understanding of how HIV is transmitted, but a sizeable minority did not have access to accurate information. Moreover, a majority of people in the study area believe that their villages are 'safe' with respect to HIV/AIDS.

#### • Attitudes to PLHAs

In order to find out whether stigma prevails, people were asked whether they think PLHAs are to blame for their condition. 73% said they are not. Principle reasons cited for HIV infection were: infidelity (42%); own fault (36%); God's punishment (11%); they deserve it (11%).

#### • Communication

According to the questionnaire responses, 60% of parents said they discuss sexual matters with their children. However, in focus group discussions, it was noted that according to the Sukuma culture prevalent in the area, parents should not discuss sex with their children until they are engaged. It was noted that, compared with the past, parents spend less time talking to their children in general. This is because parents, especially fathers, spend most of their free time in bars drinking. Others referred to the generation gap and the lack of respect of children towards their parents who are seen as out

of touch with contemporary ideas.

- **Risky sexual and cultural practices**

78% of the adult questionnaire respondents said they do not have casual sexual partners. Similarly, according to the survey questionnaire replies, young boys and girls do not have sexual relationships. However, both these findings were contradicted by what people said during FGDs. For example, women complained that men frequently have sex with other women, especially after selling their crops when they have cash in their pockets. Women also admitted that they have sex with other men, either to 'revenge' their husband's infidelity, or for money when their husbands fail to bring money back home. In relation to youth sexual activity, 84% of the survey respondents reported that pre-marital pregnancy is widespread. Furthermore, information provided by a clinical officer at Buswelu dispensary noted a steep upward trend in STI cases among the youth in the area, most probably attributable to increased sexual activity.

- **Gender relations**

While more than three quarters of the respondents (77%) expressed the view that there should be gender equality, other survey findings reflect more conventional patriarchal practices and beliefs: For example, 53% of women versus 88% of men are free to choose their own marriage partners; only 12% of respondents expressed the view that women should be allowed to inherit land and other properties; and 11% of respondents were of the opinion that women are the property of men.

#### **Impact Study Findings – one year on**

In the second year of the project, a repeat KAPB study was carried out to find out whether there had been any significant changes. The study, which was carried out by ACORD project staff, comprised both a questionnaire-based survey and 5 focus group discussions with groups of youth (men and women); health service providers; community leaders; and people living positively (PLHAs). Each focus group had between 8 and 15 people. The survey was carried out in the four villages where SS was implemented. A total of 120 individuals were questioned: 95 of these were people who had completed the Stepping Stones training (59 women and 36 men) and 25 were individuals who had not been exposed to Stepping Stones and served as a control group (23 women and 2 men).

The researcher who designed the second KAPB survey had not been involved in the first baseline survey. Consequently, rather than use the original KAPB as the baseline for comparison, the second survey respondents were asked to provide information about their attitudes and/or behaviour before Stepping Stones, as well as after Stepping Stones. Because, the second questionnaire was not the same as that used for the original KAPB, it was not possible to draw precise comparisons between the answers given at the time of the baseline and subsequently. The end result is rather confusing because comparisons had to be made between the first questionnaire and FGD results, the second set of questionnaire and FGD results, which include what people who have been through the training thought 'before' SS and 'after' SS, and also the answers of the 'control' who have not undergone SS at all! Highlights of some of the key findings are provided below.

- **Knowledge of HIV/AIDS**

As illustrated in Table 1 below, the second survey data showed a marked increase in people's knowledge of the modes of HIV transmission compared to what they said they knew before. Their knowledge of modes of transmission also compares favourably with the control group.

Table 1: Knowledge of modes of transmission of HIV

Ways of contracting HIV	Before SS	After SS	Control group
Shaking hands with infected person	33%	7%	32%
Eating with an infected person	28%	11%	28%
Lying in bed with infected person	35%	11%	32%
Sharing sharp instruments	30%	91%	56%
Through blood sucking insects (eg mosquitoes)	30%	26%	40%
Through sexual intercourse	52%	95%	51%

It is likely that this increased knowledge accounts for some of the behavioural changes in sexual and other practices noted below.

