German HIV Practice Collection

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

giz Population Dynamics, Sexual and Reproductive Health and Rights

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Content

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Executive summary

According to UNAIDS, 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 (See References, 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. The "Join-In Circuit on AIDS, Love, and Sexuality" is a widely adaptable educational tool for teaching young people, and other groups most at risk, about HIV and how to avoid it. It creates opportunities to discuss sexuality, contraception, relationships and attitudes in a safe and respectful atmosphere. Developed by the German Federal Centre for Health Education (BZgA), the Join-In Circuit (J-IC or the Circuit) draws on communications and behavioural research to provide an interactive, problem-driven approach for communicating vital information about HIV to large numbers of people belonging to certain groups at risk of HIV – soldiers, prisoners and school-children, as well as other young people – in a short period of time. The aim is to strengthen the ability of participants to protect themselves, with information that is tailored to the local context, practical and interesting. The dialogue-oriented facilitation and the playfulness of the approach allow participants to establish an emotional and personal connection, promoting effective learning and the experience that is is possible to discuss taboo subjects releated to sexuality.

After successful field-testing in Germany, the Join-In Circuit was adapted to the particular conditions of five partner countries in 2003, then implemented. Following this experience, it was offered to other countries, and by the end of 2007, 18 countries had adapted the J-IC to their specific needs.

This document describes this useful prevention tool, its potential range of applications and obstacles that could inhibit its use and effectiveness over the long term.

The successful use of the J-IC as an instrument of national HIV prevention depends on a number of key steps. Decision-makers must be convinced of its worth. In cooperation with selected partners, goals must be defined and programme content and communications aligned with local and national cultural sensitivities. This educational tool, however, is flexible, as demonstrated by the ways that it has been adapted and implemented to respond to the needs of a wide variety of people. Studies have also shown that the Join-In Circuit not only improves the knowledge of participants, it boosts their tolerance of people living with HIV and raises awareness of risky behaviour. In many places, national stakeholders as well as targeted groups of young people welcomed the J-IC with enthusiasm, and its educational benefits radiated well beyond the formal sessions.

In all settings, promoters of the Circuit have had to steer around different socio-cultural obstacles: for example, taboos inhibiting open discussion of sexual behaviour, and resistance to the social marketing of condoms. In such cases, elements of the J-IC communications need to be adapted, and decision-makers convinced to support measures that allow participants to learn how to protect themselves and others. Making the J-IC programmes sustainable is another challenge. Expertise gained through the J-IC must be used to develop new instruments and guidelines so that this powerful tool is available whenever and wherever needed.

Context: advanced prevention and the Circuit

Advanced prevention methods

A quarter-century after the discovery of the human immunodeficiency virus, the global HIV epidemic continues to decimate populations in Africa, and expand its reach in parts of East and Central Asia, Eastern Europe, and to a lesser extent, the Caribbean and the Americas. Bearing the brunt of this pandemic are young people: those aged 15-24 accounted for 40% of all adults infected by the virus in 2007. As well, UN estimates show that an increasing proportion of those infected are female. Young adults are particularly at risk because they are still struggling to establish their behavioural patterns, and usually have lower social status. Young people are, however, particularly receptive to prevention messages. For these and other reasons, the UN has made young people between 15 and 25 years of age the primary target group for HIV prevention programmes, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) stresses the necessity of giving young people, in particular, access to AIDS prevention measures.

HIV prevention has enjoyed mixed results over the last two decades, however, recent years have witnessed a number of advances. Evidence shows that the most successful programmes are informed by behavioural theory, and take into account the thought and behavioural patterns of their targeted populations (Peersman 1998, cited in UNAIDS, 1999). In addition to basic knowledge about HIV and AIDS, the best programmes provide information about birth control, the prevention of sexually transmitted diseases and personal risk assessment. They also offer counselling, practice in new behaviours (for example, negotiating the use of condoms), and access to condoms (Crepaz et al., 2005; Elwy et al., 2002; and Merson et al., 2000, cited in UNAIDS, 2006). The Join-In Circuit on AIDS, Love, and Sexuality, developed in the early 1990s by Germany's Federal Centre for Health Education (BZgA) is an example of an advanced and successful prevention programme.

Concept of the Join-In Circuit

The Join-In Circuit on AIDS Love and Sexuality was developed as an interactive method for initiating a dialogue with young people, especially, about sexuality. Its main aim is to develop the ability of people who may be at high-risk of HIV infection or transmission – young people, in particular – to protect themselves and their sexual partners against HIV and give support to people living with HIV. By employing various methods from the social, behavioural and communication sciences, participants are able to explore their knowledge, learn about disease transmission and adjust their behaviour in positive ways. (Some countries have also used the Join-In model to educate people about the prevention of a range of sexually transmitted infections.)

Those invited to participate in the Join-In Circuit are at various stages of behavioural change. In keeping with prevailing theories of behavioural change, social learning and rational action, the J-IC is based on the belief that people typically go through five specific phases when changing their behaviour: aimlessness, formation of aims, preparation for the change of behaviour, completion of the change, maintaining the changed behaviour. The sessions are, therefore, participant-centred rather than following a conventional teacher-student format.

Participants in the J-IC, therefore, work in small groups of 10 to 15 and move through five or more stations, which can be visited in any order. Here they learn about modes of HIV transmission and methods of protection and contraception, communication and living with HIV infection (see Table 1). This process steadily expands the individual's ability to protect her- or himself, and to support those affected by HIV. The three main messages of the J-IC are, therefore, "Be informed; protect yourself and others; show solidarity."

Trained facilitators ask questions to encourage participants to challenge accepted ways of thinking

Students hold heads as part of an exercise in the "Body Language" station during a Circuit presented at a secondary school in Manica, Mozambique.

and, use role-playing exercises to spark a lively exchange of views. Each session takes about 75 minutes (15 minutes per station); so many young people can participate and learn much in a short period of time. As well, each round of the J-IC is organized as a competition, with groups accumulating points at each station. The group with the most points at the end of the circuit is the winner.

Table 1: Stations and objectives of the original (German) Join-In Circuit

1. HIV transmission channels:
Participants consider a number of situations, and illustrations, depicting common experiences of young people – going to the dentist, hugging, sexual intercourse, etc. – and use red, yellow and green cards to rank each one in terms of the risk of infection.
Objective: Participants learn to accurately assess the risk of transmission.

2. Love, protection, sexuality:
Symbols on a "Wheel of Fortune" direct participants to answer questions five themes: partnership, HIV protection, personal attitudes, condom use, special questions (e.g., HIV testing).
Objective: Participants are enabled to speak about love and sexuality without shame or fear of breaking taboos.

3. Contraception:
Members of the group draw a contraceptive from a bag and say what they know about it. Participants then match each contraceptive with corresponding statements that have been prepared in advance.
Objective: Participants assess various methods of contraception and learn that only condoms provide protection against HIV and other sexually transmitted diseases.

4. Body language:
Participants mime acts and emotions related to love, sexuality and partnership (putting on a condom, jealousy, etc) while their peers guess what they are miming. The acts and emotions are also written on the reverse side of large puzzle pieces, which, when correctly assembled, portray a pair of young lovers.
Objective: Participants speak about love and sexuality and learn to understand and use non-verbal communication.

