

The Join-Circuit in Zambia: an effective and efficient tool for Social Behavior Change Communication (SBCC)

Country: Zambia

Project: Strengthening Girls' Rights! Reproductive Health, Family Planning and HIV prevention for learners, especially girls, in Zambia

Partner Organization: National AIDS/HIV/STI/TB Council (NAC)

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1) BACKGROUND

Zambia ranks low on most gender equality indices, mostly because women are politically under-represented (only 14,6% of the current parliament are women), attain significantly less secondary education, have less access to high-paying careers and less control of financial and other productive resources like credit and land ownership. As a result, women still account for the largest number of the poor and vulnerable in Zambia.

Zambia also has a very young population, with more than one third between the ages of 15 and 24 years old. Adolescents and young people in general face higher risks of HIV infection, teenage pregnancy – often due to child marriage – and gender-based violence (GBV). Young women and girls are **disproportionally affected by this “triple threat”**. They are twice as likely to be HIV-positive as their male peers and more than 1 in 3 have experienced physical violence since the age of 15. Moreover, teenage pregnancies are on the rise, especially since the start of the COVID-19 pandemic which disproportionately increased the vulnerability of girls and young women.

Our Project applies a multifaceted approach to ensure that young people have **access to quality, youth-friendly information and services** for the prevention of HIV, teenage pregnancies and gender-based violence. With our partner organization we work to improve the political framework for this, involve Religious and Traditional Actors (RTA), and build the capacity of Provincial and District AIDS Coordination Advisors (PACAs/DACAs). What we want to highlight here, is our support for the integration of the Join-In-Circuit (J-IC) in the education and health sectors. We are pleased to introduce:

2) OUR JOIN-IN CIRCUIT (J-IC)

The J-IC is a **learner-centered and highly interactive methodology** that enables young people to discuss and learn about AIDS, love and sexuality in an open atmosphere. It has proven to be a **powerful tool** for empowering young people with knowledge and skills to protect themselves, while also building a foundation for positive changes in attitude and behavior. It uses games, role-plays and problem-solving skills to make the discussion of these topics easier and to develop new skills of self-protection. All materials are designed to be as accessible as possible, using e.g. minimal writing. Participants are divided into sub-groups and rotate between thematic stations in a circuit- this way. Participants can share their knowledge and opinions and to discuss sensitive issues.

A SHORT HISTORY

1994: the J-IC was developed by the German Federal Centre for Health Education under the national campaign “Don't Give AIDS a Chance”.

2003: The J-IC is adapted and implemented in five partner countries (Ethiopia, El Salvador, Mongolia, Mozambique and the Russian Federation)

2005-2018: The J-IC is introduced in an additional 20 countries, including Zambia's Southern Province.

2017-18: The American Institute for Research (AIR) conducts an independent impact evaluation of the J-IC in Southern Province.

After having been pioneered in several countries after its first use in 1994, it was introduced to Zambia by our predecessor project in Zambia's Southern Province and the results were so promising that the Government now wants it to be rolled out across Zambia, making it **as widely available as possible, at the lowest possible costs, in the most possible sustainable way.**

The J-IC has proven to be a powerful tool for Social Behavior Change Communication (SBCC) in Zambia. A **randomized control trial** conducted in 2017 showed the effectiveness of the J-IC (see box) with

FINDINGS FROM THE RCT

14% Increase in condom use during last sex among participants from Grade 11 (from 64% to 73%)

20% Increase in HIV testing among all participants from Grade 6 and Grade 11 (from 41% to 49%)

28% Increase in learners, who visited a health facility for advice on contraceptive methods in the last 6 months (from 22% to 35%)



The J-IC operates almost completely without writing.



J-IC facilitators are usually of similar age as the learners.



The „Body Language“ station contains also a puzzle.

greater impact on girls compared to boys – thereby closing the gender gap in comprehensive HIV knowledge and access to HIV and SRH services between boys and girls.