- **Stigma and attitudes to PLHAs**

The findings from the different data sources lead to different conclusions with respect to the extent to which Stepping Stones has helped to reduce stigma in the community. When asked whether PLHAs should be blamed for their status, the majority of SS respondents (84%) said no and only 16% said yes or don't know. This compares with 27% of respondents in the first KAPB and 28% of the control in the second who replied that PLHAs are to be blamed. The second survey also asked people whether they believe that PLHAs have equal rights to others in the community. According to their responses, only 31% believed this to be the case prior to Stepping Stones, but after Stepping Stones, this percentage had risen to 52%.

However, other trends that have a bearing on the level of stigma suggest that stigma is still very prevalent. One such trend is the very low take-up of VCT services: approximately 90% of respondents said they have not had an HIV test although the facilities were available. In focus group discussions with men, they said they do not want to go for the test, because they fear being seen by others in case it is assumed they are positive. More in-depth research is required to make sense of these contradictory trends and to produce information that could provide valuable guidance to help NGOs implement SS in the most effective way in terms of reducing stigma.

- **Sexual and other cultural practices**

- Number of sexual partners

During FGDs held as part of the final project evaluation, both men and women testified that they have made changes in their sexual behaviour since becoming more aware of the risks attached:

***"Like most young women around here, I used to pick up men at discos for money. Now most of us stick to one boyfriend and we use condoms. We haven't lost out financially because we chose someone who can support us."***

***"I used to go with many different men, but SS led me to completely change my behaviour. Now, if I come across a man somewhere, in my mind, he's just like a tree."***

***"I used to be a DJ at discos. I didn't get paid anything, but my reward was to have girls following me everywhere. After I went to Stepping Stones, I gave it all up and became a condom-seller."***

- Condom use and availability

Here, the findings from the various sources appear to contradict each other. According to the survey findings, there has been practically no change in the level of condom use before and after Stepping Stones. On the other hand, this is contradicted by what people said in the FGDs:

***"I am so grateful to Stepping Stones. It has taught me so many things. I did not understand how to use condoms, but now I do. I could sleep with any man as long as he gave me money. I now realise that my prostitution could kill me. Stepping Stones has enabled me to change my behaviour."*** (Elizabeth, from Lukobe, age 20)

Another positive finding is that, compared with the baseline KAPB which showed very inadequate condom supplies in the villages, condom availability would appear to have improved, as also awareness on the part of both men and women of where to obtain condoms: before Stepping Stones, only 10% of respondents said they knew where to get condoms, compared with 50% after Stepping Stones.

- **Communication**

The survey findings show that more couples now discuss matters relating to their sexual relationship and that youth also discuss sex with their parents more than they used to before SS:

Table 2: Discussing sex

	Before SS	After SS	Control
Adults (35 or over)	43%	69%	0
Youth (under 35)	21%	44%	60%



These survey findings were consistent with what people said in the FGDs where people reported that parents are now able to discuss sexual matters openly with their children. Both data sources indicate that Stepping Stones not only promotes increased communication on the subject of sex, but in other areas too:

**“I’m now a facilitator within my family. I talk to my children and children-in-law and help them in their marriages.”** (older man)

According to ACORD staff, breakthroughs in communication are not only confined to the household, but are even more far-reaching:

**“SS has led to greater dialogue at all levels and the building up of relationships within the household and community, crossing the divides of sex and age. Powerful people within the community are now listening to youth.”** (ACORD staff member)

**• Gender Relations:**

Both the qualitative and quantitative data on impact indicate that Stepping Stones has helped to improve gender relations and increased the respect for women, as well as their own self-esteem.

