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by Dr Sundari
Ravindran” but I am not 100% sure AW March 06)**

STEPPING STONES WORKSHOP COMMUNITY BASED STRATEGY FOR PREVENTION OF HIV/ AIDS

INTRODUCTION

Stepping Stones is a training package on HIV/AIDS, gender, communication and relationship skills designed both for use in existing HIV/AIDS projects and in general development projects which plan to introduce an ongoing AIDS component.

Stepping Stones grew out of a need to address the vulnerability of women and young people when it comes to decision making about sexual behaviour. It is designed to enable people to explore the issues, which affect their sexual health – including gender roles, money, alcohol use, traditional practices, attitudes to sex, attitudes to death and their own personalities. Addressing behaviour issues particularly in the area of sexually transmitted diseases such as HIV/AIDS/STDs, calls for great sensitivity, Stepping Stones is a participatory tool aiming at behavioural change for prevention and control of HIV/AIDS/STDs.

This training package has been very successfully used in sub-Saharan African countries and has been tried effectively in many countries around the world in preventing HIV / AIDS with the general communities. In India this module has been used at Bangalore, Tirupati and Assam by NGOs.

In this methodology all the peer groups like adolescent and older men and women in the community are brought together in a workshop. The workshop involves talking about how to improve communication between men and women and between people of different age groups.

The themes of the workshop include

- Group Cooperation
- HIV and safer sex
- Why we behave in the way we do
- Ways in which we can change
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Thus Stepping Stones does not stop at giving information about HIV transmission and prevention but also includes discussion related to human and social behaviour related to HIV and strategies to change the same.

In places where people have used Stepping Stones methodology they have reported following changes after the training.

- Less quarrels among the couples
- Increase in condom use
- reduction in incidences of domestic violence
- Mutual Respect for each other among adolescent

RATIONALE

Women Centred Health Project wanted to assess the feasibility of using the Stepping Stones methodology in urban slums with support from the outreach workers of the health posts. The introduction of gynaecology OPD in the health posts posed the possibility of men and women visiting the OPD at the health posts with complaints of STI's. Thus the Project decided to introduce the process of Stepping Stones to prevent STD /HIV transmission in the general community surrounding the health posts. NGO's were also invited to participate

in the process.

ACTIVITIES

1. Training of Trainers (TOT)

Thirty participants from Mumbai took part in the workshop. There were 12 men and 18 women including WCHP staff. The participants represented non-governmental organisations (12), staff from the Municipal Corporation (13) and the project staff (5). (See annexure 1 for detail composition of trainees)

The facilitators of the TOT were Ms. Parinita Bhattacharjee, ex-programme coordinator with ActionAid and at present working with Indo-Canadian organisation in Bangalore and Mr. Ayan Chatterjee, working with Catalyst Management Services Pvt. Ltd. at Bangalore. Both the facilitators are using the Stepping Stones module at Bangalore and interior of Karnataka State for last two years with positive results.

Objectives

- To sensitise the participants on the concepts of Stepping Stones and its efficacy based on African as well as Indian experiences.
- To train the participants in Stepping Stones skills.
- To share successful experiences of prevention, control and care in HIV/AIDS/STD.
- To adapt Stepping Stones to suit regional/local variations.

The duration of the TOT was 9 days. (see the Annexure 2 for detail schedule) The trainees were taken through Stepping Stones training as it is implemented in the community for the first seven days. The next two days the participants were given time to prepare training sessions, practice facilitation skills and receive peer feedback.

Adaptation of Stepping Stones

The following ideas emerged from the discussion on adaptation of the manual and the training to suit the local needs and feasibility of implementing it within BMC.

- The manual needs to be translated in local language i.e. Marathi /Hindi. The language of the manual should be simple and easy to understand.
- The present manual is too big, and needs to be condensed/concise.
- The objectives of the Stepping Stones and that of the Organisation should match. The module is very flexible and can be made specific according to the objectives of the Organisation.
- Need to add some more sessions in the module for some issues that are not discussed in the manual. These new sessions should be as per the need and the prevailing problems of the community such as alcoholism, unwanted pregnancy, homosexuality, HIV care management, saying 'yes- to condom use', domestic violence.
- It is not necessary to use the videotape as suggested in the manual.
- The duration of the workshop could be 6 days at a time instead of 9 days as it would be difficult to relieve the staff from their routine duties for such a long time.

