Welcome to “Stepping Stones with children”: a programme to strengthen resilience & relationships among orphans & vulnerable children & adolescents aged 5-14 and their caregivers. This is not a disclosure programme per se but disclosure forms a part of it. We will explain this later.
For the Salamander report, see: http://salamandertrust.net/index.php/Projects/SRH&HR_Survey_for_women_with_HIV/

**LINK TO IMPACT OF VIOLENCE ON CHILDREN - RELATIONSHIPS WITH CAREGIVERS AND VULNERABILITY TO HIV**

If women with HIV are experiencing GBV, this makes it that much harder for them to thrive and survive – and inevitably has a knock-on effect on how they can care for their children.

Similarly, children are witnessing this violence and will undoubtedly suffer as a result. We know that children who have witnessed GBV can often grow up to become perpetrators or enter abusive relationships with perpetrators.

Meanwhile, caregivers of orphans (often grandmothers) are often angry that their children have died, grief-stricken at their loss, desperate, over-whelmed by numbers of children in their care and don’t know how to cope. They often shout and beat the children in reaction.

Orphaned children are bewildered, bereft and feel they are to blame for their parents’ death. They “act up” and “misbehave” in response. How their caregivers treat them can have an effect on their vulnerability to HIV as they grow older.

Of course we are not blaming caregivers or children for their feelings or actions. We need to understand and support both caregivers and children alike in order to enable them to build resilience and move forward together in more positive ways – and to overcome violence in their relationships.
This and the following slide are taken from UNICEF’s Dr Susan Kasedde’s Plenary from Melbourne. They spell out the enormity of the challenge facing 10-19 year olds with HIV. This is why we are working with 5-14 year olds, to help them through their teens.

“I’d like to start by talking about this picture. The only group in whom AIDS deaths are increasing is adolescents. Every day 300 adolescents are dying due to AIDS.

At UNICEF, we’ve analysed the best data available and what we’ve found is that ten years ago, in 2005, 69,000 adolescents died of AIDS. By the end of 2012, that number had increased by 50% yet AIDS deaths had fallen by 30% across all age groups. This trend in AIDS deaths in adolescents can be seen in the red line above.

This is a humbling reminder that we have not done our best for adolescents. We must turn our attention to addressing this gap. We have got to end the AIDS epidemic among adolescents. And to address this inequity, we must act with urgency.

I’d like to share some more information with you on the current epidemic in adolescents.”
1. One in five people are aged between 10 and 19

2. 2.1 million adolescents live with HIV, 1.7 million (82%) in Sub-Saharan Africa, girls account for 60%

3. In all other regions: HIV concentrated in key populations

4. Two thirds of all new HIV infections in 2012 were among adolescent girls

5. HIV is now the second leading cause of death among adolescents, 300 deaths every day

This is the second of Dr Kasedde’s slides:

1. “One in five people in the world today are aged between 10 and 19 which means that globally there are an estimated 1.2 billion adolescents.

2. Of the 35.3 million people living with HIV in the world today, 2.1 million are adolescents.

3. 82% of all adolescents who are living with HIV (1.7 million in total) come from sub-Saharan Africa: the region that accounts for just 16% of the world’s adolescents accounts for 82% of all HIV infections in adolescents. Eastern and southern Africa, home to just 8% of all adolescents in the world, accounts for 63% of all adolescents living with HIV.

4. In all other regions, HIV is concentrated in highly vulnerable adolescents such as adolescent males who have sex with males, adolescents who use drugs, transgender adolescents, adolescents who sell sex.

5. And speaking of inequity and injustice, here’s another thing to think about: of the 2.3 million new HIV infections that occurred in 2012, 300,000 - or just over 800 new infections each day - were among adolescents. Two thirds of these were among adolescent girls.

6. Just over a month ago, in a report on the Health of the World’s Adolescents, WHO highlighted that HIV was the second leading cause of death among adolescents,
So what is “Stepping Stones” exactly? Stepping Stones is a programme based in the community. Above we chart the history of the programme over the past 22 years. It began when I was diagnosed with HIV when pregnant in 1992.
The programme has since gone global to over 100 countries. Adapted and translated into at least 30 languages, it reduced intimate partner violence (or IPV) in an RCT conducted by the South African Medical Research Council. The “What Works for Women” website grades it as Gray II evidence level for effectiveness, both in addressing violence against women and transforming gender norms. Women in countries including Malawi, India (where it has also ended child marriage in communities where it’s been used) and the Gambia have themselves reported IPV reduction, in response to being asked “what has changed for you?”.