*“I am at risk of making many mistakes if I do not know what I am doing and two brains are better than one. Surely, we need to work together so that we can help each other.”*(man, aged 35)

*“My husband never used to have a conversation with me. He had a very conservative outlook. But, whatever I learned in Stepping Stones, I would share with him and now he is very supportive – helping me in the kitchen, looking after the children, even doing the gardening.”*

Table 3: Changes in gender relations

	Before SS	After SS	Control
Heard of women’s rights	53%	89%	72%
Prevalence of gender violence	89%	27%	32%
Involvement of women and girls in decision-making	46%	86%	88%
Equal participation in community development	50%	80%	72%
Equal access to credit	40%	85%	76%

According to these findings, improvements in women’s rights and status, would appear to be one of the major impacts of Stepping Stones. However, while there is a significant change from baseline to one year on, the answers of the control group are no different to those of the SS group. Thus, it is difficult to draw any clear conclusions and more in-depth information is needed to glean the extent and meaning of these changes. For example, in order to find out exactly what people mean when they talk of ‘gender violence’ and/or a reduction in gender violence. In some societies, hitting a wife would be viewed as normal behaviour and not classified as ‘violence’. In order to really understand the impact of Stepping Stones on gender violence in this part of Tanzania, as well as elsewhere, one would have to undertake more in-depth research.

**• Community responsibility**

Many of the testimonies indicate that beyond the individual, the couple and the family, SS helps to bind communities in a positive way:

**“Stepping Stones has strengthened the love in the household and in the community.”**

The assumption of responsibility by the community as a whole was also remarked upon by ACORD staff:

**“The most important impact has been that SS has mobilised the community to see that they are in control. In the past, they used to think that everything was the responsibility of NGOs or the health services.”** (ACORD staff member)

**Impact on non-participants**

In discussions held as part of the final evaluation, some people spoke of how SST participants are seen

as ‘models’ in the community to be emulated by others.

**“We’ve all seen the way life for the participants’ families has changed, how relationships between them have improved and we want to follow their example.”**

In addition, many people are taking action to share knowledge and advice with others through community activities aimed at reducing HIV/AIDS transmission and changing lifestyles.

**Negative impacts**

Some individuals experienced negative impacts as a result of Stepping Stones. In one village, beer brewers lost their livelihoods when the village decided to ban bars. In another case, the second wife of a formerly polygamous man, who as a result of SS, decided to become monogamous, was abandoned. More significantly, Stepping Stones has created demand for services that has not been satisfied and is unlikely to be in the near future.

**Some general comments about the impact assessment findings and methodologies**

Not surprisingly, the findings and implications from this wide variety of data sources are not always consistent and, in some cases, patently contradict each other. So, which source of information takes precedence: the percentages produced by the questionnaire-based surveys or the more in-depth testimonies of individuals? The opinions and observations of the staff or the analysis of the research consultant? The views of the village elders or the out-of-school youth?

There is probably no right answer other than to point out that all these different sources are valid in their own right and that the job of the evaluator/assessor is to try to make sense out of the whole, drawing on both quantitative and qualitative information and respecting the direct observations of the staff who have followed the process over the entire two year period. That said, some lessons can be drawn out that can be used to strengthen the way impact assessment is approached by other similar projects.

**LESSONS LEARNT**

- Each method of data collection (survey, focus group discussion, personal testimony) has in-built biases and is likely to produce different information on the same topic provided by the same people. The data produced by one method does not carry more

**weight than another. Rather, a mix of both quantitative and qualitative data is required to provide a fuller picture of the various dynamics involved.**

- When carrying out surveys for ‘before’ and ‘after’ comparison, both the initial and subsequent survey should use the same questionnaire and, preferably also be managed by the same leading researcher to ensure consistency of approach and comparability of findings.
- Prior to developing the baseline survey questionnaire, it is necessary to have a very clear idea of what changes are expected so as to ensure that the right information is collected.
- Sufficient time for thinking through the impact assessment methodology at the outset and for discussion and analysis of the findings at the end must be built into the planning process. All key stakeholders (project staff, communities, SS facilitators, etc) should be involved in this process.

