



Social Norms Change at Scale: Insights from *Stepping Stones*

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The Approach

Stepping Stones is a holistic training program on gender, HIV, communication, and relationship skills. Its lead author created the program in the 1990s with strong influences from the “participatory learning and action”¹ and women’s rights movements, as well as her Ph.D. research on gender, age, and access to power and resources in communities and her 10 years of living and working in rural communities in the Horn of Africa. *Stepping Stones* promotes an inclusive, community-wide approach to address the complex issues communities face in changing social norms on violence against women (VAW), sexual and reproductive health and rights, and attitudes and practices towards people living with HIV. These include reducing intimate partner violence (IPV) and related alcohol use, and increasing condom use and gender equity in relationships (such as shared decision-making and task-sharing).

The program includes adolescent girls and boys aged 15 and older, as well as adults, participating in four parallel peer groups. The training is comprised of about 50 hours of structured sessions. The four peer groups also meet together every few sessions to learn from and with one another and to build bridges of understanding and collaboration across genders and generations. The program aims to improve the quality of life of all involved from a gendered, cross-generational, mutually respectful, and rights-based perspective.

Where and How it is Being Used

Stepping Stones has been adapted and translated for use around the world by many organizations, large and small—including the United Nations Children’s Fund in Mozambique and the United Nations Development Programme in the Democratic Republic of the Congo for post-conflict recovery, as well as large international non-governmental organizations (INGOs) and small grassroots groups in more stable contexts.

In some countries, like The Gambia, the government has rolled *Stepping Stones* out with civil society partners. The Coalition of Women Living with HIV and AIDS in Malawi (COWLHA) implemented the program in 144 communities across 12 districts.² *Stepping Stones* has also been adapted for use in schools, prisons, with health workers, in urban and pastoral settings, with fishing communities, and in agricultural contexts. It has also been adapted to address stigma associated with disabilities.

¹ See more at <https://www.iied.org/participatory-learning-action-pla>

² See more at <http://steppingstonesfeedback.org/resources/scaling-sustainability-expansion-y-sostenibilidad/>



Understanding Scale

We understand scaling up to be “predominantly an organizational, managerial, political and capacity-building task, the principles of which are similar across multiple areas of application.”³ ExpandNet describes four key forms of scale-up, and we have seen organizations conducting all four. The first is **vertical** (“institutionalization through policy, political, legal, budgetary or other health systems change”); one example is a collaboration by the Gambia Family Planning Association, ActionAid, and the Medical Research Council in The Gambia (described in the next section as a success story). The next is **horizontal** (“expansion/replication”)—for example, when COWLHA rolled out the program to 144 communities in Malawi and succeeded in reducing IPV, thereby improving mental health and women’s ability to adhere to medication regimens. The third is **diversification** (“testing and adding a new innovation to one that is in the process of being scaled up”), when new components are added for specific topics or groups such as disability, menstruation, or incarcerated individuals. Examples include the International HIV Alliance in Morocco in prisons; the Medical Research Council and partners’ initiative in The Gambia; COWLHA in Malawi; and ACORD in Tanzania for pastoralists and others.⁴ The fourth is **spontaneous** (“diffusion of the innovation without deliberate guidance”), such as ActionAid in Ethiopia and India; the Foundation of the Peoples of the South Pacific International in Fiji; and ACORD in Uganda.

Our experience in implementing the *Stepping Stones* program does not lead us to favor or promote one form of adaptation for scale-up over another, since each context is different and can lend itself to different opportunities. Instead, we have requested that organizations keep in touch with us as much as possible, as well as build on our core values and structure in their adaptation and scale-up work, so we can advise them based on our own experiences and on lessons learned from others. We also ask them to share what they have learned with us, so others can benefit from their experiences. Through this networking, we have built a strong international community of practice comprised of over 1,000 subscribers and a dedicated website. The community of practice is based on this shared global knowledge, which is almost entirely “gray” literature (that is, outside peer-reviewed literature), and recognizes that we are all on a learning journey together around these adaptation and scale-up challenges.⁵ However, it also means those seeking information only from journals are missing out on a wealth of knowledge or convergence of evidence.⁶ Those whom we see making the best use of the methodology are those who have been in good contact with us.

³ ExpandNet. (2010). *Nine steps for developing a scaling-up strategy*. World Health Organization.