5. Living with HIV:
Participants climb into the shoes of somebody their own age living with HIV, by considering illustrations and discussion of aspects of their daily lives: sports, family, relationships, etc.
Objective: Participants become aware of problems faced by people living with HIV, and are encouraged to support them.

Info station: On completion of the Circuit, participants are offered brochures and information sheets to take home. At this point, they also have another chance to ask questions.

A powerful, versatile tool

The Join-In Circuit allows large groups of people to engage in interpersonal communication on HIV prevention in a short period of time. Unlike conventional prevention methods, such as the distribution of printed leaflets, posters and other publications, the J-IC brings prevention experts into direct contact with members of its target group. Young people who might otherwise have no opportunity to obtain information directly, through one-to-one talks and discussion, can do so through the Join-In Circuit. Through personal communication participants are able to examine entrenched attitudes that conflict with the goals of prevention – and consider healthier perspectives. Games to support dialogue make it easier to deal with sensitive and taboo topics such as sexuality, contraception or sexually transmitted diseases. Interactive participation helps the target group act with greater confidence – for example, by examining safer forms of behaviour for specific situations. Questions and problem-solving also help them test their new skills of self-protection and gain confidence in using them.

Prisoners, such as these men in a Mozambique jail, are among the high-risk target groups who can benefit from the Join-In Circuit.

Ideally, the topics addressed are relevant and rooted in situations that are familiar to the young participants in each round of the J-IC. This ensures that they will not only identify with the subject matter, but also come away with greater awareness of their own vulnerability. The visualization of real-life situations also makes it easier for young people to understand the common causes and sobering effects of HIV – and how these relate to their own behaviour.

The Join-In Circuit's emphasis on visual media and personal interaction makes it highly adaptable for a wide variety of people and demographic groups: school-children, young adults with low levels of education, university students, prisoners, soldiers, etc. Other major strengths of this prevention tool include its participant-centred facilitation, its cultural sensitivity and relevant content, and its practical recommendations for protecting against HIV.

The success of the J-IC, however, depends not only on its versatility and content; it depends on the degree to which it is integrated into existing prevention programmes and structures in different regions and countries. Health authorities will only exploit the full potential of the Join-In Circuit if they can tie it in with existing measures, and use this instrument for other prevention activities.

"The Join-In Circuit is a hit... When it's done right, its interactive methods win young people over. There's nothing like this in the other structures we have."Master trainer, Nepal, 2007.

Global development of the Circuit

The Join-In Circuit was first tested in a (German) Federal Centre for Health Education (BZgA) awareness campaign called "Don't Give AIDS a Chance!". Then, in 2001, with support from GTZ, BZgA and national ministries of health, five countries were chosen to test the new tool in pilot programmes: El Salvador, Ethiopia, Mongolia, Mozambique and the Russian Federation. Three seminars were held in Germany to adapt the content and visual materials and train master trainers for each country. By 2003, the pilot countries were beginning to test the Circuit, and the results were thoroughly documented (see below, References, BZgA/GTZ, *The Join-In Circuit Goes Global, Eschborn*, GTZ, 2006).

The early success of the J-IC prompted other countries to take interest. A total of 18 countries have now adapted the preventional tool for their use. In addition to the five pilot countries these are Bangladesh, the Democratic Republic of the Congo, Ecuador, Kazakhstan, Kenya, Kyrgyzstan, Latvia, Lithuania, Nepal, Ukraine, Uzbekistan, Zambia and Zimbabwe. This document describes the range of uses and potential of the Join-In Circuit, and some of the challenges it faces. It is based on a comprehensive evaluation of the J-IC in the first 18 countries to make use of this prevention tool.

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

Approach: ten steps

With GTZ support, the Join-In Circuit was adapted for each country. This ensured that the prevention tool would be appropriate for each national context: the epidemiology, socio-cultural attitudes and factors, the political situation, and so on. A meticulous situational analysis is not only an important prerequisite for winning over decision-makers and integrating the J-IC with the national HIV strategy, it also provides a basis for step-by-step adaptation (see BZgA/GTZ handbook,158).

Step 1: Talking with decision-makers

After carefully examining the epidemiology and prevention measures of a chosen country, a proposal for integrating the Join-In Circuit into national structures can be presented to the relevant decision-makers. The aim is to gain acceptance for the J-IC at the political level, and to attract cooperation partners for further adaptation.

Discussion points with decision-makers

- Demonstrate thorough familiarity with the national AIDS prevention programme.
- Identify points in common with the Join-In Circuit.
- Show how the Join-In Circuit can support the national programme: for example, by addressing target groups considered "unreachable", strengthening prevention measures by allowing for more personal dialogue with target groups, and building capacity at regional level through cooperation and networking.
- Describe the advantages of the Join-In Circuit and how it would strengthen the national AIDS strategy.
- Ask the decision-makers to commit to concrete, specific next steps.

Step 2: Cooperating with partners

The adaptation process for a new Join-In Circuit is carried out with the assistance of a team of both international and national actors. Depending on the procedure selected, the representatives of NGOs to implement the J-IC at a later stage may be invited to contribute to adaptation work. Another option (as done recently in Kenya) is to complete the adaptation, and specification of goals and content, then to seek the support of national NGOs or other partners for implementation. As a rule, the adaptation process is undertaken by a team of 15-20 participants, including an international consultant with expertise in the process, officials from ministries of health or education ministries, health workers, and representatives of international and national agencies such as the Global Fund to Fight AIDS, TB and Malaria, UNAIDS and national NGOs. Together they define the target groups, set objectives, and determine the content and main messages.

In many countries, it has been worthwhile to include widely recognized institutions in the adaptation process from the start. In Ethiopia, for example, there was close cooperation with a respected vocational school, which took responsibility for much of the project at an early stage. This paid off in later discussions, as the majority of teachers at the school agreed that the J-IC should include a station where participants would consider the use of condoms – a highly controversial measure. In El Salvador, where conservative religious institutions exercise great influence, the early involvement of religious leaders in the J-IC planning allowed for the inclusion of until then seldom-seen content on condom use.

Step 3: Establishing objectives

When the Join-In Circuit is introduced, its objectives need to be established, allowing for later evaluation. These should be as concrete and realistic as possible, so that all further steps in the adaptation process contribute to them (choice of topics and target groups, design, drafting of evaluation forms, etc.).

A distinction should also be made between participant-related and structural objectives.

Participant-related objectives might include increasing participants' knowledge of HIV prevention measures or changes in attitude and behaviour. Participants could then be asked before and after the Join-In Circuit about their knowledge of HIV transmission, their attitudes toward people living with HIV, and their intentions regarding the use of condoms.

Structural objectives might include improvement of the quantity and quality of cooperation among HIV prevention agencies at the regional level, within a country. An indicator of whether structural objectives have been achieved, for example, might be the number of cooperative arrangements among various NGOs before and after a country's use of the Join-In Circuit.

In many partner countries, the defined objective is to reach as many people as possible.

