

A Monitoring and Evaluation Toolkit for Community-Based

# STEPPING STONES

Programs in the Pacific



**SPC**  
Secretariat  
of the Pacific  
Community



**Foundation of the Peoples  
of the South Pacific  
International**

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2009

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# INTRODUCTION

This Monitoring and Evaluation (M&E) Toolkit is a practical guide on how to gather information on individual and community change that has happened as a result of the Stepping Stones project. With the tools included in this kit, program implementers will find it easier to learn about how the project is progressing in communities, what changes have resulted from Stepping Stones and ways in which they can improve for future implementation.

## Why Use This Toolkit?

It is widely accepted and acknowledged that monitoring and evaluation is an essential process in the program cycle, however for many organisations, “monitoring and evaluation” is something that is done because it is a donor requirement rather than a program management tool. Donors are certainly entitled to know whether their money is being properly spent, and whether it is being well spent, but the primary (most important) use of monitoring and evaluation should be for the organisation or project itself to see how it is doing against objectives, whether it is having an impact, whether it is working efficiently, and to learn how to do it better in the future.

Within this Toolkit you’ll find a step by step guide on how to use the three M&E tools recommended for Stepping Stones monitoring and evaluation. A more detailed description of these tools is provided later in the Toolkit but they include adapted versions of the following:

1. UNAIDS Competency Community Self Assessment<sup>i</sup>
2. The Gender Equitable Men’s (GEM) Scale<sup>ii</sup>
3. The Most Significant Change (MSC) Story Collection Technique<sup>iii</sup>

All of the above tools are ‘participatory’ forms of evaluation. Participatory evaluation attempts to involve as many people with a stake in the project as possible. In relation to Stepping Stones, this includes project management, project implementers, Stepping Stones participants and the wider community where Stepping Stones has been run. If an outsider is brought in to assist in the collection of data, it is as a facilitator of the process, not an evaluator. The strengths of participatory evaluation lie in its inclusive approach, where implementers, Stepping Stones participants and the wider community are given the opportunity to report on project successes or failures. Other forms of evaluation that all Stepping Stones implementers are encouraged to collect include, number of Stepping Stones sessions conducted, age and sex break down of Stepping Stones participants and feedback given by participants after each Stepping Stones session.

## How to Use This Toolkit

The toolkit has been designed for three main purposes. First, it provides step-by-step instructions on how to conduct each of the three M&E methods (Community Self-Assessment page 5; Gender Scale Assessment page 8; MSC page 13). Second, it provides blank templates to be printed/photocopied and used during the community pre- and post-evaluations (Annexes 1, 2, 4 & 6). And third, it provides blank templates to be used (and printed/photocopied) to record and analyse data collected during the evaluations (Annexes 3, 5, 7). Note the toolkit and the tools are designed for National facilitators/trainers who have been trained in the use of the toolkit and each of the tools, to work with community facilitators to collect this M&E data. It is not recommended that community facilitators be expected to undertake this on their own without support and assistance.

The toolkit also provides a format for Stepping Stones facilitator journals (Annex 8) for recording data on an ongoing basis throughout implementation which can be used by all facilitators.

This toolkit is therefore designed for practical use throughout the planning, implementation and evaluation of community-based Stepping Stones programs.

### **About the Authors**

This Toolkit has been compiled in collaboration between the Pacific Regional HIV/AIDS Project (2003-2008), the Secretariat of the Pacific Community (SPC) and the Foundation of the Peoples of the South Pacific International (FSPI) in response to the pilot implementation of Stepping Stones into Pacific Island Countries. It is hoped that it will assist all organisations and communities in the Pacific implementing Stepping Stones to collect relevant and useful data on individual and community change that has occurred as a result of the project.

The tools utilised in the kit are not 'new' tools. The Most Significant Change (MSC) Story Collection Technique was developed by Rick Davies in 1996 for monitoring and evaluating a rural development program in Bangladesh. The UNAIDS Competency Community Self Assessment was developed in 2003 by UNAIDS & UNITAR as part of the AIDS competence program and the Gender Equitable Men's (GEM) Scale by the Horizons Program, Instituto Promundo in Brazil in 2006. Each of these tools has been adapted for both the Pacific context and also for use in monitoring and evaluating Stepping Stones program implementation.

# **TOOL A: COMMUNITY SELF-ASSESSMENT**

## **A.1 General Purpose**

The main purpose of the Community Self-Assessment is to monitor and evaluate the effectiveness of the Stepping Stone program within communities, particularly to look at perceptions of change at the whole of community level. This tool is complementary to other needs analyses and community assessments e.g. G Scale and MSC that need to be conducted before and after the implementation of the Stepping Stones program.

## **A.2 What is a Community Self-Assessment?**

This tool uses an adapted version of the UNAIDS Community Self-Assessment Framework to allow a community to 'define their needs (weaknesses) and strengths in relation to HIV/AIDS and STIs'. Community members are requested to rank their community on a scale of 1 to 5; 1 being the lowest and 5 being the highest in regards to five specific areas of interest related to HIV/STIs:

- acknowledgement and recognition
- identifying and addressing vulnerability
- community involvement
- care and prevention
- access to treatment

Before starting Stepping Stones, participating communities are taken through a guided and semi-structured group discussion (focus group discussion) where they describe and assess the community's ranking for each of the above five areas. Probing questions (page 18) are asked to community members to assist them to more accurately assess their community's situation with regards to the five areas. After participants have assessed and described where they believe their community is in relation to the five areas, they are requested to give a score (again out of five) for where they hope to be after completing Stepping Stones. The facilitator may need to assist community members to be realistic in their scoring to prevent the highest score of five given for each area of interest. Our experience from using this tool has shown that some communities feel that they have achieved 5 out of 5 in each of the five areas because they have previously undergone some HIV training.

Upon completion of Stepping Stones, communities will undergo the same post focus group discussion and again score their communities out of five. Comparison between pre, projected and post scores will allow project implementers to assess how well Stepping Stones has assisted communities to respond to HIV/AIDS and STIs.



## A.3 How to Conduct a Community Self-Assessment



### Materials Needed

Butcher's paper, blu tack or sticky tape, pencils and markers, and possibly a moveable whiteboard or plywood to stick butcher's paper on if nothing is available on-site.

