



**Celebrating 21 years of *Stepping Stones***

**1995-2016**

## **My experience of using *Stepping Stones***



**Ellen Bajenja, Salamander Trust Associate**

Good evening. It is a great honour for me to witness the 21<sup>st</sup> year of the *Stepping Stones* celebration here tonight. Thanks Salamander Trust and Dr. Alice Welbourn for inviting me.



I am one of several people in Africa who have felt privileged to use the *Stepping Stones* approach and today I salute the originators as well as men and women in different countries in Sub-Saharan Africa who have embraced the approach and effectively used it in their work. My first working experience was in the Medical Research Council where I was working as a social science research assistant. I was faced with situations where people living with HIV and AIDS had no cure. I was often challenged by the increasing need to bring hope and courage.

Sydney Smith is quoted to have said "It is the greatest of all mistakes to do nothing because you can only do little – do what you can." This statement encouraged me at the time when all too often my work with communities affected by HIV and AIDS seemed gloomy and hopeless.

My experience with the *Stepping Stones* approach dates as far back as 2003 when ACORD, with support from Comic Relief, implemented a three year project; Integrating Gender in Community-Based HIV and AIDS responses in Angola, Tanzania and Uganda, among communities with varying vulnerabilities to HIV and AIDS.

Just to share a bit on the context at the time in Uganda where I worked; there was remarkable progress in awareness of the epidemic and there was hope for the life prolonging treatment - however this was only available for a few people living with HIV. At the time in Sub-Saharan Africa 20 million people in Africa were living with HIV and only 8,000 were on life-prolonging treatment. Therefore the



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need for a comprehensive approach to address the multi-dimensional factors perpetuating the HIV spread was needed. *Stepping Stones* provided exactly that!

In northern Uganda, a region that was affected by war, communities valued *Stepping Stones* as it facilitated the establishment of a safe and supportive environment where:

- Men, women, girls and boys were able to bring forward their thoughts on issues that were considered taboos (such as sexuality);
- There were new opportunities for the community to sit together and talk without fear and intimidation;
- Some of the originally marginalised, such as women and girls, were able to gain confidence in communities;
- A sense of community collective responsibility was built, with support for affected families, stigma reduction and establishment of bylaws;
- Agencies (organizations of people living with HIV and AIDS) formed which were later used as channels for educating people about their rights as well as responsibilities. These community groups became entry points for other development actors.

**In my personal life, *Stepping Stones* has;**

- Further strengthened my understanding of the links between gender inequalities and HIV vulnerability and this knowledge later gave rise to my work in mainstreaming HIV and AIDS;
- The *Stepping Stones* approach transformed the way I viewed affected communities. Originally I had a THEY and ME mentality, but with *Stepping Stones* this turned into a collective US. The approach became part of my life and my thoughts about the epidemic changed;
- I gained better understanding of the need to look at the importance of considering the needs and desires of each category of the community, as opposed to approaching the community as a homogeneous entity.

**In conclusion:** To date you will all agree with me that a lot of advances have been made in the bio-medical response to the epidemic. However it is also important to note that more needs to be done in



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tackling some of the factors that continue to fuel the epidemic's spread, for instance in tackling intimate partner violence, which *Stepping Stones* does successfully.

Success in tackling these, and other not so obvious factors fuelling the epidemic, means that we will have contributed to transforming the responses from the more traditional approaches that have been described as "*Wiping the floor while the taps continue to leak*".

Finally, I would like to finish with a quote from Edwin Hubbel Chappin: "*Every action in our lives touches on some chord that will vibrate in eternity*".

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TRANSFORMING THE WAY WE THINK ABOUT HIV