⁴ See our adaptation guidelines for more details: http://steppingstonesfeedback.org/wp-content/uploads/2016/10/SalamanderTrust_Adaptation_Guidelines_Stepping_Stones_-2017FINAL.pdf

⁵ See, for example: <http://steppingstonesfeedback.org/resources/evaluation-evaluacion/>

⁶ Salamander Trust, Athena, Joint United Nations Programme on HIV/AIDS, AIDS Legal Network, Project Empower, HEARD, & University of KwaZulu-Natal. (2017). *Action Linking Initiatives on Violence Against Women and HIV Everywhere, ALIV(H)E framework*. Retrieved from http://salamandertrust.net/wp-content/uploads/2017/11/ALIVHE_FrameworkFINALNov2017.pdf



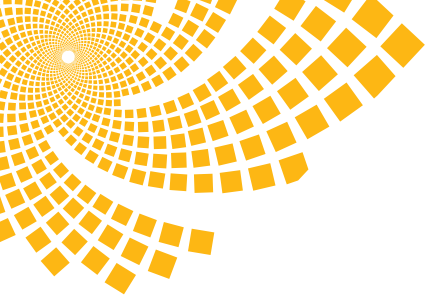
Going to Scale: A Success Story

Stepping Stones was effectively implemented and adapted to a new context in The Gambia, including scale-up in 300 villages, by the Medical Research Council and partners.⁷ Elements that helped make this implementation successful included:

- **Learning from others' experiences:** The implementers kept in regular touch with the originators to avoid unintended errors of interpretation, such as leaving out key exercises. (As a counterexample, a program in Zimbabwe cut out a key session because it addressed topics considered taboo—but then reinstated it when they realized how critical the session was to ensuring widows' rights.)
- **Following its staircase model:** Successive sessions build on earlier ones. Some of the later sessions are challenging and require the foundational sessions to create a sense of safety, trust, and identification within the group and with the facilitator. Creating a sense of trust and support allowed the group to address such sensitive issues and work through them together.
- **Creating inclusivity:** Fidelity to the four-group structure provided a safe space for discussions, with cross-gender and intergenerational learning and bridge-building.
- **Adapting to local context:** This began with community-prioritized issues, such as male concerns about maintaining their fertility, and involved linking them to the overall program.
- **Ensuring facilitators go through the process first as participants** before being trained as facilitators, with ongoing supervision and support. This meant facilitators had the challenge—and opportunity—to address and try to resolve the complex issues in their own lives before being expected to facilitate others' journeys through the process. This process includes:
 - An initial phase in which trainers systematically guide facilitators/trainees first as participants through the manual session by session, taking on the personalities of different genders and generations (for instance, being a girl, boy, woman, or man, being someone living with HIV, or being someone experiencing IPV). This process enables them to appreciate how the manual works and to address some of their prejudices and biases in areas like gender bias, stigma and discrimination, and fear of death. The process promotes and develops positive language and cross-gender and intergenerational communication. Only then are they trained to facilitate the program with others.
 - Ongoing supervision, which occurs throughout the initial training period and extends to the follow-up training process, as some of the attitude and practice changes can take time. Support for facilitators varies across sessions and contexts. For example, the sessions focused on building communication between couples, a widow's inheritance rights, and tackling stigma when people living with HIV are shunned, require significant support for facilitators to understand them, appreciate their importance, and overcome their anxieties.

Overall, what made this experience a success? First, the implementing partners engaged closely with the originators. They recognized the importance of a community-wide approach with a

⁷ Paine, K., Hart, G., Jawo, M., Ceesay, S., Jallow, M., Morison, L., ... & Shaw, M. (2002). 'Before we were sleeping, now we are awake': Preliminary evaluation of the Stepping Stones sexual health programme in The Gambia. *African Journal of AIDS Research*, 1(1), 39-50. Retrieved from <http://siteresources.worldbank.org/INTGENDER/Resources/MatthewShawAJARarticle.pdf>



gendered, cross-generational, rights-based lens and of a structured scaffolding/staircase model. Second, they prepared well and explored, respected, and incorporated local priorities. For example, they promoted condoms as fertility protection, involved imams in endorsing their use, and added a session on sexual and reproductive health. To maintain quality at scale, one key programmer commented, “The process lasted at least 3 months in each village, and was then followed up in various ways. These included: through mobile video, reproductive and child health clinics, the radio, working with the health services. These follow-up activities were kept up for approximately one year. After that, follow-up was less intensive, but staff still made quarterly visits to the villages. In terms of quality control, this was assured in various ways: staff employed were already experienced in *Stepping Stones* (or other participatory methodologies) and minimum standards [of engagement] were established before agreeing to fund *Stepping Stones* in each new village.”⁸