- Probing questions (Annex 1, page 18)
- Community Self –Assessment framework (Annex 2, page 20) – NB: recommend drawing the table up on large sheets of paper

Bring a note taker to record discussion points

1. Welcome and introduction
2. Explain to the group that the Community Self-Assessment is used to assess the effectiveness of the Stepping Stones program within their community, and is to be conducted before and after Stepping Stones implementation. Briefly explain the tool and how it will be done. Explain that this tool will be done in peer groups, with some whole group discussion. Allow time for questions from community members in case they have any questions, concerns, etc.
3. Ask community members to divide into 4 peer groups (older women, older men, younger women and younger men). If the numbers are small, just divide into 2 groups (women and men). The peer groups should move to a different area (or room) to do their self-assessment.
4. The facilitator places numbers 1-5 around the area /room. They then describe the framework area and scoring (1 = basic, 5 = high etc) and ask people to “vote with their feet” by moving to the number they think their community is now. Participants do their initial voting and then the probing questions (see Annex 1, page 18) are asked and participants may then change their score. The note taker can put their responses on butcher's paper. Continue to facilitate discussion until the peer group has consensus on a score.
5. Now ask the peer group to give a ranking for where they would like their community to be in 3 year's time for each of the five areas. The note taker should also record this.
6. When each peer group has completed their scoring, all the groups to come back together to discuss their responses as a ‘community’. Ask each group to present their responses and have someone taking notes during this discussion.
7. When the discussion is complete, ask the whole group to rank their community on a scale of 1 to 5 using the Community Self-Assessment Framework (see Annex 2, page 20). This first rank will be to indicate where they think their community is now in terms of addressing each of the five areas (based on the discussion and each groups' responses). Now the whole group should give a ranking for where they would like their community to be in 3 year's time for each of the five areas.
8. Have a group discussion on the rankings. Have someone take notes during the discussion. Ask the community the following questions:
  - Are these rankings an accurate view of the community?
  - If there are any wide ranges in ranking, ask them why this could be the case in their community.
  - Ask the different peer groups to come to a consensus so that you have one set of rankings (scored 1-5) for each of the five areas.

9. Wrap-up the Community Self-Assessment and reinforce the usefulness of information provided for the evaluation of the Stepping Stones project

10. Conclusion and thank you to the group for participation.

See **Annex 3: Data collection for Community Self-Assessment** (page 21) for recording and storing the results of the Community Self-Assessment for each community after the assessment.

## **A.4 Points to Remember**

- Community assessments are to be done at village level (works best).
- Practice makes perfect.
- Allow for at least 2 hours for completion.
- Allow for enough space for groups to spread out to do their work.
- Translations are useful, but also work verbally with the peer groups as this will make things go faster and may be easier for community members to understand.
- Divide tasks amongst the Stepping Stones team (e.g. venue – time and place, participants, materials, budget, note-taking, after-session write-ups, etc.).
- Facilitators are to guide discussion and gather information, not express their opinions and/or beliefs.

## **Facilitator's Notes:**

## **TOOL B: GENDER SCALE ASSESSMENT**

### **B.1 General Purpose**

The main purpose of the Gender (G) Scale Assessments is to monitor and evaluate the effectiveness of the Stepping Stones program within communities, particularly to look at individual attitudes to gender roles. The G Scale is complementary to other M&E tools (Community Self-assessment and MSC) conducted within the community. This tool is to be conducted before and after the implementation of the Stepping Stones program.

### **B.2 Gender (G) Scale**

It is well accepted that addressing inequitable gender norms, particularly those that define masculinity are an important part of HIV prevention projects. The Gender Equitable Men (GEM) scale was originally designed in Latin America and consisted of questions relating to gender roles in relationships, the home and community, in order to measure men's perceptions around these issues.

This original tool has been adapted for the purpose of Stepping Stones however and called the 'G Scale' as it is being used for both males and females as a measure of both men's and women's perceptions of gender equitable norms. This tool is a simple listing of 19 gender-based statements which community members are requested to tick whether they agree, partly agree or disagree. A simple grading scale is used with agree marks worth 1 point each, partly agree marks worth 2 points each, and disagree marks worth 3 points each. The lowest score is therefore 19 and the highest is 57. Scores on the higher end of the scale indicate a higher perception of gender balance (greater gender equality), while the lower end of the scale indicates lower gender balance (greater inequality).

Note: G Scale is to be conducted before and after the Stepping Stones project, it is important that it is conducted with the same group, and that they did participate in the Stepping Stones program. (See Annex 4a-4b, page 28 & 30 for the post-assessment G scale questionnaires which ask participants to record how many SS sessions they attended)



## B.3 Conducting G Scale Assessment



### Materials Needed

Pencils and/or pens, enough copies of G Scale Sheet for each participant (Annex 4a G scale men & 4b G scale women, page 28 & 30).

1. Explain to the group that the G Scale is a tool to assess the effectiveness of the Stepping Stones program to encourage gender equity within their community. Explain that this tool will be completed individually, but that there will also be some group discussion as well once everyone has finished the form. Allow time for questions from community members in case they are not sure of what is happening.
2. Explain to the group that you will be giving them a questionnaire with some gender-based statements (see Annex 4, page 28). Explain that for each statement they are to tick Agree, Partly Agree or Disagree. Only one tick is allowed for each statement. This will be a self-filled exercise and not a group exercise. There will be one set of questionnaires for women only and another set for men only. Tell them that the Stepping Stones team will be available to assist individuals when needed. Questionnaires need to be fully completed.
3. Before allowing individuals to start, go through each statement first with them as a group in case people are not clear on what the statements mean. When finished, ask each person to complete the G Scale on their own.
4. When each community member is finished, collect them. BUT make sure that each person has a tick for each statement before collecting them! If there are any blanks, this will affect the results of some of the G Scale calculations later on. Score the sheets at a later time (not during the session).
5. Have a brief discussion with the group about the G Scale exercise, and what they think about it. You may wish to highlight one or two questions for discussion. Remember, SS facilitators cannot express their own opinions – information gathering only! Have someone take notes during discussion.
6. Wrap-up of G Scale.
7. Conclusion and thank you to the group for participating.

## B.4 Points to Remember

- G Scale to be done at village level (works best).
- Practice makes perfect.
- Allow for at least 30 minutes for completion.
- Allow for enough space for groups to spread out to do their work. Each participant should complete the G scale individually.