The J-IC works best when conducted **alongside the provision of health services** such as HIV testing and family planning services (including advice and methods) through outreach teams, therefore involving a range of different stakeholders into J-IC activities and **fostering cooperation.**

Only slightly exaggerating we can say: **our partners love the J-IC!** Wherever people see the J-IC in action, they immediately realize the huge potential it offers to improve the delivery of health information to adolescents. Recently, the NAC Director of programmes, Fortune Chibamba, praised the JIC at the SADC Ministerial Meeting on the ESA Commitments in Malawi, saying:

“We do not need to reinvent the wheel again and again. We should utilize methodologies which are proven to be effective in engaging young people! The J-IC is one such methodology, which has the potential to really make a difference.”

3) NEW J-IC STATIONS ON GENDER, GBV AND SRHR

The original J-IC was focused only on HIV/AIDS prevention, containing seven stations on Ways of Transmission, Condom Use, Sexually Transmitted Infections (STIs), Body Language, Positive Living with HIV and AIDS, Protection and Contraceptives. **But the J-IC can do more!** To utilize the full potential of the J-IC as a tool for SBCC we decided to add four additional stations: on Gender and Gender-Based Violence (GBV), Sexual and Reproductive Health, Sexual and Reproductive Health and Rights (SRHR), and COVID-19.



With images like these, discussion on gender roles are facilitated. The participants are first asked to describe what they see - which is also very important for visually impaired learners - before the discussion starts.



Is this GBV? The J-IC build on the daily experience of adolescents and challenges it at the same time.

The new gender station addresses the strong **cultural gender norms** in Zambia and challenges them, as they – other than sex roles – can be changed. Further, the concept of **Gender Based Violence** is explained and the learners discuss how certain gender roles can lead to violence; not only physical, but also psychological or economic violence.

The adaptation of the J-IC was carried out in a **consultative and participatory process** with the support of the external consultancy Syspons GmbH starting in November 2020. It included various stakeholders in the Zambian public sector – including different ministries such as Ministry of Health, Ministry of General Education and Ministry of Gender and the National STI/HIV/TB Council of Zambia (NAC) – as well as J-IC Master Trainers, different civil society organizations which included Zambia Federation for Disability (ZAFOD), young persons, parents, and guardians. In the process, a desk review, workshops, focused groups discussions, as well as individual interviews and test runs were conducted. Even though these actors do not always share the same views, they were **united by their shared goals and international obligations** on gender equality, reducing teenage pregnancies and HIV.

Up to now, the new stations were validated by MoH and the J-IC – as a whole – integrated into the revised national training manual for health care workers and peer educators on Adolescent Health (forthcoming, but commitment from MoH). With this institutional framework in the back, we have started to train trainers and facilitators in our 6 focus districts, as a **first step to roll out the JIC countrywide**. We are already at 30 trained trainers and almost 100 facilitators!

EXPECTED IMPACTS

Short-terms:

Improved knowledge on gender and sex, gender roles and forms of GBV

Mid-term:

Change towards more gender-equal attitudes

Long-term:

Reduced gender inequality in Zambia, especially rates of GBV

WHAT WE WOULD DO WITH YOUR MONEY

With 5.000€, we could arrange more than 50 J-IC-runs in our project regions, each involving 60-120 adolescents (in 1 or 2 rounds), thus reaching up to 6.000 adolescents with high-quality and entertaining information and essential services!

To assess the effectiveness of the new stations and monitor our results, we conduct a resolute study in 6 selected facilities, measuring the impact of the new J-IC stations on learners. The study covers **attitudes on gender and gender roles, gender equality and GBV**, thus giving us a detailed picture of the impact.

At the same time, we are rolling-out a **monitoring system** together with the J-IC, which allows our partner (and us) to keep track of the implementation. We are also working on a **system of quality assurance**, to safeguard the quality of the J-IC delivery.

We are convinced that the J-IC – rolled out all over Zambia – has the serious potential to **revolutionize CSE in Zambia**.

Overall, the J-IC is a simple thing – but sometimes the simplest things can have the biggest impact!

Thank you!

4) WHAT WE WANT TO ACHIEVE

With these new stations, we aim to proof that the J-IC can not only effectively deliver health messages and change relating behavior, but also educate learners about gender, gender inequality and GBV, addressing root causes for the persistent gender inequalities in Zambia.