Formulation of learning goals in advance of planning

During Kenya's recent development of the J-IC, stakeholders in the adaptation process established these verifiable learning objectives for participants:

- Increased knowledge about reproductive health, HIV, STIs and AIDS-related cancer;
- Stronger demand for reproductive health products and services;
- Positive change in attitudes and intentions regarding people living with HIV, visits to health facilities, gender-related roles, discussion of sexuality between partners, use of condoms; and
- Increased knowledge about negative effects of drug use and sexual risks related to this.

Stations in the Kenyan Join-In Circuit contributed to each of these objectives and surveys will verify whether objectives are achieved.

During adaptation, stakeholders should determine the precise target groups. This is critical to the formulation of content, messages, and recommended actions.

As well, those adapting the Circuit should be mindful of secondary objectives: for example, the strengthening of networks by inviting partner organizations or holding seminars. Furthermore, they should consider the order of priority of specific objectives in the configuration of individual stations.

"The Join-In Circuit is a wonderful instrument. But its potential will never be fully used unless there is follow-up. Well-qualified staff should be available not only for the adaptation but also for the follow-up." Master trainer, Nepal, 2007.

Young Mongolian military recruits at a station of the Circuit that addresses modes of HIV transmission.

Step 4: Adapting and developing content

Which stations of the generic Join-In Circuit should be included? How should these stations be modified? Should new stations be developed? These are three of the many questions to be answered when beginning adaptation in a specific country. Stakeholders also need to remember that their high-level adaptations will influence the specific content at the lowest level: in each J-IC station, for example, images of people will need to be designed to communicate effectively with target groups. Most countries choose comics in which the colour of skin and hair, and type of clothing reflect the local context. The topics presented should also relate to the everyday life of the participants, including the common practice in some countries of offering sex in return for money or goods (transactional sex). Games used should also be adapted to the reality of the participants. In the Russian Federation, for example, a game of darts was used in the Join-In Circuit, reflecting its important place in popular culture.

Above all, adapters of the tool must ensure that the J-IC connects with the experience of target groups and makes practical recommendations to participants. For example, the J-IC must address the most prevalent modes of HIV and other STI transmission and common myths and taboos, and employ methods that speak directly to the knowledge and experience of the target group.

Building on local knowledge

In Nepal, it became clear that the facilitators were by far not sufficiently informed about human physiology and anatomy. It thus seemed safe to assume that the J-IC participants would need specific help to understand the basic structure and functions of their own bodies. The Nepalese Join-In Circuit, therefore, included an additional station called "My Body", in which the changes the body goes through before, during and after puberty were addressed in an entertaining way. In Bangladesh, where the Join-In Circuit was geared to students, numerous facts and figures were given, so that the participants would feel that their status as academics was taken seriously. In Kenya – which has a high burden of HIV -- the stations differ fundamentally from those in the original version of the J-IC. At a station called "Transmission Channels", participants learn about secondary ("positive") prevention for people living with HIV. This reflected the view of stakeholders that young Kenyans have already been adequately informed about HIV transmission and primary prevention methods.

Prior to the launch of the J-IC, each station should be tested by the adaptation team, representatives of the target groups, health or education officials, business people and others to ensure that selected topics and content are comprehensible and appropriate.

Groups of soldiers at their barracks in Mozambique work through the different stations of the Join-In Circuit.

Traditional houses known as tukuls are used for stations in Ethiopia's Join-In Circuit.

Step 5: Preparing images, stations, publications

Most countries prefer to hire national artists to create their own pictorial images, rather than using the original images created in Europe. As well, local firms are often asked to manufacture the free-standing display dividers for the individual stations. The Join-In Circuit can be set up either out-of-doors or inside, depending on weather conditions and space available. Organizers should give special attention to the need for adequate space, a critical issue that can be easily overlooked in the rush to implement the Circuit.

Inside or outside, the Circuit takes many forms

In Ethiopia, for example, the stations are made of octagonal tents that resemble traditional Ethiopian houses (tulkus). The tulkus form a protected space in which the groups can interact with facilitators without being directly observed by outsiders. In Mozambique, Zambia and Zimbabwe, the stations are formed by wooden display boards supported by iron rods. In El Salvador and Ecuador, the individual stations consist of Metaplan pin-boards. In Nepal, where many towns can only be reached by air, light-weight aluminium rods were used to construct collapsible station structures. Whatever form it takes, staging the Join-In Circuit involves effort, expense and, in most cases, a pick-up truck or van to transport material.

Organizers should consider preparing flyers, posters and other publications with key messages from the J-IC and information about counselling, testing and other established prevention and care services. These can be given to participants and local organizations, businesses and health facilities to ensure that the information conveyed by the J-IC is remembered and disseminated long after the stations are dismantled and taken elsewhere.

"We just went to the exhibition for the first time and have learned a lot. Young people read little about this – which is why it would be good if the exhibition were displayed in all vocational schools." Girl, Central Asia, 2005.

Step 6: Forming a core team

For the long-term organization of the Join-In Circuit, there must be at least one coordinator to ensure continuity of content. Another option is to develop a core team of individuals who have the time (ideally 80% of full-time positions) and means, to coordinate the project collectively. The usual tasks of the core team include training, refresher courses, and supervision of the facilitators conducting the Join-In Circuit. The team should also coordinate quality assurance measures.

Step 7: Building a team of facilitators

As well as relevant content and practical recommendations, the success of the Join-In Circuit on Love, AIDS and Sexuality depends greatly on the quality of the facilitators at each station. Ideally, participants should identify closely with these facilitators, and adopt them as healthy role models. The facilitators are thus the central actors in the programme, so that their selection and training should be given particular attention.

The first training session is generally conducted by master trainers, who have been trained in Germany, together with local experts. Later on, the members of the core team should train new facilitators. It is important that in all communications, coordinators treat facilitators in a non-judgmental, respectful manner. They should also provide regular refresher courses and supervisory visits to ensure that their facilitators achieve their full potential. During and after training, facilitators should also have access to the J-IC's well-designed training manuals, which provide information on the methodology and content of the Circuit (see p. 33, Tools).

Topics covered in facilitator training

The following general list of topics has been used for the J-IC facilitator training in most countries (for details, see References, BZgA/GTZ 2006, 223):

- Basic concept and objectives (for participants and structural development) of the Join-In Circuit;
- Basic information about communication and human relationships;
- Respectful, non-judgmental dialogue: role-playing to develop competence;
- Skills for overcoming problems in implementation: didactic problems, content issues, organizational difficulties;
- Dealing with participants who are directly or indirectly affected by HIV;
- Working with media; and
- Data gathering, documentation and evaluation.

The number of facilitators in a team varies. The original BZgA Join-In Circuit provided for each station to be manned by one facilitator. In about half of the countries, this procedure was adopted; in the others, two facilitators worked at each station.

Step 8: Testing

Before the J-IC is rolled out across a country, it should be tested. Since most of the young people targeted are in the schools, training facilities, institutions or places of work, it is usually a good idea to launch the J-IC in the national capital. Here, organizers tend to know the local conditions and one can expect a greater public response than in rural areas. In addition, the capital city is usually the base of most of the organizations and decision-makers who might support the Join-In Circuit by adopting the tool or financing it.

Discussion with focus on J-IC sessions are a good way to learn about the response of participants to the content, images and facilitation of the circuit – and whether it is likely to change their behaviour in positive ways. Another option is to use questionnaires. Based on the information gleaned, elements or entire stations can be redesigned to address difficulties encountered by facilitators, and improve the Circuit.