## B. 5 How to Score G Scale Assessment

### B.5.1 – Scoring Individual Questionnaires

Agree	1 point
Partly Agree	2 points
Disagree	3 points

#### a. Individual Final Score

**Formula: ( $\checkmark$  ticks Agree x1) + ( $\checkmark$  ticks Partly Agree x2) + ( $\checkmark$  ticks Disagree x3) = Final Score, Individual (male or female)**

Step 1: Count the number of ticks under the Agree Column. Multiply total by 1.

Step 2: Count the number of ticks under the Partly Agree Column. Multiply total by 2.

Step 3: Count the number of ticks under the Disagree Column. Multiply total by 3.

Step 4: Add together the answers to Steps 1, 2 and 3. The sum of these three numbers will be the person's Final Score. Maximum score is 57 (**scores cannot be more than 57!**).

### B.5.2 – Calculating Average of each Gender's Score

#### a. Average Score for Men

**Formula: [Sum of all of the men's Final Scores]  $\div$  Total number of males who completed the G Scale = Average G Scale Score, Males**

Step 1: Add all of the Final Scores of all of the males. This number will be the total sum of all of the men's final scores.

Step 2: Count the total number of sheets completed by the males. This number will be the total number of males who completed the G Scale.

Step 3: Take the number from Step 1 and divide it by the number in Step 2.

#### b. Average Score for Females

**Formula: [Sum of all of the women's Final Scores]  $\div$  Total number of females who completed the G Scale = Average G Scale Score, Women**

Use the same steps as for calculating the Average Scores for the men, except looking only at the forms completed by the women.

### B.5.3 – Calculating Average of Each Community's Score (both men and women)

#### a. Average Community Score

**Formula: [Sum of all of the Individual Final Scores of the men and women] ÷ Total number of men and women who completed the G Scale = Average G Scale Score Community**

Step 1: Add all of the Individual Final Scores of all of the men and women.

Step 2: Count the total number of men and women who completed the GEM Scale.

Step 3: Take the total number from Step 1 and divide it by the number in Step 2. This will give you the average score of the community.

#### **B.5.4 – Calculating Percent of Respondents Answering Agree, Partly Agree or Disagree for Each Statement by Gender**

Step 1: Count the total number of females who completed the G Scale.

Step 2: For the sheets completed by the women only, count the total number of ticks for Statement 1 for each response: *Agree, Partly Agree and Disagree*. You will come up with 3 different totals for each statement. Follow the following set of calculations:

- a. Statement 1 (*Agree*): Divide the total number of ticks for *Agree* by the total number of females who completed the G Scale. Multiply this number by 100.
- b. Statement 1 (*Partly Agree*): Divide the total number of ticks for *Partly Agree* by the total number of females who completed the G Scale. Multiply this number by 100.
- c. Statement 1 (*Disagree*): Divide the total number of ticks for *Disagree* by the total number of females who completed G Scale. Multiply this number by 100.

*Note: To double check your work, add all of the percentages together for Statement 1 and it should equal to 100%. If not, you need to re-check your work in Steps 1 and 2a-c.*

Step 3: Repeat Steps 1 to 2a-c for each of the statements for the female respondents only.

Step 4: Repeat Steps 1 to 3 for the men only sheets for each of the statements.

#### **B.5.5 – Calculating Percent of Respondents Answering Agree, Partly Agree or Disagree for Each Statement for the Community**

Step 1: Count the total number of people who completed the G Scale both men and women.

Step 2: For each statement, count the total number of ticks for Agree, Partly Agree and Disagree. You will come up with 3 different totals for each statement. Follow the following set of calculations:

- a. Statement 1 (*Agree*): Divide the total number of ticks for *Agree* by the total number of people who completed the G Scale (both men and women). Multiply this number by 100.
- b. Statement 1 (*Partly Agree*): Divide the total number of ticks for *Partly Agree* by the total number of people who completed G Scale. Multiply this number by 100.
- c. Statement 1 (*Disagree*): Divide the total number of ticks for *Disagree* by the total number of people who completed the G Scale. Multiply this number by 100.

*Note: To double check your work, add all of the percentages together for Statement 1 and it should equal to 100%. If not, you need to re-check your work in Steps 1 and 2a-c.*

Step 4: Repeat Steps 1 and 2a-c for each of the statements.

*Note: Do not worry if some of the statements are slightly different between the men's and women's forms. They are actually the same statement but phrased in a different way for the two gender groups. Therefore the responses to these statements produce the same result (answer).*

**Facilitator's Notes:**

# TOOL C: COLLECTION OF MOST SIGNIFICANT CHANGE STORIES

## C.1 General Purpose

The main purpose of the Most Significant Change (MSC) Story Collection technique is to monitor and evaluate the effectiveness of the Stepping Stone project within communities, particularly to look at change at the individual level as well as change within the community. It is complementary to other needs and community assessments to be carried out (Community Self-Assessment and G Scale) and should be conducted after the implementation of the Stepping Stones project.

## C.2 Most Significant Change (MSC) Story Collection

This tool was originally designed to gather information of change, (in knowledge, attitudes and or behaviour) at both the individual and community level. MSC is a form of participatory monitoring and evaluation as it asks program recipients to tell stories of change that have resulted from the project. The process involves the collection of 'significant change' stories coming from the community/field level, and the systemic selection of the most significant of these stories by a selection panel.



## C.3 Conducting MSC



### Materials Needed

Story Collection: Annex 6 MSC Story Collection Template (page 38), copy of MSC Story Selection Guide (see Toolkit CD)

Story Selection: Copies of all MSC stories collected, Annex 7 MSC Story Panel Selection Template (page 41), pens and paper for selection panel

## I. Who Should You Collect Stories From?

MSC stories can be collected from two main target groups.

## 1. Project beneficiary

These are community members who participated in the Stepping Stones project. The MSC stories collected from project recipients are ideally trying to document stories of change at an individual level, (either directly to themselves or within relationships with their family, sexual partner or community) or changes at the broader community level. Examples of individual and community change may include; improved communication with sexual partner, improved knowledge of HIV and STIs, increase in use of condoms, less community fighting regarding sexual health issues or improved gender attitudes within the community.

## 2. Project implementer

These are people who have been trained as Stepping Stones facilitators. Here, MSC stories are again trying to identify changes that have happened at an individual and community level, but also look at improved skills and capacity as project implementers. Examples of change may include; improved facilitation skills, increase status within the community or improved job prospects as a result of knowledge and skills gained through being a Stepping Stones facilitator.