**Advocacy Strategy, issues and processes**

As already noted in Chapter 1, one of the project objectives was to test how Stepping Stones can be used to enhance both individual and community capacity to develop AIDS competence through increased HIV/AIDS awareness and increased pressure on local governance structures to adopt gender-aware policies and services. Here, we report on how the strategy was developed by the ACORD team in Tanzania and what the outcomes were.

**• Involvement of local leadership structures**

A cornerstone of ACORD’s strategy was to involve local leadership structures at every stage of the project from planning through to implementation, monitoring and evaluation, in order –

- to enhance their sense of ownership and commitment to take action in response to the issues arising from the Stepping Stones process; and
- to deepen their understanding of the links between gender and HIV/AIDS and, in this way, enhance their capacity to mainstream both HIV/AIDS and gender more effectively into local government service delivery and planning processes.

Local leadership structures were involved in the project in a number of ways:

- As project partners
- As members of the Stepping Stones Advisory Committee (SSAC)

#### • **Establishment of Stepping Stones Advisory Committee**

This Committee, which had 13 members in all (9 men and 4 women) comprised of: 6 local government officials; representatives of all the project partners; 2 representatives of PLHA associations, and a representative of the Anglican Church, was established at the outset of the project to advise on the project design, discuss the policy implications and develop recommendations for action.

Although the Committee only met a total of 4 times during the lifetime of the project<sup>6</sup>, it played an important part in the identification and promotion of key advocacy objectives, making use of advocacy opportunities arising during the course of the project.

#### • **Dissemination of KAPB study findings**

The first such opportunity was the dissemination of the KAPB study findings. During October 2004, feedback sessions on the KAPB study findings were held in all the four sub villages to which project partners and other influential people in the community were invited. These meetings were used as an opportunity to raise awareness of the issues raised by the KAPB studies, in particular the links between gender inequalities and HIV/AIDS vulnerability, and to highlight some key advocacy implications. During these meetings, the following key issues were highlighted:

- In all four-project sites, **poverty** was said to be a critical challenge affecting both young girls and women
- **Gender inequalities** in access to resources (land and capital) and decision-making were recognised as a key factor contributing to HIV/AIDS vulnerability. At the meetings, many community members spoke of the need to change these inequalities embedded in the patriarchal system of the Sukuma tribe:

***“As long as the culture is still accepting that men have the right to own land, property (women, children and assets) and decision making powers, women will continue lagging behind and remain poor. It is high time that***

***women should wake up and fight for their rights. Thanks to God that ACORD is here to facilitate the community in promoting gender equality”.*** (69-year-old woman from Nyamadoke village)

- **Inadequate condom supplies and reproductive and sexual health services** (eg VCT, family planning, STI treatment) at health units and within the community. Linked to this issue, other issues discussed were:
- The need to promote condom use, rather than abstinence and fidelity, which are not easy to put into practice.
- Pros and cons of VCT in the case of widows: if they test positive, they are likely to be blamed by the relatives of the husband and risk being abandoned.
- **Mainstreaming gender and HIV/AIDS in village structures and procedures**

A key recommendation emerging from the KAPB findings was the need to Support local governance structures in mainstreaming gender and HIV/ AIDS into their comprehensive development plans. Recommendations for achieving this include:-

- The inclusion of trained Community Facilitators as members of village HIV/ AIDS committees.
- Close cooperation with the City Multi-Sectoral HIV/ AIDS Committee (CMAC).
- The participation of project staff in village government meetings and quarterly Ward Development Committees (WDCs) meetings aimed at sharing key lessons on the challenges of addressing HIV/AIDS and Gender in the field and providing methodological support.
- The participation of People living with HIV/ AIDS (PLWHA) in decision-making processes at village, ward and district levels.
- **Presentation of special requests**

The presentation of the special request from SS participants to the rest of the community provided another important opportunity, both for awareness-raising and advocacy. Key issues and recommendations raised, include:

- Discos should close earlier and girls should not wear such revealing clothes.(Young

men)

- Action should be taken to stop abduction of young girls (young women)
- **Older women highlighted the need to address poverty and lack of money for payment of medical/hospital fees, food and clothes.**
- Water scarcity and the need for women to walk long distances in search of water. This increased women’s vulnerability as women often get raped on the way home in the evening.
- **The lack of accessible health facilities is also a serious problem, especially for women in labour who often die on the way**
- Early marriage and premature pregnancy were raised as concerns by the men
- Alcoholism, especially among men, was recognised as a problem

All these issues were discussed at length and community members joined forces with their leaders in developing ideas about how they should be addressed.