Step 9: Quality assurance and evaluation

Quality control measures should be planned and established during country-level adaptation of the J-IC. 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. Routine data gathered should include the number of participants in each Join-In Circuit, their sex, age and background, the time required for organizing and staging each session and general impressions about the procedure, stations used and specific elements (see Tools, handbook and manual).

After the test phase, routine evaluation of each J-IC session also contributes to quality assurance. This allows organizers to assess whether the Circuit met its objectives. Often, this evaluation is done by asking participants to complete questionnaires, before and after the Join-In Circuit. Since it is difficult to verify actual changes in behaviour, AIDS prevention measures generally ask for data on secondary indicators, such as the level of knowledge about HIV transmission, attitudes about gender roles and responsibility within relationships, and intentions about protecting oneself and others.

At the "move" Join-In Circuit in Ethiopia, a facilitator tells young participants that anybody can be affected by HIV.

Step 10: Sustaining the benefits of the Join In-Circuit

Before planning begins, ideally, organizers should try to secure financing of the development and implementation of the J-IC. In most partner countries, GTZ funds the development phase and the initial period of implementation, with contributions from other national and international donors (UNICEF and UNAIDS, for example). These partners will often share the costs, for instance, of employing members of national NGOs as facilitators, so that more expensive facilitators from abroad will not be needed.

Good advocacy and public relations are important to ensure that information about the Join-In Circuit is widely disseminated and well-received in the partner country. Experience shows that this can be done by defining the J-IC as a powerful interpersonal (face-to-face) communication tool within broader campaigns on HIV prevention.

The Join-In Circuit is highly adaptable. Here Mongolian soldiers listen to facilitators at a J-IC station.

Results: cooperation, flexibility, condoms

By the end of 2007, the Join-In Circuit had been adapted and used in HIV prevention in 18 countries. As noted, the content and character of the Circuit varied from country to country. These variations reflect not only social and cultural factors, but also marked differences in HIV prevalence, which ranged from under 0.1% in Bangladesh and Mongolia to 16% in Mozambique, 17% in Zambia and 20.1% in Zimbabwe. Prevalence levels have also determined in part the level of motivation and urgency felt by national stakeholders engaged in adapting and implementing the Join-In Circuit.

Cooperation among partners is also positive, though observers note that this is undermined in many places by competition for funding and projects among NGOs. In highly competitive situations, therefore, NGOs may not wish to cooperate with other organizations. For this reason, care should be taken in the run-up to a project, to work with a number of NGOs on an equal basis, and to make sure that they each have the will and capacity to cooperate with other organizations.

Cooperating with decision-makers and partners

In general, it is worthwhile to engage officials from ministries of health or education in the J-IC at an early stage as government decision-makers are usually quick to appreciate the added value that this prevention instrument can bring to the national HIV strategy.

Mozambique used Circuit to measure prevention

In Mozambique, the frequency of sessions of the Join-In Circuit was used as an indicator, to measure progress towards one objective of a phase of the national AIDS prevention programme. This objective included strengthening "state and non-governmental institutions responsible for implementing anti-AIDS measures at provincial and district levels"in terms of their "professional, technical and administrative competence and in light of their capacities for public relations work". Officials deemed that when 95% of secondary schools in three targeted provinces had held sessions of the Circuit at least once a year this objective had been achieved.

Secondary school students in Manica, Mozambique, use cards to indicate how HIV is transmitted, then discuss the relative risks of each mode.

Setting and achieving objectives

Few of the project countries have well-defined and verifiable objectives for the Join-In Circuit. This is true for both participant and structural objectives. Usually, countries focus simply on outreach to ensure that the Circuit attracts as many members as possible of target groups.

Ecuador went for quantity

Ecuador used a grant from the Global Fund to Fight AIDS, TB and Malaria to strengthen HIV prevention among young people through information, education and communication (IEC). One indicator of progress was that in a given period of time "at least 120 000 pupils enrolled in secondary schools in six provinces had received information about HIV and AIDS and had discussed the subject".

In July-August 2006, nearly 20 065 Ecuadorean secondary students participated in the J-IC sessions, 66% of the total needed to achieve this objective during this two-month period. While this was a remarkable achievement, the number reveals little about the effectiveness of IEC provided to these students.

According to interviews with NGOs, conditions in most countries make it difficult to improve cooperation among institutions and NGOs. Insufficient infrastructure, lack of know-how, and little interest in cooperation with other NGOs were all mentioned as reasons. The pursuit of structural objectives apparently presents a particular challenge in these countries, and is not yet of major interest. The implementation of the Join-In Circuit is a top priority for NGOs, however, and they often have little capacity to do anything else. This may explain why many organizations involved view the Join-In Circuit as separate from other HIV prevention efforts.

Though NGOs may not cite structural improvements as a major goal, the adaptation and implementation of the Join-In Circuit requires cooperation with other organizations and institutions and NGOs have said these exchanges have in most cases been positive. In Ecuador, for example, the exchange of experience among participating NGOs and the exploitation of existing contacts were cited as being particularly helpful. Evidence suggests, therefore, that the J-IC promotes networking among organizations, which strengthens the structures of HIV prevention.

Countries cooperate, share versions of the Circuit

Cooperation among master trainers and other experts, who helped the first five countries pilot the Join-In Circuit, provided valuable experience for adaptation and implementation in second-generation countries. In some cases, these experts were able to help countries adopt, with only minor adaptations, whole national versions of the Circuit, as developed in neighbouring countries. Zambia and Zimbabwe stuck closely to the model of the Mozambican national Join-In Circuit. Ecuador abbreviated its adaptation work by using a model from El Salvador. Ukraine and countries in Central Asia used the Russian Join-In Circuit. Such cooperation is efficient, but is not without its disadvantages. It can short-circuit the detailed discussions that help stakeholders fully understand the aims of the J-IC and how to communicate with specific populations of young people. Answers from questionnaires show that in countries in which the Join-In Circuit was not developed autonomously from the outset, far less differentiated information about its distinctive features could be provided than in the other countries. Though difficult and time-consuming, discussions to adapt the J-IC also help countries appreciate the strengths of the Circuit, and to give it their full support.

Target groups

In partner countries, agreement was reached on addressing different target groups. In the Russian Federation, Ukraine, Latvia and Central Asian countries (Uzbekistan, Kazakhstan, and Kyrgyzstan) the Join-In Circuit is primarily used for young people aged 12-14 and up. In other countries, groups of young adults are also included, including soldiers, factory workers, stock breeders and, in Mongolia, teachers and doctors. In El Salvador, in addition to young people, the Circuit targeted sex workers, homosexuals, prisoners and other vulnerable groups. In the Democratic Republic of the Congo, orphans and people living with HIV are among the specific target groups.

Variations of the Circuit

Most countries report that the experience of their experts largely determines how the Join-In Circuit is adapted to national needs. Although the basic structure of the Join-In Circuit has been maintained in every country, the content can vary widely. In Mozambique, Zambia and Zimbabwe, the Circuit includes a sixth station dealing with sexually transmitted infections. STIs are also addressed in the Circuits of other countries, where they are of particular importance to the transmission of HIV. Ethiopia, Bangladesh, Kenya and Nepal developed separate STI stations. Mongolia has done the same for its adult version of the Circuit, while its version for younger people has integrated the topic into discussions held at the "transmission channels" station.