*Note: Stories that are collected from the above target groups should be kept in **two** separate piles for story selection. This will result in two separate best MSC stories being identified through the story collection/selection process (one from project recipients, one from implementers).*

## II. Story Collection

1. The interviewer should introduce themselves and the MSC tool. It is important to inform the story teller that this process is not compulsory and to gain consent to document their story. The interviewer should explain that if their story is selected or is used in anyway it will be to such people as donors or in the promotion of the project. Story tellers are able to leave their name off the story and can refuse to have it published. For the purpose of verification of stories it is however necessary to document the story tellers name. If they wish to have their name removed we suggest that a copy of the story collection guide, with story tellers name be kept in a secure place, with a second copy made available to the selection panel and for further promotion with name and personal details removed.
2. Explain to the story teller that you will be asking them about changes that have happened to them as a result of the Stepping Stones project. Ask for their permission to write down their story while talking with them. You may also wish to audio record the MSC interview. If you do this, again, ask for the story teller's consent.
3. The central part of MSC is an open question to story tellers, such as:

*“Looking back to before Stepping Stones, what have been the major changes, (to yourself, your relationship with your partner or your community) that have occurred as a result of the project?”*

The story should be documented as it is told with the interviewer asking probing questions where necessary to gain further information if needed. The changes should be written as a simple narrative describing the sequence of events that took place.

4. List **all** the changes in the ‘before and after table’ in the MSC story collection guide. It is important to make sure you document the story in terms of **what** the person or situation was like before the project and **what they (or it) are like after**. Remember that a panel (who may not know the story teller) will be selecting the most significant story therefore it is important you document enough information to describe the change adequately. The story and changes should all be written in first person as if being told by the story teller. When documenting the ‘after’ changes it is important to identify what caused the change. You want to make sure you are finding changes that have

occurred as a result of Stepping Stones, not another HIV intervention that has/is happening in the community. If you can, document factual information about the cause agent, e.g. "...session L: Our Options helped me to visualize my future and plan for changes in my behaviour..."

Before	After
Before Stepping Stones I would always tell stories about other people in my village. There were often fights in my village as a result of people gossiping	After Stepping Stones I realised the importance of keeping secrets and have made strong friends with the other young women in my village. I feel bad for my past gossiping and don't talk about people badly anymore.
Before Stepping Stones I would go out to nightclubs and would have sex with boys but not protect myself. I believed the saying about flesh to flesh being better.	After Stepping Stones I know that I have been very dangerous in my behaviour. After Stepping Stones I use condoms every time and always get condoms from Di (Stepping Stones facilitator in my village) or go to the pharmacy to buy them. I am also not going out to nightclubs as much anymore and sometimes just stay in my village with my family or friends.
Before Stepping Stones boys and girls in my village didn't really talk closely. If the boys did talk with us it would be about rude stuff or trying to get us to sleep with them.	The 6 weeks we spent doing Stepping Stones brought the boys and girls together. I think we are more like friends now and they don't seem to always call rude things out to us. I think Stepping Stones made them see us more as people rather than just girls to have sex with.
Before Stepping Stones I would take big risks with my health.	Looking back before Stepping Stones I can say I really don't know why I did that to myself and why I put myself at such a big risk! I feel angry with myself for doing it and Stepping Stones made me and my girlfriends see how bad we had been treating ourselves.

**An example of how the table of change may look includes:**

- Once you have recorded all the changes that have occurred, ask the story teller to select the most significant change of all the changes they have identified. It is important that you allow the story teller to choose the most significant change, (even if you don't agree with them) as a major component of MSC is about encouraging involvement and participation of project recipients. Once story tellers have selected the most significant change ask them to expand upon their story giving more details (including more factual information). It will help to document the story with a beginning, middle and end.

**An example of how the most significant change story may look includes:**

From your point of view, select the most Significant change of all changes you have listed above. Describe this change in the form of a story [i.e. a beginning (what it was like before); a middle (what happened); and an end (what it is like now)].

*"Protecting myself from HIV has been the most important change for me.*

*Before Stepping Stones (SS) I would go to the nightclubs and have sex with boys. I believed the saying that flesh to flesh sex was best. I wasn't able to tell boys that they had to wear a condom*

*and I would always get convinced to have sex without one. I don't think I was very strong and I know this would happen with my friends too. Even though we knew about HIV we still did it.*

*When Di (SS facilitator) introduced the training to my village I didn't think I would learn anything new. I wasn't really motivated to go but there was nothing else to do so I just went. After the first night it was really good fun. We played lots of games and then sat around after just talking and having grog. I thought then that I would keep coming.*

*Now, after Stepping Stones I am certain that I won't have sex without a condom with boys from nightclubs anymore. All the training was good but I think the 'Yes/No' game was really good for me. It was fun to play the game with the other girls but also good to show us how to say 'no' to sex without a condom. I make sure that I have condoms on me, that I get from Di or that I buy from the pharmacy. I still go to the nightclubs with my friends but not as much anymore."*

Excerpt from Stepping Stones participant story – Fiji.

6. Ask story tellers to identify why this change is important to them, what made them want to change?. It is important to document this so that project officers and management can identify motivating factors for behaviour change that will contribute to future project implementation.

#### **An example of this may look something like:**

*"...I want to protect myself for the future. I have to be alert and be careful so I can grow old and have a family of my own one day."*

Excerpt from Stepping Stones participant story – Fiji.

We can see from the above quote that for this young woman growing old and having a family is an important motivating factor which could lead to behaviour change. Future trainings could possibly therefore focus on this to encourage behaviour change amongst similar young women.

7. Finally, ask the story teller to give a name to their story. This is then used to identify the story for selection and publishing purposes.
8. Thank the story teller for their time and once again, confirm permission to use and possibly publish their story.