REDUCTION IN CAREGIVERS BEATING CHILDREN WAS REPORTED BY BOTH ADULT AND CHILD PARTICIPANTS AFTER “STEPPING STONES WITH CHILDREN” PILOT WORKSHOPS IN DAR ES SALAAM IN DECEMBER 2013 AND JANUARY 2014.

Jewkes et al 2008 Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial BMJ 2008; 337 http://www.bmj.com/content/337/bmj.a506
http://www.whatworksforwomen.org/search?utf8=%E2%9C%93&q=%22Stepping +Stones%22
(eg COWLHA/Salamander Trust 2013; Bradley et al 2011, Paine et al 2002). You can view a film about COWLHA Malawi’s experience of using Stepping Stones to reduce IPV here: https://vimeo.com/69251113
a) 16 months after the original Stepping Stones workshop in rural SW Uganda, all participants said they had found the programme very helpful – but women said “what do we tell our children”?

b) The late Professor Rose Mbowa of Makerere University Dept of Music, Art and Drama, our lead trainer, ran a Stepping Stones workshop in Entebbe. She was approached by 10 year old girls who said they wanted to be part of it also. So they formed a 5th peer group. At the end of the workshop they stood up in front of community leaders and requested that they stop being pursued by sugar daddies. So we know even the original programme works with children as young as 10. (see http://steppingstonesfeedback.org/resources/25/Rose_Mbowa_Using_role_play_to_change_attitudes.pdf)

c) We have recognised quite a large gap in available material for under 14s so decided to focus on 5-14s in this programme now.

d) Dr Fabienne Hejoaka in her doctoral research in Burkina Faso found a huge challenge of “disclosure” to children by adults, even when the “children” were in their early 20s. They were still deemed “children” because they had not gone through formal marriage rituals, owing to poverty. But as “children”, they were not considered old enough to be trusted with such sensitive information.*

e) Dr Miranda Van Reeuwijk, in her doctoral research in N Tanzania reported widespread sexual activity among 10-16 year olds. http://dare.uva.nl/record/305838

PASADA, Dar es Salaam, Tanzania

• Long track record of HIV-related health services across Dar es Salaam
• Widely respected organisation – for all
• Stepping Stones successfully used with older youth – eg car washers’ cooperative
• Wanted to work with younger children and adolescents

ALSO: PASADA OFFERS SERVICES FOR CHILDREN WITH HIV.

AND CONDUCTED STEPPING STONES WITH CHILDREN IN SCHOOL.

For a poster regarding PASADA’s work with young adults in slum areas, see http://steppingstonesfeedback.org/resources/25/SS_PASADA_Poster_Toronto_2006.pdf

PASADA was founded in 1989 just as AIDS was starting, when only counselling and palliative care were available. Its dedicated staff now supports 155,000 clients, most of them extremely poor, 70% of whom live in Dar. Half of those who have tested for HIV in Dar have passed through its doors. Of Dar’s 4.5 million population, 75% are without their own water or electricity. Those who need to be on anti-retroviral (ARV) treatment have to come every month because of drug shortages. This costs clients extra time and money in terms of transport, childcare costs and time off any work.
Our Planned Programme Outcomes

☀ To build on past Stepping Stones experiences: *gendered and inter-generational relationship skills* & follow in its global footsteps

☀ To create a *safe & supportive training environment* to enhance sharing, communication and support for carers & young children alike

☀ To support caregivers and their children to *communicate* on these *sensitive issues*

☀ To train caregivers *to respond effectively* to social, physical, sexual and psychological needs of the girls and boys in their care

☀ To *build small networks* of shared mutual support in their communities

☀ To *reduce isolation* faced by both children & caregivers & to *increase their collective resilience* to the chronic challenges they face
Innovative features

✓ 5-8s, 9-14s girls & boys & adult caregivers in 3 parallel groups, mainly separate, with some plenaries & encouragement to share learning

