Scaling up Stepping Stones: The Gambia Experience by Mamadou Conteh, World Vision, Project Coordinator, the Gambia

Stepping Stones was first introduced to the Gambia in 1997. Based on two pilot phases in rural villages, the manual was adapted to the Gambian context, which is almost exclusively Muslim.

An evaluation was carried out and SS was found to be an effective methodology for the prevention of the spread of HIV in the Gambia. It also had a very significant impact on domestic violence, which, used to be the norm in the Gambia and, since the introduction of Stepping Stones, has reduced dramatically. On that basis, funding was sought from the World Bank in 2003 through the National AIDS Secretariat to scale up Stepping Stones. The scale-up programme was in phases:

Phase One (2003-5) SS implemented in 120 villages
Phase Two (2006) SS implemented in a further 225 villages
Phase Three (2007) SS to be implemented in approximately 300 villages

Key elements for successful scaling up
- Mainstreaming HIV/AIDS activities (including SS) into extension services in communities (through the multi-disciplinary facilitation team approach)
- Linking with other services such as VCT, treatment sites (2 rural hospitals) and parent to child prevention centres
- Involvement of many partners: both national and international (in the Gambia, partners included: Gambia Red Cross Society, ActionAid the Gambia, Worldview The Gambia, Concern Universal, Medical Research Council, PLWHA Support Societies and others.)

Resources required and cost of scaling up
Based on the Gambia experience, it costs approximately £95,000 to implement Stepping Stones in 20 villages over a one-year period. This amount includes:
- personnel
- support staff
- vehicles
- field equipment (radios, mobile videos, etc)
- field activities (training, facilitators, pupetru, traditional communicators, etc)
- institutional capacity building
- monitoring and evaluation

Economies of scale savings
The cost of implementing SS per beneficiary reduces the greater the number of villages covered:
1. Cost for 20 villages x 500 direct beneficiaries x 1 year = £9.50 per beneficiary
2. Cost for 1 village x 500 direct beneficiaries x 1 year = £190 per beneficiary
These figures show that it is both possible and very cost effective to scale up Stepping Stones on a large scale.

In discussion, people asked questions about the quality of Stepping Stones when implemented on such a large scale: how long it takes in each village? What kind of follow-up is provided?
In the Gambia, the SS process takes at least 3 months in each village and the process is followed up in various ways: through mobile video, reproductive and child health clinics, the radio, working with the health services. These follow-up activities are kept up for approximately one year. After that, follow-up is less intensive, but they still make quarterly visits to the villages. In terms of quality control, this is assured in various ways: staff employed are already experienced in SS or other participatory methodologies and minimum standards are established before agreeing to fund SS in each new village.