### **III. Story Selection**

1. The process of selecting the **most** significant story helps reduce a large amount of locally important stories down to a small number of widely valued stories. While the most significant story will be used in final reports and for promotion of the project, excerpts from other important stories can also be used if required. People involved in the selection process will include people with management responsibilities for the project and/or key country stakeholders in HIV (e.g. National HIV coordinators or project management/staff from other in-country HIV NGOs).
2. Story selection involves a group of people sitting down with a pile of documented MSC stories. The task is to reduce the pile of stories down to one **most** significant. The selection panel begins with reading all the stories and documenting which story they like the best and why. The group then holds an in-depth conversation about all the stories and which one should be chosen. The group needs to come to agreement about which story they like the best and then document the reasons for this decision. As the aim of the Stepping Stones program is about changing people's unsafe sexual behaviours it is encouraged to select stories that show evidence of behaviour change (e.g. increased condom use, decrease in sexual partners, increased communication).

Use Annex 7: MSC Story Panel Selection Template for documenting the selection.

#### **IV. Giving Feedback**

1. Feedback is important in all monitoring and evaluation and MSC is no exception. The results of the selection process must be fed back to those who provided the stories. At the very least, this feedback should explain which story was selected as the most significant and why. Feedback of information can also assist story tellers and collectors for the next reporting period. For example, knowing that a particular type of change is valued can lead to further searches for similar changes in that area. Feedback can also show that the stories have been read and are valued by higher level management and donors. This in turn can motivate people and communities to continue to be involved in the project.

#### **V. Record Keeping**

1. All documented stories need to be kept on file, regardless of whether they were selected as most significant or not. Our experience has shown that the best place to keep these stories is within the organisation where they are documented. You may also wish to enter them into a Word Document and keep them in a database (this is not essential). It is important to make sure that if documented on a data base or simply kept in a file that the confidentiality of the story teller is maintained.

#### **Facilitator's Notes:**

## Probing Questions for Community Self-Assessment

### I. Acknowledgement and Recognition

1. Do you know 3 ways that HIV can spread?
2. Do you know 3 ways to prevent HIV?
3. How can you tell if someone has HIV?
4. How often does your community discuss HIV? When/where do you discuss HIV? (eg. Is it only when there are specific workshops, or agencies come into the community)
5. Are there some groups in your community who discuss HIV more than others? If so which group?

### II. Identify & Address Vulnerability

1. What are the factors in your community that could lead to people getting infected with HIV? (things that make them vulnerable)
2. Have people in your community discussed these issues?
3. What is your community doing to address these issues?
4. Are you using your own resources or do you need to rely on outside people?
5. Is your community addressing other problems such as unemployment, alcohol and violence?

### III. Community Involvement

1. Would people in your community be willing to share a meal or share a kava bowl with someone they knew had HIV?
2. Would people in your community buy food from the shopkeeper if they knew he/she had HIV?
3. Would people in your community play sport with someone they knew had HIV?
4. Would people in your community sit next to someone they knew had HIV in church or a function?
5. Are HIV positive people invited to be involved in all community activities? (NB: If there are no known +ve people in the community ask "If there were HIV positive people here, do you think they would they be invited to be involved in all community activities?")
6. Do your village leaders include all community members when they are discussing important issues like HIV?

*NB: if your community has never met anyone with HIV, they may have trouble with some of the Community Involvement questions – you can use the example of someone with a **mental illness** or a **disability** instead to explore community views*

#### IV. Care and prevention

1. Does your community educate people about HIV prevention? (How?)
2. Are condoms easily accessible in your community? Where?
3. Do you know of places where people can go to have a HIV test?
4. Is it easy for people to access the testing facility? Do people go for testing?
5. Do you feel that HIV testing is confidential?
6. If an HIV positive person needed someone to care for them would people in your community who are not family members help? In what ways would they help?

#### V. Access to treatment

1. Can people get treatment for STI's in your community? Can people get treatment for HIV?
2. Do you know where you can receive this treatment?
3. How would someone in your community get this treatment?

**Community Self-Assessment Framework**

	<b>1 We are aware</b>	<b>2 We react</b>	<b>3 We act</b>	<b>4 We act continuously</b>	<b>5 The practice is part of our lifestyle</b>
<b>Acknowledgement and Recognition</b>	We know that HIV /AIDS and STIs exist	We know enough about HIV/AIDS & STIs in order to respond	We publicly recognise that HIV/AIDS is affecting us as a group/ community	We regularly discuss HIV & STIs, and have a common program of action to respond	Our response to HIV is part of our daily life. We know our own HIV status and act from strength.
<b>Identify and Address Vulnerability</b>	We understand the concept and are aware of the general factors of vulnerability	We have identified our own factors of vulnerability to HIV	Our response includes some specific actions to address our own vulnerability to HIV	We systematically address our own factors of vulnerability	Our actions to address vulnerability to HIV strengthens us in addressing other challenges
<b>Community Involvement</b>	We know that some of our families are particularly infected and/or affected	We understand the necessity to include in our response persons and families that are particularly affected	We occasionally include in our response people particularly affected by HIV/AIDS.	Affected persons are systematically involved in all stages of our response	Affected persons and families actively take part in all aspects of society
<b>Linking Care and Prevention</b>	We have the basic knowledge for prevention and care	We understand the link between care and prevention	Some of our actions link care with prevention	As a community we systematically link care and prevention activities	Care and prevention strengthens our relationships and helps us to change our behaviour
<b>Access to Treatment for HIV &amp; other STIs</b>	We are aware of the existence of treatment	We know where and how to access treatment	Treatments are available for some of us who need them	Some of us have used / are using treatment	All those in need of treatment drugs are using them effectively.

**Data Collection Sheets for Community Self-Assessment**

Date: \_\_\_\_\_

Village and Province/Country: \_\_\_\_\_

Number Younger Women \_\_\_\_\_ Number Younger Men \_\_\_\_\_

Number Older Women \_\_\_\_\_ Number Older Men \_\_\_\_\_

**A. Table 1: Peer Group Community Self-Assessment Ranking**

Young Women                  Older Women                  Young Men                  Older Men

<b>AREA</b>	<b>Ranking (1 through 5) + Description</b>
<b>Acknowledgement and Recognition</b>	
<b>Identify and Address Vulnerability</b>	
<b>Care and Prevention</b>	
<b>Access to Treatment</b>	
<b>Community Involvement</b>	

**B. Table 2: Collated Community Self-Assessment Rankings**

AREA	Young Women		Young Men		Older Women		Older Men	
	Now	Future	Now	Future	Now	Future	Now	Future
Acknowledgement and Recognition								
Identify and Address Vulnerability								
Care and Prevention								
Access to Treatment								
Community Involvement								

