## **Investing in Stepping Stones**

- Scale up of effective Stepping Stones programmes requires major investment. Donors, NGOs and communities need to be sure that this represents a good use of scarce resources.
- Evaluation that provides statistical evidence of Stepping Stones value-added for public health outcomes requires a large sample and expert researchers. This is costly and may be difficult to attribute and generalise. RCT costs....
- Evaluations using participatory qualitative methods triangulated with practical quantitative methods are grounded in reality and if they converge from a large number of sites, they represent strong evidence



## Stepping Stones: Reported Programme Costings

Zimbabwe town: \$3450 for 30 participants = \$115 each with accomm.

Zimbabwe rural \$820 for 20 participants = \$41 each

S Africa: ca \$33 per participant

India: ca \$55-65 per participant initially, falling to \$43 per participant

Zambia (Lusaka): ca \$62 per participant - high room hire costs

Russia: 15 days sessions for 80 people = \$11,000 (total costs) = \$140 per person

Mozambique: 2003 (World Bank). 500,000 participants **\$1.19** per participant over 4 years. Fully achieved 10 of the 16 UNAIDS benchmarks. Partially achieved 4 more (eg no homophobia training, limited M&E, not schools-based)

The Gambia: 2006 \$295 per participant (1 village 500 participants over 1 year) down to \$15 per participant on scale up (to 20 village of 500 participants each in 1 year – ie 10,000 participants)