✓ Holistic, comprehensive programme including psycho-social, physical, sexual and material themes (29 sessions in total)

✓ Uses positive language, mindsight, virtues, visioning, as well as role-plays, games, & drawing

✓ Builds positive cross-gender & inter-generational communication
Stepping Stones with Children
Research & Development Process

- Initial scoping exercise with children and caregivers 2012
- Relevant materials adapted from sources which are already proven 2012-2013
- 3 Pilot workshops – close documentation of observed process of individual exercises, sessions & facilitators’ and participants’ evaluations 2013
- Review of changes brought about by using materials from pilot workshops, adaptation where needed 2014
- Further revision on basis of independent reviewer feedback 2014-5
- Now finalising to use, together with M&E process to capture changes more formally 2015
Can orphans and their caregivers be supported to build shared resilience in the context of AIDS-related deaths?

Introduction

Background

AIDS-related deaths mean the death of children whose caregiver also died of AIDS. For many families, this is the first time they have faced the death of someone close. The grief and adjustment required to lose a loved one is significant, and the impact on children is profound. The challenge for caregivers is to support their children in navigating this experience, while also addressing the practical needs of surviving family members.

Objectives

The objectives of this research are to identify the needs of orphans and caregivers, and to develop strategies to support them in building shared resilience.

Methods

The study involved qualitative interviews with orphans and caregivers, as well as observations of support programs. The findings were analyzed to identify common themes and areas for intervention.

Results

Programme Outcomes

1. Improved resiliency in orphans and caregivers
2. Enhanced communication and support between family members
3. Increased understanding of the grief process
4. Improved access to essential services

Conclusion

The findings indicate that support programs can effectively address the needs of orphans and caregivers, and that a multi-stakeholder approach is necessary to build shared resilience. Further research is needed to evaluate the long-term impact of these interventions.
Here is an example of two quotes from a child and from an adult caregiver.

In the case of the girl, we supported her and her whole group to understand that our caregivers love us and want the best for us and that people used to think that it was best to hide sad news from children in the hope that they would just forget about the person, or in the belief that children can’t handle bad news. But now research has shown clearly that it is much better for children to be told the truth and that is what this workshop is about – to support parents and caregivers to understand that, so that adults and children can communicate together much better over such hard things. This really seemed to help the children to understand where their caregivers were coming from. And they were glad to hear that the research shows that it is better for them to be told things. They agreed with this research.

In the case of the young adult caregiver, this moment was a real revelation for him. He was actually in tears. We supported him to understand that he had been trying his best to do the right thing, so his intention was good. And that now he had a different view of the effect of his shouting this workshop could now help him to develop a different way of connecting with his brother.
Lessons Learnt from first 3 pilots: Part 1

✧ There was 100% voluntary attendance throughout.

✧ Children reported widespread sexual abuse and physical violence.

✧ Children expressed strong desires for honesty around HIV “disclosure” and deaths, demonstrating deep maturity and clear future visions.

✧ Caregivers expressed initial terror of “disclosure” to children, fear of the enormity of their responsibilities and concerns regarding children’s ARV adherence, but displayed shared courage & resolve.
Lessons Learnt from first 3 pilots: Part 2

Several caregivers chose to disclose to the children during each pilot workshop & more caregivers have disclosed to the children in their care since.

Old and young together expressed joy at new learning, relief at sharing and joint determination to build mutual trust and support.

“When did I feel happy? The day my caregiver told me I have HIV.”

Boy, 10 years old, December 2014
The programme has four main elements: psycho-social dimensions, physical well-being, sexual well-being and material well-being. Of course many sessions, such as the ones on friendship and going to school, relate to all four of these elements.

The glue which holds all the sessions together is seen in the bottom green line – an emphasis on our virtues and strengths within us that we all have, on positivity, mutual respect, inclusivity and safety. This is woven through the whole programme.
Since Stepping Stones was first created, we have always sought to support participants to work together to view the bigger picture, to understand the issues and challenges facing each separate section of their community, to step out of their own box and to view the world differently through stepping into one another’s sandals and perspectives. We have always worked from the principle that we all carry the power of good within us, from cradle to grave and that, although we might lose sight of it at times, owing to ways in which we have been treated by others and our defensive responses to these, we can always re-find those strengths within us with the care and support of those around us. .......