**C. Responses to Probing Questions**

**I. Acknowledgement and Recognition**

1. Do you know 3 ways that HIV can spread?

YM	
YW	
OM	
OW	

2. Do you know 3 ways to prevent HIV?

YM	
YW	
OM	
OW	

3. How can you tell if someone has HIV?

YM	
YW	
OM	
OW	

4. How often does your community discuss HIV? When/where do you discuss HIV?

YM	
YW	
OM	
OW	

5. Are there some groups in your community who discuss HIV more than others? If so which group?

YM	
YW	
OM	
OW	

## II. Identify & Address Vulnerability

1. What are the factors in your community that could lead to people getting infected with HIV?

YM	
YW	
OM	
OW	

2. Have people in your community discussed these issues?

YM	
YW	
OM	
OW	

3. What is your community doing to address these issues?

YM	
YW	
OM	
OW	

4. Are you using your own resources or do you need to rely on outside people?

YM	
YW	
OM	
OW	

5. Is your community addressing other problems such as unemployment, alcohol and violence?

YM	
YW	
OM	
OW	

### III. Community Involvement

1. Would people in your community be willing to share a meal or share a kava bowl with someone they knew had HIV?

YM	
YW	
OM	
OW	

2. Would people in your community buy food from the shopkeeper if they knew he/she had HIV?

YM	
YW	
OM	
OW	

3. Would people in your community play sport with someone they knew had HIV?

YM	
YW	
OM	
OW	

4. Would people in your community sit next to someone they knew had HIV in church or a function?

YM	
YW	
OM	
OW	

5. Are HIV positive people invited to be involved in all community activities? (Or "If there were HIV positive people here, do you think they would they be invited to be involved in all community activities?")

YM	
YW	
OM	
OW	

6. Do your village leaders include all community members when they are discussing important issues like HIV?

YM	
YW	
OM	
OW	

#### **IV. Care and prevention**

1. Does your community educate people about HIV prevention? (How?)

YM	
YW	
OM	
OW	

2. Are condoms easily accessible in your community? Where?

YM	
YW	
OM	
OW	

3. Do you know of places where people can go to have an HIV test?

YM	
YW	
OM	
OW	

4. Is it easy for people to access the testing facility? Do people go for testing?

YM	
YW	
OM	
OW	

5. Do you feel that HIV testing is confidential?

YM	
YW	
OM	
OW	

6. If an HIV positive person needed someone to care for them would people in your community who are not family members help? In what ways would they help?

YM	
YW	
OM	
OW	

**V. Access to treatment**

1. Can people get treatment for STI's in your community? Can people get treatment for HIV?

YM	
YW	
OM	
OW	

2. Do you know where you can receive this treatment?

YM	
YW	
OM	
OW	

3. How would someone in your community get this treatment?

YM	
YW	
OM	
OW	

**G Scale Questionnaire - Men**

Date: \_\_\_\_\_ Village and Province/Country: \_\_\_\_\_ Age: \_\_\_\_\_

Instructions: Please read each statement and tick only **one** answer for each statement: Agree, Partly Agree or Disagree.

Statements	Agree	Partly Agree	Disagree
1. It is the man who decides what type of sex to have			
2. A woman's most important role is to take care of her home and cook for her family			
3. Men need sex more than women do			
4. You don't talk about sex, you just do it			
5. Women who carry condoms on them are seen as 'easy'			
6. Changing nappies, giving the kids a bath, and feeding the kids are the mothers' responsibility			
7. It is a woman's responsibility to avoid getting pregnant			
8. A man should have the final word about decisions in his home			
9. Men are always ready to have sex			
10. There are times when a woman deserves to be beaten			
11. A man needs other women, even if things with his wife/girlfriend are fine			
12. If someone insults a man it is ok for him to defend his reputation with force if he has to			
13. A woman should tolerate violence in order to keep her family together			
14. I would be outraged if my wife/girlfriend asked me to use a condom			
15. It is okay for a man to hit his wife/girlfriend if she won't have sex with him			
16. I would never have a gay friend			
17. It disgusts me when I see a man behaving like a woman			
18. A woman who wears revealing clothes is 'easy'			
19. Women who go to bars by themselves are 'not good women'			

## G Scale Questionnaire - Men

## POST – ASSESSMENT

Date: \_\_\_\_\_ Village and Province/Country: \_\_\_\_\_

Age: \_\_\_\_\_ Number of Stepping Stones sessions attended: \_\_\_\_\_

Instructions: Please read each statement and tick only **one** answer for each statement: Agree, Partly Agree or Disagree.

Statements	Agree	Partly Agree	Disagree
1. It is the man who decides what type of sex to have			
2. A woman's most important role is to take care of her home and cook for her family			
3. Men need sex more than women do			
4. You don't talk about sex, you just do it			
5. Women who carry condoms on them are seen as 'easy'			
6. Changing nappies, giving the kids a bath, and feeding the kids are the mothers' responsibility			
7. It is a woman's responsibility to avoid getting pregnant			
8. A man should have the final word about decisions in his home			
9. Men are always ready to have sex			
10. There are times when a woman deserves to be beaten			
11. A man needs other women, even if things with his wife/girlfriend are fine			
12. If someone insults a man it is ok for him to defend his reputation with force if he has to			
13. A woman should tolerate violence in order to keep her family together			
14. I would be outraged if my wife/girlfriend asked me to use a condom			
15. It is okay for a man to hit his wife/girlfriend if she won't have sex with him			
16. I would never have a gay friend			
17. It disgusts me when I see a man behaving like a woman			
18. A woman who wears revealing clothes is 'easy'			
19. Women who go to bars by themselves are 'not good women'			

**G Scale Questionnaire - Women**

Date: \_\_\_\_\_ Village and Province/Country: \_\_\_\_\_ Age: \_\_\_\_\_

Instructions: Please read each statement and tick only **one** answer for each statement: Agree, Partly Agree or Disagree.