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

In Ethiopia, Mongolia, Bangladesh, Kenya and Nepal, other stations were designed for mime or role-playing to help participants consider gender issues. As well, a new station has been added to the Russian version of the Circuit, which explores the correlation between drug use and a higher risk of HIV. There is a station on this issue in the Kenyan Join-In Circuit, as well.

Compromise clears way for Circuit

In El Salvador and Ecuador, a station called "values, rights and love" was devised at the request of religious representatives. At this station, participants are invited to consider myths, values and thought and behaviour patterns and are motivated to consider their freedom to choose (for example, to acknowledge "I am free and have the right to say 'no' to sex."). This station seeks to balance the emphasis on sexuality with an awareness of values and personal resources. With this change, church leaders were more willing to support the Join-In Circuit, even though it included frank discussion of the use of condoms.

In Kenya a station was added to help participants make sound decisions. Mongolia developed a similar station for a version of the Circuit aimed specifically and young people (the country also has an adult version). At a station in the Russian version of the J-IC participants play a game that illustrates how quickly HIV can spread. In Bangladesh it was decided to devise a station that would inform participants about the state of the country's HIV epidemic and main modes of infection. As noted above, the Nepalese Join-In Circuit incorporated methods to sensitize young people to anatomical and physiological processes.

Variations of content target different groups

Several countries have designed elements of their Join-In Circuit from the outset to meet their target group's needs with a minimum of effort and expense. In Kenya, for example, a clear distinction is made between rural and the urban populations and different language and images are employed for rural and urban sessions. The Join-In Circuit in Nepal selects the issues introduced at particular stations depending on whether adolescents are being addressed or young adults, 20 and over. In Mongolia, a station about sexually transmitted infections was developed for adults and another, about making decisions, is aimed solely at youth. Here, as in Kenya, the Join-In Circuit includes eight stations, though only five are selected for each target group.

"The Join-In Circuit is just great. In El [Salvador], people are embarrassed to talk about sex. When you can talk about it in groups and can laugh about it, though, you can really give other considerations some serious thought. This makes a good impression on the adults, too." Master trainer and coordinator, Join-In Circuit, El Salvador, 2006.

Creating a link to people's lives

Country organizers of the Circuit attempt to communicate with participants, and reflect their particular experience, at various levels: with peer facilitators capable of interacting with them easily; with visual imagery that reflects their daily lives; and contextually, with realistic situations and issues.

Topics that relate to real life

In Mozambique, the "body language" station looks at concepts such as polygamy, drugs and alcohol, and sexual violence. Addressing these topics creates a connection to the daily lives of young Mozambiquans, and raises awareness of the risks surrounding them.

During the adaptation process in Zimbabwe, stakeholders decided to use the term *seducing* in place of *prostitution*. Among young woman here, as in other countries, bartering sex for goods is part of daily life, and it was thought that this semantic change would help participants connect the discussion with their modes of behaviour. At the "transmission channels" station in Zimbabwe, the widespread, though often taboo topic of child abuse, was also raised.

A "men's participation" station in the Mongolian J-IC, meanwhile, encourages men to take greater responsibility for their actions. This sparks discussion and fresh thinking by confronting participants with provocative statements reflecting typical patterns of thought – for example, "Men need to have affairs on the side"; "Condoms are a sign that you're already infected"; and "Fertility is a women's problem".

Eight countries report that not all of the visual examples could be used during implementation of the programmes. These included images describing HIV transmission through oral and anal sex. In some Join-In Circuits – those of the Russian Federation, Ethiopia and Mongolia, for example – there are few images depicting sexual practices. In these cases, socio-cultural factors limit frank discussion of sexual activities, and organizers have yet to find ways of circumventing this tacit censorship. In Nepal, proposed images of anal and oral intercourse were felt to be too provocative to be shown during test runs. Since then, however, facilitators have agreed that discussion of these modes of transmission must be encouraged and they are seeking an acceptable way of allowing for this.

Social orders – limitations and potential

In Bangladesh, flexible application of the Join-In Circuit is limited by the country's traditional social order, and it is not customary to mix with people outside one's social class. For this reason, the Join-In Circuit was designed initially for college and university students only. Facilitators are therefore drawn from similar groups of students and the Join-In Circuit cannot be used for other target groups, such as young textile workers. (This would entail revising the content and training different facilitators.) There is an upside, however, as the Bangledeshi J-IC is able to focus hard on a single age group with similar education, social status and attitudes. Its special team of facilitators also enjoy a high degree of acceptance among the student participants.

Recommendations for participants

All national Join-In Circuits advocate strongly for the use of condoms. Most circuits also recommend faithfulness or abstinence. They also recommend that participants:

- Don't share needles, razor blades, etc;
- Delay their first sexual contact;
- Talk about prevention with their sexual partners;
- Avoid high-risk situations and behave responsibly (say "No");
- Talk about HIV and AIDS with their friends and families;
- Take advantage of assistance and counselling; and
- Undergo testing and counselling to learn their HIV status.

Talking about condoms – resistance and solutions

The use of condoms is recommended in all versions of the Join-In Circuit, but the social marketing of condoms in this venue has often been difficult. The basic Join-In Circuit in all countries includes discussion of condoms and practice with a model in putting them on and taking them off. (The exception is Bangladesh, where a station dealing with the use of condoms was rejected categorically by those who adapted the J-IC). In secondary schools, however, the condom demonstration generally had to be left out. Furthermore, it is apparently not permissible to distribute condoms to participants in many cases and 11 of 16 countries reported that the distribution of condoms "sometimes" poses a problem. In general, this resistance stems from a belief among national authorities that passing out condoms encourages sexual activity.
In El Salvador and Ethiopia, it did prove possible, with the agreement of religious authorities, to include the condom station in the Join-In Circuit, and, thus, guard it against potential criticism from the start.

The Join-In Circuit is as explicit as possible, yet respectful of cultural sensitivities. Here a facilitator teaches Mongolian soldiers the correct use of condoms.

A facilitator demonstrates the use of a female condom at a Circuit station in Ethiopia.

Providing access to condoms

In El Salvador, as noted above, care was taken from the outset to integrate representatives of influential religious organizations in the adaptation process. With their cooperation, it thus proved possible to reach agreement on adding a new station – "values, rights and love" – and, at the same time, provide a space for participants to learn about the correct use of condoms.

In Ethiopia, the fears of decision-makers were allayed with the inclusion of a poster bearing the words "No sex before marriage" in the station where condom use is discussed. In this way, the J-IC sessions in schools placed abstinence and fidelity on a higher plane than condom use. This diplomatic approach not only insulated organizers against criticism, it lowered resistance to demonstrations of the use of condoms.

In Ecuador, the Join-In Circuit is considered an ideal instrument for distributing condoms among young people. An NGO donated 1500 condoms to one Join-In Circuit team on the condition that the condoms be distributed according to need and promised to continue such donations as long as there was a functional distribution system.

