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Politics or evidence: whose perspectives count? Key challenges experienced in scaling-up Stepping Stones programmes

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Background: Stepping Stones (1995, 2016) and Stepping Stones with Children (2016) are holistic, gender-transformative programmes working respectively with older adolescents and adults, and with children and younger adolescents living with HIV and their caregivers. The former is recognised to reduce IPV and HSV-2 (Jewkes 2008); the latter to increase body weights and CD4 counts (Holden et al 2018). Both address UNAIDS' Start-Free, Stay-Free, AIDS-Free strategy (2016), with multiple additional outcomes including tackling adverse childhood experiences (Hughes et al 2017), gendered power-imbalances (Haberland 2015); and developing resilience. However, we have encountered significant challenges in scaling-up both methodologies.

Materials & Methods: We carefully documented, reviewed and analysed our many years' of experience supporting Stepping Stones practitioners.

Results: Three clear challenges arise:

Censorship: Caregivers requested that the Stepping Stones with Children materials be comprehensive. The programme includes age-appropriate content on abortion, condoms, same-sex relationships, and masturbation. Although facilitators are encouraged to adapt content to their own context, government approval in some countries requires edited versions of the materials. Child, adolescent and adult participants are thus denied full information, to the detriment of their lives.

Exclusion: Some donors' focus on adolescent girls and young women leads to exclusion of younger children (5-9), of adolescent boys and young men, and of older men and women including caregivers, from Stepping Stones processes. Discrimination in favour of adolescent girls unfairly places responsibility for changing social norms on them, instead of involving the whole community, including those with more power, in learning about and practising equality and negotiating change together. It also discriminates against the excluded sectors of the population, and crucially misses the opportunity to work with younger children, despite UNESCO's evidence-based CSE guidance.

Short-term results-driven policies: Limited funding and timelines have resulted in poorly adapted materials with fewer sessions, abridged schedules and inadequately delivered training, with insufficient detail or insight. These factors severely affect the outcomes of these programmes on communities.

Conclusions: The described censorship reflects that experienced more widely by many key populations; not unique, but still challenging. The programme shows caregivers and facilitators that children are already familiar with contentious issues, and have the right to age-appropriate accurate information for their own safety and good health.

The exclusion of 5-9s, of boys and of adults from these intentionally holistic, cross-generational, cross-gender, and multi-level social norms change programmes is concerning, given clear recommendations (Jewkes et al 2015, Petroni et al 2019) for such inclusive programming. Our findings regarding short-term, results-driven policies closely echo those of the CUSP collective, to which we belong, which includes originators of eight other evidence-based social norms change programmes (CUSP 2019).

We recommend that donors and policy-makers urgently review their current strategies, some of which have inherently limited ethical or effective outcomes. We call on governments worldwide to support children, adolescents and their caregivers to accept the firm and clear evidence that age-appropriate informed choice is a key protector to support children and adolescents alike to grow up happily, healthily and safely.