The Join-in Circuit (SangSangai) in Nepal

Opening up choices: An innovative method to support adolescents in fulfilling their sexual and reproductive health needs and rights

Seeds of the Join-in Circuit (JIC)

The Join-in Circuit (JIC) is an interactive educational tool, originally designed to promote communication about HIV and AIDS in secondary schools and among the general public in Germany. The JIC was introduced by the German Federal Agency for Health Education (BZgA) in 1994 within the German AIDS campaign ‘Don’t give AIDS a chance’ in order to address sensitive issues in an innovative, youth-friendly and participatory manner.

In 2003, BZgA and GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit) piloted the JIC in five countries: Mongolia, Ethiopia, Russia, El Salvador and Mozambique. It has since been culturally adapted to and successfully implemented in more than 25 countries with the support of the German Development Cooperation (GDC).

JIC combines games, role plays, discussions and demonstrations to promote dialogue about HIV and AIDS and other sexual and reproductive health topics in a safe and respectful atmosphere. JIC consists of a minimum of 5 physical stations that participants visit in small groups, supported by trained facilitators.

It aims to encourage participants to take their own decisions, to strengthen their self-efficacy and their ability to protect themselves. The playfulness of the approach allows participants to establish an emotional and personal connection and thus promotes an atmosphere of questioning attitudes and of effective learning.1

The JIC in Nepal: SangSangai

In 2007, the JIC was adapted to the Nepalese context with the technical and financial support of GDC via GIZ in cooperation with the National Centre for AIDS and STD Control due to JIC’s focus on HIV prevention. In Nepal, JIC is popularly known as ‘SangSangai’, which translates into ‘let’s play together, let’s learn together’, and reflects its interactive learning methods.

SangSangai was implemented in Kathmandu and Dailekh districts, between 2008 and 2010, with support from the non-governmental organizations (NGOs) Youth Action Nepal and Women’s Empowerment Action Forum. About 17,000 young people in the two districts participated in SangSangai, and as confirmed by our pre and post tests, participation directly resulted in increased knowledge on HIV and AIDS.

Change in comprehensive knowledge on HIV/AIDS

Kathmandu (2008-2009) and Dailekh (2009-2010) Districts

Comprehensive knowledge includes: correctly using a condom every time; sharing a meal/cloth or playing together; mosquito bites; having sex with just one faithful partner; possibility of a healthy looking person being HIV-positive; condom is the only contraceptive with the dual function of preventing both from becoming pregnant and getting infected with HIV a. most other sexually transmitted infections (STIs).

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1 GIZ/Federal Ministry for Economic Cooperation and Development; Boosting Prevention: The Join-In Circuit on AIDS, Love and Sexuality; The German HIV Practice Collection (GHPC).
What is new in the revised SangSangai?

Since November 2010, the Nepali-German Health Sector Support Programme executed by the Ministry of Health and Population and supported by GIZ contracted GFA Consulting Group (GFA) for the implementation of the component 'Promotion of sexual and reproductive health and rights (SRHR)' which includes the continued implementation of SangSangai.

The first version of SangSangai developed in 2007, consisted of 6 thematic stations: HIV transmission and prevention; solidarity with people living with HIV and AIDS; gender; puberty; sexually transmitted infections (STIs) and protection (condom use).

An impact and process evaluation was conducted in August 2011 to ensure that SangSangai successfully addresses young people’s needs and is in line with national policy and programming. Based on the evaluation, the relevance, effectiveness and implementation modality of SangSangai were further improved.

Based on the findings of the evaluation as well as consultations with government representatives from the health and education sector, external development partners, NGOs and technical experts, SangSangai was substantially revised, piloted and finalized until March 2013.

The revised SangSangai was developed under the leadership of Family Health Division (FHD) and the National Health Education Information and Communication Centre (NHEICC). The objectives of the revised SangSangai were formulated as follows:

OBJECTIVES OF SANGSANGAI

1. Enhanced utilization of health services through reinforcement of health-seeking behaviour:
   • Increased use of family planning services
   • Increased use of counselling and care services for STIs incl. HIV

2. Enhanced communication among peers as well as with parents, teachers and service providers

3. Increased motivation to look after and respect the sexual and reproductive health and rights of oneself and others

New Contents

In Nepal, every third girl in the age group of 15-19 years is already married, every fifth girl is a mother or pregnant. Only one out of 7 married girls uses contraceptives, the remaining majority faces a risk of unwanted pregnancies. Although the HIV prevalence in Nepal is low at 0.3%, young people are as anywhere else in the world at risk of contracting STIs including HIV.

Reflecting on the pressing needs of adolescents in Nepal, the new SangSangai incorporates a rights-based and comprehensive understanding of SRHR with a focus on contraception and family planning. The five new stations cover the topics:

1. HIV transmission and prevention
2. Sexual Health
   menstruation; adolescent pregnancy; sexual health & desires; masturbation; relationships
3. Sexual and Reproductive Rights
   and their implications for daily life (incl. homosexuality)
4. Contraception and Family Planning
   6 contraceptives; condom demonstration
5. Gender and Gender-Based Violence
   causes & consequences; prevention & support options; changing gender roles

SangSangai is a highly time-efficient method which reaches a group of 50-60 participants per event. This group is split up in 5 sub-groups consisting of both male and female participants. Each group of participants starts at a different station, spends 20 minutes and subsequently moves to the next station in the sequence.