Statements	Agree	Partly Agree	Disagree
1. It is the man who decides what type of sex to have			
2. A woman's most important role is to take care of her home and cook for her family			
3. Men need sex more than women do			
4. You don't talk about sex, you just do it			
5. Women who carry condoms on them are seen as 'easy'			
6. Changing nappies, giving the kids a bath, and feeding the kids are the mothers' responsibility			
7. It is a woman's responsibility to avoid getting pregnant			
8. A man should have the final word about decisions in the home			
9. Men are always ready to have sex			
10. There are times when a woman deserves to be beaten			
11. A man needs other women, even if things with his wife/girlfriend are fine			
12. If someone insults a man it is ok for him to defend his reputation with force if he has to			
13. A woman should tolerate violence in order to keep her family together			
14. It is not right for a woman to ask her husband or boyfriend to use a condom			
15. It is okay for a man to hit his wife/girlfriend if she won't have sex with him			
16. I would never have a gay or lesbian friend			
17. Men should behave like men, not like women			
18. A woman who wears revealing clothes is 'easy'			
19. Women who go to bars by themselves are 'not good women'			

## G Scale Questionnaire - Women

## POST – ASSESSMENT

Date: \_\_\_\_\_ Village and Province/Country: \_\_\_\_\_

Age: \_\_\_\_\_ Number of Stepping Stones sessions attended: \_\_\_\_\_

Instructions: Please read each statement and tick only **one** answer for each statement: Agree, Partly Agree or Disagree.

Statements	Agree	Partly Agree	Disagree
1. It is the man who decides what type of sex to have			
2. A woman's most important role is to take care of her home and cook for her family			
3. Men need sex more than women do			
4. You don't talk about sex, you just do it			
5. Women who carry condoms on them are seen as 'easy'			
6. Changing nappies, giving the kids a bath, and feeding the kids are the mothers' responsibility			
7. It is a woman's responsibility to avoid getting pregnant			
8. A man should have the final word about decisions in the home			
9. Men are always ready to have sex			
10. There are times when a woman deserves to be beaten			
11. A man needs other women, even if things with his wife/girlfriend are fine			
12. If someone insults a man it is ok for him to defend his reputation with force if he has to			
13. A woman should tolerate violence in order to keep her family together			
14. It is not right for a woman to ask her husband or boyfriend to use a condom			
15. It is okay for a man to hit his wife/girlfriend if she won't have sex with him			
16. I would never have a gay or lesbian friend			
17. Men should behave like men, not like women			
18. A woman who wears revealing clothes is 'easy'			
19. Women who go to bars by themselves are 'not good women'			

**Raw Data Collection Sheets for G Scale**

Date: \_\_\_\_\_ Village and Province/Country: \_\_\_\_\_

Write in the following answers: Agree = A      Partly Agree = PA      Disagree = D

These are your Raw Data Sheets. Use these sheets to do your calculations for the G Scale analysis.

Men	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
M1																			
M2																			
M3																			
M4																			
M5																			
M6																			
M7																			
M8																			
M9																			
M10																			
M11																			
M12																			
M13																			
M14																			
M15																			
M16																			
M17																			
M18																			

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
<b>M19</b>																			
<b>M20</b>																			
Women																			
<b>F1</b>																			
<b>F2</b>																			
<b>F3</b>																			
<b>F4</b>																			
<b>F5</b>																			
<b>F6</b>																			
<b>F7</b>																			
<b>F8</b>																			
<b>F9</b>																			
<b>F10</b>																			
<b>F11</b>																			
<b>F12</b>																			
<b>F13</b>																			
<b>F14</b>																			
<b>F15</b>																			
<b>F16</b>																			
<b>F17</b>																			
<b>F18</b>																			
<b>F19</b>																			
<b>F20</b>																			

**Calculation Record Sheets for G Scale**

Total Number Male Respondents: \_\_\_\_\_ Total Number Female Respondents: \_\_\_\_\_

**I. Final Score (Individual) – refer to calculation formulas in Session B.5**

	Final Score		Final Score
<b>M1</b>		<b>F1</b>	
<b>M2</b>		<b>F2</b>	
<b>M3</b>		<b>F3</b>	
<b>M4</b>		<b>F4</b>	
<b>M5</b>		<b>F5</b>	
<b>M6</b>		<b>F6</b>	
<b>M7</b>		<b>F7</b>	
<b>M8</b>		<b>F8</b>	
<b>M9</b>		<b>F9</b>	
<b>M10</b>		<b>F10</b>	
<b>M11</b>		<b>F11</b>	
<b>M12</b>		<b>F12</b>	
<b>M13</b>		<b>F13</b>	
<b>M14</b>		<b>F14</b>	
<b>M15</b>		<b>F15</b>	
<b>M16</b>		<b>F16</b>	
<b>M17</b>		<b>F17</b>	
<b>M18</b>		<b>F18</b>	
<b>M19</b>		<b>F19</b>	
<b>M20</b>		<b>F20</b>	

**II. Average Scores**

Calculation	Average Score
Average Score (Male)	
Average Score (Female)	
Average Score (Community)	

**III. Percentage Breakdown of Responses per Statement by Gender**

Statements – WOMEN	% Agree	% Partly Agree	% Disagree
1. It is the man who decides what type of sex to have			
2. A woman’s most important role is to take care of her home and cook for her family			
3. Men need sex more than women do			
4. You don’t talk about sex, you just do it			
5. Women who carry condoms on them are seen as ‘easy’			
6. Changing nappies, giving the kids a bath, and feeding the kids are the mothers’ responsibility			
7. It is a woman’s responsibility to avoid getting pregnant			
8. A man should have the final word about decisions in the home			
9. Men are always ready to have sex			
10. There are times when a woman deserves to be beaten			
11. A man needs other women, even if things with his wife/girlfriend are fine			
12. If someone insults a man it is ok for him to defend his reputation with force if he has to			

13. A woman should tolerate violence in order to keep her family together			
14. It is not right for a woman to ask her husband or boyfriend to use a condom			
15. It is okay for a man to hit his wife/girlfriend if she won't have sex with him			
16. I would never have a gay or lesbian friend			
17. Men should behave like men, not like women			
18. A woman who wears revealing clothes is 'easy'			
19. Women who go to bars by themselves are 'not good women'			

<b>Statements – MEN</b>	<b>% Agree</b>	<b>% Partly Agree</b>	<b>% Disagree</b>
1. It is the man who decides what type of sex to have			
2. A woman's most important role is to take care of her home and cook for her family			
3. Men need sex more than women do			
4. You don't talk about sex, you just do it			
5. Women who carry condoms on them are seen as 'easy'			
6. Changing nappies, giving the kids a bath, and feeding the kids are the mothers' responsibility			
7. It is a woman's responsibility to avoid getting pregnant			
8. A man should have the final word about decisions in his home			
9. Men are always ready to have sex			
10. There are times when a woman deserves to be beaten			
11. A man needs other women, even if things with his wife/girlfriend are fine			
12. If someone insults a man it is ok for him to defend his reputation with force if he has to			
13. A woman should tolerate violence in order to keep her family together			
14. I would be outraged if my wife/girlfriend asked me to use a condom			
15. It is okay for a man to hit his wife/girlfriend if she won't have sex with him			
16. I would never have a gay friend			