The action plan

The action plan developed by these trainers in the TOT workshop included conducting two workshops with the health care providers before conducting one with the community. Conducting these workshops with the health care providers from the health post would be helpful in assessing the feasibility of this programme for the community and in preparing the sessions for the community. The two workshops with providers were also to provide an opportunity for the trainers to practice the newly learnt skills. It was decided to include health care providers as trainees, from different health posts to form a batch of not more than 30

participants. Three teams of trainers were formed to implement the action plan.

The administrative sanctions-for wider implementation

The experiences, evaluation by trainees that expressed satisfaction and the action plan that emerged from TOT were presented in a meeting organised by the Project to the DEHO (AIDS), AHO (IEC), AHO (TB), and the MOsH of wards from where the trainers came from .

The suggestions made by the senior officers were included in planning the Stepping Stones workshops for the health care providers.

The administrators suggested that the training could be conducted to include health care providers from the same administrative areas in one batch for smoother logistical arrangements. The project thus decided to conduct three training workshops with health care providers, one in each bureau. (Mumbai has been divided into three administrative areas called bureaus under the IPP-V programme namely city, western suburbs and eastern suburbs)

It was also suggested that a dissemination workshop should be scheduled following the completion of training of health care providers.

The Project proposed collaboration with the AIDs Cell for implementing Stepping Stones so that the programme gets institutionalised within the BMC system. The DEHO of the AIDS Cell agreed to explore possibilities to fund the first three workshops with the health care providers. WCHP along with the AIDS Cell thus submitted the proposal to the public health department for administrative sanction. It was also decided to train the AIDS Cell staff as trainers who could be trainers in the subsequent training. WCHP organised the first 6-day training with health care providers on March 25- 31, 2002.

Since then the Project has conducted 4 more workshops for the health care providers. (See annexure 1 for details). More number of batches than planned were conducted because, all the providers from the eight Gynaecology OPDs initiated by WCHP were to be trained and all could not be relieved at the same time. Also health care providers from other health posts (where Gynaecology OPDs are not running) were included to have proportionate number of men and women in every batch. The last batch was conducted to include doctors running the Gynaecology OPD in the training.

2. The Training with Health Care Providers

The aim of the 6-day training workshops was to train health care providers, enabling them to help individuals, their peers and communities to change their behaviour – individually and collectively – through various sessions provided by the Stepping Stones.

Objectives

- To conduct Stepping Stones training with the group of men and women working as health care providers with the primary health care centres of Brihanmumbai Municipal Corporation to
 - make the participants aware about their communication needs with each other related to sexual desires, pleasures and sorrows
 - discuss expectations of men and women from each other in loving and non-loving relationships
 - discuss preference of sexual acts, likes, dislikes and risks associated with these acts
 - acquire knowledge on HIV/AIDS infection, transmission, prevention and difficulties in controlling the spread of infection
 - demonstrate condom use and make participants comfortable to talk about condoms in the community

- make participants practice assertiveness skills and ' I ' statements for controlling HIV transmission
- plan strategies together with participants (men and women) to prevent HIV infection in the community.

Preparations

The trainers team for each of the workshop included two women and two men. In the first two workshops, the male trainer was from NGO; Apanalaya and Prafullata. The trainers' team met before the workshop, to plan the number and the composition of the trainees in each batch and also to prepare the session plans, common meetings during the training and responsibilities of each trainer.

The duration of the TOT was nine days. The trainers selected sessions from the nine days schedule and planned the sessions so as to fit them in six days. (See the annexure 3 for the adapted 6-day schedule).

The original manual of Stepping Stones programme is in English. The selected sessions that were included in this training schedule were then translated in Marathi on the request of some trainers. This translated version would be useful in future for the training to be conducted with health care providers of BMC and with the communities.

Selection of the venue for the training was done to have space for conducting groups of men and women separately as well as space for common meetings. Place away from city was also selected to give the trainees feeling of being away from the daily routine of busy life thus creating space for relaxing, reflecting and sharing. The selected venue also ensured privacy required for personal sharing in separate groups of men and women.

Participants

Total of 158 participants attended the 5 workshops of which 85 were women and 73 men. (See the annexure 1 for details)

The Training Methodology

The six days training included sessions on knowledge about HIV/ AIDS, attitudes towards sexuality, skills required to prevent self and others from HIV infection as well as understanding behaviour and need to change sexual behaviour, practices that make both men and women vulnerable to the risk of HIV infection. Following sessions were conducted in the training.