In terms of outcomes, community members were asked an open-ended question in focus groups: “What has changed for you?” All of the groups mentioned more dialogue in the home, less quarreling and violence within couples, husbands providing more fish money (share of their income), more understanding and respect in the home, more household task-sharing, and safer sex (including outside marriage).⁹

Sadly, in both The Gambia and Malawi, funding ended and the carefully built program and staffing structures were dismantled despite clear program achievements. In The Gambia, this was partly because the funder needed peer-reviewed journal articles to be published more quickly. In Malawi, the funders did not continue the grant beyond the initial roll-out of the program to 144 sites. Further, despite the success of the Malawi program, the findings have never been published in a peer-reviewed journal because as an NGO-led program, it had not sought ethical clearance and so its evaluation report was barred from formal publication.¹⁰

Going to Scale: A Challenging Story

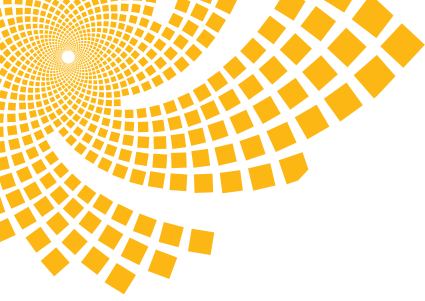
One project implemented in Uganda aimed to contribute to realizing an AIDS-free generation by reducing the rate of newly acquired HIV among adolescents and young women. The project was implemented by a consortium of partners—including research institutions, civil society organizations, and local government, among others—and involved girls and young women aged 15 to 24. A comprehensive package was implemented that intended to empower girls and young women, reduce health risks associated with sexual activity, strengthen families, and mobilize communities for change. The project adapted the *Stepping Stones* program during implementation since it was a successful and evidence-informed innovation.

⁸ Interview with Momadou Conteh, in ACORD. (2006). *Stepping Stones – Looking forward, looking back* (Conference Report). Retrieved from http://steppingstonesfeedback.org/wp-content/uploads/2016/10/SS_Acord_LookingforwardLookingBack_FullReport_2006.pdf

⁹ Jarjue, M. S., Badgie, K., Jobarteh, A., Bojang, L., Gibba, L., Bojang, F., ... & Welbourn, A. *Participatory review of changes after a Stepping Stones workshop in an Islamic context, The Gambia, February 2000*. Retrieved from http://steppingstonesfeedback.org/wp-content/uploads/2016/10/SS_Review_Gambia_2000.pdf

¹⁰ See: Coalition of Women Living with HIV/AIDS in Malawi. (2015, March). *End of project evaluation study report: “Leveraging Positive Action Towards Reducing Violence Against Women Living With HIV Project.”* Retrieved from http://steppingstonesfeedback.org/wp-content/uploads/2016/10/COWLHA_END_OF_PROJECT_EVALUATION_REPORT_September2015.pdf





However, the adaptation process was not based on our recommended standard guidelines, which affected the project outcomes. During the adaptation process, the donor and grant holders either were not in touch with us as the originators or misunderstood basic program principles and/or contacted us when it was too late for mistakes and incorrect reports to be rectified. The process did not consider the language of delivery, even though it is critical—for instance—that the manual is available in a language that local facilitators can use comfortably. The adaptation process also involved shortening the training time frame due to pressure to cut costs and limited understanding and appreciation of the approach. This resulted in inadequate facilitation training; for instance, facilitators erroneously thought they should promote traditional female behavior to reduce VAW.

Additionally, while the *Stepping Stones* methodology promotes participatory approaches, the project implementers used the approach selectively and reduced some of the critical participatory exercises during the training. They did not follow the staircase model, and therefore training delivery was not systematic.