#### **Follow-up Actions**

After the completion of the Stepping Stones training, a meeting was held with Stepping Stones partners to design workable complementary action. The following action points were endorsed:

- More Stepping Stones training
- The City HIV/AIDS Co-ordinator (CHAC) agreed to initiate the establishment of a systematic and consistent flow of information from local to city level in order to improve communication among agencies with interventions in the project area.
- The Buswelu and Ilemela Ward Multi-Sectoral HIV/AIDS Committees planned to organize meetings for gathering testimonies and focus group discussions with community members.
- The association of women living with HIV/AIDS (TAWOLIHA) will participate in HIV/AIDS awareness promotion through giving out testimonies.
- KIVULINI, a women’s rights advocacy organisation, will conduct awareness-raising on women’s rights, domestic violence (including counselling and legal

support) through workshops, community meetings and video shows.

- Introduction of a by-law to restrict access of children to overnight discos and alcohol
- Strengthening of sports programmes for in and out of school youth
- Project management and market research training for women
- Introduction of savings and credit share-holding scheme (Care Mwanza)
- **Introduction of sexual and reproductive health education in schools**

#### **KEY LESSONS**

- **As well as raising community awareness of gender and HIV/AIDS issues, Stepping Stones helps to mobilize communities around wider development issues, such as access to clean water and quality health services and the need to address poverty**
- **Stepping Stones also helps to develop and strengthen links and cooperation between the community, local governance structures and civil society organisations**

#### **Results of advocacy efforts and community mobilisation**

As shown above, Stepping Stones has proved to be a very effective tool for raising awareness and mobilising communities around issues, either directly or indirectly linked to HIV/AIDS. This was largely due to ACORD’s strategy that successful used SS in order to establish links between community, local governance structures and civil society organisations, such that the inter-dependence of all these sectors was highlighted. This has resulted in some responses at the level of services. For example,

- **AMREF installed VCT facilities near the villages**
- **Some families in the area have been able to access CARE’s micro-finance project**
- **AIDS Outreach Nyakatu reports big increases in the number of people approaching them for home-based care services as a result of SS**

<sup>6</sup>Plans to meet more frequently were frustrated by funding shortfalls



- **Mwanza** City Council is now committed to **mainstreaming** HIV/AIDS into its forthcoming strategic plan.

None the less, some of the major problems identified by the communities, including the lack of accessible health services and water supplies, still remain to be solved.

**LESSON LEARNT**

The establishment of an Advisory Committee bringing together project partners, service providers, policy makers and community representatives encouraged strong collaboration between SS project and partners in complementing social services and has led to some concrete improvements in the services provided. However, while poverty persists, HIV/AIDS vulnerability will remain acute.



Mwanza Stepping Stones session



Advocacy event Ilema ward



Mwanza Stepping Stones session

## Chapter 6: Conclusions and Policy Implications

In this final chapter, we bring together some of the main lessons and conclusions from all three country experiences and highlight key policy implications and/or other kinds of follow up required.

### Implementation of Stepping Stones

Some of the lessons here relate to ethical issues, some are of a practical nature and others touch upon strategic interests.