- Orientation to the Stepping Stones methodology
- Expectations and fears
- Trust and confidentiality
- Counselling and Communication skills
- Importance of Body language and non verbal communication
- Societal restrictions to maintain gender stereotypes
- Being comfortable about own body and sexuality
- Images of sex and joys and sorrows related to sex (sexual abuse and violence)
- Expectations from the partners in a loving relationship and risks associated with the sexual behaviour in a non-loving relationship
- Information on reproductive systems of men and women, contraception, HIV, AIDS , STDs and risk behaviours
- Different sexual practices and risk of HIV
- Being assertive and bringing conscious change in the unsafe behaviour
- Why do we behave the way we do (Alcoholism, sexual abuse and violence)
- Coping with AIDS
- Special requests from men and women to each other for taking responsibility for

preventing STD/ AIDS and Gender based discrimination and violence

The sessions were conducted using participatory methods and use of adult learning techniques, with very little use of lecture method. Methods used were drawings, role plays, buzz groups, small group discussions, debates, question- answer sessions, songs and games.

All the sessions first were conducted in the separate groups of men and women to encourage open sharing of personal issues related to sex, sexuality, sexual practices. The outcomes of these separate sessions were then shared with the whole group in three common meetings (men and women meeting together) during the workshop. These common meetings provided platforms for both the groups to express their expectations from each other in a relationship (sexual or non-sexual) and to discuss issues, constraints, strengths and weaknesses of each other to change the societal gender based norms and to prevent sexual abuse.

At the end of the training programme the men and women also made special requests to each other for preventing the spread of HIV infection and for caring for those already affected.

The requests included

In relation to man –woman relationship

- Sharing of responsibilities at home
- more open communication between partners
- understanding each others' physical, sexual as well as emotional needs
- respecting each others' wishes and involving the partner in decision making affecting their lives

In relation to sexual practices

- consensual sex, no forced sex
- communicating and understanding each others sexual needs, pleasures and sorrows
- mutual faithfulness and use of condoms to prevent infections

In relation to sexual abuse and harassment

- Stop, prevent and protest against sexual abuse, harassment in public places and at work places

(See the Annexure 4 for outcomes of some other sessions)

EVALUATION OF THE TRAINING

1. In built daily and ongoing evaluation

From trainees

Daily Feedback

At the end of every day the participants are asked to write their feedback on two separate chits of papers, in the form of likes and dislikes regarding the sessions conducted on that particular day. A participant is asked to collect all the chits and present the contents to the whole group. After discussing the issues, modifications are made in the programme if required based on the daily feedback by the participants. A volunteer among the participants also does a summary of daily learning in a recap session held every morning..

Written feedback by the participants at the end of the workshop

All the participants were asked to give a written feedback at the end of the workshop. Some of the comments made by the participants are as follows.

- We like the participatory methodology used in the training and felt that the trainers were one of us so we could share things without hesitation.
- We got information on HIV/ AIDS and STDs in detail. Our misunderstandings and fears about the infection are reduced now.
- This was the first time we talked about our own sexuality and now we feel we can talk about it confidently with the women and men in the community
- We would like to share our experiences of this training and knowledge and skills gained with our colleagues and with the community
- If both men and women share responsibilities and also improve communication between them it will help
- This training will help us in our personal life.

At the same time some male participants did not like the outcome of the training as they felt that they were solely held responsible for the spread of infection, violence, extramarital relationships. Men are changing now and women do not seem to appreciate that. Also they denied that men always take advantage of women's vulnerable situation. Many men in the group shared their personal experiences with their partners both positive as well as negative. The women's group thus reiterated that they were sharing their personal experiences and they are not generalising the facts to all the men and if men in the group are not involved in unhealthy behaviour with their partners it is encouraging and gives a lot of hope for the future. Men also felt that women were still not open to talk about sex and sexuality in the common meetings. They urged women to be more open. Many participants were keen to conduct such trainings in their communities as a follow-up of this workshop.

From Trainers

Daily peer feedback

During the workshop the trainers met every day at the end of the workshop and gave feedback to each other. A review of the days session is done in this meeting in terms of time management, outcomes, facilitation skills, response of trainees and issues to be taken up in men's and women's group for discussion separately and jointly and strategies to address the issues.

Meeting after the workshop

After the first training the team of trainers met to evaluate the training and they felt that it was an encouraging response from the participants. All of them enjoyed conducting the sessions and feel that they would like to do more trainings. They feel confident to conduct it with the community after conducting it for health care providers. Modifications are done in the next workshop based on this feedback.

2. Feedback from Stepping Stones trainers and trainees conducted as part of end evaluation

Four Stepping Stones (SS) Trainers were interviewed in May and June 2003. Of these two have been associated with WCHP from the beginning of the project, while two began their association with the Stepping Stones Trainers Training in February 2002. One Focus group Discussion was conducted with around 17 health care providers who had participated in 4 batches on Stepping Stones 6 day workshops.