Facilitation

In many countries, facilitators are viewed as key actors in linking the content of the J-IC to the everyday lives of the target group. Their identification with the target group is explicit in their language, dress and age, so that they have great potential as role models.

Countries, therefore, consider these criteria, among others, in choosing facilitators: age; knowledge of HIV; basic knowledge of reproductive health; experience with prevention work; communication skills; and the person's relation to the target group.

In countries where local dialects are spoken (such as Kenya) or where the adaptation process does not take place in the country's official language (as in Bangladesh), language skills are an additional important criterion for selection. During team selection in the Democratic Republic of Congo, particular care is taken to ensure that representatives from various sectors (governmental and non-governmental organizations, the agricultural sector, the academic sector, etc.) are included.

The average age of facilitators ranges from 21 to 40. This is the case in Mongolia, where the Join-In Circuit is predominantly implemented by employees of the district health authorities. In the Russian Federation and Balkan states, facilitators tend to be younger, ranging from 15 to 25. In other countries such as Nepal, ages range between 20 and 28 years.

Facilitators are either permanent employees of partner organizations (as in Ecuador); work for GTZ with a freelance contract (as in Mozambique); are volunteers; or are paid a small fee (as in Mongolia). While facilitator teams in the Russian Federation, Ukraine and Central Asia are predominantly female, in the African states and Latin America there tend to be predominantly male. In Nepal and Bangladesh teams are well balanced between male and female.

Training and quality assurance

Learning and effective inter-personal communication can be a particular challenge, especially in countries with authoritarian communication structures. This applies not only to facilitators, who must become accustomed to speaking *ex tempore* in front of groups, but also to the participants, who may not be accustomed to being asked for their opinion. An additional challenge in terms of effective training is that the facilitators not only need practice in the methodology, but they must also be taught the basic information necessary for their work. Such knowledge is one of the job criteria for facilitators, but experience shows that it cannot be assumed they will have this in advance.

Continuity as a quality assurance factor

To maintain the quality of facilitation attained during training and smooth the implementation of the Circuit, it is important to maintain the continuity of staffing in the team. Country representatives and experts, however, say that this can be difficult to achieve. One reason is the pressure under which the Join-In Circuit facilitators work. If they are employed full-time by an NGO or other institution, they simply do not have the time to work continually with the Join-In Circuit.

In Ecuador, for example, the Join-In Circuit was financed by the Global Fund. For continuity, teachers and health-care personnel were trained as facilitators. In the course of the project, it was clear that the work in the Join-In Circuit could not be done in addition to a full-time job. Only a few of the teachers volunteered to work on the second phase. As a result, while the first phase of the Circuit reached a large number of young Ecuadorians, the second phase failed to meet standards required for support by the Global Fund.

In volunteer work, the problem does not seem to be a lack of time but, more often than not, a lack of positive feedback and recognition to motivate facilitators to invest time in the logistically complex implementation of the Join-In Circuit. Ideally, therefore, facilitators should work full-time for the Join-In Circuit (or be given leave to do so), and the interventions should be coordinated by a particular contact person (as stipulated in the original version of the Circuit).

The period set aside for training in the partner countries is three to ten days. In Ethiopia, Bangladesh and Nepal, however, preparations took longer, as the stations were developed over a period of weeks in conjunction with the first facilitator team and at the same time as the facilitators practiced their methods of working. This more drawn-out approach has advantages. In Ethiopia, for example, the first facilitators were long-time members of the "core team", and trained new facilitators, thus contributing the maintenance of quality.

Whatever the situation, organizers must attempt to maintain the quality of the facilitator team through regular supervision. In most cases, supervision is done by leaders of the NGOs conducting the Circuit. Rounds of feedback and discussion among the facilitator teams also allow facilitators to assess their performance.

More knowledge through more information

The information given to participants at the end of the Join-In Circuit mostly takes the form of brochures and other printed materials with contact details for local organizations. In some countries special flyers have been developed in which the goals and messages of the individual stations are taken up and explained in greater detail. In Uzbekistan, at the end of the Join-In Circuit participants receive four separate information sheets referring to Join-In Circuit content ("It's Easy to Guard Against AIDS": explanations of prevention concepts and ways to protect oneself; "Correct and Safe" – information about the transmission channels of sexually transmitted infections and protection measures; a sheet encouraging solidarity with people living with HIV, titled "Hey People! I Am One of Those Millions"; and a list of local addresses and services titled "Right in Your Town"). Organizers in El Salvador, by contrast, have posted a flyer on the Join-In Circuit on the internet. In other countries general information material is handed out.

However, bottlenecks in the distribution of material appear to be frequent. Half of the country representatives surveyed say that brochures and other printed materials are not always available in sufficient quantities.

Participants at a Mozambique Circuit look at a brochure provided after the session.

Outreach and multiplier effects

With the aid of the Join-In Circuit it proved possible to reach a large number of people in key target groups in all of the countries in a brief period of time. As well, the Circuit had many beneficial secondary effects. In at least five countries where the Circuit was held in educational institutions, for example, teachers and other people in direct contact with the target group have 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", boosting the motivation of members and encourages more students to make use of them. Organizers in the Democratic Republic of the Congo report that participation in the Join-In Circuit gives rise to a greater demand for voluntary counselling and HIV testing. In El Salvador participants have expressed gratitude for the opportunity to speak freely about sexuality during the Join-In Circuit, "without worrying about what might happen". They have also said that they are keen to continue this open communication with their partners and children. The Salvadorian facilitators, meanwhile, emphasize that their cooperation with vulnerable population groups helps them to overcome their own prejudices, and say that their experience gained in the Circuit is useful in other project work. In Mozambique a study shows that the facilitators are perceived as experts in AIDS prevention and are accordingly sought out for advice, after the Circuit (see References, Bugiel, J., 2007).

Effectiveness

Most organizers and facilitators agree that the Join-In Circuit is an effective tool for HIV prevention among young people. Though primarily viewed as a vehicle for providing information, subjective evidence suggests that the Circuit has a positive influence on people's attitudes (towards people living with HIV, for example) and helps people to change their behaviour (use condoms, etc).

Surveys of participants before and after they have been through versions of the Circuit in Ethiopia, Bangladesh, Ecuador, El Salvador, Kazakhstan and Mongolia also indicate that they increase their knowledge. For example, in Kazakhstan the Circuit increased participants' level of knowledge by about 25%.

A study in Zambia, meanwhile, found that the knowledge and attitudes of 71 young people at five different Circuit sites improved significantly immediately following their participation. While these changes may have been temporary, the study shows that the Circuit heightens participants awareness of risky behaviour and increases their willingness to use condoms and protect themselves and others.

The most exhaustive evaluation of the Join-In Circuit was conducted in the Russian Federation. A total of 11 321 teenage school-boys and -girls and university students in 33 cities and towns took part in the study, answering questionnaires before, immediately after and two weeks and four weeks after their participation. Immediately following participation, the study found that participants had acquired a high degree of the knowledge as a result of the Circuit's interactive methods. The study did not, however, demonstrate any change in the level of differentiated knowledge about the connection between HIV and drug use, mother-to-child

transmission or the use of condoms compared to other forms of birth control. One positive result was that after attending the Join-In Circuit, young people initially showed greater interest in reading brochures and other printed materials addressing HIV prevention. Also, the study clearly showed that the Circuit increased the tolerance of young Russians towards people living with HIV. Participation in the Join-In Circuit also imbued participants with a greater interest in HIV and prompted them to ask more detailed questions about the disease in general.