17. It disgusts me when I see a man behaving like a woman			
18. A woman who wears revealing clothes is 'easy'			
19. Women who go to bars by themselves are 'not good women'			

**IV. Percentage Breakdown of Responses per Statement by Community (Men and Women)**

<b>Statements – COMMUNITY</b>	<b>% Agree</b>	<b>% Partly Agree</b>	<b>% Disagree</b>
1. It is the man who decides what type of sex to have			
2. A woman's most important role is to take care of her home and cook for her family			
3. Men need sex more than women do			
4. You don't talk about sex, you just do it			
5. Women who carry condoms on them are seen as 'easy'			
6. Changing nappies, giving the kids a bath, and feeding the kids are the mothers' responsibility			
7. It is a woman's responsibility to avoid getting pregnant			
8. A man should have the final word about decisions in the home			
9. Men are always ready to have sex			
10. There are times when a woman deserves to be beaten			
11. A man needs other women, even if things with his wife/girlfriend are fine			
12. If someone insults a man it is ok for him to defend his reputation with force if he has to			
13. A woman should tolerate violence in order to keep her family together			
14. It is not right for a woman to ask her husband or boyfriend to use a condom			
15. It is okay for a man to hit his wife/girlfriend if she won't have sex with him			
16. I would never have a gay or lesbian friend			
17. Men should behave like men, not like women			
18. A woman who wears revealing clothes is 'easy'			
19. Women who go to bars by themselves are 'not good women'			

## MSC Story Collection Template

### Background

Date of recording story: \_\_\_\_\_

Hello, my name is ..... and I would like to ask you about the Stepping Stones project that has been implemented in your community. In order to monitor activities and continually improve the project we are hoping to capture some stories about changes that you may have experienced as a result of Stepping Stones. If you're happy with this, I will ask you 3-4 questions and write the answers down in my note book. It should take about 20-30 minutes.

We hope to use the stories and information collected from your interview for a number of purposes including:

- To help us understand what participants think is good and not as good
- To make improvements to our work
- To tell donors what has been achieved

### Confidentiality

We may like to use your stories for reporting to our donors, or sharing with other participants and trainers. Do you (the story teller):

- Want to have your name on the story (tick one)  Yes  No
- Consent to us using your story for publication (tick one)  Yes  No

### Contact Details

Location: \_\_\_\_\_ Name of person recording story: \_\_\_\_\_

Name of story teller\*: \_\_\_\_\_

Project Name: \_\_\_\_\_

\*(If they wish to remain anonymous, ask if you can still record their name for future verification processes but assure them you will take their name off before selection and won't supply it to anyone else).

### Questions

1. Tell me how you first became involved with the Stepping Stones project? *(This is the introduction question when interviewing your project clients)*

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---

2. Please list the most important changes in the table below that you feel have resulted from you participating or being part of Stepping Stones.

Before	After (as a result of project...)	Probe for each change: Did anyone or anything else contribute to the change you've just mentioned?



## MSC Story Panel Selection Template

### Selection Record

Date the panel met: \_\_\_\_\_

### Panel Members

The selection panel comprised of the following persons:

---

---

### Story Selected

How many stories did the selection panel receive? \_\_\_\_\_

How many stories was the selection panel required to choose? \_\_\_\_\_

Title of selected story	Story teller	Story collector	Approval for publication? Yes/No

**Reasons for Selecting This/These Story(ies)**

Title of selected story	Reasons for selecting this story

We selected this story because.....

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**Lessons Learnt**

The lessons learnt about the Stepping Stones project from all the stories are:

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## Feedback

We will give feedback to:

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We will give feedback by:

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Who on the selection panel will organize the feedback:

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---

The feedback we will give is:

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**Stepping Stones Facilitator Journal**

Facilitator name: \_\_\_\_\_

Village/ Community: \_\_\_\_\_

**SESSION ATTENDANCE RECORD**

For each SS program being implemented in a community we recommend the facilitator keeps an attendance record. Facilitators write the participant names in the first column (one per line). The facilitator can then tick each session if the same participant is present.

(example)

<b>Before</b>	Session A	Session B	Session C
Participant name	✓	✓	

Facilitators can continue to use throughout the whole program. If new people come they can add their name.

This will help facilitators keep track of who is coming regularly. It is also an easy way to see if someone hasn't turned up for a few weeks therefore the facilitator can check up on the participant and find out why they aren't coming.



**JOURNAL ENTRY**

Session Date: \_\_\_\_\_

Time: \_\_\_\_\_ (start & end time)

Group you facilitated: (please tick)

Younger Women       Younger Men

Older Women       Older Men

Number in group: \_\_\_\_\_

Session facilitated: \_\_\_\_\_

Exercises: \_\_\_\_\_

Distribution of materials: Did you distribute any condoms or pamphlets? How many?

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Facilitator comments: (describe how the session went, any difficulties, exercises that went well, any concerns etc)

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What questions did participants ask?

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Feedback given by participants after session:

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Are there any issues you need to follow-up on or questions you need to find answers for?

---

---

Issues discussed with co-facilitator:

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**COMMUNITY FINAL REQUEST**

Peer group	Special request	Follow up action agreed on	Timeframe
Young Women			
Young Men			
Older women			
Older men			

## References

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<sup>i</sup> The AIDS Competence Programme (2003), *Self- Assessment Framework*, Parcell, Lamboray et al. BP/UNITAR/UNAIDS/ Thai Communities

<sup>ii</sup> Pulerwitz, Julie, Gary Barker, Márcio Segundo, and Marcos Nascimento. 2006. *Promoting more gender-equitable norms and behaviors among young men as an HIV/AIDS prevention strategy*, Horizons Final Report. Washington, DC: Population Council

<sup>iii</sup> Davies, Rick & Dart, Jessica 2005. *The 'Most Significant Change' (MSC) Technique: A Guide to Its Use*