Relevance of Stepping Stones Training

All the four trainers expressed that SS was a profound experience. One PHN said she would not call SS a 'Training'. She thought of it as a process to get people to think about themselves, their position in life, 'As a human being where am I?' and find solutions to their problems. They felt that SS related to sensitive topics, to emotions, attitudes and

behavioural changes. It dealt with people in the community.

The trainers felt that SS Trainer's Training was very relevant not just for HIV / AIDS but could be applied to family Planning, family welfare and other issues for modification and adaptation in the module.

Stepping Stones does not have only curative approach, it is also preventive and promotive. It can be applied to all social issues. For any community work, any social issue, being member of a family, we need Stepping Stones. Promotes liberal thinking, rational approach, not fatalistic approach. Flexibility is inbuilt in this methodology, flexibility to time situation, locality, community. It can be adapted to suit any situation or group.

One person felt that the SS Trainer's Training resulted in increasing confidence of health care providers and clarification of their concepts. Another CDO stated that SS helped to develop an individual as well as a whole person by getting him to reflect on his thinking process and value system.

The Health Department is already exposed to the HIV / AIDS issue, other departments of BMC also need to be sensitised of it. 'They will be helped to understand their value system, won't get trapped in this disease. It is urgent because HIV/AIDS won't restrict itself, will affect each and every body life, The epidemic is huge'.

The trainees in the FGD expressed their views as follows

- One MPW said that they have acquired in depth knowledge about STDs through this programme. Now they realise that general public should also be informed that HIV needs to be prevented as the prevalence rates are going up. They are now familiar with local terms and can use them in the community. Also they can implement the participatory methods and media of communication in the community to talk about delicate and sensitive issues. Communication with couples can be now done more skillfully.
- Adolescent girls can be targeted with this methodology. They will get educated, link this methodology to Adolescent girls' initiative work.
- There are some castes, community groups with whom discussions on certain issues are very difficult. Eg. Muslim women and contraceptives. Can talk to those groups separately using the Stepping Stones methodology

Feedback from the trainees

- Got to learn more about sexual and non-sexual relationship
- Sharing was good
- As a doctor also I could participate very well and had the opportunity to learn about other's view points
- Through this training learnt to speak about our reproductive health problems
- Men also shared about their problems in the mixed group
- Lost our inhibitions, could express ourselves
- Liked the fact that we began with confidentiality rule - safety was created
- Could express our expectations and feelings
- Was not boring, dramas, games, street play made it very interesting,
- Was very participatory, creativity was encouraged, trainers got very involved with us
- Got complete, in-depth information about particular subject eg. What women think about sex (said by a male CDO) local terminology about sexual organs etc.
- This training was different from other trainings on HIV/AIDS in which people come and lecture and we listen. In this training even seating arrangement was different.
- Tension between men and women in the group around issues of gender discrimination. No consensus reached.
- One man (MPW) exposed that women felt that men have greater 'Varchasva' (authority)

and men felt that it is their right to have that authority

- No material was given during the workshop. We forget many things

Experience of applying the learnings from the training

As mentioned about the SS Trainer's Training seems to have been a profound experience for the trainers whom we interviewed. It set off a process of introspection and reflection. One CDO said 'I learnt that one should not have double standards. There should be no gap between professed values and practical values. It taught me to think. 'Charity begins at home' meaning start from ourselves, improve our own thinking and behaviour. Be models for community change.'

Both the male CDOs expressed that the training had the effect of bringing about changes in their relationships with their wives. Communication increased, as did their sensitivity to their partner's needs (including sexual needs) and they started giving them increased emotional support. ' I became more sensitive to my family's including children's perception of me'

These personal changes were reflected in their work as trainers. One CDO shared how he could speak about his own dilemmas in the training and his own experiences of bringing about changes in his relationships. These confidences helped to dissolve the fears and inhibitions of the trainers.

Another CDO said that her perception continued to change right from the Trainer's training in which she was a participant to when as a trainer she heard the trainees reflections. More than one trainer expressed that each group that they trained was different. While the issues of the ANMs were clustered around housing, shortage of space, lack of decision making, the social workers (who had gone through similar kind of trainings earlier) and doctors (who were of a different class perhaps) were more vocal in their relationships with their partners, but concerned about family norms and relationships with in-laws. Another area of difference was different norms of sex for men and women. While for men sex was associated with images of breast and erect penis, for women the images were more romantic like candle light dinner etc.