We have often been asked what our theoretical framework was and have always found that a hard question to answer. However with new evidence on inter-personal neurobiology, we can now answer that clearly. Here we explain briefly Dr Dan Siegel’s triangle of mental health*, which we see connects strongly with our programme.

Dr Siegel’s triangle consists of three equal prime points, the MIND process that regulates our information flow in us; the BRAIN (which is connected through our spinal column to the workings and energy of all our essential organs of our body, including our heart, lungs, liver and kidneys), and RELATIONSHIPS – which is how our information and energy is shared between us and individuals and 1, 2 or more other people.
Firstly, let’s look at our minds. The three components that Siegel identifies which are perhaps most connected to our minds (though they are all inter-related remember) are: insight; understanding why we behave as we do and emotional balance, shown in this chart here.

For each of these three components, we have various different exercises throughout the programme which support these qualities to develop in the participants. We show some examples of relevant exercises in the right hand column here.

*See the next slide for a reference regarding ability spotting, introduced to us by Dr Elspeth McAdam
Now let’s move on to the next 3 components identified by Dr Siegel. These relate more to our brains, which are connected to all our essential organs in our bodies and are shown in this chart with more related exercises. They are: regulating our bodies; learning and using an ability to pause before we act; and intuition – bringing the wisdom of the body up into our awareness.

*Dreaming and back-lighting and ability-spotting are particular techniques drawing on the work of psychiatrist Dr Elspeth McAdam through the Namweza programme and in schools and with young adults: see eg http://onlinelibrary.wiley.com/doi/10.1111/j.1467-6427.2009.00461.x/full
Dr. Siegel’s last 3 components of mental health well-being are shown in this chart here.

They are: **attunement** – to feel *with* another person; **empathy** - ability to make maps in your mind of someone else’s experience; and **morality** - for the greater good of society – a “we” map.

Again please remember that all 9 components relate in some way to *all* the triangle.
Other key sources:

- Tina Payne Bryson (with Daniel Siegel)
- REPSSI
- Virtues Project
- Gill Gordon & HIV/AIDS Alliance past training manuals
- Jonathan Brakarsh
- Winston’s Wish
- Dick Bolles (“What colour is your parachute?”)
- Elspeth McAdam
- Kate Harrison
- Paul Gilbert and Choden
These images show:

a) Top left – the 5-8 year olds showing their individual trees of life and how together these form a forest of love.
b) Bottom right – how the storms which beset us all are less harmful if we stand together as a forest, supporting one another.
c) Bottom left – rowing down the middle of the river of life, avoiding the whirlpools to one side and the rocks on the other
d) Explaining how different parts of our brains work and how we can find our emotional balance in the middle.
Stepping Stones with Children:
participatory films also

✧ **2 with adult caregivers:**
  - “disclosure” to child
  - IPV
✧ **2 with 9-14s:**
  - interviews with participants
  - access to education for girls
✧ **1 with 5-8s:**
  - sex parties
✧ **Documentary films**

The main documentary film can be viewed at: https://vimeo.com/125781314 The password, if needed, is Watoto (case sensitive)

The participatory films will be posted on our vimeo.com site for Salamander Trust soon: https://vimeo.com/salamandertrust/videos
The themes of all the participatory films were chosen by the participants themselves, who were trained how to design, film, direct and edit their own films.

The film trainings were conducted by Dr Dominique Chadwick of Social Films (http://socialfilms.org/) with Salamander Trust Associate Nell Osborne

The main documentary was filmed by Dominique Chadwick with support from Nell Osborne

The introductory film is made by Nell Osborne
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And all the children & their caregivers in Dar es Salaam.........who have taught us so much
We plan to organise training of trainers workshops across Africa next year for interested organisations. If you would like to learn more, please contact us through the Salamander or Stepping Stones websites.

Website links for further info

www.salamandertrust.net
www.steppingstonesfeedback.org
www.pasada.or.tz
The full programme includes: a two-volume manual with handouts, a counsellors’ guide, two short documentary films, five participatory films and a guide to the films.