How the Circuit influenced Ethiopian teachers

A questionnaire which examined changes in the knowledge, communication habits and attitudes of 300 teachers before and after the Join-In Circuit version 'move' in Ethiopia found that:

- It was viewed positively by participants as a new, interactive medium for communication about HIV and AIDS;
- Communication about HIV and related topics rose significantly following the intervention;
- It strengthens networks and informal structures among teachers and expands the circle of people who exchange information about HIV prevention and related issues;
- Following the intervention, knowledge about prevention of sexually transmitted infections and HIV and AIDS increased significantly;
- It motivated teachers to inquire about their own HIV status;
- Attitudes toward the use of condoms became clearer and more positive;
- The proportion of teachers with no opinion about the various options for protecting themselves against HIV decreased .
- Risky behaviour was more clearly perceived as such following the intervention, and the participants displayed greater self-confidence about handling risky situations and protecting themselves.

"During the interventions and shortly thereafter, the Join-In Circuit had considerable resonance. When the programme is presented at schools, especially, the pupils talk a lot about it afterwards. Everyone has had some kind of experience, and that is the difference between this and other methods." Master trainer, Nepal, 2007.

Exploiting potential, ensuring sustainability

If evaluations indicate that the Join-In Circuit is an effective instrument for helping many young people begin to initiate long-term changes in their attitudes and behaviour, it is nonetheless critical to integrate the Join-In Circuit into existing prevention programmes and structures. This allows participants to have access to further information about issues discussed in the Circuit: for example, where to get condoms and HIV counselling and testing.

While integration of the Circuit in existing programmes helps to sustain the benefits provided to participants, other measures are needed to sustain the Join-In Circuit itself. A variety of approaches have been tested. In Ethiopia, the continuance of the national Join-In Circuit was in doubt until municipal authorities in Addis Ababa adopted the Join-In Circuit in 2003 as a key instrument for educating young people. Frequent changes in municipal government and the administration's wavering commitment of human and financial resources for implementation caused the closure of the Circuit in Ethiopia in 2005. In Mozambique, meanwhile, the Join-In Circuit has depended on GTZ financing. Other donors such as the National AIDS Council have supported the Join-In Circuit sporadically, but unstable financing has made it difficult to maintain teams of facilitators. Since mid 2007, teachers have been trained as new facilitators so that the Join-In Circuit can at least be implemented at teacher-training centres. In Kenya, GTZ financed only the creation of a national Join-In Circuit. When this is complete, responsibility for the Circuit is to handed over to experienced NGOs with well-established networks.

This and other experiences show that solid financing and central coordination, with a core team, are prerequisites of an effective and sustainable Join-In Circuit. From the outset, and adaptation stages, organizers of the Circuit must be mindful of this, and work to secure the financial and human resources that they need for the long-term. This is one of the greatest challenges facing organizers.

Lessons learnt

Initial use of the Join-In Circuit in a variety of countries has generated a wealth of experience, and its adaptation has reflected different conditions and cultural determinants. Despite this varied experience, the following lessons learnt, listed in approximate order of priority, hold true for most countries.

Every Join-In Circuit needs measureable objectives

In most countries, national organizers are keen to implement the Circuit, value it above many other prevention tools, and are pleased with its results. The effectiveness the Join-In Circuit, however, can only be measured if organizers set clear learning goals at the outset. What has been achieved so far and what direction subsequent measures should take must be clear and comprehensible on both the individual and structural levels. This should allow for the following, among other, key questions to be answered. Was is 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? Did the participants increase their knowledge in all of the agreed fields? Which topics ought to be explored in greater depth? With answers to such questions, organizers can further develop their objectives to address prevailing needs, detect weaknesses and exploit the full potential of the Circuit. Equally important, such measurements of effectiveness will help to convince donors and health authorities to support the Circuit.

Countries must provide condoms and other prevention measures

Regardless of the quality of any Join-In Circuit, it will fail to protect people, if participants are not given the means to act on its recommendations: for example, by using condoms, seeking counselling and testing and so on. However well they learn about the use of condoms, and their benefits, they will continue to have unsafe sex if they leave the Circuit without clear information about where to get them. Social marketing of condoms through the Circuit is therefore critical, as experience has shown that access can be an obstacle for participants to follow through on what they learn. It should be noted that this problem is not widespread or limited to any particular country or culture. One could not speak openly about sexuality in Germany, either, in the early 1980s and, when they first appeared, advertisements for condoms in German cinemas were viewed by some as highly provocative and subversive.

To connect with target groups, one must know them

The success of the Join-In Circuit depends greatly on speaking in terms that participants understand and reflecting their experience. Countries can adopt versions of the Circuit developed by their neighbours, but they will need to adjust materials and teaching to address specific national patterns of behaviour and risk among their target groups. The participation of at least one representative of each group in the adaptation of the Circuit is, therefore, recommended. A sample of the questions that preoccupy young people is provided in the "Question-Answer" booklets, which were specially drafted

A Circuit station devoted to sexually transmitted diseases was created especially for Mozambique.

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

for various countries in line with the quality criteria of this HIV Practice Collection (References, *Responding to what young people really want to know.* GTZ, 2006). It is also worthwhile to consult current studies, particularly those that look at the socio-cultural determinants of the spread of HIV. This can shed light on gender-sensitive areas and country-specific myths – for example, the opinion that AIDS is a disease of women or that the virus is transmitted by condoms.

Images should be as explicit as possible

Following completion of the pilot phase, it is important to remain flexible and to accept Join-In Circuit weaknesses as challenges. 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. This is particularly true of representations of sexual intercourse. While remaining culturally sensitive, it is absolutely necessary, especially in countries in which the virus is transmitted mainly through unprotected sexual intercourse, to allow participants to understand the risks they face. In El Salvador, for instance, pictorial representation in comic form appears to be acceptable. In Zimbabwe, the representation of anal intercourse can be made socially tolerable by depicting the couple lying in bed, covered by a blanket. One possibility for raising the issue of oral intercourse is to portray only a mouth.

Organizers must support facilitators

Facilitators play a large role in the success of the Join-In Circuit and organizers need to give them 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. Training and refresher courses at regular intervals are also a good investment, and organizers should also find ways of recognizing the work of facilitators – a key to fostering their loyalty and keeping them in their jobs. In general, volunteer facilitators are less likely to continue contributing to the Circuit than those who are paid for their services. Engaging facilitators in the design of new materials for the Join-In Circuit also helps them to "take ownership" and identify more closely with the programme.

Facilitators need:

- More than three days of training;
- Regular supervisory visits;
- Regular refresher courses;
- Appropriate pay;
- Continued opportunities to present the Join-In Circuit; and
- Opportunities to exchange information and learn from other teams of facilitators.