The PHN Trainer shared the municipalised staff started off by resenting the training because they thought it would lead to an increase in their workload. In the beginning stages they would come out with stereotypical responses that reflected a lack of openness. As the training progressed their role plays reflected differences. She shared an example of men of a particular community being very rigid in their thinking. And then by day 5 of the training accepting that women can share their feeling and thoughts with men. 'The training process compels them to think' she said.

The initial lack of openness may also be due to the fact that the trainers know each other from before, some are from the same health post and don't feel safe.

A male CDO stated that he became more client centred after the training in his work through the Asha Cell. Working among Commercial Sex Workers (CSWs) and their clients. He counselled mainly hotel boys. The value addition after the SS training was that there was reduction in the defaulters who went back to CSWs. Another result was that the hotel boys, a closed group, became more open.

Results of the training were also positive as cited by the PHN. Three or four trainees telephoned her to ask how can we replicate this process in the community? They are demanding guidance now. The attraction is the participatory process.

The trainees in the FGD expressed their views as follows

At personal level

- Women doctor said, I shared every day's learnings with my husband. There is now

- greater openness in our relationship
- CHV (spoke for the first time towards the end of the meeting), My daughter goes to college. I spoke to her about recognising quality of touch. It is important for girls to know this. She liked the discussion very much. I didn't talk to her about big things like AIDS
- Male CDO - I do weekly counselling in my ward, especially after film and slide shows. People come and ask me about AIDS. Quality of my counselling has improved

At individual level at work place

- Shared with colleagues in health post. Many expressed desire for this training. Some felt what is in this new thing you are talking us about?
- Handled people better at the community level eg. of problem solving with couples

Institutionalization of SS training

Since the relevance of the training was so acutely perceived by these interviewed, they expressed that it should be continued even after WCHP is over. This training is relevant not just for the grass roots but for all bureaucrats, administrators and conservancy staff not just from the Health Department, but all of BMC. Bureaucrats going through the training and also planning for it will help in creating a conducive environment for change to happen.

Another suggestion was that in each ward and each health post, SS training can be done for CHVs and CHVs can adapt it for Mahila Mandals in accordance with their own schedules.

Some opinions were expressed that a 'proper' agency should take the responsibility for the SS trainings. Issues of funds, sanctions and approvals, permission for the staff to attend the 6 days training will need to be handled, so commitment of the system is required. There are enough trainers now within the Health Department, so that is not an issue of concern.

The point about an appropriate agency taking over SS training was restated by two other persons.

'This training may be lost in BMC. This can be done by other agencies in collaboration with BMC. Tangible results will not be provided by such a training. Eg. Hepatitis B injections are quantitative and 'hard' which is what BMC wants'.

A repeated concern being raised was how can we make a community level programme based on this training. This was raised by the trainers and the trainees. It was expressed that adolescent girls are accessible through Public Health Department's AGI but how can we include other groups in the community? There is an urgent need to plan out a strategy for different community groups. In fact, the trainees pointed out that because this issue was not adequately dealt within the training programme, the momentum was lost and they have forgotten much of what they had learnt.

Support required for trainers to conduct SS training

Logistics support

Training Hall, permission for the staff to attend the 6 days training programme, as trainers some help in time and responsibility adjustments (The PHNs mentioned that she was able to get the cooperation of her staff to manage this extra responsibility but this issue does need to be recognized and dealt with)

Refresher training, ongoing or periodic observations and feedback from experienced trainers would help. The present practice of collective preparation and discussion after each session was appreciated.

Other Suggestions

- Should be implemented at mass level : NGO, Government, unorganized sectors, with CSWs, labourers and so on.

- Venue should be private, centrally located
- Training should not be compulsory. Introductory orientation is required either through a pamphlet or a session. The staff should come for training with willingness.
- Higher ups should be involved in discussions for planning and reviewing.

Suggestions from Trainees for Future implementation

- Community level programmes should have been structured as part of follow up implementation
- All the people / health providers in the ward including maternity homes should receive this training, not 34 from each ward. If all are trained then programmes can be designed for implementation. Alone we can't do any systematic programme
- A group of trainers could be formed in each ward. Ward level teams should be constituted comprising of ANMs / MPWs, CHVs and community people and NGOs, those good in acting and communication to do street plays on various issues (Polio, HIV/AIDS etc.) using Stepping Stones principles
- Counselling facilities at the ward level, with privacy. People need information and counselling but there is nowhere to go. Privacy should be ensured. The existing information booth can be used with some reorganisation. During our fieldwork we can direct people to this centre. ANMs / MPWs can be rotated to handle this booth.
- Stepping Stones methodology could be used with the adolescent girls and boys in the community
- Stepping Stones work should become part of ongoing activities with some reallocation of duties, concessions etc.
- Work with local NGOs with Stepping Stones methodology, involve them in this work
- Committee at ward level with *mandal* representatives and field workers, no higher officers and bureaucrats