- **Ethical issues**
  - In the process of raising awareness about HIV/AIDS and other issues, Stepping Stones gives rise to expectations. These may include expectations relating to access to services, such as VCT, ARVs, condoms. Or they may relate to support for the peer groups to carry on meeting or for more Stepping Stones work to be carried out in other villages, and so on. In the planning phase, prior to implementation, it is important to consider what capacities and/or resources are available to respond to the expectations among communities that will be raised through the Stepping Stones process and this information should be clearly communicated to community members. In case of very limited capacity, it may be preferable to postpone implementation in the short term and address these issues first.
  - In all 3 countries, the issue of the recompense and/or level of recompense for CFs arose. Even if people are willing to work for next to nothing, there is an ethical question about whether this is tantamount to exploitation. Other inequities may also arise, for instance differential treatment of those who trained participants who start training others. These issues need to be fully discussed and policies clearly explained to the community before starting.
- **Practical issues**
  - More attention should be given to the training provided for Community Facilitators (CFs) of SS. In Angola and Uganda, CFs expressed the need for training to be spread out over a longer period and for 'expert' support on some aspects of the SS training, requiring more specialised knowledge, such as family planning, STI management, etc.
  - The Manual should be translated into local languages and each CF should be given her/his own copy.
- **Strategic issues**
  - A training package suitable for non-literate facilitators should be developed to ensure that certain groups, such as nomadic pastoralists with limited literacy levels, are not excluded.
  - The incorporation of local, cultural elements within Stepping Stones process (as was done most systematically in Tanzania) is useful for attracting participants, as well as helping them to relate new information and learning to traditional wisdom and forms of expression.
  - In all 3 countries, it was found that the involvement of local authorities, whether in an advisory capacity or as trainees, had a positive impact on attendance and also helped to enhance the status and influence of the CFs
  - The establishment of an Advisory Committee bringing together the project partners and representatives of key local structures, including local government structures, health service departments and others, helped to enhance ownership of the process and better coordination of services
  - The special requests and final community request provide important lobbying and advocacy, as well as awareness-raising opportunities where community members can make their views known to the 'powers that be'. These opportunities should always be fully exploited.
  - Stepping Stones should be integrated with other kinds of complementary interventions, such as micro-credit, that can address issues, such as poverty, that emerge from the Stepping Stones discussions

### The impact of Stepping Stones

There are some discrepancies in the findings based on different sources of information, but also quite a few similarities across the 3 countries. These are highlighted below. Lessons relating to methods of data-collection are dealt with in the next section.

- **Impact on participants**
  - Here, the key findings in relation to the Core Project Indicators are summed up:
  - In all 3 countries, levels of knowledge

and understanding of HIV/AIDS and other sexually transmitted infections increased after the SS training.

- In relation to stigma, the findings are more unclear: on paper, people express less discriminatory attitudes, but low take-up of services, like VCT, suggests that stigma levels remain high
- In all the countries, there was evidence of reduction in high risk cultural/sexual practices, such as initiation rites involving multiple sexual partners, the repeated re-use of the 'ancestral' knife for circumcision rites, widow inheritance. In addition, excess alcohol consumption usually leading to unsafe sex, particularly in Angola.
- On condoms, the picture is more confused: people claim to be using condoms more regularly, but these claims are not backed up by the questionnaire-based findings. Based on these findings, condom use has increased substantially in Gulu, but remains very low in other places, like Angola.
- In terms of gender relations, there is evidence in all 3 countries to suggest that Stepping Stones has a positive impact on women's status: their own self-esteem increases and they are more respected by their husbands and others. However, traditional patriarchal norms governing decision-making processes and access to resources, remain firmly in place. In terms of wife beating, findings differed: in Mwanza, the survey findings reveal significant reductions in wife-beating, while in Gulu, attitudes have changed, but the beating continues (!)
- In the area of communication, Stepping Stones appears to be very effective in terms of reducing the taboos around talking about sex, both between partners and with children. Besides communication about sex, one of the most appreciated aspects of SS, is the way it helps to increase and improve all forms of communication between people (couples, parents and children, other groups in the community).
- There was also strong evidence in all 3 countries of a positive impact in terms of community responsibility for supporting PLHAs and taking action to spread awareness.

