Boosting prevention: The Join-In Circuit on AIDS, Love, and Sexuality

Context

An estimated 45% of new HIV infections in 2007 were among people aged 15–24, yet survey data from 65 countries for 2004–2007 indicate that just 40% of males and 38% of females in this age bracket had accurate knowledge about the disease and how to avoid transmission (UNAIDS, 2008). Such statistics explain why health authorities in many countries are striving to improve HIV prevention among young people, and other high-risk groups.

Concept and approach: ten steps

The "Join-In Circuit on AIDS, Love, and Sexuality" is an HIV prevention tool used in more than 18 countries. Initially developed by the German Federal Centre for Health Education (BZgA), it is a workshop with five or more stations, at which facilitators help participants to learn critical information about HIV through interactive problem-solving, games and conversation. In little time, it can thus convey key prevention messages in an effective manner to large numbers of people belonging to groups at risk of HIV – soldiers, prisoners, workers, schoolchildren, students and other young people. The aim is to strengthen their ability to protect themselves, with information that is tailored to the local context, practical and engaging.

Participants proceed through the Join-In Circuit (J-IC or the Circuit) in small groups. At each station, facilitators engage them in conversation, mime and other lively forms of dialogue about how HIV is transmitted, how to talk about sexuality and love, condom use, non-verbal communication, living with HIV, and so on. Participants are thus able to examine entrenched attitudes that put them at risk. Games make it easier to deal with taboo topics. Problem-solving helps them test new skills of self-protection. The use of culturally sensitive, though often explicit, images makes the Circuit highly adaptable for various target groups.

This participant-centred format reflects prevailing theories of social learning and rational action and emphasizes three main messages: "Be informed; protect yourself and others; show solidarity." Each session takes about 75 minutes (15 minutes per station). Unlike less interactive prevention methods, such as the distribution of printed leaflets and posters, the Circuit brings prevention experts into direct contact with groups of young people and through open, often playful, discussion gives them an unusual opportunity to obtain potentially life-saving information.

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Mongolian soldiers piece together a puzzle with a Circuit facilitator.

German HIV Practice Collection

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On behalf of Federal Ministry for Economic Cooperation and Development

A facilitator encourages discussion at a station devoted to sexually transmitted infections and HIV.

With support from GTZ (now GIZ), the Join-In Circuit has been adapted for many different target groups in many countries. Versions of the Circuit vary widely, therefore, to suit different contexts (HIV epidemiology, socio-cultural attitudes, political situation, etc.); successful implementation begins with a careful situation analysis, and follows ten key steps:

Step 1: Ask for support of national decision-makers: Explain the concept of the Circuit and how it might contribute, if integrated into national HIV programmes.

Step 2: Seek partners: Adaptation is usually undertaken by a team of 15–20, including an expert consultant, ministry officials, health workers, and representatives of international agencies, national NGOs and the target groups.

Step 3: Establish objectives: These should be measureable, realistic and include participant-related objectives (increased knowledge, etc.) and structural objectives (better cooperation among prevention agencies, for example).

Step 4: Adapt and develop content: Agree on which stations of the generic Join-In Circuit to include, whether others need to be added and the content and images in each.

Step 5: Prepare images, stations and publications: Ideally, hire local artists to create images and local firms to manufacture the displays and dividers for Circuit stations. The Join-In Circuit can be set up in- or out-of-doors, but allow enough space. It is good to provide participants with leaflets and posters with key take-home messages.

Step 6: Form a core team: At least one coordinator is needed to ensure continuity of the Circuit; if possible, develop a team that has the time and means to coordinate the project collectively, train facilitators, provide refresher courses, assure quality, etc.

Step 7: Build a team of facilitators: Participants should identify closely with Circuit facilitators. Ideally there should be two per station (males and female) who are skilled, non-judgmental communicators and able to overcome didactic problems, content issues and organizational difficulties.

Step 8: Testing: Before J-IC is rolled out across a country, it should be tested, with focus groups of participants and questionnaires. It is best to do this in the national capital, close to targeted institutions and key organizations and decision-makers.

Step 9: Quality assurance and evaluation: Measures should be planned and established during country adaptation. With a coordinator in place, regular documentation is possible, together with other quality assurance and administrative work such as data gathering, facilitator training, refresher courses, supervisory visits, and advocacy.

Step 10: Sustaining the benefits: Before planning, organizers should secure financing for development and implementation of the Circuit. In most partner countries, GTZ funds the development phase and the initial implementation, with contributions from UNICEF, UNAIDS and national agencies. Good advocacy is needed to ensure that information about the Circuit is widely disseminated and understood.

Results

By the end of 2007, the Join-In Circuit had been adapted and used in HIV prevention in 18 countries, including Bangladesh, Mongolia and Nepal; the Russian Federation and Ukraine; Mozambique, Zambia and Zimbabwe; and Ecuador and El Salvador. Cooperation with ministries of health and education often supported the quick uptake of the Circuit, as officials understood how it could be used to advance towards national prevention goals.