3. Pre-post Evaluation on effectiveness of training

(Is in the process of analysis)

FOLLOW-UP DONE

Project followed up with the NGOs who had participated in the TOT. Three organisations out of 6 who participated in the workshop conducted the workshops either in the community or with their staff. The NGOs who conducted workshops are Apanalaya, Alert India, and Prafullata. Apanalaya organised one meeting to share the experiences of trainers who went back and conducted the workshops. Apanalaya has conducted the session with their staff, Alert India with adolescent boys and girls and Prafullata with sex workers. Each one had adapted the sessions to suit their needs and the kind of participants. It was decided that each organisation could send a brief outline to Apanalaya of the session schedule they followed in the workshop. Apanalaya would put together the suggestions for adaptation of the Stepping Stones manual to suit local needs.

COLLABORATION PLANNED

The trainers, who conducted the TOT, were ex-team members of Action Aid (the international development organisation). They had suggested that we could get in touch with Action Aid as Action Aid was planning to set up a resource centre for Stepping Stones training in Mumbai to co-ordinate activities in the state of Maharashtra. Action Aid, when contacted by the Project, showed interest in supporting training workshops all over Mumbai. Project then in collaboration with AIDS Cell of BMC submitted the proposal to Action Aid.

It was decided to form a co-ordination committee of representatives from WCHP, AIDS cell, Action Aid, and two or three NGOs like Apanalaya, Alert India, or Prafullata.

Unfortunately before we could have another meeting to form the committee and chart out its role the AIDS Cell of BMC was dissolved and their activities are now being co-ordinated by

the Mumbai District AIDS Control Society(MDACS). Hence now the Project is facing a challenge as to who can be the stakeholder within BMC to carry forward the Project's work on Stepping Stones activity. Project is exploring whether the Family Welfare and MCH department could be the co-ordinating body as the health posts are under this department and whether the Training Cell of BMC could co-ordinate the training workshops. This would mean that the DEHO (FW/MCH) and/ or DEHO (Cells- Training) could represent the BMC on the co-ordination committee formed in collaboration with Action Aid.

DISSEMINATION OF THE EXPERIENCE AND LEARNING

The Project wishes to disseminate the experiences and the learning from the Stepping Stones workshops to the BMC officers, administrators and policy makers as well as NGOs and funding organisations working on the issues related to AIDS/HIV, prevention of STIs, women's reproductive and sexual health, sexual abuse and violence.

The objectives of the dissemination workshop are

- To share the experiences and learning of conducting the Stepping Stones workshop with healthcare providers as well as in the community.
- To get commitment from the BMC administrators and the concerned department in the public health system to carry this programme ahead after the Project period is over and share the ideas on institutionalisation of the programme within BMC.
- To invite NGOs and funding organisation to become partners with BMC in implementing this programme at the community level

A meeting was organised of trainers and representative participants from all the training workshops to discuss the agenda of dissemination workshop. Audio visual presentations of 90 minutes are planned for the dissemination programme.

Action Aid is supporting the workshop and there will be presentation from BMC as well as NGOs like Apanalaya and Alert India who have implemented the Stepping Stones workshops. Participants of these workshops will also share their experiences.

The workshop is tentatively scheduled on August 1st , 2003.

RECOMMENDATIONS

After this experience of conducting training for health care providers and based on the feedback of Stepping Stones Trainers and participants, WCHP feels that 'Stepping Stones' would be an useful and effective strategy for prevention of HIV infection among the general population in the city. It is a tool to open up communication channels between men and women to communicate about sensitive issues related to sex and STDs. It also serves as a strategy for making both men and women responsible for controlling the HIV transmission and also to take care of already affected.

- FW and MCH department could co-ordinate this programme along with training cell of BMC with support from Action Aid.
- Training a team of trainers within BMC in each ward and conducting sessions in the community along with local NGOs and community based organisations can go a long way in preventing the spread of HIV in the areas surrounding the health posts with active participation of the health care providers.