#### • **Impact on non-participants**

Across the 3 countries, it is clear that the impact of Stepping Stones is not confined to those who participate directly in the training process or journey. Participants talk to their friends and family at home and many people share the lessons with others through their church, their community activities and, in some cases, through their work, for example, in the school curriculum and/or curriculum for teachers, scouts, and so on.

#### • **Negative impacts**

One potentially negative impact mentioned, both in Uganda and Angola is the new emphasis on pre-marital testing for HIV. Although presented as a positive outcome, the implications for those who test negative (particularly women) are worrying. Linked to this, there is a danger that SS helps to reinforce the negative association between HIV status and moral standing in the community. This, in turn, has very negative implications in terms of eradicating stigma and further research is required to understand these processes better.

#### • **SS mobilisation potential and impact on policies and services**

In each of the countries, Stepping Stones has resulted in some policy changes and/or some improvements in services. Examples include: by-laws banning discos and late night drinking; increased condom supplies; more counselling and home-based care; access to VCT. While the specifics differ from country to country, some of the key lessons emerging include:

- SS is an effective tool of community mobilisation, not only around HIV and AIDS-specific issues, but also around wider development issues, such as access to clean water and quality health services and the need to address poverty.
- The development of networks and partnerships between communities, NGOs, service providers and local leadership is critical to ensure better coordinated responses.
- Advocacy outcomes are also strongly influenced by other factors in the external political environment, such as degree of centralisation of political power versus scope for autonomy to respond to local demands.

#### **Assessing and measuring impact: data collection methods**

The development of appropriate systems and

methods for monitoring and evaluating the impact of Stepping Stones proved to be one of the most challenging aspects of the project in the three countries. The following key lessons can be highlighted:

#### • **Mix of quantitative and qualitative data**

In all 3 countries, there were discrepancies and inconsistencies between the results of the survey questionnaires and the focus group discussions (FGDs). On the whole, staff observations coincided more closely with the findings of FGDs, suggesting that people find it easier to express themselves openly and honestly in an open discussion than when filling out a pre-coded questionnaire. Thus, there should be less emphasis on quantitative data. On the other hand, the documentation and analysis of qualitative data needs to be strengthened. Other sources of information on proxy indicators (such as condom demand, STD incidence, use of VCT services) are also important and useful for the purposes of triangulating data on a specific issue. The views of staff and other direct observers also carry weight.

#### • **Participatory versus 'scientific' research**

Most NGOs, even ACORD which regards research as a central part of its mission, do not have the capacity to undertake systematic, longitudinal research that can stand the test of scientific rigour. Moreover, even if such research were guaranteed to produce more valid findings, this approach would not necessarily be more desirable in terms of community outcomes since the empowering aspect of participatory research would be lost, leaving researchers with clearer findings, but taking away from communities the benefits of greater ownership of the process.

#### • **Survey methodology**

A number of lessons emerged relating to specific aspects of survey methodology:

- If using consultants, it is important to ensure they have a good understanding of gender and HIV/AIDS issues and it is also preferable to use the same person for both the baseline and impact survey in order to ensure consistency of approach
- Questionnaires should be semi-structured and include open-ended questions to allow respondents more freedom in their responses and minimise 'researcher' bias.
- It is good to have a control group, as well as the baseline, as a point of comparison

to help distinguish between the influence of Stepping Stones versus other factors in the environment.

#### **Sustainability and scaling up potential**

- The timeframe of the project was too short to provide conclusive evidence on sustainability. However, anecdotal evidence from participants themselves suggests that some changes at the individual level are likely to be lasting.
- On the other hand, the project findings also suggest that, in order for the impact to be deepened and sustained, there is a need to continue supporting communities through Stepping Stones and/or other means.
- In all three countries, some degree of scaling up occurred spontaneously. This reflects the enthusiasm generated by Stepping Stones in communities, as well as the very visible outcomes that are appealing to local authorities who want to be seen to be doing something about HIV/AIDS in their communities.
- Common sense suggests that the wider the coverage, the more lasting the impact is likely to be. However, research is needed to test this hypothesised positive association between sustainability and scaling up.