Less weight facilitates logistics

The former relatively bulky, heavy SangSangai stations were replaced by easy to carry and easy to handle floor mats and light materials to facilitate logistics and transportation in mountainous environments.

The various activities at each station can be played either in a standing or sitting position, the SangSangai facilitation manual includes recommendations for this depending on whether it is a lively/ interactive (standing position) or a rather serious/ contemplative activity (sitting position).
Quality of facilitators is key

Each SangSangai station is managed by two trained facilitators (one female and one male). Facilitators are the heart of SangSangai and the success of SangSangai depends on high quality facilitation.

**THE MAJOR RESPONSIBILITIES OF THE FACILITATOR ARE TO …**

- encourage participants to share their own knowledge, to reflect their behaviour and actions, to question prevailing concepts, e.g. on gender, menstruation, etc.;
- provide participants with correct information if the group does not know the answer;
- give options where to get further information and encourage participants to access (adolescent-friendly) health services;
- open up options for alternative behaviours: discussing choices for protective behaviour based on the needs and wishes of adolescents.

Therefore, SangSangai facilitators are intensively trained - at least for 7 full days including a pilot run with ‘real’ participants - on facilitation skills such as participatory methods; non-judgmental attitude; probing; body language; creating an appreciative and supportive environment as well as on technical SRHR knowledge. In addition, facilitators receive regular supervision from their organizations and GFA to ensure the quality of their facilitation and their further development.

The SangSangai participant’s booklet allows each participant to go through complex facts such as the characteristics of various contraceptive methods, STIs, etc. We also expect participants to share the booklet with friends or siblings which considerably increases the number of adolescents reached.

**Steering through the government**

The Ministry of Health and Population through FHD has introduced a National Adolescent Sexual and Reproductive Health Programme to improve the SRHR of adolescents through better access to quality health services. SangSangai is an essential tool to improve the SRHR knowledge of adolescents, contribute to attitude and behaviour change and increase the adolescents’ demand for health services incl. contraception and family planning.

**Use of SangSangai at schools and beyond**

As SangSangai is most efficient when 50 to 60 persons participate at a time; schools have been selected as the major sites for scaling-up. Before implementing SangSangai at a school, all teachers receive a 3-4 hours orientation to allow them to continue working with the SRHR topics covered during SangSangai in their regular classes.

The school teachers are also invited to participate in the SangSangai as a separate ‘adults only’ group, as mixing teachers and students is to be avoided in order to promote a protected learning environment.

![Image of SangSangai booklet]

**A detailed SangSangai Facilitator’s Manual (108 pages) provides guidance.**

Knowledge at the fingertips of SangSangai participants

In order to have ample time to discuss opinions and attitudes among peers and with facilitators, the time duration for each station has been increased from 15 to 20-23 minutes (total duration of the event for 50-60 participants: 2.5 hours). As the potential of SangSangai lies in creating an environment conducive to communicating, discussing and changing attitudes, we elaborated a complementary SangSangai booklet for each participant with 50 pages covering detailed information on all topics of SangSangai and additional relevant SRHR topics, including STIs.

![Simple implementation structure diagram]

The evaluation in 2011 showed the importance of effective steering and committed ownership both by the Ministry of Health and Population and the Ministry of Education and their relevant bodies at district level in ensuring an efficient and continued use of SangSangai at schools.
SangSangai events can naturally also be organized out of schools in settings where a group of persons are interested to discuss and learn about sexual and reproductive health and rights (e.g. in the context of peer education, public events, etc.). In Nepal, SangSangai has successfully been implemented with migrant and transport workers, police and army.

In case of smaller groups, two SangSangai facilitators are needed per 10-12 participants to support them at each station. The existing SangSangai can easily be implemented with groups of adults, too. In this case, the facilitators use the same activities and materials with increased level of technical knowledge discussed.

**Facilitate access to health services**

Health service providers, representatives of SRHR-related support organisations (e.g. women shelters) as well as Female Community Health Volunteers (FCHVs) are also part of SangSangai: They are invited to the SangSangai event and can participate in the ‘adults only’ group.

This ‘bridging’ between schools and health and social services seeks to reduce barriers for adolescents to use services as nurses, counselors or FCHVs participate in the SangSangai event. When preparing an event, a SangSangai supervisor coordinates with local health facilities and service providers. The specific local contact details of those services are included in the SangSangai participant’s booklets. During SangSangai, participants are explicitly encouraged to use SRHR services in the nearby health facility.

**Sustainability**

NHEICC and FHD both are in the lead for ensuring the use of SangSangai in the education sector. GFA has selected two NGOs with long-standing experience in adolescent SRHR interventions, a wide geographical coverage and strong networks for the scaling-up of SangSangai – Family Planning Association of Nepal and the Nepal Red Cross Society.

GFA has provided a total of 13 days of intensive orientation to equip 16 members of the two organizations with the capacity to train SangSangai facilitators and subsequently conduct 400 SangSangai circuits to reach 20,000 adolescents in Mid and Far West Regions by mid 2014. The two NGOs have the potential to take the method to scale in their regular peer education and school-based health interventions, and can easily combine SangSangai with other interventions in their portfolio.

The SangSangai approach has been highly appreciated by the adolescent target group. It has also gained wide acceptance and support from the Nepalese Government (Ministry of Youth and Sports), European Commission, United Nation Volunteers and youth organisations.

The high potential of the field-tested and well-proven Sang-Sangai method for the improvement of SRHR in Nepal will hopefully receive further investment in future by the Ministry of Health and Population, bilateral and multilateral external development partners and NGOs.