Annextures

1. Details of 'Stepping Stones' Trainings conducted by WCHP
2. Schedule for the Training of Trainers
3. Adapted 6-day Schedule for the Training of Health Workers

4. Outcome of some training sessions

Annexure 1

Details of 'Stepping Stones' Trainings conducted by WCHP

Training and Date	Duration	Total No. of Trainees (Categories wise)	Trainers
Training of Trainers February 5 th -13 th , 2002	9 Days	Total 30 (Women-18, Men-12) -NGO representatives- 12 -WCHP staff- 5 -CDOs -5 -PHNs-3 -MPWs-2 -BMC AIDS Cell Staff-2 -FTMO-1	1 woman and 1 Man External Resource Persons
Training of Health post staff -I March 25 th -31 st 2002	6 days	Total 29 (Women-18, Men-11) -CHVs-9 -ANMs-7 -MPWs-6 -CDOs-2 -NGO Staff-2 -BMC AIDS Cell Staff-2 -PHN-1	Women FTMO-1 WCHP staff-1 Men CDO-1 NGO staff-1 WCHP staff-1
Training of Health post staff -II October 7 th -12 th 2002	6 days	Total 27 (Women-14, Men-13) -ANMs-10 -MPWs-8 -BMC AIDS Cell Staff-4 -CHVs-3 -MO-1 -CDO-1	Women PHN-1 CDO-1 WCHP staff-1 Men CDO-1 NGO Staff-1
Training of Health post staff -III January 27 th - February 1 st 2003	6 days	Total 37 (Women-21, Men-16) -MPWs-13 -ANMs-10 -PHNs-6 -CDOs-4 -WCHP staff-2 -FTMO-1 -CHV-1	Women PHN-1 CDO-1 WCHP staff-1 Men CDOs-2 BMC AIDS Cell staff-1
Training of Health post staff -IV April 7 th -12 nd 2003	6 days	Total 30 (Women-19, Men-11) -ANMs-17 -MPWs-10 -PHNs-2 -CDO-1	Women PHN-1 CDO-1 WCHP Staff-1 Men CDOs-2 Action Aid Staff-1
Training of Health post staff -V June 30 th - July 5 th 2003	6 days	Total 35 (Women-13, Men-22) -ANMs-8 -MPWs-8 -FTMO-5 -PHNs-4 -CDOs-3 -MOs from BMCs School AIDS Programme-4 -MO Incharge-2	Women MO-1 PHN-1 Men -CDOs-2 (1 CDO from -AIDS Cell, now transferred to another Department)

Annexure 2

Schedule for the Training of Trainers

Day 1

- Registration
- Introducing ourselves
- Hopes and Fears
- Objectives of the workshop
- Introduction to Stepping Stones
- The first community meeting
- Forming Groups
- Ground Rules
- Trust and confidentiality

Day 2

- Listening pairs
- Body language
- Ideal Images and personal destroyers
- Body Mapping
- Images of sex
- Prioritizing Problems

Day3

- The first full workshop meeting
- What is love?
- Happy and Unhappy relationships
- Taking Risks

Day 4

- More about condoms and safe sex
- Sexual Encounters and our behavior
- Whose responsibility?

Day 5

- Taking responsibility
- Meeting with men's group
- Attack and avoid
- Assertive skills

Day 6

- I statements
- Saying No
- Sexual Encounters revisited
- Coping with AIDS
- River of my life

Day 7

- Preparing for the special request
- Presentation of performances and special request
- Adaptation ideas
- Adaptation ideas

Day 8

Facilitation skills Practice
Facilitation skills Practice
Facilitation skills Practice

Day 9

- Pre- Stepping Stones Community assessment and organisation
- Monitoring and evaluation
- Action Plans
- Evaluation and Good-byes

Annexure 3

Adapted 6-day Schedule for the Training of Health Workers

Day 1

- Registration
- Introducing ourselves
- Hopes and Fears
- Objectives of the workshop
- Introduction to Stepping Stones
- The first community meeting
- Forming Groups
- Ground Rules
- Trust and confidentiality
- Listening pairs

Day 2

- Body language
- Ideal Images and personal destroyers
- Body Mapping
- Images of sex
- Prioritizing Problems

Day3

- The first full workshop meeting
- What is love?
- Happy and Unhappy relationships
- Taking Risks

Day 4

- Role plays on loving and non-loving relationships
- Reproductive system and health issues
- HIV / AIDS / STDs
- More about condoms and safe sex

Day 5

- The second full workshop meeting
- Sexual Encounters and our behavior
- Whose responsibility?
- Taking responsibility
- Assertive skills
- Saying No

Day 6

- I statements
- Sexual Encounters revisited
- Coping with AIDS
- River of my life
- Preparing for the special request
- Presentation of performances and special request
- Evaluation and Good-byes

Annexure 4

Outcome of some sessions

Session: Expectations and Reality

Methodology

The group was divided into two groups married and unmarried. The second group was again divided into two groups one being young unmarried and the other being elderly unmarried.