#### **Adaptability of Stepping Stones**

The project shows clearly that SS can be adapted and used in a wide range of socio-cultural settings. The following lessons can be drawn out in relation to the specific contexts in which SS was applied as part of this project:

#### • **Stepping Stones in a post-conflict situation**

The Angola experience showed that Stepping Stones can help to bind communities torn apart by conflict and brutal acts of warfare and vengeance and to re-build solidarity and a sense of shared humanity. It can also serve as a bridge between the army and the civilian community. However, as highlighted in the Uganda case study, conflict often strips people of their capacity to fend for themselves and undermines the community spirit. This may undermine the success of Stepping Stones, which relies heavily on the voluntary effort of communities to respond.

#### • **Using SS with mobile populations**

In the case of the Mucubai pastoralists, the main



challenge arose, not so much on account of their mobile lifestyle, but on account of the social exclusion and self-exclusion of this group from the mainstream of society. At the point of selecting SS participants, no Mucubai came forward. Also, although SS is especially designed for non-literate people, the training requires literacy skills and this excludes non-literate groups. SS was also unsuccessful in the border town of Santa Clara (Cunene Province). Other factors also came into play, so it is not possible to draw any conclusions about the feasibility of implementing SS in this kind of a situation based on the project experience.

#### **Resources and Funding**

- Funding constraints affected all aspects of implementation and, as such, undermined some of the potential benefits. Inclusion of relatively low-cost 'extras' (such as bicycles, T-shirts, sufficient manuals, etc for the community SS facilitators, provision of a meeting space for peer groups, etc) can make a significant difference in terms of the quality and impact of Stepping Stones.
- Funding for Stepping Stones must extend beyond the immediate implementation and include support for longer-term, follow-up activities in order to enhance sustainability and impact.
- Funding should also be provided for in-depth, qualitative research to gain a better understanding of the impact of Stepping Stones and how it can best be implemented in order to achieve the desired results, particularly in relation to reducing stigma, domestic violence, sexual practices, and so on.

In conclusion, this project has contributed to our overall understanding of how Stepping Stones works and its impact on individuals and communities. Like many other studies before it, it shows unequivocally that Stepping Stones changes people and their relations, usually for the better. The findings also suggest that SS can play an important part in helping people to protect themselves against the risk of infection and, to a certain extent, SS can also help to reduce stigma and promote more caring and supportive attitudes towards PLHAs. Above all, Stepping Stones is a powerful tool that helps people understand each other better and make the necessary adjustments in their lives to enable them to better face the challenges of HIV and AIDS. But to have a lasting impact Stepping Stones must be viewed as part of a more comprehensive

approach to supporting communities, which must include improvements in policies, services and information, both directly and indirectly related to HIV and AIDS. Lastly, focussed research should be undertaken to broaden our understanding of the processes of social change generated by Stepping Stones to inform programming and policy decisions and ensure that limited resources are used to best effect.



**KAMPALA OFFICE:**

Plot no. 1272 Ggaba Road,  
Block 15,  
Nsambya  
PO BOX 280  
Kampala  
Uganda

Tel: +256 (41) 267 668/266 596

E mail: [hasap@acord.or.ug](mailto:hasap@acord.or.ug)

---

**LONDON OFFICE**

Development House  
56-64 Leonard Street,  
London EC2A 4JX  
United Kingdom

Tel: +44 (207) 065 0850

E mail: [info@acord.org.uk](mailto:info@acord.org.uk)

---

**NAIROBI OFFICE:**

ACK Garden House  
PO Box 61216-00200  
Nairobi  
Kenya

Tel: +254 (20) 2721186/1185

Email: [info@acordnairobi.org](mailto:info@acordnairobi.org)

---

ACORD is a company limited by guarantee  
Company registration no. 1573552

ACORD is a registered charity governed by  
memorandum and articles of association.

UK Registered Charity Number 283302

---

Copyright ACORD 2004

---

ISSN 1812 1284

---

Printed by flo-Print Colour Ltd