Developing a Join-In Circuit is just the beginning

Experts agree that, despite appearances, the Join-In Circuit is actually complex and requires considerable effort. It calls for solid financial backing and human resources, sophisticated interaction with target groups, and careful logistic planning. At least a year of preparation time (and financial support) should be provided before the programme can stand alone. As results emerge, it becomes easier to find partners who are prepared to assume responsibility for or support the Circuit. Generally speaking, it is advisable that donors be integrated into the adaptation process as early as possible. (CARE (El Salvador), UNAIDS (El Salvador), the United Nations Development Programme (Ecuador), United Nations Population Fund (Ecuador and Mongolia), UNICEF (Mongolia and Vogograd) and the Red Crescent Society (Uzbekistan) are among the groups to provide financial support for the Circuit.) Notwithstanding this, it is best to seek a national organization or contact group to take responsibility for the implementation and continued quality of the Circuit over the long term.

Making experience palpable

It is not enough just to describe what happens in a Join-In Circuit; organizers demand more information and details. Slide presentations and films are available to help decision-makers, the press and potential facilitators to understand the process for developing and implementing the Circuit. They may also want opportunities to discuss the full potential and possible pitfalls of the J-IC with experienced organizers who are able to discuss their experiences openly. Experts have also asked for clear guidelines for ongoing support of the Circuit. Above all, they need answers to questions such as how to select, and what to include in draft agreements with, NGOs; how to establish sustainable systems for monitoring the Circuit; how to ensure continued support for the Circuit and what to watch for when it comes to financing.

The Join-In Circuit has demonstrated its worth in countries worldwide. The next step is to make the best use of the expertise developed in this initial phase to develop new guidelines for quality assurance, sustainability and the continued expansion of the Circuit in all regions of the world.

"The Join-In Circuit is expensive, but the investment pays off if one is really interested in good quality – that is, even if money must be invested in training and follow-up support." Master trainer, Kenya, Mongolia, Nepal.

Peer Review

To be included in the German HIV Practice Collection, a programme or project must demonstrate in a peer review process that it comes close to meeting most if not all of its criteria for 'good' or 'promising practice'. The two external reviewers appointed for this documentation 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. Studies have also demonstrated that the Circuit's use of interactive communication (in which individuals learn from one and another, as well as from the facilitator at each station) increases knowledge among participants and results in positive changes in attitudes and intentions to take protective measures. The Circuit also helps organizers and facilitators to expand their networks.

The external peer review of the Circuit found that it had a "very effective and successful" impact on participants and presenters. The review emphasized that the facilitators as a group can have very beneficial impact in propagating prevention messages and have great potential for sustaining the Circuit as prevention tool, country to country. The review noted however that more could be done to exploit this potential. The reviewers also say that further emphasis on the work of facilitators as role models would further enhance the effectiveness of the Join-In Circuit. This would require that facilitators undergo further training, however, to demonstrate how their actions influence the behaviour of individuals in various target groups.

Transferability

The Join-In Circuit is flexible enough to reflect the experience and concerns of various target groups. With only minor alterations in the concept, it is possible to address the needs of target groups within a single country: one can alter individual elements within the stations such as illustrations or examples of high-risk situations; or, during implementation, one can adapt the procedures in a station to suit a particular group: students, soldiers or prisoners, for example. Well-trained facilitators are also able to tailor their presentations for a wide spectrum of target groups and anticipate the sort of questions each group might ask.

Mongolian soldiers laugh as they piece together a puzzle in the Join-In Circuit

As one of the external peer-reviews found, the Circuit has been successfully used in various countries and cultures. This review notes, however, that organizers adapting the Circuit for new countries can learn from the experiences of other countries, especially where the cultural context is very different from that of the original host-country, Germany. Another external peer-review recommends that programmes that aim to change the normal attitudes and behaviour of particular social groups should be developed by members of the targeted group. Those that are imposed by outsiders, or that give this impression, stand little chance of succeeding in the long term.

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 probably justified. The cost of the Circuit varies widely from country to country; however, a comparative survey is not yet available. To improve the assessment of the cost-effectiveness, monitoring and evaluation must be improved and document scientifically such indicators as costs and the retention of trained facilitators.

Sustainability

It not clear whether the J-IC is sustainable, though there is evidence that it provides many enduring benefits. For example, it fosters and strengthens networks of organizers, facilitators and participants that outlast it; it builds the capacity of facilitators to act as local proponents of participatory methods for protecting public health; and it expands our knowledge of target groups and boosts the knowledge of individuals in high-risk populations.
The sustainability of the Circuit depends largely, however, on intensive up-front investment of time and financial and human resources during the adaptation phase. This will ensure that the prevention tool is suited to the needs of target groups in specific countries. Once the Circuit has demonstrated its worth, a strong case can be made for sustaining over the long term with stable financing and human resources.

Participation and empowerment

Members of the target group can help in adapting and implementing the Circuit. They can be invited to represent their own interests during the first adaptation phase. They can participate in designing the national Join-In Circuit. They can be trained as facilitators, or asked to evaluate the content of the Circuit during a test phase or first phase of implementation. Whatever approach is used, participation by members of the target group is a key to the success of the Circuit and evidence suggests that its use of interactive, playful or non-threatening teaching tools enables participants to begin thinking about their attitudes and behaviour and make positive changes.

Gender awareness

Gender concerns are best addressed in versions of the Join-In Circuit that devote a station to this topic. Gender issues can be addressed, however, at other stations where participants are encouraged to examine their assumptions and behavioural patterns. Participants in some countries prefer to be in small mixed groups. In Nepal, for instance, the Join-In Circuit offers a rare opportunity for communication with the opposite sex on an equal footing. In other countries young women and young men prefer to be segregated as they go through the Circuit. Both options can be accommodated by the Join-In Circuit.

To address the gender-specific needs of male and female participants alike, reviewers have made five recommendations: half of the facilitators should be male, and half female; male participants should be

able to speak to a male facilitator and female participants to a female facilitator; pair male and female facilitators at each station; train facilitators to be aware of gender issues so that they are more able to communicate with mixed groups of participants.

Monitoring and evaluation

Every country has its own approach to documenting it experience of the Join-In Circuit. Without a central, or standardized system for quality assurance, it is particularly difficult to assess the quality of monitoring and evaluation in partner countries. For this and other reasons, 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.

Monitoring and evaluation should also address possible barriers to adopting HIV prevention behaviours; social attitudes about HIV prevention behaviours; perceived vulnerability to HIV infection; and sources of social support for women adopting powerful roles (e.g., business owner).

Innovation

The Join-In Circuit permits and demands flexible adaptation to suit host countries. In many places, new stations have been designed, therefore, to address prevailing issues: for example, high levels of sexually transmitted diseases or drug dependence and attitudes that subordinate women. External peer-reviewers found the Join-In Circuit highly innovative but could improve its content regarding communication between the genders. Discussion of male sexual pleasure and condom use and local myths (e.g. the virus comes from condoms) should be improved. This would make the Circuit even more sensitive to local cultural and gender issues and more effective.

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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Acronyms

AIDS	acquired immunodeficiency syndrome
BZgA	Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung)
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GTZ	German Technical Cooperation Agency (now GIZ)
HIV	human immunodeficiency virus
J-IC	Join-In Circuit on AIDS, Love, and Sexuality (MMP - Mitmach-Parcours)
NGO	nongovernmental organization
PLHIV	person (or people) living with HIV
STI	sexually transmitted infection(s)
UN	United Nations

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