The project also focused on only one group, young girls, whose selection was based on their testing negative for HIV. This was stigmatizing and dangerous for the young women living with HIV, as they were excluded from the workshops and their status was exposed. The project did not include older peer groups and only partially involved young male partners, thereby missing out on the cross-gender and intergenerational bridge-building that forms an integral part of the program.

The Takeaway: What Made It Ineffective?

- **HIV testing as an entry criterion** for program involvement is deeply unethical and totally in breach of program principles.
- **Minimal training of facilitators** meant no opportunity to process issues in their own lives or any understanding of the program's gender-transformative process—resulting in retrograde, gender-insensitive messaging to the participants.
- **Inclusion of only young, HIV-negative women** meant the program achieved no community-wide understanding of their experiences or visions.
- **Narrow conceptions of outcomes and potential value-add in relation to the cost of quality implementation** reduced potential impact. We know that when the proper procedure is followed, there is a far-reaching holistic impact, as demonstrated in The Gambia.



Reflections

Organizations taking programming to scale face an exciting opportunity to impact the lives of women and men, girls and boys at unprecedented levels. This opportunity also comes with the challenge—and responsibility—of doing everything possible to ensure safe, ethical, and impactful programming. First among this is to recognize that social norms change requires complex, grounded, and sustained programming—which, of course, requires longer-term funding. Similar public health examples are found in efforts to promote seatbelt use and reduce smoking in public spaces in Europe and North America, both of which also have gendered and generational dimensions. Each took many decades—and still requires ongoing work—but is now integrated into mainstream culture, meaning the investment has resulted in long-term payoff.

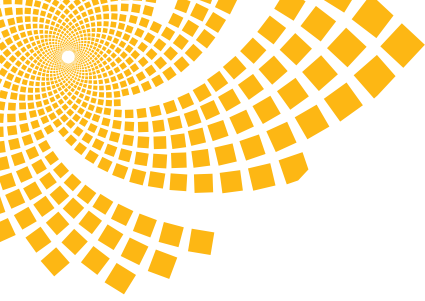


We can think of social norms change efforts at scale in similar ways. Key ingredients include:

- Careful strategic thinking and program design;
- Using multiple complementary strategies at the community, service delivery, and policy levels over time;
- Programming led by people in or close to the communities who have had time and support to internalize and process the ideas;
- Fidelity to the core elements that made the approach successful; and
- Ongoing monitoring by the implementing partner and, when possible, by originators to reinforce core principles and mitigate possible negative consequences when these have not been appreciated.

Ideally, scaling up an existing methodology happens in collaboration with the program originators, who typically have decades of experience with the program's successful adaptation and use across many diverse contexts. This approach can provide invaluable input, ensuring that each program builds from a place of strength and lessons learned, avoiding past missteps and mistakes. This approach then maximizes the potential for change and transformation.





For Reference: *Stepping Stones* Scale-Up Framework

HOW <i>Stepping Stones</i> can be scaled	WHO should be involved	WHAT needs to happen	WHEN should it happen
<p>Communicate with <i>Stepping Stones</i> originators (to guide program design and share learning with programs around the world).</p> <p>Follow the gendered, cross-generational, rights-based, holistic approach—which includes multiple outcomes.</p> <p>Understand the staircase approach (starting with important preliminary group-bonding sessions before tackling more challenging, sensitive topics).</p> <p>Follow the interactive participatory learning process.</p> <p>Prepare well—exploring, respecting, and incorporating local priorities.</p> <p>Pilot adaptation before scale-up.</p>	<p>An equal number of male and female, older and younger facilitators, split into teams of four (each to work with peer groups of the same gender and similar age).</p> <p>This should include all four peer groups so everyone feels included and respected, and it should be inclusive of all, irrespective of HIV status, gender, age, or other factors.</p>	<p>Acknowledge the human rights-based political dimension to the process and the importance of movement-building rather than one-off, single-focus projects.</p> <p>Invest in and benefit from well-trained facilitators.</p> <p>Explicitly follow the overall structure and sequencing.</p> <p>Liaise and synergize with parallel and follow-up initiatives.</p>	<p>About similar in length to the original program (about 50 hours).</p> <p>Ideally lasts from one month (intensive) to about 12 weeks in duration.</p> <p>Ongoing funding is needed to ensure effective follow-up.</p>

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