The groups were instructed to draw the expectations of the society from them and also what are the realities.

Outcome of the session

- Dress code sober and not fashionable
- Restriction on social activities and time for returning back home
- Relationship with men other than husband was objectionable
- No say in decision making process
- Earn money but no ownership on it
- Too many expectations from society – look after home, children, their schooling, studies, illness and other needs and requirements, also looking after the elderly at home
- For elderly unmarried women – too many responsibilities of the family, run after all the matters related to property, look after children of their brothers and sisters those who are married yet not involved in decision making and also no authority. They are always taken for granted, no one asks for their choice. The issue of avoidance also came up. These elderly unmarried women are mostly not called in any function, if at all they are called they looked as a pitiable object.
- Maintaining the marriage under any circumstances and observing related behaviour as married women that is acceptable in the society.

Issues emerging from the session

- Both the groups of women were under pressure to behave in a way that was acceptable to the society.
- Role conflicts existed mostly in married and elderly unmarried women.
- Living up to the expectations of the family, community and society involves a great deal of sacrifice and struggle.

Session: Joys and Sorrows of sex

Methodology

The group was divided in to two groups and was asked to discuss joys and sorrows of sexual relationships. The group was instructed to depict or write about the activities that give them pleasures in the sexual relationship and then to discuss about sorrows in the sex.

Outcome of the session

Joys of sex

- Consensual sex gives pleasure.
- Togetherness in the sex.
- Bonding and trust in the relationship.
- Passion in the sex.
- Physical and mental satisfaction.
- Pregnancy

Sorrows of sex

- Unwanted pregnancy
- Forceful relations in the sex

- Fear of HIV/AIDS/STD's
- Physical and mental trauma.
- Sex after consumption of alcohol and/or tobacco.
- Abuse and exploitation of women
- Men show no concern after the act is over
- Women do not get opportunity to express their sorrows.
- Some expressed that even after sex some women do not feel satisfied and then how they should cope with this sorrow?

Issues emerging from the session

- Issues of safety in light of pleasure – what about the infections that women face through sexual relations and how to avoid them
- Some gender stereotypes – like positions in the sex, different types and positions in sex which give more pleasure.
- Women's role is to satisfy or to give pleasure to men at all the time immaterial whether women want to have sex or they are in pain or mentally they are not prepared to have sex.

Session: Second Common Meeting

Methodology

In the common meeting both the peers (Men and Women) presented the role plays demonstrating loving and non-loving relationships. The issues emerging from the role-plays were discussed to arrive at a common understanding

Outcome of the session

Characteristics of Loving Relationship

- Responsibility
- Caring
- Understanding feelings
- Sharing of love
- Trust
- Commitment
- Respecting – considering partner's wish for sexual relations
- Concern – no much importance for sexual act, but concern for the partner

Characteristics of Non-Loving Relationship

- Force – use of power in sexual relationship, prime importance to the sexual act
- Telling lies – non responsible behaviour
- Selfishness
- Inequality
- To take advantage of the situation
- High risk behaviour
- Emotional black mail
- Suspicion
- To judge wife
- Sexual harassment at public places
- No commitment

Issues emerging from the session

- Force in the relationship is not accepted to both groups.
- Behavioural change and giving away of power is very difficult for men. For e.g. to give seat to woman in the bus, when the man is occupying the seat.

- Possessiveness/ Suspicion in a relationship is not the way of expressing love but more of expression of control over women.
- Boys also should be told about responsible behaviour by their parents
- Some members from the men's group feel that education can bring change in the attitudes. It was further discussed that sensitisation of men and the society is required and this can be brought by education. But some members from the group felt that attitudes have nothing to do with education, but it depends on upbringing since childhood and cultural background of the family

At the end of this common meeting the women's group observed that there is change in the attitudes of men, as compared with the first common meeting. In this meeting men were much well behaved, increase in acceptance of facts, and revealed few of their personal experiences.

Session: Why do men behave the way we do?

Methodology

Discussion and analysis

Outcome

- Power relations
- Sanctions from society for such behaviour
- Patriarchal system
- Under the influence of alcohol, and other drugs.
- Cultures and traditions
- Up-bringing
- Value – building and morals in man
- Money
- Peer pressure
- Trying to reach the ideals
- To consider woman as an object to satisfy immediate sex needs
- Sense of ownership over woman