The flexibility of the Circuit allowed it to address prevention among many different groups: young people aged 12–14 and up in the Russian Federation, Ukraine, Latvia and Central Asian countries; young adults, including soldiers, prisoners, factory workers, sex workers, stock breeders, teachers and doctors in other countries. The content of the Circuit varied as well. In El Salvador and Ecuador, a station called “values, rights and love” was developed at the request of religious authorities. Church leaders were then willing to support the Circuit, though it also included frank discussion of the use of condoms.

Wherever possible, organizers tailored the content and format to reflect the experience of the target group, in the most realistic, sensitive and explicit manner. In Mozambique, the “body language” station gave young people an opportunity to discuss polygamy, drugs and sexual violence. In Zimbabwe, the term *seducing* was substituted for *prostitution*, to open a dialogue about the daily practice of young women bartering sex for goods (transactional sex).

Ethiopian women discuss the relative risks of each mode of HIV transmission in a Circuit station.

Most Circuits strongly advocate for the use of condoms, the delaying of first sexual contact, faithfulness, and open discussion of prevention with sexual partners. Participants are also urged not to share needles or razor blades, to avoid high-risk situations and to take advantage of HIV counselling and testing.

The social marketing of condoms, however, is often difficult. In most secondary schools the condom demonstration had to be left out, and many countries reported difficulties in distributing condoms to participants.

Facilitators are viewed as key to making the Circuit resonate with participants. The more their language, dress and age is consistent with the target group, the more likely that they will serve as effective role models. In the Russian Federation and Latvia, most facilitators were 15 to 25, though average ages overall were from 21 to 40. Facilitators were either permanent employees of partner organizations (as in Ecuador); worked for GTZ with a freelance contract (Mozambique); were volunteers; or were paid a small fee (Mongolia). While facilitator teams in the Russian Federation, Ukraine and Central Asia are predominantly female, in the African states and Latin America they tend to be male. Continued training and other measures were needed to maintain the quality of facilitation.

The Circuit has many beneficial secondary effects. In some countries teachers and other people in direct contact with the target group also participated. In Ethiopia at least 20 young people are always trained as co-facilitators during interventions at schools. As well, observers say that the Join-In Circuit often reinforces school "HIV clubs". Facilitators in El Salvador have commented that their cooperation with vulnerable population groups helps them to overcome their own prejudices, and say that the experience gained is useful in other project work.

Lessons learnt

Measurable objectives:
The effectiveness of the Join-In Circuit can only be measured if organizers set clear learning goals. These should allow one to answer key questions: Was it possible to reach the target groups? Did as many girls and women participate as did boys and men? Were target groups given access to further prevention measures?

Countries must provide condoms: Regardless of the quality of any Join-In Circuit, it will fail, if participants are not given the means to act on its recommendations: for example, by using condoms, seeking counselling and testing and so on.

Explicit images: If pictorial representations are felt to be too scandalous, the organizers should ask themselves how presentations might be altered to make them more socially acceptable. While remaining culturally sensitive, it is necessary, especially in countries where the virus is transmitted mainly through unprotected sexual intercourse, to allow participants to understand the risks they face. In Zimbabwe, the representation of anal intercourse was made made socially tolerable by depicting the couple lying in bed, covered by a blanket.

Supporting facilitators: Organizers need to give facilitators all possible support in training and their subsequent work. Enough time and space must be set aside for them to develop the required communication skills, raise their awareness of gender-issues and behavioural patterns, and help them become role models.

Peer Review

To be included in the German HIV Practice collection, a programme or project must demonstrate in peer review that it meets most if not all of the criteria of a "good" or "promising" practice. The two external reviewers for this project have concluded that the Join-In Circuit qualifies for the collection. They found the following in relation to the specific criteria:

Effectiveness: Evidence indicates that participants in the Join-In Circuit increase their knowledge and build a foundation for positive changes in attitude and behaviour. The external peer review of the Circuit found that it had a "very effective and successful" impact on participants and presenters.

Facilitators use a playful learning device, the Wheel of Fortune, with participants in the "Protection" station of a Circuit in Mozambique.

Transferability: The Join-In Circuit is flexible enough to reflect the experience and concerns of various target groups in many countries. It is noted, however, that programmes that aim to change the normal attitudes and behaviour of particular social groups should be developed by members of the targeted group, or they will fail over the long term.

Participation and empowerment: Members of the target group can help in adapting and implementing the Circuit. Among other roles, they can help to design the national Circuit, be trained as facilitators, and evaluate the content of the Circuit during a test phase.

Gender awareness: Gender concerns are best addressed in Circuits that devote a station to this topic. Reviewers have recommended, too, that at least half of the facilitators should be female; that pairs of male and female facilitators should work at each station to allow male and female participants to talk about intimate issues with facilitators of the opposite sex; and that facilitators be aware of gender issues.

Monitoring and evaluation: External peer-reviewers recommend that countries standardize their monitoring and evaluation so that results can be properly measured and comparisons made. This would require, among other things, that target groups be clearly defined according to standard criteria.

Cost-effectiveness: Reviewers found evidence indicating that the Join-In Circuit requires a significant investment of financial and human resources, but conclude that the effort is justified.

Tools

For a detailed, step-by-step handbook, as well as manuals and guidelines for facilitators on CD-ROM, please contact susanne.pritze-aliassime@giz.de at GIZ Health Section, Sexual and Reproductive Health.

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